

ROLE OF MITOCHONDRIAL OXPHOS DYSFUNCTION IN THE DEVELOPMENT OF NEUROLOGICAL DISEASES

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Abstract

Oxidative phosphorylation (OXPHOS) is an enzyme metabolic pathway that oxidizes nutrients to release chemical energy stored in the form of ATP (adenosine triphosphate). This process consists of five protein complexes I-V and takes place in the mitochondria. Several previous studies have stated that failure in this role has an effect on reducing the development of neurological diseases. The previous studies showed increasing the synaptic activity in the nervous system will increase mitochondrial division also and the failure of this process induced apoptosis and death of the nervous system. Failure of the OXPHOS process is associated with mutations in nuclear DNA or in mitochondrial DNA (mtDNA). Factors causing mtDNA damage, namely the absence of histone proteins that bind mtDNA which should be able to protect mtDNA against free radicals, in mtDNA there is no DNA repair mechanism and mtDNA is located in the inner mitochondrial membrane adjacent to the site of ROS production (highly toxic).

Keywords: Neuron, OXPHOS, Mutation.

INTRODUCTION

The forms of diseases of the nervous system are very varied and require complex treatment, and most of these diseases are incomplete or even the causes and mechanisms and effective therapy are not understood^{1,2}. It happened because there are so many causes for disorders of the nervous system (multiple causes) that prevention or therapy becomes difficult, even nearly impossible³. The previous studies tried to find out more about disorders of the nervous system, it would be better to focus on the cellular level because the cellular level is vital for the development, cell metabolism and bioenergy of the nervous system^{4,5}. Cell metabolism has a great influence on the development of cells, such as nerve cells^{6,7}. Disturbances in cell metabolism (a lack of ATP) will have implications for the work of a cell itself and mitochondria, as a source of energy production, play an important role in supplying energy to metabolizing cells, resulting in damage or failure of mitochondria in organizing energy production (mtDNA and nDNA), in fact, this dysfunction in mitochondrial oxidative phosphorylation (OXPHOS) affects the metabolism of these cells, including in the nervous system^{8,9}.

The importance of mitochondria in neurons

Cell regulation of the number and size of mitochondria is controlled by division and fusion mechanisms.

These processes are especially important in neurons that aim to produce large amounts of energy¹⁰. Neurons are made up of thousands of mitochondria, which carry out their work like a formation of wires. Increased synaptic activity will increase mitochondrial division and failure of function in this process will induce apoptosis and death of the neuron system. However, the effects of this fission and fusion will lead to the production of reactive oxygen species (ROS), which will affect the development of neurodegenerative diseases¹¹. Energy production for the body, cell mitochondria must produce a number of ATP through oxidative carbohydrates, fatty acids and amino acids, which is known as the process of oxidative phosphorylation^{12,13}. Oxidative Phosphorylation (OXPHOS) occurs via the electron transport chain (ETC), which takes place in the inner mitochondrial membrane¹⁴. ETC is composed of complex I (NADH ubiquinone oxidoreductase), II (ubiquinone succinate oxidoreductase), III (ubiquinone cytochrome c oxidoreductase) and IV (cytochrome c oxidase); ATP is further produced by F1F0-ATP synthase, also known as complex V, which is a component of the OXPHOS system but not part of the ETC^{15,16}. It is not only do muscle cells have lots of mitochondria and ATP, but also the brain also needs a lot of ATP. Interestingly, neurons are completely dependent on the OXPHOS system to produce ATP because neurons cannot carry out the process of glycolysis to produce ATP even when there is limited amount of OXPHOS^{17,18}. Failure of the OXPHOS process is associated with mutations in nuclear DNA or in mitochondrial DNA or can even occur as a result of damage to both, there is a complex relationship between mutations of the two components, such as mutations in nDNA may result in mtDNA damage and dysfunction, and vice versa

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mtDNA mutations can result of variations in nDNA expression^{1,19}. The diagnosis of mitochondrial disease is associated with mutations in mtDNA and nDNA. Both mutations, nDNA and mtDNA, occur due to an increase in reactive oxidative species, or the production of toxic ROS^{20,21}. Mitochondrial DNA is responsible for coding for proteins that affect OXPHOS so that mtDNA damage can cause interference with respiration and ROS production, and then lead to second mtDNA mutations, which will further cause damage to DNA and proteins that affect OXPHOS dysfunction^{22,23}. Factors causing mtDNA damage, namely the absence of histone proteins that bind mtDNA which should be able to protect mtDNA against free radicals, in mtDNA there is no DNA repair mechanism and mtDNA is located in the inner mitochondrial membrane adjacent to the site of ROS production (highly toxic). However, mtDNA is also protected by a nucleoid envelope structure consisting of mitochondrial proteins mtSSB and TFAM which protect against oxidative damage^{12,24}.

Diseases of the nervous system: Mutations of mtDNA and DNA

Diseases of the nervous system that occur at a young age result from OXPHOS dysfunction directly in mtDNA and nDNA mutations. The diseases are:

MELAS, is a maternally inherited disease from the mother's mitochondria and is characteristic of stroke. Manifestations of MELAS include vision imbalance, motor disabilities and dementia. The majority of MELAS sufferers show an A to G mtDNA mutation in the 3234 nucleotide of the MT-TL1 gene which encodes the transfer RNA for the amino acid leucine^{25,26}.

MERRF, is a mitochondrial disease with a variable clinical phenotype. This disease arises due to mutations at nucleotide 8344 in the MT-TK gene which codes for tRNA in mtDNA. Patients with MERRF usually exhibit myoclonic epilepsy, ataxia, and myopathy^{8,27}.

NARP, occurs due to point mutations at m.8399 T > C and m.8993 T > G in the mtDNA gene MT-ATPase6. This point mutation leads to breakdown of OXPHOS during ATP synthesis and increased ROS production^{22,28}.

Friedreich's Ataxia (FRDA), is an autosomal recessive disease associated with mitochondrial dysfunction as a result of a deficiency in the iron-sulfur cluster resulting from mutations in the nDNA coding for frataxin. In FRDA patients, homozygous expansion of the FRDA gene is seen with the initial intron in the form of a GAA repeat, which is responsible for coding frataxin, a mitochondrial protein for heme synthesis, formation of iron-sulfur clusters, and iron detoxification. Patients with FRDA are diagnosed with the phenotype of ataxia, spasticity and axonal sensory neuropathy, including early degeneration of sensory neuron^{29,30}.

Leigh Syndrome, This nervous system disease is associated with nDNA mutations in the structure and non-structure of the OXPHOS gene, where mutation points occur located in the MT-ATPase6 gene, which converts thymine to guanine at nucleotide 8993, substitution of leucine to arginine at the amino acid position 156 in ATP 6 protein. Interestingly, LS

patients with the T8993G mutation show different symptoms from the T8993C mutation^{31,32,33}.

LHON, occurs as a result of more than 20 different mtDNA mutations, but most usually result from a 3-part mutation encoding the protein complex 1: m.3460 G >A, m.11778 G>A, or m.14484 T>C^{34,35}. In addition to diseases caused by mutations in mtDNA and nDNA, OXPHOS damage and dysfunction can also occur due to the production of ROS which are highly toxic causing several diseases, such as Parkinson's Disease (PD) with decreased dopamine neurons in the substantia nigra pars compacta (SNpc) and development of proteinases including what are known as Lewy bodies on dopamine neurons (DA)^{16,36}. Decreased Purkinje cells have also been reported in patients with neurodegeneration. Symptoms in people with PD can include tremor, rigidity, bradykinesia, and postural instability³⁷. So far the cause of PD is still not known with certainty, it can occur due to genetic mutations in the Parkin and PINK1 proteins, or both which result in mitochondrial damage through the process of autophagy, but there are also PD that are not related to mutations^{38,39}. Furthermore, the discovery of mtDNA deletions in the substantia nigra in PD patients is thought to contribute to neuronal death in this area.^{40,41}.

Alzheimer's Disease, occurs as a result of hippocampal neurons showing increased levels of mtDNA and cytochrome c oxidase in the cytosol, which play a role in the decline of hippocampal neurons⁴². There is also a decrease in membrane potential and a reduction in ATP^{43,44}.

Huntington's Disease, results from multiple CAG replications in the Huntington gene. This results in the onset of decreased motor function and even cognitive imbalance. Preliminary studies demonstrated that the peroxisome proliferator-activated gamma coactivator-1 α (PGC-1 α) receptor plays an important role in the biogenesis of controlling neuronal mitochondrial numbers^{45,46}. Researchers also demonstrated that overexpression of PGC-1 α induces mitochondrial loss⁴⁷.

Amyotrophic lateral sclerosis Occurs due to mutation of the superoxide dismutase 1 (SOD1) gene which is responsible for the conversion of superoxide to oxygen and hydrogen peroxide^{48,49,50}.

Conclusion

The development of research in the cellular-mocular field shows that not only mutations in nuclear DNA play a role in the emergence of genetic diseases, mutations in mtDNA that regulate and produce ATP also contribute to genetic diseases. world of health to develop therapies related to mitochondrial diseases.

REFERENCES

1. Barone C, Qi X. Altered Metabolism in Motor Neuron Diseases: Mechanism and Potential Therapeutic Target. *Cells*. 2023;12(11). doi:10.3390/cells12111536
2. Meng LT. The Genetic Basis of Obesity. *Slim Chance Fat Hope*. 2004:13-32. doi:10.1142/9789812794871_0002
3. Mentis AFA, Dardiotis E, Efthymiou V, Chrousos GP. Correction to: Non-genetic risk and protective factors and biomarkers for neurological disorders: a meta-umbrella systematic review of umbrella reviews (BMC Medicine, (2021), 19, 1, (6), 10.1186/s12916-020-01873-7). *BMC*

- Med.* 2021;19(1):1-28. doi:10.1186/s12916-021-02159-2
4. Grancara S, Zonta F, Ohkubo S, Brunati AM, Agostinelli E, Toninello A. Pathophysiological implications of mitochondrial oxidative stress mediated by mitochondriotropic agents and polyamines: The role of tyrosine phosphorylation. *Amino Acids.* 2015;47(5):869-883. doi:10.1007/s00726-015-1964-7
 5. Faghihi MA, Mottagui-Tabar S, Wahlestedt C. Genetics of neurological disorders. *Expert Rev Mol Diagn.* 2004;4(3):317-332. doi:10.1586/14737159.4.3.317
 6. Herbert TB, Cohen S. Stress and immunity in humans: A meta-analytic review. *Psychosom Med.* 1993;55(4):364-379. doi:10.1097/00006842-199307000-00004
 7. Bird TD, Jayadev S. Genetic Diseases of the Nervous System. *Atlas Clin Neurol.* 2019;53-98. doi:10.1007/978-3-030-03283-8_2
 8. Breuer ME, Koopman WJ, Koene S, et al. The role of mitochondrial OXPHOS dysfunction in the development of neurologic diseases. *Neurobiol Dis.* 2013;51:27-34. doi:10.1016/j.nbd.2012.03.007
 9. Chen WJ, Cheng X, Fu Y, et al. Rethinking monogenic neurological diseases. *BMJ.* 2020;371:9-11. doi:10.1136/bmj.m3752
 10. Zheng J. Energy metabolism of cancer: Glycolysis versus oxidative phosphorylation (review). *Oncol Lett.* 2012;4(6):1151-1157. doi:10.3892/ol.2012.928
 11. Beckhauser TF, Francis-Oliveira J, De Pasquale R. Reactive oxygen species: Physiological and physiopathological effects on synaptic plasticity. *J Exp Neurosci.* 2016;2016:23-48. doi:10.4137/JEN.S39887
 12. Kadenbach B. Introduction to mitochondrial oxidative phosphorylation. *Adv Exp Med Biol.* 2012;748 (December):1-11. doi:10.1007/978-1-4614-3573-0_1
 13. Massaad CA, Klann E. Reactive oxygen species in the regulation of synaptic plasticity and memory. *Antioxidants Redox Signal.* 2011;14(10):2013-2054. doi:10.1089/ars.2010.3208
 14. Frisard M, Ravussin E. Energy Metabolism and Oxidative Stress. 2006;29(1):27-32.
 15. Daiber A. Redox signaling (cross-talk) from and to mitochondria involves mitochondrial pores and reactive oxygen species. *Biochim Biophys Acta - Bioenerg.* 2010; 1797(6-7):897-906. doi:10.1016/j.bbabi.2010.01.032
 16. Bergman O, Ben-Shachar D. Mitochondrial oxidative phosphorylation system (OXPHOS) deficits in schizophrenia: Possible interactions with cellular processes. *Can J Psychiatry.* 2016;61(8):457-469. doi:10.1177/0706743716648290
 17. Greene J, Segaran A, Lord S. Targeting OXPHOS and the electron transport chain in cancer; Molecular and therapeutic implications. *Semin Cancer Biol.* 2022;86(P2): 851-859. doi:10.1016/j.semcancer.2022.02.002
 18. Traylor M, Anderson CD, Hurford R, Bevan S, Markus HS. Oxidative phosphorylation and lacunar stroke: Genome-wide enrichment analysis of common variants. *Neurology.* 2016;86(2):141-145. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=4731691&tool=pmcentrez&rendertype=abstract>.
 19. Frazier AE, Thorburn DR, Compton AG. Mitochondrial energy generation disorders: Genes, mechanisms, and clues to pathology. *J Biol Chem.* 2019;294(14):5386-5395. doi:10.1074/jbc.R117.809194
 20. Singh G, Pachouri UC, Khaidem DC, Kundu A, Chopra C, Singh P. Mitochondrial DNA Damage and Diseases. *F1000Research.* 2015;4:1-7. doi:10.12688/f1000research.6665.1
 21. Singh G, Pachouri UC, Khaidem DC, Kundu A, Chopra C, Singh P. Mitochondrial DNA Damage and Diseases. *F1000Research.* 2015;4(September). doi:10.12688/f1000research.6665.1
 22. Nolfi-Donagan D, Braganza A, Shiva S. Mitochondrial electron transport chain: Oxidative phosphorylation, oxidant production, and methods of measurement. *Redox Biol.* 2020;37:101674. doi:10.1016/j.redox.2020.101674
 23. Potter E. NIH Public Access. *Bone.* 2008;23(1):1-7. doi:10.1016/j.bbagrm.2012.06.002. Mitochondrial
 24. Liao S, Chen L, Song Z, He H. The fate of damaged mitochondrial DNA in the cell. *Biochim Biophys Acta - Mol Cell Res.* 2022;1869(5). doi:10.1016/j.bbamcr.2022.119233
 25. Shi P, Ren X, Meng J, et al. Mechanical instability generated by Myosin 19 contributes to mitochondria cristae architecture and OXPHOS. *Nat Commun.* 2022;13(1):1-14. doi:10.1038/s41467-022-30431-3
 26. Hanna MG, Nelson IP, Morgan-Hughes JA, Wood NW. MELAS: A new disease associated mitochondrial DNA mutation and evidence for further genetic heterogeneity. *J Neurol Neurosurg Psychiatry.* 1998;65(4):512-517. doi:10.1136/jnnp.65.4.512
 27. Overview D. MERRF Syndrome. 2021:23-26.
 28. Rawle MJ, Lerner AJ. NARP syndrome: A 20-year follow-up. *Case Rep Neurol.* 2013;5(3):204-207. doi:10.1159/000357518
 29. Bürk K. Friedreich Ataxia: Current status and future prospects. *Cerebellum and Ataxias.* 2017;4(1):1-10. doi:10.1186/s40673-017-0062-x
 30. Report C, Islam F, Mukherjee D, Kundu R, Das J. Friedreich 's Ataxia – A Clinical Diagnosis. 2015;4(1): 139-141.
 31. Quinn C, Price RS. Motor Neuron Disease. *Decis Adult Neurol.* 2020;(October 2012). doi:10.1016/B978-0-323-63583-7.00096-5
 32. Kundu GK, Akhter A, Akhter S, Rhaman MM. Leigh syndrome: A rare mitochondrial disorder. *Bangabandhu Sheikh Mujib Med Univ J.* 2016;9(2):126. doi:10.3329/bmmuj.v9i2.28889
 33. Baertling F, Rodenburg RJ, Schaper J, et al. A guide to diagnosis and treatment of Leigh syndrome. *J Neurol Neurosurg Psychiatry.* 2014;85(3):257-265. doi:10.1136/jnnp-2012-304426
 34. Murali Mahadevan H, Hashemiaghdam A, Ashrafi G, Harbauer AB. Mitochondria in Neuronal Health: From Energy Metabolism to Parkinson's Disease. *Adv Biol.* 2021;5(9). doi:10.1002/adbi.202100663
 35. Devi S, Ganger A, Sen S, Saxena R. Leber Hereditary Optic Neuropathy (LHON)- Past, Present & Future Management Strategies. *Delhi J Ophthalmol.* 2016;27(3). doi:10.7869/djo.236
 36. Dickson DW. *Chapter 20: Neuropathology.*; 2008.
 37. Applications C. www.clinical.proteomics-journal.com Page 1 Proteomics - Clinical Applications. 2015:1-24. doi:10.1002/prca.201200082.This
 38. Funayama M, Nishioka K, Li Y, Hattori N. Molecular genetics of Parkinson's disease: Contributions and global trends. *J Hum Genet.* 2023;68(3):125-130. doi:10.1038/s10038-022-01058-5
 39. Huang Y, Chan P, Halliday G. Genetics of Parkinson's disease. *Oxidative Stress Neurodegener Disord.* 2007:663-697. doi:10.1016/B978-0-44452809-4/50169-1
 40. Kapogiannis D, Mattson MP. Disrupted energy metabolism

- and neuronal circuit dysfunction in cognitive impairment and Alzheimer's disease. *Lancet Neurol.* 2011;10(2):187-198. doi:10.1016/S1474-4422(10)70277-5
41. Torrey EF. Hope through research. *New Dir Ment Health Serv.* 1987;(34):91-99. doi:10.1002/ymd.23319873411
42. Scheltens P, De Strooper B, Kivipelto M, et al. Alzheimer's disease. *Lancet.* 2021;397(10284):1577-1590. doi:10.1016/S0140-6736(20)32205-4
43. De Silva S, Turner BJ, Perera ND. Metabolic Dysfunction in Motor Neuron Disease: Shedding Light through the Lens of Autophagy. *Metabolites.* 2022;12(7). doi:10.3390/metabo12070574
44. Alzheimer's disease: Causes & treatment – A review. *Ann Biotechnol.* 2018;1(1). doi:10.33582/2637-4927/1002
45. Macdonald ME, Ambrose CM, Duyao MP, Gusella JF. Molecular genetics of huntington's disease. *Arch Neurol.* 1993;50(11):1157-1163. doi:10.1001/archneur.1993.00540110037003
46. Hayden MR, Goldblatt J, Wallis G, Winship IM, Beighton P. Molecular genetics and Huntington's disease. The South African situation. *South African Med J.* 1987;71(11):683-686.
47. Roos RAC. Huntington's disease: A clinical review. *Orphanet J Rare Dis.* 2010;5(1):40. doi:10.1186/1750-1172-5-40
48. Feldman EL, Goutman SA, Petri S, et al. Amyotrophic lateral sclerosis. *Lancet.* 2022;400(10360):1363-1380. doi:10.1016/S0140-6736(22)01272-7
49. Udd B, Krahe R. The myotonic dystrophies: Molecular, clinical, and therapeutic challenges. *Lancet Neurol.* 2012; 11(10):891-905. doi:10.1016/S1474-4422(12)70204-1
50. Arimbawa IK, Pramaswari AAAA. Laporan Kasus Amyotrophic Lateral Sclerosis. *Fak Kedokt Univ Udayana.* 2017:1-32.
