# Cerebrospinal fluid and plasma HDL (dys)function in Multiple Sclerosis

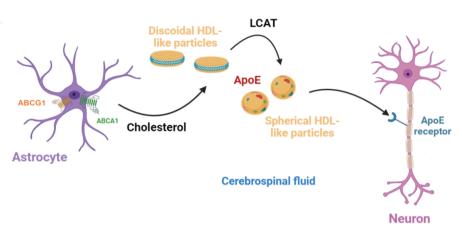


Marcella Palumbo(1), Martina Ugolotti (1), Matteo Minetti (2), Erica Curti (3), Franco Bernini (1), Franco Granella (2), Maria Pia Adorni (2), Francesca Zimetti (1)

<sup>1</sup> Department of Food and Drug, University of Parma, Parma.<sup>2</sup> Unit of Neurosciences, Department of Medicine and Surgery, University of Parma, Parma. <sup>3</sup> Neurology Unit, Department of General and Specialized Medicine, Parma University Hospital, Parma.

### **Background and objective**

Multiple sclerosis (MS) is an inflammatory and immunemediated neurodegenerative disease in which cholesterol plays a key role. Dysregulation of cholesterol transport mediated by cerebral HDL in the central nervous system (CNS) has been associated with neurodegenerative disorders. However, the precise involvement of these HDLlike lipoproteins in multiple sclerosis (MS) is still not clear.



This study aimed to investigate the relationship between cholesterol metabolism and MS, focusing on cerebral and serum HDL function to promote cerebral and peripheral cellular cholesterol efflux (HDL-CEC).

### Patients, materials and methods HDL from CSF and Serum of: 25 relapsing-remitting or progressive, mainly primary, MS. 12 age- and sex-comparable controls (CTRL) **CSF HDL-CEC** U373 treated with LXR/RXR agonists -CHO transfected with Cerebral Nervous System cell model and CHO as ABCG1 model Cholesterol efflux was measured Serum HDL-CEC with a standardised radioisotopic -J774 treated with cAMP technique on central and peripheral -CHO transfected with cell models: ABCG1 gene

Peripheral cell

macrophage models

#### Results

diagnosis.

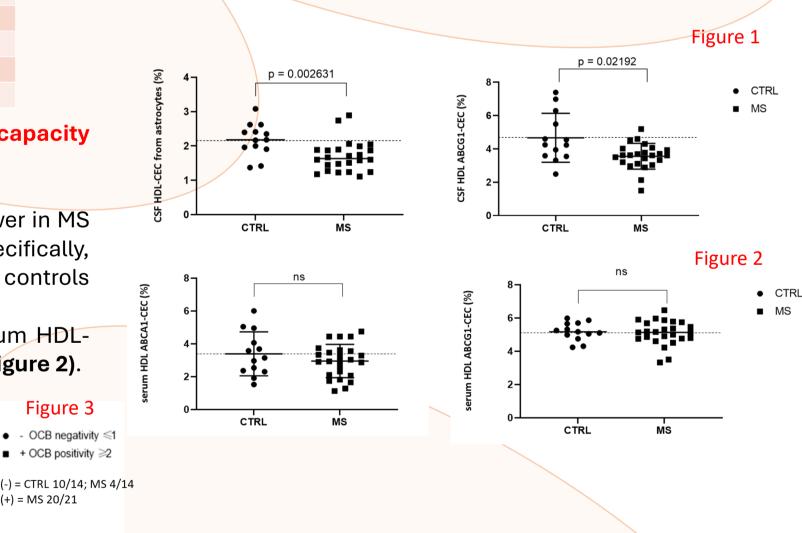
Clinical demographics data

• The two groups were comparable for age and sex.

				Table 1
	Patients' characteristics	CTRL N = 12	MS N = 25	P value
	Age - years	43 ± 14.76	38 ± 12.26	0.2787
	Male - n (%)	5 (38.46)	9 (36)	>0,9999
Clinical data				
	EDSS - (0 - 10)	-	2.00 (1.50 – 3.00)	-
	OCB positive – n (%)	-	20 (80)	-
Lipid profile—mg/dL				
	Total Cholesterol	208.1 ± 39.68	184.7 ± 45.14	0.1644
	HDL Cholesterol	53.44 ± 9.59	61.33 ± 14.67	0.1462
	LDL Cholesterol	143.89 ± 31.72	116.57 ± 34.17	0.0469
	Triglyceride	138.5 (107.0 - 203.8)	72.5 (54.6- 101.8)	0.0010
Disease Modifying therapy (DMT) – n (%)				
	Treated – n (%)	0 (100)	21 (84)	<0,0001

## CSF and Serum HDL Cholesterol efflux capacity (CSF/serum HDL-CEC)

- In CSF HDL-CEC from astrocytes was significantly lower in MS subjects compared to controls (p=0.002631). Specifically, ABCG1-CEC was reduced in MS patients compared to controls (p=0.02192) **(Figure 1)**.
- No significant differences were observed for the serum HDL-CEC ABCA1- and ABCG1-mediated between groups (Figure 2).



The Disability Status (EDSS) and the Oligoclonal bands (OCB)

positivity were assessed only in the MS group, confirming MS

No differences were reported for total and HDL cholesterol, while a

lower level of LDL and triglycerides in MS group was found (Table 1).

CSF/serum HDL-CEC after stratification for OCB positivity (all subjects)

Stratification of the population based on the presence of OCB, revealed that CSF HDL-CEC from astrocytes (p=0.009179) and serum HDL-CEC ABCA1-mediated (p=0.02467) were significantly lower in subjects OCB+ (Figure 3).

# **Conclusions**

serum HDL ABCA1-CEC (%)

MS is associated with a defect in CSF HDL capacity to promote the first step of cerebral cholesterol transport, suggesting that cerebral HDL and its function may be considered a potential pharmacological target.

Figure 3

(+) = MS 20/21

In addition, the observation that CSF and serum HDL-CEC is lower in MS subjects OCB+ suggests that HDL (dys)function may be correlated with the presence of OCB. The reason of this link deserves further investigations.



