

Original Article

Halothane increases neuronal cell death vulnerability by downregulating miR-214 and upregulating Bax

Lei Zhang, Yan Zhang

State Key Laboratory of Biomembrane and Membrane Biotechnology, College of Life Sciences, Peking University, Beijing, 100871, China

Received April 23, 2013; Accepted May 25, 2013; Epub June 26, 2013; Published July 1, 2013

Abstract: Inhalational general anesthesia is widely used in clinical practice, but there have been plenty of evidence shows that application of inhalational anesthetics may increase the risk of Alzheimer's disease (AD). Halothane is a common inhalational anesthetics. We cultured rat primary neurons as study model to investigate cytotoxicity of halothane in neurons. We found that halothane could enhance the cytotoxicity induced by intracellular or extracellular amyloid β ($A\beta$) with or without serum deprivation. In addition, halothane induced the enhanced cytotoxicity through downregulation of miR-214 level which can lead to increasing expression of Bax. Therefore our data suggest that halothane increases cell death induced by $A\beta$ through increasing Bax level by downregulating miR-214. Our study indicates a probable connection between anesthetic application and AD, while provides a new perspective for the studies of inhalational anesthetics cytotoxicity.

Keywords: Halothane, miR-214, Bax, cell death, Alzheimer's disease

Introduction

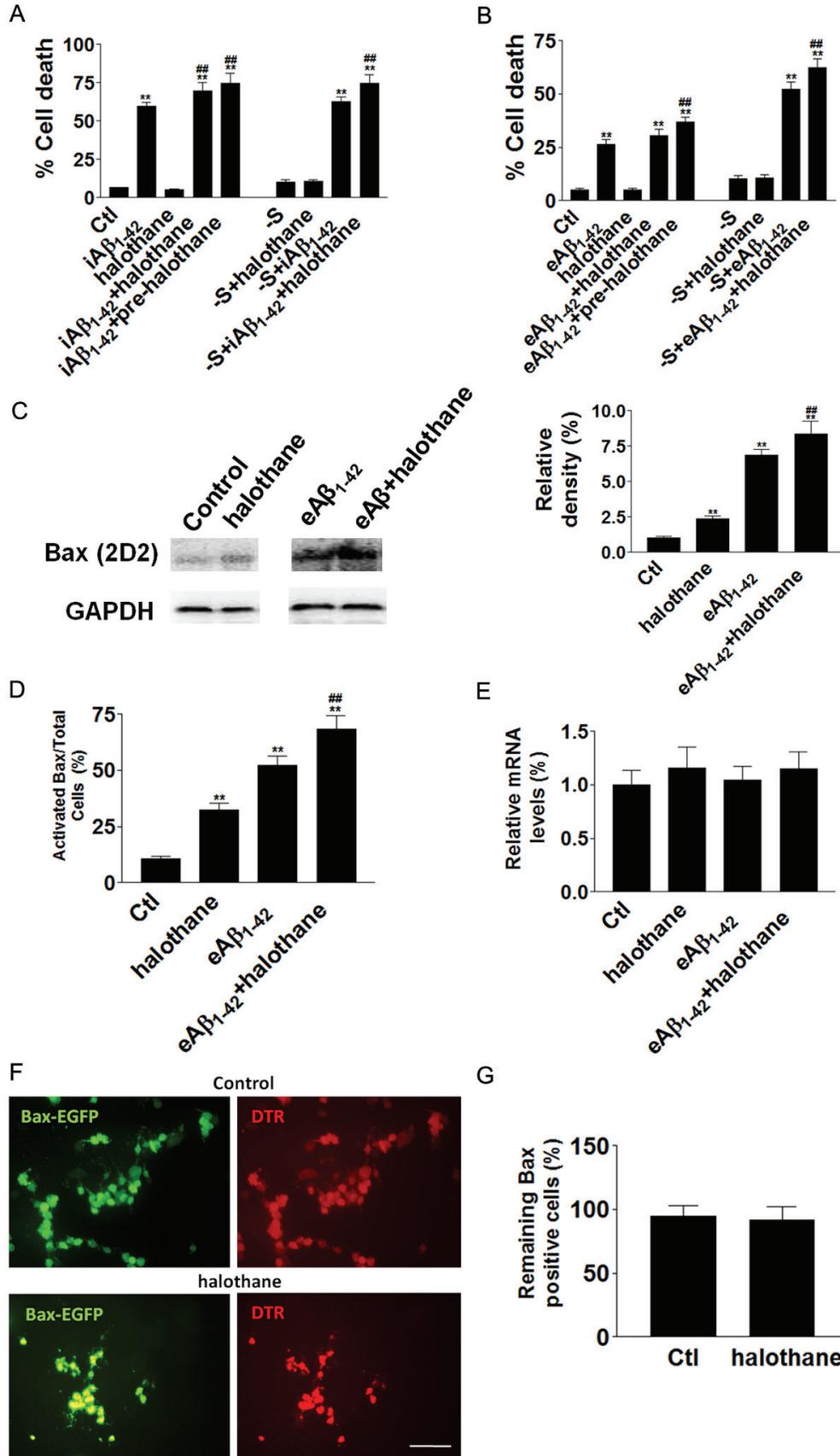
Inhalational general anesthesia is widely used in clinical practice, but there is accumulating evidence showing that inhalational anesthetics can induce cognitive impairment and neuronal damage [1-7]. And there are also studies showing that inhalational general anesthesia damages cognitive function especially in aged individuals [1]. Alzheimer's disease (AD) is a kind of neurodegenerative disease which is prevalent in aged people [8]. The typical symptoms of AD are always memory loss and cognitive impairment [9]. There have been some studies indicated that surgery history in which inhalational general anesthesia was used linked to the Alzheimer's disease [10-13]. The clinical evidence indicates that there may exist connection between inhalational general anesthesia and AD.

Except for the clinical evidence, there are correspondingly mechanism studies showing that some anesthetics induce proteins misfolding and aggregating [7, 14], which are associated with cell death in AD. Inhalational anesthetics

can likewise increase hyperphosphorylated tau, which can further form neurofibrillary tangles (NFT) in AD patients' brains [15-18]. There are also data showing inhalational anesthetics can alter $A\beta$ precursor protein (APP) processing, increase $A\beta$ level and lead H4 neuroglioma cells apoptosis [7]. However, at the same time, there is another study shows that it is probable that the anesthesia is not an independent risk factor for AD [19]. Similarly, there is evidence showing that it is the hypothermia which induced by the anesthetics instead of the anesthetics themselves causes tau hyperphosphorylation [18], indicating that anesthetics may just be an indirect risk factor for AD. Thus so far, the connection between inhalational general anesthesia and AD is still controversial.

Halothane is a kind of inhalational general anesthetics widely be used in surgery. Halothane can enhance plaque deposition [1] and $A\beta$ oligomerization [14], suggesting that halothane may be related to the AD. In our research, we found that halothane could enhance $A\beta$ cytotoxicity in rat primary neurons. And at the same time, halothane enhanced Bax

Halothane increases neuronal cell death vulnerability



Halothane increases neuronal cell death vulnerability

Figure 1. Halothane enhanced A β cytotoxicity and Bax level. A. Halothane enhanced intracellular A β_{1-42} (iA β) toxicity with or without serum deprivation (-S). Cell death were measured by TUNEL staining. B. Pre-treatment of halothane for 3 hours enhanced extracellular A β_{1-42} (eA β) toxicity. Halothane enhanced extracellular A β_{1-42} (eA β) toxicity with serum deprivation (-S). C. Left panel: Western blots show that total Bax (indicated by 2D2 antibody) levels were increased by halothane in the absence or presence of eA β_{1-42} . Right Panel: Quantitative data showed that total Bax level were increased significantly by halothane. Data represent Means \pm SE (n = 3). D. Quantitative data showed that activated Bax (indicated by 6A7 antibody) levels were increased by halothane. E. Quantitative RT-PCR results showed that halothane treatment did not alter Bax mRNA levels significantly. F. Representative images showed that neurons were microinjected (indicated by DTR) with Bax-EGFP plasmid in control group or halothane treatment group. Scale bar: 50 μ m. G. Quantitative data showed that halothane did not alter Bax levels at 12 hours after halothane treatment. Data represent Means \pm SE (n = 200). **p < 0.01 compared with the control. ##p < 0.01 compared with the A β group.

level while decreased miR-214 level. So we conclude that halothane enhances Bax level through downregulating miR-214 and thus increases A β -induced neuronal cell death.

Results

Halothane enhanced intracellular A β_{1-42} (iA β) and extracellular A β_{1-42} (eA β) cytotoxicity

As A β is widely believed to be an important peptide in the pathological process of AD, we investigated if halothane could influence the cytotoxicity induced by A β . We treated the neurons with 0.5% halothane for 3 hours with or before the neurons were insulted with iA β , eA β or serum deprivation (-S). We found that halothane did not induce remarkable cell death in the neurons that were not insulted or insulted by serum deprivation (**Figure 1A** and **1B**), but halothane treatment or pre-treatment significantly increased cell death in the neurons insulted by iA β (**Figure 1A**), and pre-treatment of halothane for 3 hours enhanced eA β toxicity significantly (**Figure 1B**). Similarly, in the neurons insulted by serum deprivation for 3 days, halothane can also increase cell death significantly when the neurons were insulted by iA β or eA β (**Figure 1A** and **1B**).

Halothane treatment enhanced Bax level in neurons

To further investigate the mechanism of the enhanced cytotoxicity induced by the treatment of halothane, we checked the protein levels of Bax in the neurons treated with or without halothane. Our data showed that the total Bax was upregulated when the neurons were treated with halothane (**Figure 1C**), and when the neurons insulted by eA β , halothane treatment could also increase the protein level of Bax (**Figure 1C**). At the same time we examined the

activated Bax by confirmationally specific antibody 6A7, and found that halothane increased the protein level of activated Bax in the neurons that were insulted by the eA β (**Figure 1D**). Nonetheless, the Bax mRNA level did not change significantly when the neurons treated with halothane (**Figure 1E**). These results suggested that halothane might alter the levels of Bax in the post-transcription process. The mRNA level of Bax was then examined by quantitative RT-PCR and our data suggested that no difference of Bax mRNA level was detected in halothane treated neurons. To examine if halothane increased the Bax level through preventing the degeneration of Bax, we microinjected Bax-EGFP plasmid to the rat neurons and then treated the neurons with halothane for 3 hours. Dextran Texas Red (DTR) was used to show successful injection. Twelve hours after the halothane treatment, the numbers of the Bax positive cells and the DTR positive cells were counted to calculate the percentage of the Bax positive cells in the DTR positive cells. We found there was no noticeable difference between the control group and the halothane treatment group (**Figure 1F** and **1G**). This result showed that halothane had no effect on the Bax degeneration.

Halothane raised Bax level through miR-214

To further investigate how halothane raised Bax level, we utilized microRNA array to check the levels of microRNAs in the neurons treated with or without halothane. Among the microRNAs checked, miR-214 was significantly downregulated in the neurons treated with halothane compared to the control (**Figure 2A**). Furthermore, we examined the change of miR-214 level *in vivo*. We treated rats with inhaled 1% halothane for 3 hours, and then we tested the miR-214 levels in the rats' whole brain tissues and cerebrospinal fluid (CSF). The data

Halothane increases neuronal cell death vulnerability

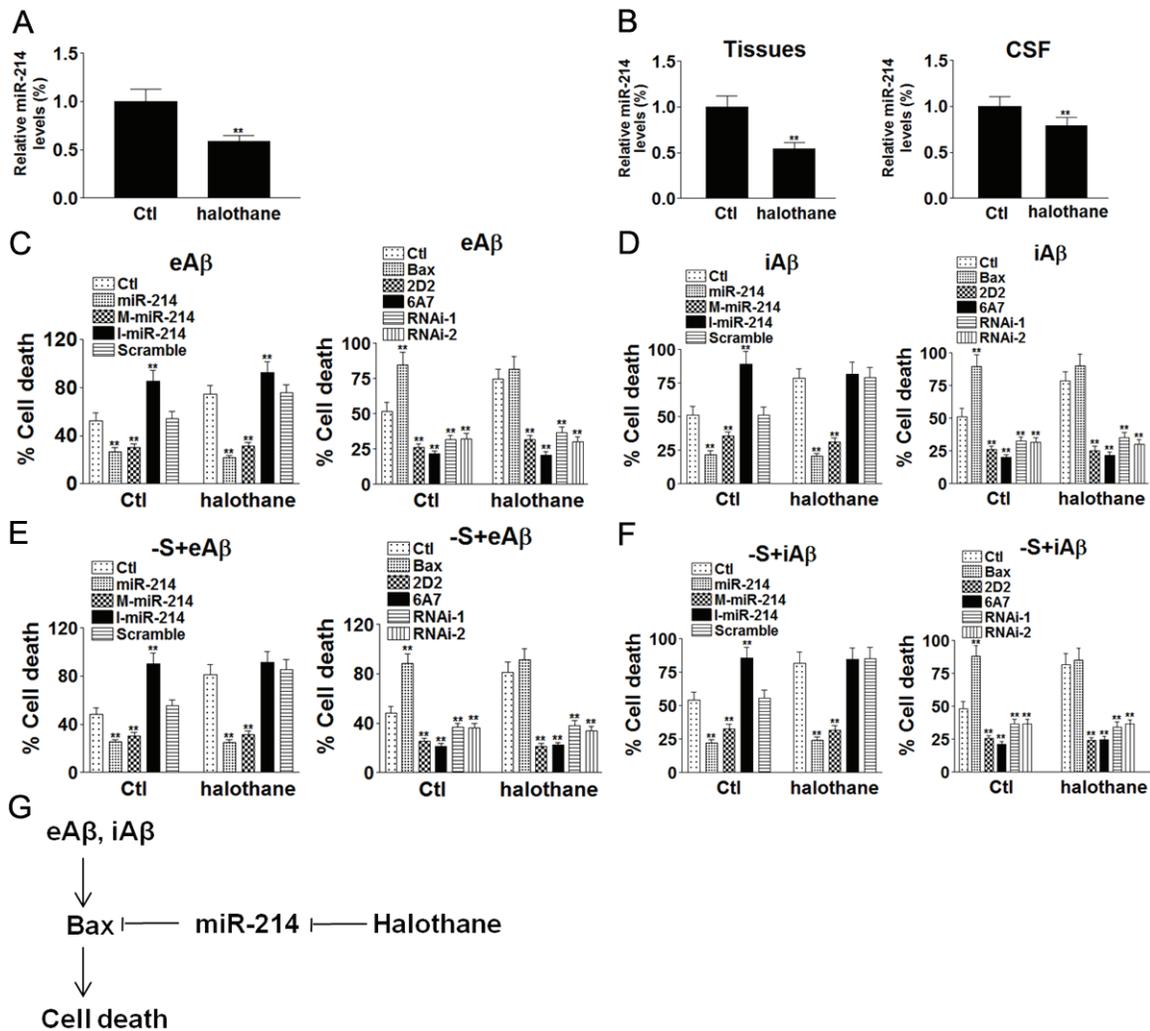


Figure 2. Halothane regulated A β -induced cytotoxicity through miR-214. A. Levels of relative miR-214 was downregulated in halothane treatment group. B. miR-214 levels were significantly decreased in halothane treated rats' brain tissues and CSF. C. Left panel: microinjected miR-214 or mimic miR-214 (M-miR-214) decreased cell death induced by halothane in the presence of eA β . Right panel: Bax neutralizing antibodies (2D2 and 6A7) and Bax si-RNAs (RNAi-1 and RNAi-2) reversed cell death induced by halothane in the presence of eA β . D. Left panel: microinjected miR-214 or mimic miR-214 (M-miR-214) decreased cell death induced by halothane in the presence of iA β . Right panel: Bax neutralizing antibodies (2D2 and 6A7) and Bax si-RNAs (RNAi-1 and RNAi-2) reversed cell death induced by halothane in the presence of iA β . E. Left panel: microinjected miR-214 or mimic miR-214 (M-miR-214) decreased cell death induced by halothane in the presence of eA β and serum deprivation (-S). Right panel: Bax neutralizing antibodies (2D2 and 6A7) and Bax si-RNAs (RNAi-1 and RNAi-2) reversed cell death induced by halothane in the presence of eA β and serum deprivation (-S). F. Left panel: microinjected miR-214 or mimic miR-214 (M-miR-214) decreased cell death induced by halothane in the presence of iA β and serum deprivation (-S). Right panel: Bax neutralizing antibodies (2D2 and 6A7) and Bax si-RNAs (RNAi-1 and RNAi-2) reversed cell death induced by halothane in the presence of iA β and serum deprivation (-S). G. Schematic drawing for halothane cytotoxicity mechanism. **p < 0.01 compared with the control.

showed that miR-214 level significantly decreased in the brain tissues and CSF following the halothane treatment (Figure 2B).

To test the effect of miR-214 on cell death, We first treated the neurons with halothane for 3 hours and then microinjected the rat primary

neurons with miR-214, mimic miR-214 (M-miR-214), miR-214 inhibitor (I-miR-214) or scramble sequence and meanwhile the neurons were insulted with iA β or eA β . After 24 hours treatment, the percentages of cell death showed that miR-214 or M-miR-214 injection inhibited cell death significantly while I-miR-214 injection

enhanced cell death (**Figure 2C** and **2D**). In addition, we microinjected the rat primary neurons with Bax neutralizing antibodies 2D2 and 6A7 [20] and siRNAs to Bax and at the same time, the neurons were insulted with iA β or eA β following 3 hours halothane treatment (**Figure 2C** and **2D**). The data indicated that miR-214 can decrease cell death induced by halothane in the presence of iA β or eA β while Bax suppression can also decrease cell death induced by halothane in the presence of iA β or eA β (**Figure 2C** and **2D**). And similarly, when the neurons insulted by serum deprivation, miR-214 and Bax suppression could also decrease cell death induced by halothane in the presence of iA β or eA β (**Figure 2E** and **2F**).

Discussion

In the present study, we found that halothane treatment alone did not induce noticeable neuronal cell death, but significantly enhanced cell death induced by iA β or eA β , so halothane maybe just a kind of catalytic agent in the process of cell death induced by A β , or halothane make the neurons more sensitive to the A β cytotoxicity. A β is generally believed to be a key pathogenic factor in AD [21-23]. Previous studies have showed that iA β or eA β induce neurons death through activating Bax [20, 24] and Bax 3'UTR is the target of miR-214 to downregulate the expression of Bax [25]. Therefore, our data suggest that halothane can increase cell death vulnerability through miR-214 and Bax. Since iA β or eA β induces cell death through Bax [20], it indicates that halothane enhances Bax level through miR-214 and thus increases cell death induced by iA β or eA β (**Figure 2G**). Therefore we believe that it is very probable halothane is related to the risk of AD. There are also other studies showing similar discoveries that some other inhalational general anesthetics like sevoflurane, desflurane with hypoxia, isoflurane, sevoflurane with nitrous oxide can induce cell apoptosis and enhance A β formation [26-30]. To our knowledge, our study is the first to report that halothane enhances A β induced cell death through miR-214, and this is a new insight for the studies of halothane or other anesthetics toxicity and application.

Although we have found that halothane enhanced A β induced cell death through miR-214, but there may be some other pathways taking part in this process. The inhalational

anesthetics are small hydrophobic molecules that bind mainly in internal protein cavities [31, 32]. Nuclear magnetic resonance (NMR) data have showed that halothane could specifically interacts with A β_{40} and A β_{42} and induced structural alternation of A β [33]. Halothane is able to enhance the levels of small oligomers [34], like A β oligomerization rates [14]. So it is probable that halothane can also influence A β cytotoxicity through regulating A β directly.

As our further investigation, we find that miR-214 takes part in the process that halothane increasing cell death induced by A β . Presenilin-1 (PS1), another key protein in AD pathological process, was showed to be a potential target for miR-214 [35]. MiR-214 may play a more complex role in AD and there may be more complicated underlying mechanisms in the relationship between halothane and AD. Our research also indicates that miR-214 may be a potential target for the treatment of patients who suffer from the nervous system related side-effect of halothane, especially those patients suffer from AD at the same time. Moreover, our study also suggests that the risk of AD is an important factor which should be considered when the halothane or other similar inhalational anesthetics be used in clinical practice.

Materials and methods

Cell culture

Rat primary neurons were cultured from new born Sprague Dawley rat hippocampus, and the protocol following the regulations of Peking University Institutional Animal Care and Use Committee (IACUC). In brief, the fresh rat hippocampal tissues were striped and dissociated with 0.25% trypsin (Invitrogen, Carlsbad, CA), then inactivated by 10% decomplexed fetal bovine serum (FBS, HyClone, Logan, UT). The mixture was triturated through pipette to make a homogenous mixture. Then centrifuge the flow-through after filtering the mixture through 70 μ m sterilized filters. Wash the pellet once by phosphate buffered saline (PBS, 0.14 M NaCl, 0.003 M KCl, 0.01 M Na₂HPO₄, 0.002 M KH₂PO₄, pH7.2) and once by DMEM in Earle's balanced salt solution containing 0.225% sodium bicarbonate, 1 mM sodium pyruvate, 2 mM L-glutamine, 0.1% dextrose, 1x antibiotic Pen-Strep (all from Invitrogen, Carlsbad, CA) with 5%

Halothane increases neuronal cell death vulnerability

FBS. Then cells were plated on poly-L-lysine (Sigma, St. Louis, MO) coated plates or glass coverslips at the density of 5×10^4 cells/ml. Neurons were incubated at 37°C in DMEM with 5% FBS without phenol red and with 5% circulating CO₂. To inhibit dividing cell growth cytarabine was added to culture media 24 hours after plating at 10 mM. Medium was changed every 48 hours.

Cell and animal treatments

A β peptides (Bachem, King of Prussia, PA) were dissolved in sterile distilled water at 25 μ M and immediately frozen at -20°C. IAB peptides were delivered into neurons by microinjection at 10 nM at the cytosolic area while eA β peptides were added into the medium at 1 μ M. For anesthetic treatment on cultured neurons, 0.5% halothane (2-bromo-2-chloro-1,1,1-trifluoroethane) (Guoyao Group, Beijing, China) in humidified air with 5% circulating CO₂ was applied to a closed incubator 37°C for 3 hours. As for anesthetic treatment on animals, SD rats (male, around 250 g) were anesthetized with humidified 1% halothane in 30% O₂ balanced by N₂ for 3 hours in a closed chamber. The animals were returned to their cages after exposure. For experiments described in **Figure 2**, rat miR-214, scramble microRNA control, mimic miR-214 and miR-214 inhibitor were all purchased from Qiagen (Hilden, Germany). MicroRNA levels were measured by CapitalBio (Beijing, China) microarray service with 3 repeats by using GeneChip microRNA 2.0 (Affymetrix). MiR-214 in the brain tissues and CSF was measured by TaqMan MicroRNA assay kit for rno-miR-214 according to the manufacturer's instruction (Life Technologies Corp. Shanghai, China). All Bax siRNAs (Qiagen, Hilden, Germany) were diluted into 5 nM before injection described by the manufacturer. The silencing efficiency and off-target effects of all siRNAs were verified by Qiagen.

Microinjection: Thin-walled Borosilicate glass capillaries (outer diameter=1.0 mm, inner diameter=0.5 mm) with microfilament (MTW100F-4, World Precision Instrument, Sarasota, FL) were pulled with a Flaming/Brown Micropipette Puller (P-97, Sutter, Novato, CA) to get injection needles with a tip diameter of ~0.5 μ m. Microinjections were performed in the cytosol of every cell using the Eppendorf

Microinjector FemtoJet and Eppendorf Micromanipulator (Eppendorf, Hamburg, Germany). Neurons were injected at the soma areas with 25 fl/shot at an injection pressure of 100 hPa, a compensation pressure of 50 hPa, and an injection time of 0.1 seconds. The solutions were injected at the indicated concentrations with 100 μ g/ml dextran Texas Red (DTR, MW: 3000, Molecular Probes, Eugene, OR) or Alex488 (Molecular Probes, Eugene, OR) as fluorescent markers to recognize the successfully injected cells. Approximately 90% neurons survive the injections for at least 16 days [15].

Measurement of neuronal cell death

Cells were fixed in fresh 4% paraformaldehyde and 4% sucrose in PBS for 20 minutes at room temperature and then permeabilized in 0.1% Triton X-100, 0.1% sodium citrate in PBS for 2 minutes on ice. Terminal deoxynucleotidyl transferase-biotin dUTP nick-end labeling (TUNEL) staining was performed using the in situ cell death detection kit I (Roche, Quebec, Canada). Then the coverslips were washed once by distilled water for 5 minutes and mounted on glass slides to be observed by fluorescence microscope. For the non-injected cells, the percentage of cell death was determined by the ratio of the number of TUNEL-positive cells over the total of 100 cells in one count, and the average of 5 counts was calculated as the percentage of neuronal cell death in one treatment. For the cells injected, the percentage of neuronal cell death was determined by the ratio of the number of DTR-TUNEL-double-positive cells over the number of DTR-positive cells.

Immunostaining

Cells were permeabilized in PBS-Triton at 4°C and blocked by 10% donkey serum at room temperature, followed by incubation with anti-activated Bax antibody (6A7, R&D, Minneapolis, MN, 1:200) at 4°C for 24 hours. Cy2 or Cy3-conjugated donkey anti-rabbit antibody was applied as secondary antibody. The nuclei were staining by Hoechst 33258 (1 μ g/ml, Sigma, St. Louis, MI) for 10 minutes in dark. The coverslips were mounted with ImmunonTM mounting medium (Shandon, Pittsburgh, PA) onto glass slides and the results were analyzed by using fluorescence microscope (Olympus BH2-RFCA, Olympus, Tokyo, Japan) and digital camera

Halothane increases neuronal cell death vulnerability

(Olympus DP70 Digital Microscope Camera, Olympus, Tokyo, Japan).

Tissue samples and extraction

Frozen hippocampal formation was lysed in QIAzol lysis reagent (Qiagen, Hilden, Germany) and homogenized with Kontes pestle. RNA was extracted by using miRNeasy kit (cat# 217004, Qiagen, Hilden, Germany). In brief, for 700 l of QIAzol, 140 l of chloroform was added and mixed for 15 seconds. After 3 minutes of incubation at room temperature, the mixture was centrifuged at 12,000 g (4°C) for 15 min. The upper aqueous layer which contains RNA was transferred to another microcentrifuge tube. Total RNA was solubilized in nuclease free water (cat# AM9932, Ambion) purified using RNeasy Mini columns (Qiagen, Hilden, Germany) according to manufacturer instructions. Nucleic acid concentrations were determined by Qubit fluorometer (cat# Q32857, Invitrogen, Carlsbad, CA) and samples were stored at 80°C.

Real time PCR (RT-PCR)

RT-PCR was performed using the QIAGEN MicroRNA Reverse Transcription kit (cat# 218161, Mispript II RT) for brain tissues. cDNA concentrations were determined by Qubit fluorometer. QIAGEN Mispript SYBR Green PCR kit (cat# 218073) was used to detect miR-214 expression. The QIAGEN small nucleolus RNA primer (RNU 6 cat# MS00031605) was used to detect reference gene. All real time PCR reactions were performed on iCycler Real Time PCR System (BioRad, Hercules, CA) according to manufacturer's recommendation. MicroRNA quantity was calculated by the Δ Ct method.

For cellular extracts, cells were harvested and total RNA was isolated with TRIgene reagent (GenStar BioSolutions Co., Ltd., Beijing, China). Total RNA (2 μ g) was reversely transcribed using TransScript II First-Strand cDNA Synthesis SuperMix (Beijing TransGen Biotech Co., Ltd., Beijing, China). Real-time PCRs were done by utilizing TransStart Green q PCR SuperMix UDGM (Beijing TransGen Biotech Co., Ltd., Beijing, China). Primers' sequences for Bax used were as following: forward: (5'-GCAGAGGATTGCTGATG-3'); and reverse: (5'-CTCAGCCC-ATATTCTTCCAG-3'). Real-time PCR quantifications were run in triplicate for each sample then the average was determined. The amplification

efficiency of target and housekeeping gene must be approximately equal for the sake of using the comparative Ct method for relative quantification. Expression levels for the target gene was normalized to the GAPDH of each sample [$2^{-\Delta Ct} = 2^{-(Ct(\text{target gene}) - Ct(\text{GAPDH}))}$]. Amplification was done for 45 cycles at 95°C for 30 s, 59°C for 30 s, 72°C for 30 s, 95°C for 1 min, 59°C for 30 s and 95°C for 30 s.

Western blots: Neuronal proteins were extracted by using the cell lysis buffer (50 mM Tris, pH8.0, 150 mM NaCl, 1% NP-40, 0.1% SDS) and the protein concentrations were measured by bicinchoninic acid (BCA) assay (Pierce, Rockford, IL). Protein extracts were denatured at 100°C for 5 minutes and separated on 15% sodium dodecyl sulphate-polyacrylamide gel electrophoresis (SDS-PAGE) at 80 volts for about 2 hour. Proteins were transferred to Immobilon-PTM polyvinylidene fluoride (PVDF) membrane (Millipore, Billerica, MA) at 110 volts for 2 hours. The membrane was blocked with 5% non-fat milk in Tris buffered saline with 0.1% tween 20 (TBST) at room temperature for 1 h. Anti-Bax (2D2, R&D, Minneapolis, MN) and GAPDH (Sigma, St. Louis, MO) antibodies were diluted at 1:1000 as primary antibodies. After 3 times washing of 10 minutes each with TBST, goat anti-mouse or anti-rabbit IgG conjugated with horseradish peroxidase (HRP) was added in a dilution of 1:2500 as the secondary antibody. The secondary HRP was detected by enhanced chemiluminescence. Optical density was analyzed by BioRad ChemiDox (BioRad, Hercules, CA). The relative density was determined by the aggregate absolute density of Bax/GAPDH.

Statistical evaluation: Statistical significance was assessed by one-way analysis of variances (ANOVA). The Sheffé's test was applied as a post hoc for the significant difference showed by ANOVAs. Statistical significance was indicated by a *p* value of less than 0.05.

Address correspondence to: Dr. Yan Zhang, College of Life Sciences, Room 219, Peking University, Beijing, 100871, China. Phone: 86-10-62754880; Fax: 86-10-62751526; E-mail: yanzhang@pku.edu.cn

References

- [1] Bianchi SL, Tran T, Liu C, Lin S, Li Y, Keller JM, Eckenhoff RG and Eckenhoff MF. Brain and be-

Halothane increases neuronal cell death vulnerability

- havior changes in 12-month-old Tg2576 and nontransgenic mice exposed to anesthetics. *Neurobiol Aging* 2008; 29: 1002-1010.
- [2] Culley DJ, Baxter M, Yukhananov R and Crosby G. The memory effects of general anesthesia persist for weeks in young and aged rats. *Anesth Analg* 2003; 96: 1004-1009, table of contents.
- [3] Culley DJ, Baxter MG, Yukhananov R and Crosby G. Long-term impairment of acquisition of a spatial memory task following isoflurane-nitrous oxide anesthesia in rats. *Anesthesiology* 2004; 100: 309-314.
- [4] Muravchick S and Smith DS. Parkinsonian symptoms during emergence from general anesthesia. *Anesthesiology* 1995; 82: 305-307.
- [5] Culley DJ, Baxter MG, Crosby CA, Yukhananov R and Crosby G. Impaired acquisition of spatial memory 2 weeks after isoflurane and isoflurane-nitrous oxide anesthesia in aged rats. *Anesth Analg* 2004; 99: 1393-1397; table of contents.
- [6] Yon JH, Daniel-Johnson J, Carter LB and Jevtovic-Todorovic V. Anesthesia induces neuronal cell death in the developing rat brain via the intrinsic and extrinsic apoptotic pathways. *Neuroscience* 2005; 135: 815-827.
- [7] Xie Z, Dong Y, Maeda U, Alfille P, Culley DJ, Crosby G and Tanzi RE. The common inhalation anesthetic isoflurane induces apoptosis and increases amyloid beta protein levels. *Anesthesiology* 2006; 104: 988-994.
- [8] Papon MA, Whittington RA, El-Khoury NB and Planel E. Alzheimer's disease and anesthesia. *Front Neurosci* 2011; 4: 272.
- [9] Xie Z and Tanzi RE. Alzheimer's disease and post-operative cognitive dysfunction. *Exp Gerontol* 2006; 41: 346-359.
- [10] Breteler MM, van Duijn CM, Chandra V, Fratiglioni L, Graves AB, Heyman A, Jorm AF, Kokmen E, Kondo K, Mortimer JA, et al. Medical history and the risk of Alzheimer's disease: a collaborative re-analysis of case-control studies. *EURODEM Risk Factors Research Group. Int J Epidemiol* 1991; 20 Suppl 2: S36-42.
- [11] Bohnen NI, Warner MA, Kokmen E, Beard CM and Kurland LT. Alzheimer's disease and cumulative exposure to anesthesia: a case-control study. *J Am Geriatr Soc* 1994; 42: 198-201.
- [12] Lee TA, Wolozin B, Weiss KB and Bednar MM. Assessment of the emergence of Alzheimer's disease following coronary artery bypass graft surgery or percutaneous transluminal coronary angioplasty. *J Alzheimers Dis* 2005; 7: 319-324.
- [13] Gasparini M, Vanacore N, Schiaffini C, Brusa L, Panella M, Talarico G, Bruno G, Mecocci G and Lenzi GL. A case-control study on Alzheimer's disease and exposure to anesthesia. *Neurol Sci* 2002; 23: 11-14.
- [14] Eckenhoff RG, Johansson JS, Wei H, Carnini A, Kang B, Wei W, Pidikiti R, Keller JM and Eckenhoff MF. Inhaled anesthetic enhancement of amyloid-beta oligomerization and cytotoxicity. *Anesthesiology* 2004; 101: 703-709.
- [15] Run X, Liang Z and Gong CX. Anesthetics and tau protein: animal model studies. *J Alzheimers Dis* 2010; 22 Suppl 3: 49-55.
- [16] Planel E, Bretteville A, Liu L, Virag L, Du AL, Yu WH, Dickson DW, Whittington RA and Duff KE. Acceleration and persistence of neurofibrillary pathology in a mouse model of tauopathy following anesthesia. *FASEB J* 2009; 23: 2595-2604.
- [17] Planel E, Krishnamurthy P, Miyasaka T, Liu L, Herman M, Kumar A, Bretteville A, Figueroa HY, Yu WH, Whittington RA, Davies P, Takashima A, Nixon RA and Duff KE. Anesthesia-induced hyperphosphorylation detaches 3-repeat tau from microtubules without affecting their stability in vivo. *J Neurosci* 2008; 28: 12798-12807.
- [18] Planel E, Richter KE, Nolan CE, Finley JE, Liu L, Wen Y, Krishnamurthy P, Herman M, Wang L, Schachter JB, Nelson RB, Lau LF and Duff KE. Anesthesia leads to tau hyperphosphorylation through inhibition of phosphatase activity by hypothermia. *J Neurosci* 2007; 27: 3090-3097.
- [19] Zuo C and Zuo Z. Spine Surgery under general anesthesia may not increase the risk of Alzheimer's disease. *Dement Geriatr Cogn Disord* 2010; 29: 233-239.
- [20] Zhang Y, McLaughlin R, Goodyer C and LeBlanc A. Selective cytotoxicity of intracellular amyloid beta peptide1-42 through p53 and Bax in cultured primary human neurons. *J Cell Biol* 2002; 156: 519-529.
- [21] Vossel KA, Zhang K, Brodbeck J, Daub AC, Sharma P, Finkbeiner S, Cui B and Mucke L. Tau reduction prevents Abeta-induced defects in axonal transport. *Science* 2010; 330: 198.
- [22] Hefti F, Goure WF, Jeremic J, Iverson KS, Walicke PA and Krafft GA. The case for soluble Abeta oligomers as a drug target in Alzheimer's disease. *Trends Pharmacol Sci* 2013; 34: 261-6.
- [23] Mangialasche F, Solomon A, Winblad B, Mecocci P and Kivipelto M. Alzheimer's disease: clinical trials and drug development. *Lancet Neurol* 2010; 9: 702-716.
- [24] Zhang Y, Hong Y, Bounhar Y, Blacker M, Roucou X, Tounekti O, Vereker E, Bowers WJ, Federoff HJ, Goodyer CG and LeBlanc A. p75 neurotrophin receptor protects primary cultures of human neurons against extracellular amyloid beta peptide cytotoxicity. *J Neurosci* 2003; 23: 7385-7394.

Halothane increases neuronal cell death vulnerability

- [25] Yan H, Xu T, Zhao H, Lee KC, Wang HY and Zhang Y. Isoflurane increases neuronal cell death vulnerability by downregulating miR-214. *PLoS One* 2013; 8: e55276.
- [26] Zhen Y, Dong Y, Wu X, Xu Z, Lu Y, Zhang Y, Norton D, Tian M, Li S and Xie Z. Nitrous oxide plus isoflurane induces apoptosis and increases beta-amyloid protein levels. *Anesthesiology* 2009; 111: 741-752.
- [27] Zhang B, Dong Y, Zhang G, Moir RD, Xia W, Yue Y, Tian M, Culley DJ, Crosby G, Tanzi RE and Xie Z. The inhalation anesthetic desflurane induces caspase activation and increases amyloid beta-protein levels under hypoxic conditions. *J Biol Chem* 2008; 283: 11866-11875.
- [28] Dong Y, Zhang G, Zhang B, Moir RD, Xia W, Marcantonio ER, Culley DJ, Crosby G, Tanzi RE and Xie Z. The common inhalational anesthetic sevoflurane induces apoptosis and increases beta-amyloid protein levels. *Arch Neurol* 2009; 66: 620-631.
- [29] Liang G, Wang Q, Li Y, Kang B, Eckenhoff MF, Eckenhoff RG and Wei H. A presenilin-1 mutation renders neurons vulnerable to isoflurane toxicity. *Anesth Analg* 2008; 106: 492-500, table of contents.
- [30] Wei H, Liang G, Yang H, Wang Q, Hawkins B, Madesh M, Wang S and Eckenhoff RG. The common inhalational anesthetic isoflurane induces apoptosis via activation of inositol 1,4,5-trisphosphate receptors. *Anesthesiology* 2008; 108: 251-260.
- [31] Eckenhoff RG and Johansson JS. Molecular interactions between inhaled anesthetics and proteins. *Pharmacol Rev* 1997; 49: 343-367.
- [32] Eckenhoff RG, Petersen CE, Ha CE and Bhagavan NV. Inhaled anesthetic binding sites in human serum albumin. *J Biol Chem* 2000; 275: 30439-30444.
- [33] Mandal PK, Pettegrew JW, McKeag DW and Mandal R. Alzheimer's disease: halothane induces Abeta peptide to oligomeric form—solution NMR studies. *Neurochem Res* 2006; 31: 883-890.
- [34] Carnini A, Lear JD and Eckenhoff RG. Inhaled anesthetic modulation of amyloid beta(1-40) assembly and growth. *Curr Alzheimer Res* 2007; 4: 233-241.
- [35] Mallick B and Ghosh Z. A complex crosstalk between polymorphic microRNA target sites and AD prognosis. *RNA Biol* 2011; 8: 665-673.