

·综述·

线粒体自噬在抑郁症发病机制及治疗中作用的研究进展

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摘要 抑郁症是一种病因未明的精神障碍,具有高患病率、高复发率和治疗难度大的特点。线粒体作为细胞的“能量工厂”是神经元生存和活动的重要细胞器。线粒体自噬作为一种进化上高度保守的溶酶体降解途径,可以特异地清除细胞中受损的线粒体。近年研究表明线粒体自噬受损可能是抑郁症的一种促成因素。本文基于线粒体自噬进程对线粒体自噬在抑郁症发病机制及治疗中作用作一综述,并讨论了目前研究的局限性,以期为抑郁症的诊断及治疗提供新思路。

关键词 线粒体自噬;抑郁症;发病机制;治疗

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Research Progress on the Role of Mitophagy in the Pathogenesis and Treatment of Depression

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Abstract Depression is a mental disorder of unknown etiology, characterized by high prevalence, high relapse rate, and difficulty in treatment. Mitochondria, as the “energy factory” of cells, are essential organelles for the survival and activity of neurons. Mitophagy, an evolutionarily highly conserved lysosomal degradation pathway, can precisely remove damaged mitochondria in cells. Recent studies have shown that impaired mitophagy may contribute to depression. Based on the process of mitophagy, this article reviews the role of mitophagy in the pathogenesis and treatment of depression and discusses the limitations of current research in order to provide new ideas for the diagnosis and treatment of depression.

Keywords mitophagy; depression; pathogenesis; treatment

抑郁症是一种常见的精神障碍,其临床表现为情绪低落、快感缺乏、兴趣丧失、思维迟缓和认知症状等,严重者可有自杀倾向。预测到2030年,抑郁症将排在全球疾病负担的首位^[1]。目前,抑郁症的病因及发病机制尚不明确,且治疗方面也表现出效率低、起效慢、症状缓解不完全和复发率高等缺点。因此,有必要探索新的发病机制及治疗靶点。线粒体是三磷酸腺苷(adenosine triphosphate, ATP)合成的主要场所,是神经元的重要细胞器。线粒体功能障碍会导致能量产生减少,活性氧(reactive oxygen species, ROS)产生增加,从而诱导的细胞凋亡^[2]。线粒体对于维持正常突触功能及神经递质的合成及释放必不可少,而受损线粒体的积累可导致突触功能障碍和神经变性^[3]。此外,线粒体是由原核内共生体进化而来,因此它与细菌具有共同的特征,受损线粒体线可释放线粒体DNA(mitochondrial DNA, mtDNA)从而引发炎症反应^[2]。因此,及时清除受损的线粒体对于维持神经精神系统正常功能至关重要。线粒体已经发展出复杂的质量控制机制来维持自身平衡。线粒体质量控制由线粒体自噬(mitophagy)及线粒体生物发生两种相反的力量调控:通过线粒体自噬选择性地去除受损的线粒体,通过线粒体生物发生将新的蛋白质、脂质添加到原有的线粒体网状结构中^[3]。线粒体自噬在一些

神经退行性疾病中已经得到很好地研究,但关于其在抑郁症中的作用仍知之甚少。本文综述了线粒体自噬各个阶段与抑郁症病理生理学的关系并讨论了相关治疗策略,以期为抑郁症的诊断及治疗提供新思路。

1 线粒体自噬进程在抑郁症中的作用

1.1 线粒体自噬激活阶段与抑郁症

线粒体自噬通过泛素依赖性途径及泛素非依赖性途径两种方式激活,以形成最初的隔离膜附着在受损的线粒体表面。PINK1-Parkin介导的线粒体自噬是目前研究最多的线粒体自噬途径(泛素依赖性途径)。在线粒体应激或损伤时,线粒体膜电位降低,PINK1稳定在线粒体膜外膜上,随后PINK1将 Parkin 招募到去极化的线粒体上并将其磷酸化,这促进了 Parkin 的 E3 连接酶活性^[4]。Parkin 通过泛素化线粒体外膜蛋白(如VDAC1等)和招募与泛素结合的自噬成分(如p62/SQSTM1等)并与LC3相互作用来激活线粒体自噬^[4]。PINK1 和 Parkin 突变是帕金森病(Parkinson's disease, PD)的典型病理改变,与没有 parkin 突变的 PD 患者亲属相比,具有复合杂合突变且未诊断为 PD 的早发性 PD 患者的亲属患抑郁症的风险增加^[5]。具有纯合子或复合杂合子 Parkin 突变的 PD

患者的抑郁程度更高^[6]。并且,敲除PINK1可导致成年海马神经发生、纹状体可塑性受损及多巴胺释放减少,并降低了慢性束缚应激诱导小鼠抑郁的阈值^[7]。18kDa转位蛋白(18kDa translocat orprotein, TSPO)可与VDAC1结合,VDAC1特异性地与受损线粒体上的Parkin相互作用来启动线粒体自噬^[8]。有研究发现,习得性无助小鼠脑中TSPO和VDAC1、PINK1、Beclin1等自噬相关蛋白的表达减少^[9]。该课题组进一步研究发现,中药五灵散可通过TSPO介导的线粒体自噬改善习得性无助小鼠的抑郁样行为^[10]。

与PINK1/Parkin途径相比,几种线粒体受体也可以直接诱导线粒体自噬(泛素非依赖性途径),其中包括多种线粒体膜外膜蛋白,如Bcl-2/腺病毒E1B相互作用蛋白3(Bcl-2/adenovirus E1B 19kDa interacting protein 3, BNIP3),Nip3样蛋白X(Nip3-like-protein X, NIX),以及FUN14结构域包含蛋白1(FUN14 domain containing 1, FUNDC1)等^[2]。众所周知,慢性应激和高水平皮质醇与抑郁发生有关。近年研究发现,受体介导的线粒体自噬参与了慢性应激过程。皮质酮暴露可通过下调NIX抑制小鼠线粒体自噬、减少突触密度,NIX增强剂佛波醇酯(PMA)处理后,小鼠海马中的线粒体自噬和突触密度增加,小鼠的空间记忆得到改善^[11]。用三环类抗抑郁药丙咪嗪治疗后,习得性无助小鼠前额叶皮质中的BNIP3 mRNA水平增加,但在非习得性无助组没有观察到上述变化,可见丙咪嗪只有在抑郁发生的条件下才能上调BNIP3 mRNA的表达^[12]。综上所述,线粒体自噬可能是对抗应激反应的一部分,而线粒体自噬受损可能是抑郁症的一种促成因素。

1.2 线粒体自噬功能阶段与抑郁症

当线粒体自噬被激活后,隔离膜进一步延伸包裹受损的线粒体形成自噬体,自噬体与溶酶体结合形成自噬溶酶体,随后自噬溶酶体内膜及其内容物就会被溶酶体内各种水解酶(如组织蛋白酶)所降解,降解过程中产生的氨基酸及部分蛋白可被循环再利用。研究发现,5-羟色胺再摄取抑制剂氟西汀可促进慢性轻度应激小鼠星形胶质细胞自噬体的形成来增加受损线粒体的清除,还可以增强原代星形胶质细胞中自噬体与溶酶体的融合来促进自噬通量的畅通^[13]。此外,由于线粒体自噬所有途径最终都在溶酶体水平汇聚,因此溶酶体功能障碍会导致线粒体自噬受损。许多溶酶体功能障碍疾病,如法布里病(X染色体连锁溶酶体贮积病),其伴发抑郁的几率很高^[14]。目前,更多的研究集中在抑郁症中组织蛋白酶的变化且尚存争议。例如,敲除组织蛋白酶B会诱发雌性小鼠焦虑和抑郁样行为^[15]。然而,慢性社会挫败应激会导致小鼠下丘脑和尾状核中蛋白酶B活性增加,海马中蛋白酶L活性增加^[16]。组织蛋白酶C过表达加剧了慢性不可预知的温和应激小鼠的抑郁样行为,而敲除组织蛋白酶C可改善抑郁样行为^[17]。因此,未来应进一步研究不同组织蛋白酶在不同脑区中的变化,以充分了解其在抑郁症中作用的利弊。

沉默信息调节因子(Sirtuins)是一种烟酰胺腺嘌呤二核苷酸(nicotinamide adenine dinucleotide, NAD)依赖性去乙酰化蛋

白酶^[18]。Sirtuins在线粒体自噬激活阶段及功能阶段均起作用,它很好的将整个线粒体自噬进程与抑郁症联系起来。在哺乳动物中已发现7种Sirtuins蛋白分别以SIRT1-7表示。SIRT1可使FOXO3a去乙酰化来增强BNIP3转录,SIRT1还可使FOXO1去乙酰化并增强Rab7的表达来参与自噬体和溶酶体的融合;SIRT2可介导ATG5去乙酰化参与自噬体的延伸;SIRT3可去乙酰化FOXO3a诱导PINK1和BNIP3转录^[19]。在抑郁症患者的外周血中发现SIRT1 mRNA水平降低^[20]。同样,在重度抑郁症和双相情感障碍患者的外周血中发现SIRT1、2和6 mRNA水平降低^[21]。在慢性皮质酮诱导的小鼠中观察到NAD⁺合成途径受抑制,导致SIRT3活性降低^[22],而NAD⁺的前体烟酰胺单核苷酸(NMN)给药减轻了小鼠的抑郁样行为^[23]。另外,慢性轻度应激诱导小鼠氧化损伤增加,从而导致线粒体功能受损和炎症反应,这可能是由SIRT3-超氧化物歧化酶2信号通路下调所介导的^[24]。总之,上述研究表明Sirtuins下调与抑郁症、线粒体自噬有着很强的联系。

2 靶向线粒体自噬在抑郁症中的作用

2.1 药理学方法

雷帕霉素是一种mTOR通路抑制剂,是一种经典的自噬诱导剂。雷帕霉素通过增加p62和Parkin向受损线粒体的易位来增强线粒体自噬^[25]。目前,雷帕霉素及其类似物泰西罗莫司已经被发现是通过增强自噬来发挥抗抑郁作用^[26]。与雷帕霉素一样,二甲双胍可通过上调PINK1/Parkin通路激活线粒体自噬^[27]。二甲双胍还可诱导酸性囊泡和自噬体的形成以增强线粒体自噬通量^[28]。研究发现,二甲双胍不仅可以减轻多囊卵巢综合征患者的抑郁症状^[29],还可改善糖尿病抑郁症患者的认知功能^[30]。白藜芦醇是一种具有抗炎和抗氧化功能的多酚化合物。白藜芦醇可调节BNIP3相关的线粒体自噬^[31]和PINK1/Parkin介导的线粒体自噬^[32]。白藜芦醇可通过恢复线粒体自噬来减少氧化应激^[33]。研究发现,长期白藜芦醇治疗可以通过抑制氧化应激来改善糖尿病大鼠共病焦虑和抑郁样行为^[34]。mitoTEMPO是一种新型的线粒体特异性抗氧化剂,具有清除ROS的能力。研究发现,脑室内注射mitoTEMPO可显著减轻大鼠的抑郁样行为^[35]。ROCK抑制剂是靶向Rho激酶并抑制ROCK途径的化合物,其可有效地将受损线粒体靶向溶酶体,保护多巴胺能神经元使其免受受损线粒体积累的影响^[36]。法舒地尔是目前唯一上市的ROCK抑制剂,其可以通过阻断Rho激酶来防止大鼠慢性束缚应激引起的海马神经元树突棘缺失,并减轻抑郁样行为^[37]。此外,法舒地尔在青春期小鼠中的抗抑郁样功效与氯胺酮和氟西汀相当^[38]。

2.2 非药理学方法

一些非药理学方法也可以改善线粒体自噬过程。例如,运动不仅可以改善骨骼肌的线粒体自噬,而且还可通过肌肉收缩时所释放的肌动蛋白将运动的有益效果传递到大脑^[39]。荟萃分析表明,对于轻度到中度抑郁症,运动的效果可能与抗抑郁药和心理疗法相当;对于重度抑郁症,运动似乎是传统疗法的一种有

价值的补充疗法^[40]。此外,有氧运动和禁食可以激活如Ca²⁺、环磷酸腺苷反应元件结合蛋白(cAMP response element-binding, CREB)、过氧化物酶体增殖物激活受体γ辅激活因子1α(peroxisome proliferator activated receptor γ coactivator-1 α, PGC-1α)和核转录因子κB(nuclear transcription factor, NF-κB)等信号通路,这些信号通路可以刺激线粒体的生物发生及抵抗细胞应激反应^[41]。短期卡路里限制是线粒体自噬的最强诱因之一^[42]。短期卡路里限制可改善抑郁,而长期卡路里限制的效果仍存在争议^[43]。此外,肠道微生物菌群在双向肠-脑轴中起关键作用,是目前是精神病学研究中的热点话题。益生菌可通过加速线粒体自噬来清除受损的线粒体从而抑制炎症小体的激活^[44]。一项初步研究评估了在益生菌治疗前后抑郁症状的变化,观察到抑郁症状在第4周有显著改善,并一直持续到第8周^[45]。综上,更好的了解运动、禁食、卡路里限制、益生菌与线粒体自噬的关系将为抑郁症的辅助治疗提供新方向。

3 总结与展望

近年来,线粒体自噬在抑郁症发病机制及治疗过程中累积了大量的证据。线粒体自噬进程中相关基因及蛋白的改变均与抑郁症的发生发展有关,且许多跨学科药物及非药物疗法可以介导线粒体自噬并可改善抑郁。这为今后以检测线粒体自噬作为诊断和预后的生物标志物,以及以线粒体自噬作为靶点开发药物治疗提供了良好的前景。当然,目前研究也存在一定的局限性。首先,大多数研究是横断面的,无法反映出在线粒体自噬疾病中的动态变化。其次,临床样本较少,多数为基础研究且抑郁症造模方式不同。再者,关于抗抑郁药与线粒体自噬的相关研究较少。因此,未来的研究应纵向研究线粒体自噬在临床患者中的变化,以及进一步探索抗抑郁药调节线粒体自噬的分子机制,以此尽早揭开线粒体自噬在抑郁症中的面纱。

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