## Neuroprotection in Glaucoma

#### Essay Submitted for partial fulfillment of Master Degree in Ophthalmology

Presented by
Mahmoud Mohamed Rabie Ahmed
M.B.B.Ch

#### Supervised by

#### Prof. Dr. Saad Mohamed Rashad

Professor of Ophthalmology Faculty of Medicine Ain Shams University

#### Dr. Mohamed Kabil Abdel hamid

Lecturer of Ophthalmology Faculty of Medicine Ain Shams University

> Faculty of Medicine Ain Shams University 2009

### ACKNOLEGEMENT

First of all I thank **ALLAH** who gives me the power to finish this work which, i hope, can be humble contribution to research of the field of Glaucoma and its management.

I would like to express my deepest gratitude and cardinal appreciation to **Professor Dr. Saad Mohamed Rashad**, Professor of Ophthalmology, Faculty of medicine, Ain Shams University, for his kind guiding and supervision.

I am also offering my warmest thanks to **Dr. Mohamed Kabil Abdel-Hamid** Lecturer of Ophthalmology

Faculty of Medicine Ain Shams University for his supervision and encouragement throughout this work.

Last, but not least, I would like to express my best regards and thanks to all who gave me a hand while completing this work. I would like to thank my all family, my father, my mother and of course my beloved wife who gave me an endless support throughout this work.

## CONTENTS

*LIST OF FIGU						
*LIST OF ABB	EREVIAT	TIONS	•		I	
*INTRODUCTION						
······				· ·		
*AIM OF THE				•••••	• • • • • • • • • • • • • • • • • • • •	•••••
VII						
REVIEW OF T						
CHAPTER		•••••	RGCs,	ANATO	MICAL	OVERVIEW
		•••••				•••••
1						
Function		•••••	•••••	•••••	•••••	***************************************
2						
Types:						2
Physiology	of	the	ret	ínal		
The	ga	anglion		cell		layer
The	Nerve		Fiber 5			layer
The	Optíc			·	Nerve	
The	optic				dísc	
The lateral genicu						

►CHAPTER 2	<b>DEGENERATIVE</b>	PROG.,	PATHOLOGICAL
<u> </u>			
Definition of apoptosis .	••••••	•••••	14
Functions of apoptosis in	n the human body	•••••	
15			
Process of apoptosis		•••••	
16			
Mitochondrial regulation	l	•••••	
17			
Direct signal transduction	on	•••••	
18			
Execution	•••••	•••••	
19			
Axonal self-destruction i	n Glaucoma: an example	of neurodeg	eneration
20			
Compartmentalised self-	destruction and glaucor	na	
23			
Mechanisms of axonal se	lf-destruction	•••••	
25			
The role of calcium in axo	onal degeneration		
26			
►CHAPTER 3	GLAUCOMA,	A NEUF	RODEGENERATIVE
DISEASE 28			
A brief introduction to gl	aucoma	***************************************	••••••••••••••••••
28			
Relationship bet. IOP ar	nd glaucomatous damage	e is not straig	htforward
29			
Glaucoma Spread from 1	RGCs to Target Neu	rons of LGN	<b>1</b>
30			

Implications of Glaucomatous Spread to Vision Centers of the Brain
33
► CHAPTER 4 MECHANISM OF RGC DEATH IN GLAUCOMA  35 Introduction
3 <i>5</i>
Neurotrophic factor deprivation
36
Glial cell activation and nitric oxide
40
Glutamate excitotoxicity
52
Hypoperfusion/ schemia of the anterior optic nerve
60
Abnormal immune response
61
► CHAPTER 5 OCULAR NEUROPROTECTION
What is Neuroprotection?
64
Why do we need neuroprotection?
64
What Is the Evidence That Neuroprotection Is a Realistic Strategy for
Glaucoma? 65
Demonstrating Neuroprotective Effects
67
Measuring Neuroprotection in Clinical Practice
68

Precision
74
► CHAPTER 6 CURRENT NEUROPROTECTIVE STRATEGIES
75
Introduction
75
Therapeutic Targets
<i>75</i>
Neuroprotection by Vitamin E in Glaucoma
<i>8</i> 1
Estrogens and neuroprotection in retinal diseases
82
Aerobic Exercise for Neuroprotection
27
83
▶ CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE
► CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE GLAUCOMA PATIENT
▶ CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE
► CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE GLAUCOMA PATIENT
► CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE GLAUCOMA PATIENT
► CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE GLAUCOMA PATIENT 84  Introduction
► CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE GLAUCOMA PATIENT  84  Introduction
► CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE GLAUCOMA PATIENT  84  Introduction
►CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE GLAUCOMA PATIENT  84 Introduction
►CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE GLAUCOMA PATIENT  84  Introduction
▶ CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE   GLAUCOMA PATIENT 84   Introduction 84   Memantine 86   Brimonidine 93   Nitric Oxide inhibitors
►CHAPTER 7 IMPLICATIONS FOR MANAGEMENT OF THE GLAUCOMA PATIENT  84  Introduction

*SUMMARY	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •
105				
*REFRENCES	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •
108				
*ARABIC SUM	MMARY	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •
153				

# List Of Figures

- FIGURE 1. Structural representation of the eye
- **FIGURE 2.** Photomicrographs showing Fluoro-Gold–labeled retinal ganglion cells in the central and peripheral retina.
- FIGURE 3. Schematic representation of the retina.
- FIGURE 4. Non-human primate lateral geniculate .
- **FIGURE 5.** Apoptosis of retinal ganglion cells in adult rats whose eyes were subjected to elevated intraocular pressure.
- FIGURE 6. Optic nerve transection was performed unilaterally, and cross sections were prepared from both eyes showing apoptosis of retinal ganglion cells.
- FIGURE 7. Neurons in the lateral geniculate nucleus in glaucoma.
- FIGURE 8. Schematic and simplified scheme of neuronal apoptosis induced by activation of an N-methyl-d-aspartate (NMDA) membrane receptor by glutamate.
- **FIGURE 9.** A pyramid diagram illustrating the levels data supporting use of a therapy.
- **FIGURE 10**. Inhibition of NOS-2 prevents optic disk cupping in pigmented rat eyes with glaucoma.

- FIGURE 11. Effect of the N-methyl-D-aspartate receptor antagonist dizocilpine (MK801) on survival of retinal ganglion cells in an experimental glaucoma model in the adult rat.
- **FIGURE 12.** Parvalbumin-immunostained lateral geniculate nucleus relay neurons.

## List of abbreviations

Arachidonic acid	A	A		
Acetyl-Choline	Ach	-		
Asymmetric dimethylargin			ADMA	
Advanced Glaucoma Inter		Study		AGIS
Apoptosis inducing factor		-	AIF	11010
Adenosine Tri-Phosphate			TP	
Brain-derived neurotrophi	c factor		BDNF	
Tetrahydrobiopterin		BH4	22111	
	C/D			
1	Ca			
Carbonic anhydrase inhibit			CAI	
Cationic amino acid transp			CAT	
Calcium Channel Blocker	, , , , , , , , , , , , , , , , , , , ,	C	ССВ	
Collaborative Initial Glaud	coma Trea	atment	Study	CIGTS
Choroidal neovascularizat			CNV	01015
Carbon monoxide		CO	0111	
Confocal scanning laser of		_		CSLO
Dying Back	DB	осорс		0020
Docosahexaenoid acids	22	DH	A	
The Diagnostic Innovation	ns in Glau			DIGS
Death-inducing signaling			DISC	
Endothelium-derived hype		ng fact		EDHF
Endothelium- derived rela	_	-	ED	RF
Epidermal Growth Factor	-		EGR	
Endothelin-1	EN-1			
Erythropoietin	EPO			
Edinger Westifal Nucleus		E	WN	
Fatty acids	FA			
Fas-associated death doma	ain protei	n	FAI	OD
Food and Drug Administr			FDA	
Functional MRI	Fmr	i		
Fast nerve fiber layer thick	kness		<b>FNFLT</b>	
Ganglion Cell Layer		GCL		
Scanning laser polarimetry	y		GDx	
Geranylgeranylacetone	,	GGA	4	
Glaucomatous optic neuro	pathy		GON	
Hypoxia-induced factor 1			HIF-1α	
Heidelberg Retinal Tomos			HRT	
Heat shock proteins		ISPs		
Hormaonal therapy		HT		
Inhibitor of Apoptosis Pro	teins		IAPs	
Interleukin	$\mathbf{IL}$			
Inner Nuclear Layer		INL		
Inner Plexiform Layer		IPL	4	
Lateral Geniculate Nucleu	IS		LGN	
Matrix metalloproteinases		$\mathbf{M}$	MPs	
Magnetic Resonance Imag			MRI	
Nicotinamide adenine din	ucleotide	phospl	nate	NADPH
N - Methyl D - Aspartate		NM	DA	
NO Synthase	NOS			
Normal tension glaucoma		N	TG	

Ocular blood flow OBF

Optical Coherence Tomography
Ocular Hypertension Study
OHTS

Optic Nerve ON
Optic Nerve Head ONH
Outer Nuclear Layer
Outer Plexiform Layer OPL

Ocular perfusion pressure OPP
Prostaglandin PG

Protein kinase C PKC

Progressive motor neuronopathy
Primary Open Angle Glaucoma
Randomized controlled trials
PMN
POAG
RCTs

Retinal Ganglion Cells
Retinal Nerve Fiber Layer
Retinal Pigment Epithelium
Standard automated perimetry
Superior cervical ganglion cell
Suprachiasmatic nucleus

RGC
RNFL
RPE
SAP
SAP
SCG
SCG

Second Mitochondria - derived Activator of Caspases SMACs

Short wavelength automated perimetry SWAP

Tricarboxylic acid TCA

Tumor Necrosis Factor TNF

Tumor Necrosis Factor Receptor TNFR

TNF Receptor-Associated Death Domain TRADD

Ubiquitin–proteasome system UPS

Primary visual cortex V1

Vascular Endothelial Growth Factor VEGF

Visual Field VF

Wallerian Degeneration WD

#### Introduction

A retinal ganglion cell is a type of neuron located near the inner surface (the ganglion cell layer) of the retina of the eye. It receives visual information from photoreceptors via two intermediate neuron types: bipolar cells and amacrine cells. Retinal ganglion cells collectively transmit visual information from the retina to several regions in the thalamus, hypothalamus, and mesencephalon, or midbrain.

Retinal ganglion cells vary significantly in terms of their size, connections, and responses to visual stimulation but they all share the defining property of having a long <u>axon</u> that extends into the brain. These axons form the <u>optic nerve</u>, <u>optic chiasm</u>, and <u>optic tract</u> (**Tabata and Kano, 2002**).

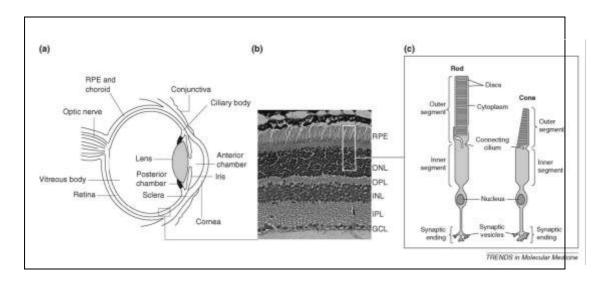


Figure 1. Structural representation of the eye, retinal cells and photoreceptor cells. (a) Schematic representation of the eye structure. (b) Paraffin cross-section (7 mm) of an adult retina stained with hematoxylin and eosin. (c) Scheme representing the structure of rod and cone photoreceptor cells.

#### **Function**

There are about 1.2 to 1.5 million retinal ganglion cells in the human retina. With about 105 million <u>photoreceptors</u> per retina, on average each retinal ganglion cell receives inputs from about 100 <u>rods</u> and <u>cones</u>. However, these numbers vary greatly among individuals and as a function of retinal location. In the <u>fovea</u> (center of the retina), a single photoreceptor will communicate with as few as five ganglion cells. In the extreme periphery (ends of the retina), a single ganglion

cell will receive information from many thousands of photoreceptors (**Lien and Jonas, 2003**).

Retinal ganglion cells spontaneously fire <u>action potentials</u> at a base rate while at rest. Excitation of retinal ganglion cells results in an increased firing rate while inhibition results in a depressed rate of (**Lien and Jonas, 2003**).

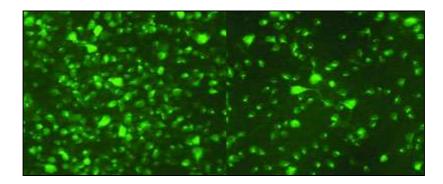


Figure 2. These photomicrographs show Fluoro-Gold–labeled retinal ganglion cells in the central (left) and peripheral retina (right) (both original magnification X400).

#### Types:

Based on their projections and functions, there are at least five main classes of retinal ganglion cells (Lee and Ishida, 2007):

- •Midget (Parvocellular, or P pathway; A cells)
- •Parasol (Magnocellular, or M pathway; B cells)
- •Bistratified (Koniocellular, or K pathway)
- •Other ganglion cells projecting to the <u>superior colliculus</u> for eye movements (<u>saccades</u>) (**Kandel, et al., 2000**)
- •Photosensitive ganglion cells

#### \*Midget

Midget retinal ganglion cells project to the <u>parvocellular layers</u> of the <u>lateral</u> <u>geniculate nucleus</u>. These cells are known as midget retinal ganglion cells, based on the small sizes of their <u>dendritic trees</u> and cell bodies. About 80% of RGCs are midget cells in the <u>parvocellular pathway</u>. They receive inputs from relatively few rods and cones. In many cases, they are connected to midget bipolars, which are linked to one cone each. They have slow <u>conduction velocity</u>, and respond to changes in color but respond only weakly to changes in contrast unless the

change is great (**Kandel**, et al., 2000). They have simple center-surround receptive fields, where the center may be either ON or OFF to one of the cones while the surround is the opposite to another cone.

#### \*Parasol

Parasol retinal ganglion cells project to the <u>magnocellular layers</u> of the lateral geniculate nucleus. These cells are known as <u>parasol</u> retinal ganglion cells, based on the large sizes of their dendritic trees and cell bodies. About 10% of retinal ganglion cells are parasol cells in the magnocellular pathway. They receive inputs from relatively many rods and cones. They have fast conduction velocity, and can respond to low-contrast stimuli, but are not very sensitive to changes in color (**Kandel, et al., 2000**). They have much larger <u>receptive fields</u> which are nonetheless also center-surround.

#### \*Bistratified

Bistratified retinal ganglion cells project to the <u>koniocellular layers</u> of the lateral geniculate nucleus. Bistratified retinal ganglion cells have been identified only relatively recently. Koniocellular means "cells as small as dust"; their small size made them hard to find. About 10% of retinal ganglion cells are bistratified cells in the <u>koniocellular pathway</u>. They receive inputs from intermediate numbers of rods and cones. They have moderate spatial resolution, moderate conduction velocity, and can respond to moderate-contrast stimuli. They may be involved in color vision. They have very large <u>receptive fields</u> that only have centers (no surrounds) and are always ON to the blue cone and OFF to both the red and green cone (**Kandel, et al., 2000**).

#### \*Other retinal ganglion cells projecting to the LGN

Other retinal ganglion cells projecting to the LGN include cells making connections with the <u>Edinger-Westphal nucleus</u> (EWN) for control of the <u>pupillary light reflex</u> and <u>giant retinal ganglion cells</u> (**Kandel, et al., 2000**).

#### \*Photosensitive ganglion cell

<u>Photosensitive ganglion cells</u> contain their own <u>photopigment</u>, <u>melanopsin</u>, which makes them respond directly to light even in the absence of rods and cones. They project to the <u>suprachiasmatic nucleus</u> (SCN) via the <u>retinohypothalamic tract</u> for setting and maintaining <u>circadian rhythms</u> (**Kandel et al., 2000**).

#### Physiology of the retinal ganglion cells:

Retinal ganglion cells (RGCs) are the only output neurons of the retina of vertebrates. All electrical signals generated by photoreceptors are transmitted by downstream retinal cells and eventually converge onto RGCs. Thus, the physiological function of RGCs is to receive synaptic inputs, to integrate them and transmit the visual information to the central nervous system in the form of trains of spikes.

Intrinsic electrical properties of neurons play a very important role in this postsynaptic integration, so, the continuously updated visual information transmitted to the brain by RGCs is the result of interplay between the extrinsic synaptic inputs and their intrinsic physiological properties (Mitra and Miller, 2007).

#### The ganglion cell layer:

The ganglion cell layer is a layer of the <u>retina</u> that consists of <u>retinal ganglion</u> <u>cells</u>. In the <u>macula lutea</u>, the layer forms several strata. The cells are somewhat <u>flask</u>-shaped; the rounded internal surface of each resting on the <u>NFL</u>, and sending off an <u>axon</u> which is prolonged into it.

From the opposite end numerous dendrites extend into the <u>inner plexiform layer</u>, where they branch and form flattened <u>arborizations</u> at different levels (Walia, et al., 2007).

The ganglion cells vary much in size, and the <u>dendrites</u> of the smaller ones as a rule arborize in the inner plexiform layer as soon as they enter it; while those of the larger cells ramify close to the <u>inner nuclear layer</u>.