

Corso di Aggiornamento AINV2024

La disautonomia nella pratica clinica: diagnosi e strategie terapeutiche

Ipoperfusione cerebrale e deficit cognitivo

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UNIVERSITA' POLITECNICA DELLE MARCHE

Treia, 4 ottobre 2024



Sin
SOCIETÀ ITALIANA DI NEUROLOGIA

Pure AD

AD with severe cerebral amyloid angiopathy

Mild AD with vascular involvement

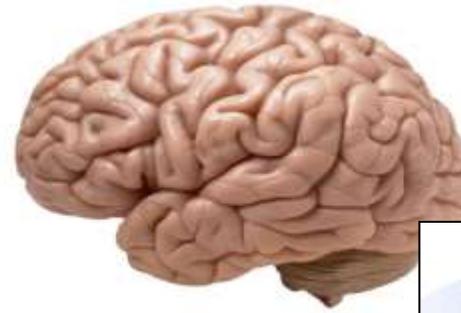
AD with vascular lesions

AD with CVD

VaD with vascular changes

VaD with small-vessel diseases

Pure VaD



Aggregation of vascular risk factors and risk of incident Alzheimer disease

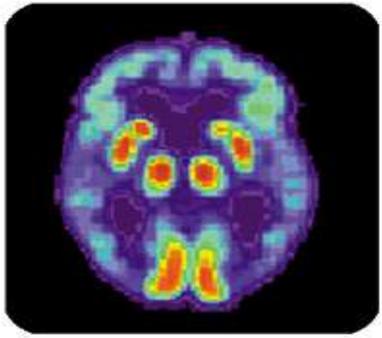
J.A. Luchsinger, MD, MPH; C. Reitz, MD; L.S. Honig, MD, PhD; M.-X. Tang, PhD; Steven Shea, MD, MS; and R. Mayeux, MD, MSe

CONVERGING PATHOGENIC MECHANISMS IN VASCULAR AND NEURODEGENERATIVE DEMENTIA

C. Iadecola, Stroke 2003



ALZHEIMER'S DISEASE



AMYLOID HYPOTESIS

Abnormal APP cleavage

A β deposition

Senile plaques

Neurodegeneration

AD

VASCULAR HYPOTESIS

Advanced ageing and vascular risk factor

Brain hypoperfusion

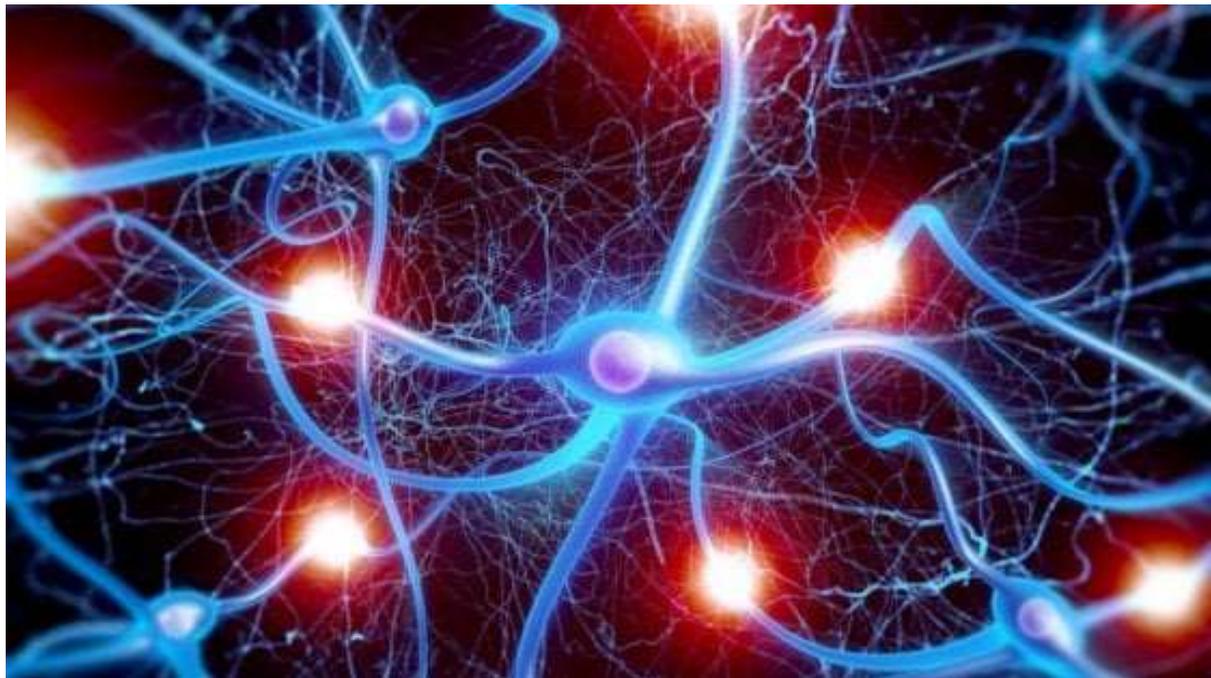
Neuroglial energy crisis

Mild cognitive impairment

Neurodegeneration

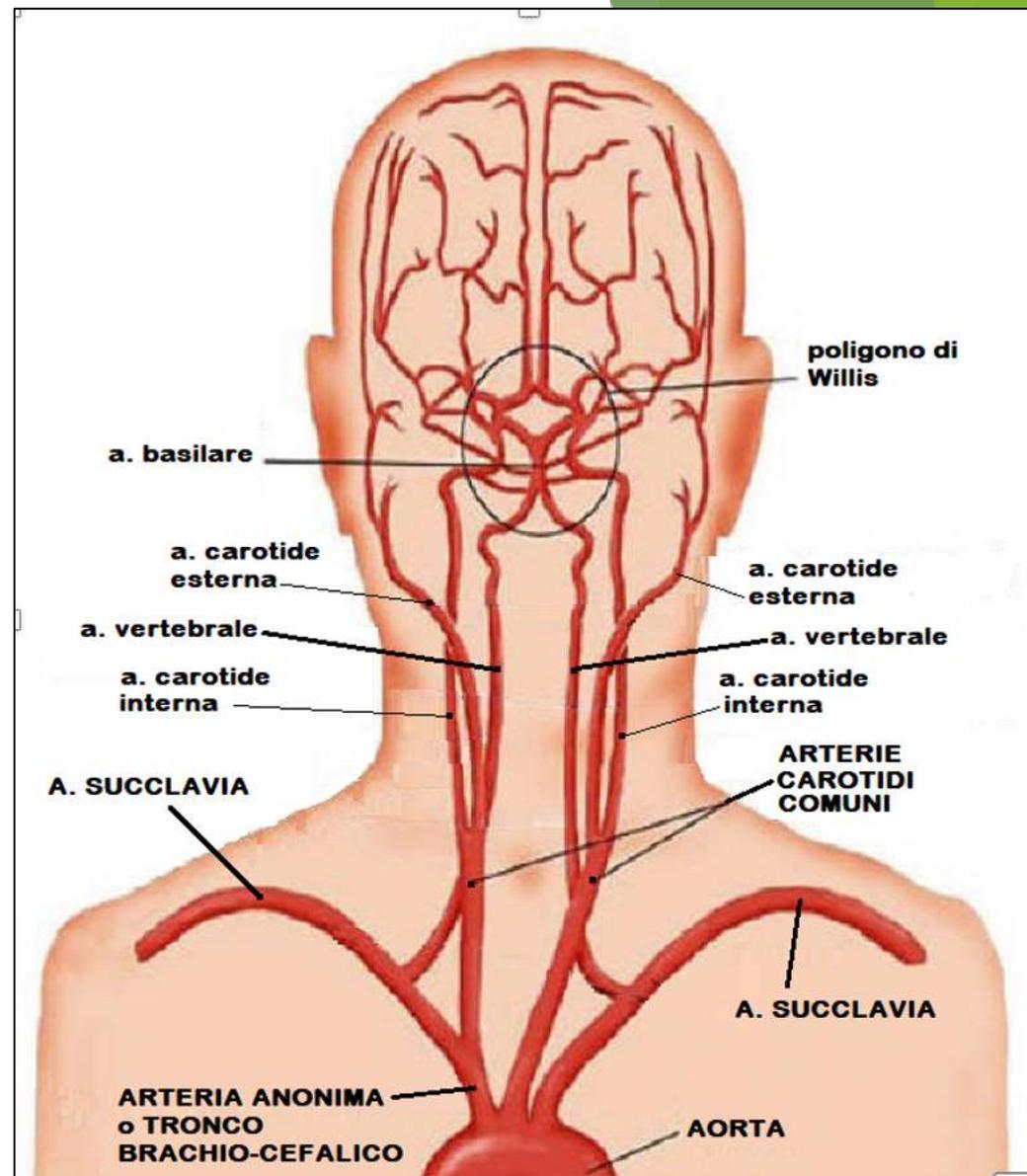
AD



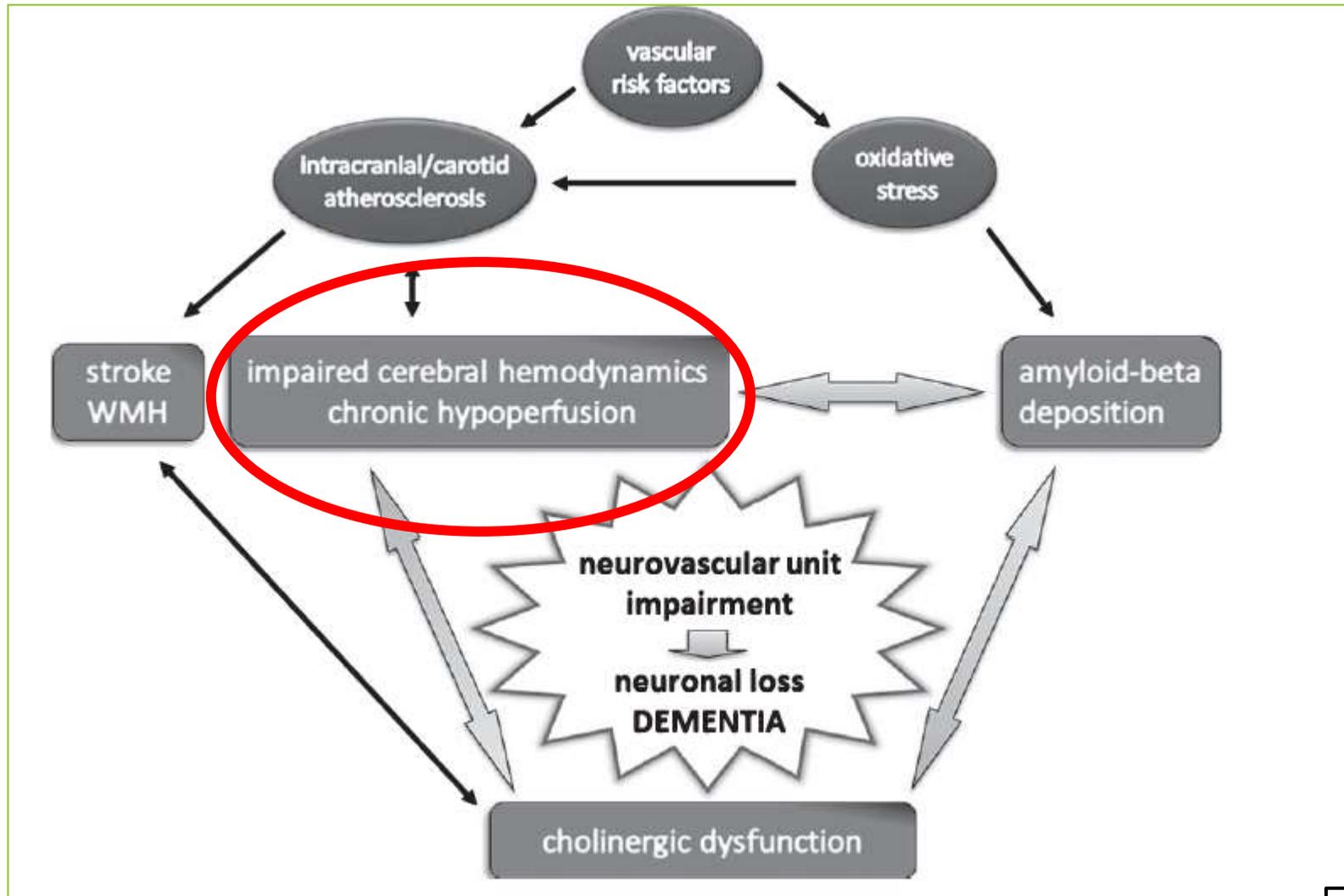


Cerebral hemodynamics play an important role in maintaining coordinated flow responses in the brain as neuronal tissues require tight coordination between neuronal activity and CBF within the brain parenchyma

(NEUROVASCULAR COUPLING).



VASCULAR RISK FACTORS & COGNITIVE IMPAIRMENT



Age-related vascular changes



CHRONIC
CEREBRAL
HYPOPERFUSION

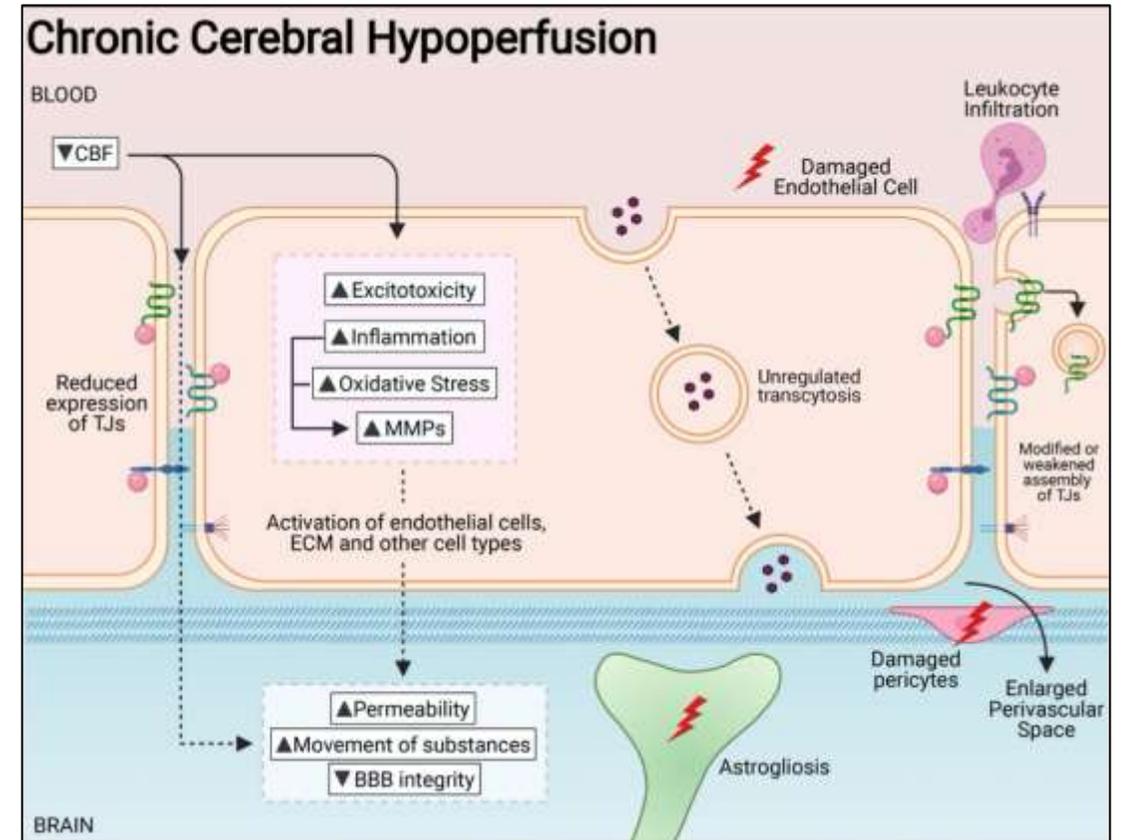
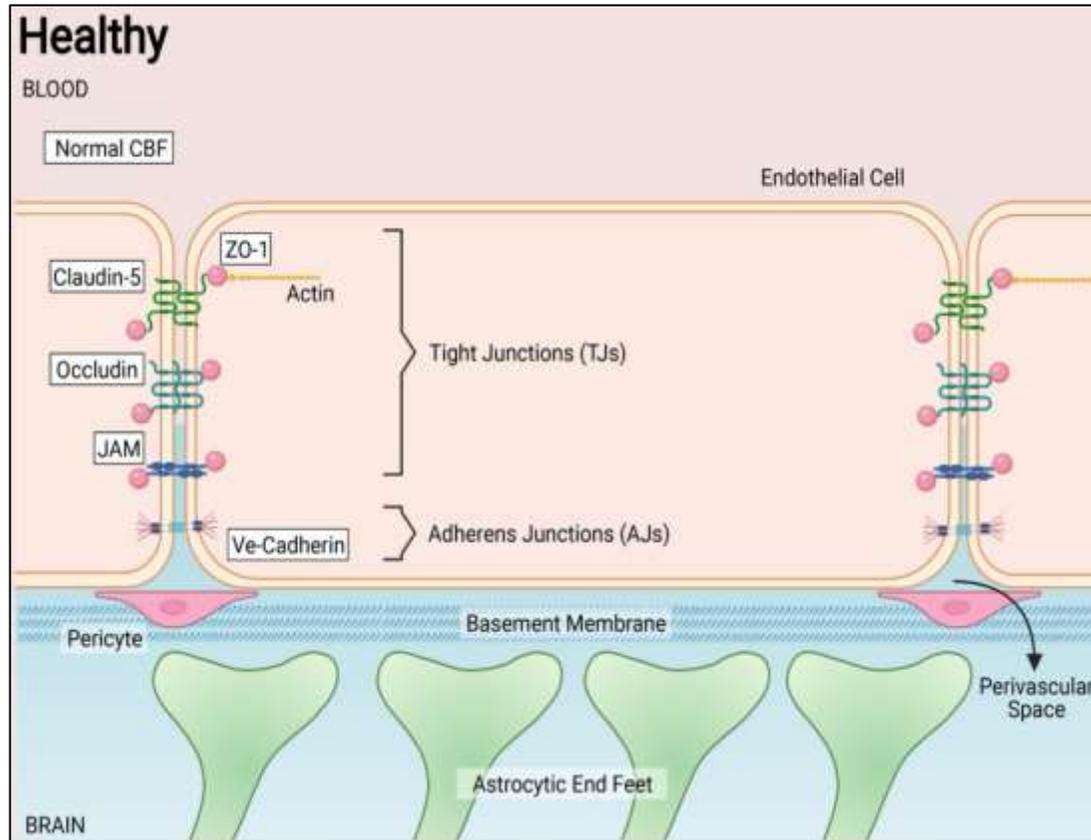


CHRONIC INFLAMMATION
OXIDATIVE STRESS
NEURODEGENERATION
BRAIN ATROPHY



WHITE MATTER LESIONS

BLOOD BRAIN BARRIER



Age-related vascular changes



CHRONIC
CEREBRAL
HYPOPERFUSION



CHRONIC INFLAMMATION
OXIDATIVE STRESS
NEURODEGENERATION
BRAIN ATROPHY



WHITE MATTER LESIONS



DEMENTIA



PATHOPHYSIOLOGICAL CHANGES
BLOOD-BRAIN BARRIER DYSFUNCTION
ENDOTHELIAL DYSFUNCTIONS

Chao 2010

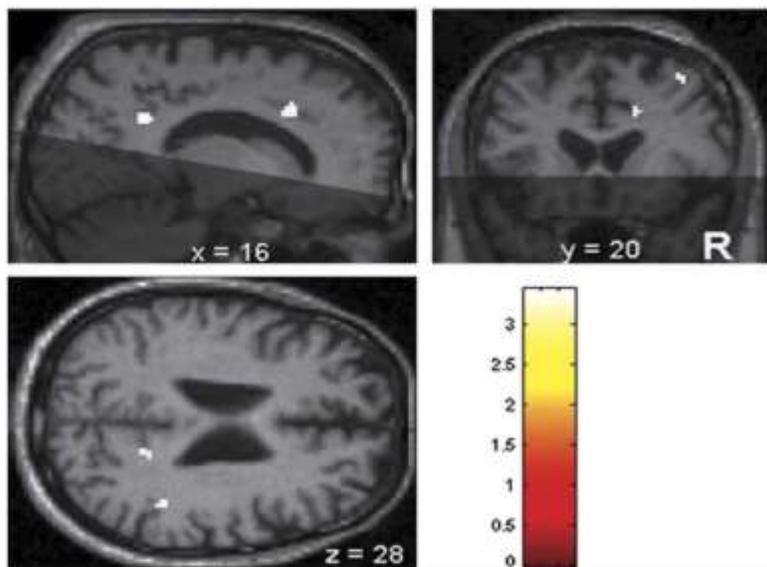
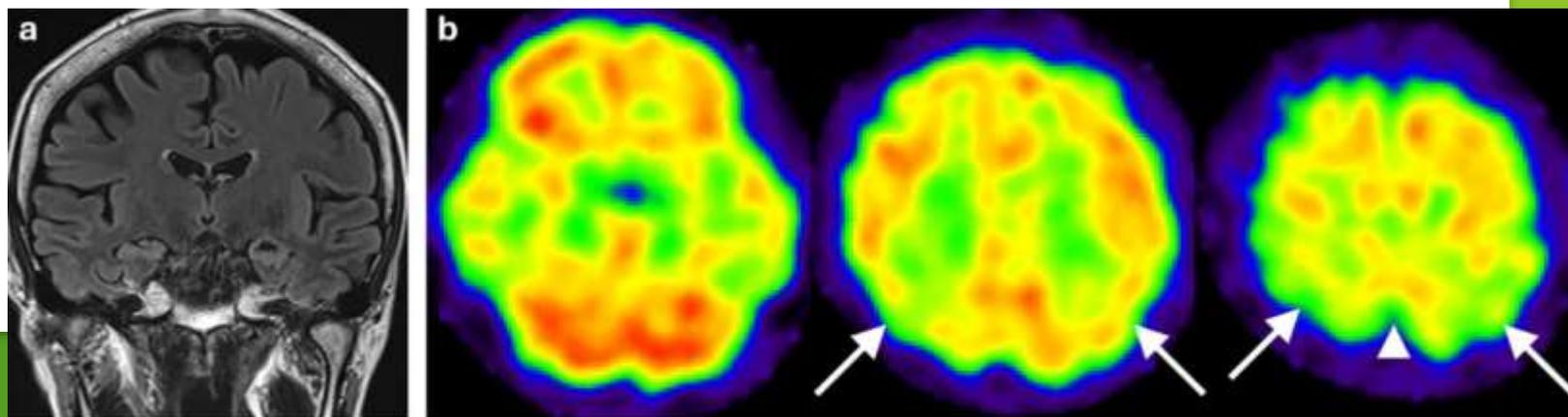
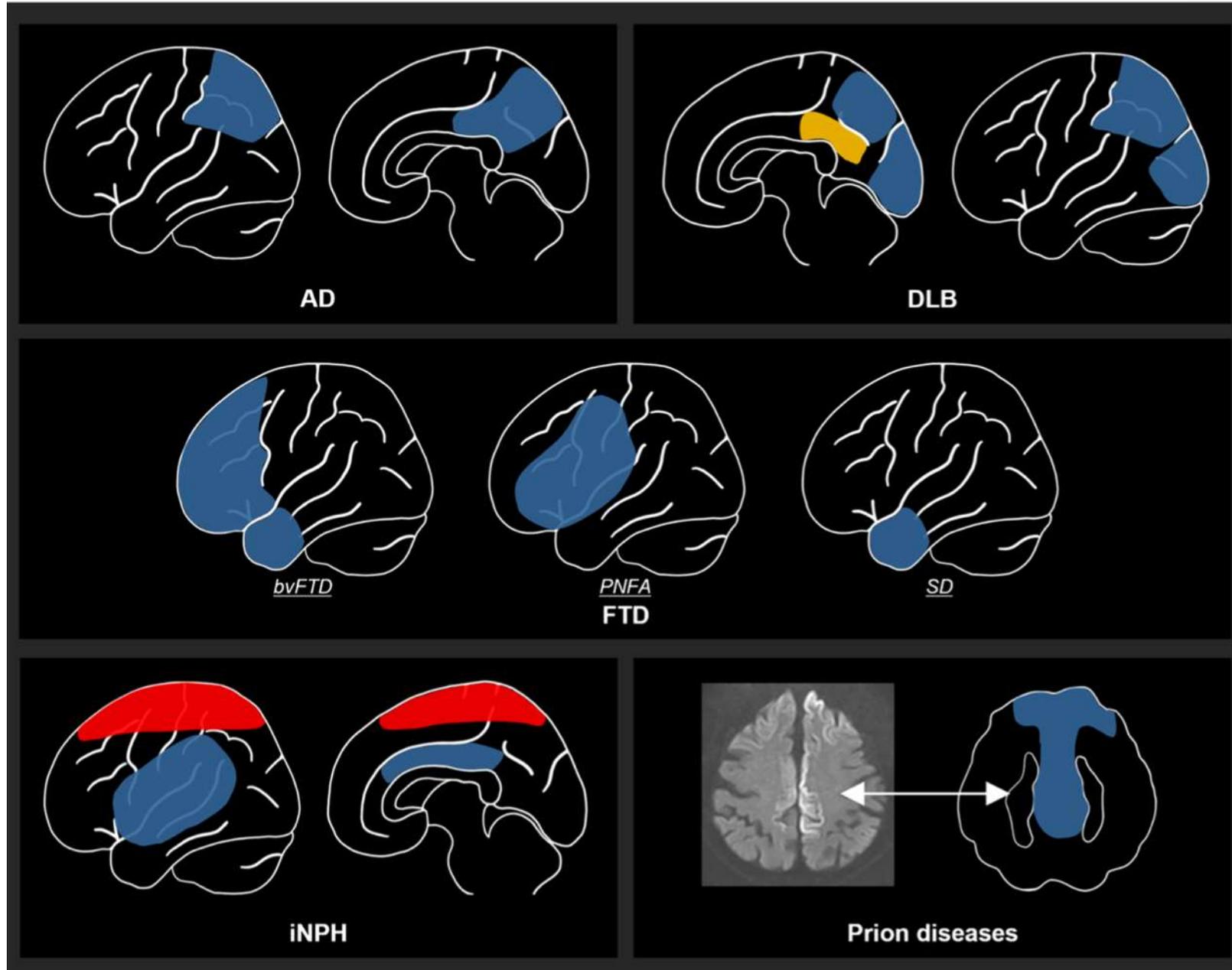


FIGURE 1. Statistical parametric maps showing regions of hypoperfusion in the 13 mild cognitive impairment subjects who converted to dementia relative to the 35 mild cognitive impairment subjects who remain nondemented. Converters had hypoperfusion in the right precuneus/posterior cingulum (shown in the sagittal and axial slices), right middle cingulum (shown in the sagittal and coronal slices), right middle frontal cortex (shown in the coronal slice), and right inferior parietal cortex (shown in the axial slice). The shaded areas in the sagittal and coronal slices represent regions not covered by our implementation of arterial-spin labeling magnetic resonance imaging.

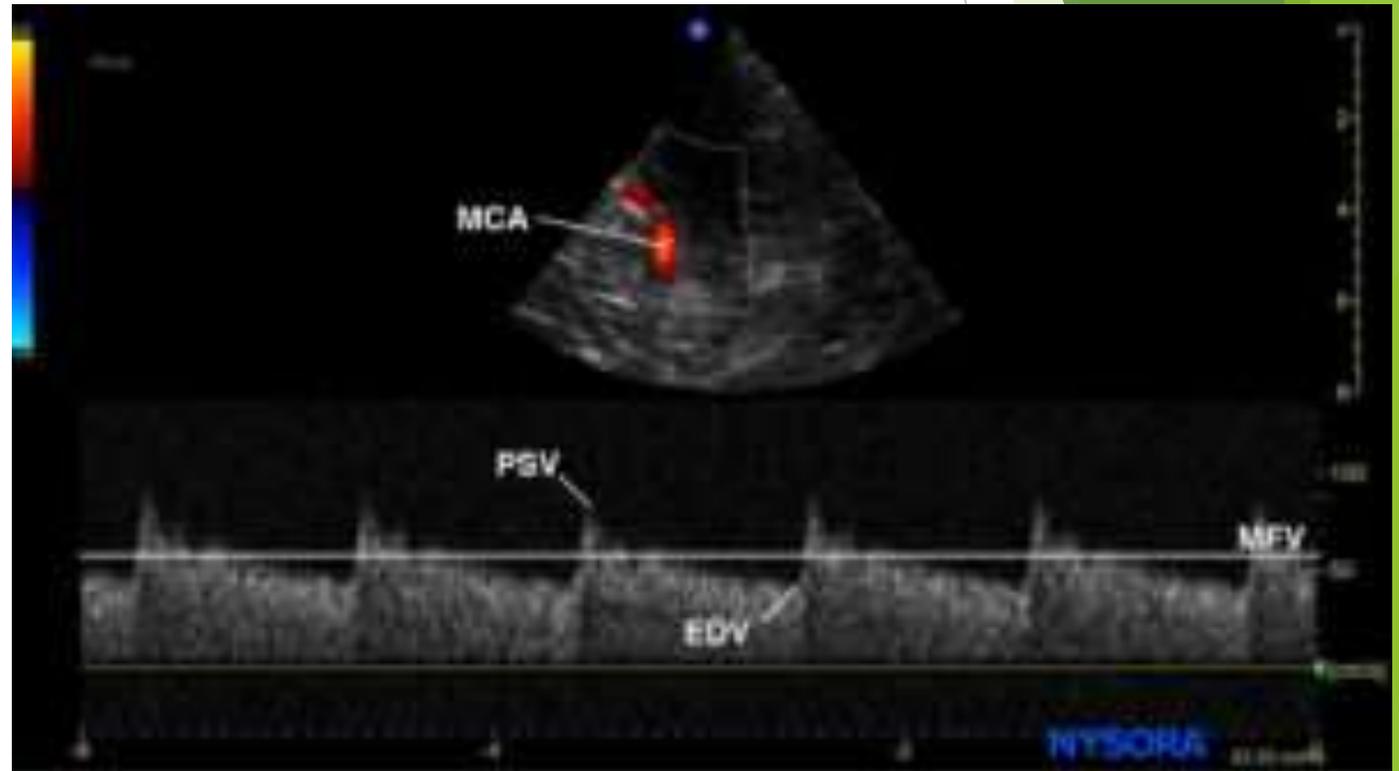
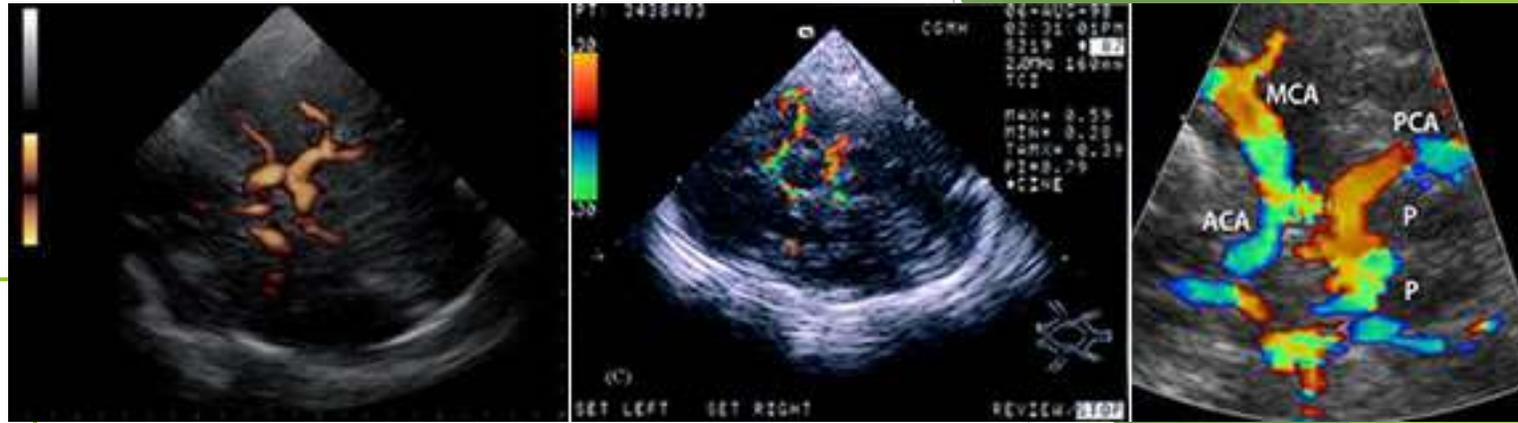
Imokava 2024



Schematic drawings of typical perfusion patterns



CEREBRAL BLOOD FLOW AND PERFUSION: TRANSCRANIAL ECODOPPLER AND ECOCOLORDOPPLER



Cerebrovascular Hemodynamics in Cognitive Impairment and Dementia: A Systematic Review and Meta-Analysis of Transcranial Doppler Studies

Study or Subgroup	Alzheimer's disease			Cognitively normal			Total	Weight	Mean Difference		Year
	Mean [cm/s]	SD [cm/s]	Total	Mean [cm/s]	SD [cm/s]	Total			IV, Random, 95% CI	Year	
Foerstl 1989	47.6	9.8	9	50.7	1.3	14	3.3%	-3.10	[-9.54, 3.34]	1989	
Provinciali 1990	56.8	11	20	54.6	6	25	3.7%	2.20	[-3.16, 7.56]	1990	
Biedert 1990	47.6	9.8	17	50.7	1.3	27	3.9%	-3.10	[-7.78, 1.58]	1990	
Bressi 1992	41.6	6.85	23	63.5	3.58	10	4.2%	-21.90	[-25.47, -18.33]	1992	
Caamaño 1993	39.92	10.55	12	56.5	10.21	12	2.8%	-16.58	[-24.89, -8.27]	1993	
Ries 1993	47.5	10.6	21	52.1	12.3	64	3.7%	-4.60	[-10.04, 0.84]	1993	
Ni 1994	42.3	11.8	21	47.2	10	20	3.3%	-4.90	[-11.58, 1.78]	1994	
Biedert 1995	45.5	8.8	23	50.4	1.2	36	4.2%	-4.90	[-8.52, -1.28]	1995	
Franceschi 1995	46.55	10.24	17	59.81	6.09	20	3.6%	-13.26	[-18.81, -7.71]	1995	
Doepf 2006	43	13	20	59	13	12	2.5%	-16.00	[-25.30, -6.70]	2006	
Vicenzini 2007	39.3	3	60	52.1	3.2	62	4.7%	-12.80	[-13.90, -11.70]	2007	
Lee 2007	56.14	14.2	17	55.1	12.9	17	2.6%	1.04	[-8.08, 10.16]	2007	
Claassen 2009	38	7.1	9	55	19	8	1.6%	-17.00	[-30.96, -3.04]	2009	
Roher 2011	32.83	10.93	42	40.85	10.87	50	4.0%	-8.02	[-12.49, -3.55]	2011	
Kong 2011	36.5	6.8	30	54.7	8.9	40	4.2%	-18.20	[-21.88, -14.52]	2011	
Gommer 2012	37.3	2.3	15	51	2.8	20	4.6%	-13.70	[-15.39, -12.01]	2012	
Van Beek 2012	37.7	14.7	21	42.1	9.9	20	3.0%	-4.40	[-12.04, 3.24]	2012	
Meel-van den Abeelen 2014	45	15	12	50	11	24	2.4%	-5.00	[-14.56, 4.56]	2014	
Shim 2015	45.13	13.65	67	51.6	13.01	52	3.9%	-6.47	[-11.29, -1.65]	2015	
Urbanova 2018	39.61	11.26	14	45.69	9.67	24	3.2%	-6.08	[-13.13, 0.97]	2018	
De Heus 2018	38.8	10.4	53	46.6	8.93	47	4.2%	-7.80	[-11.59, -4.01]	2018	
Gongora-Rivera 2018	38.88	14.95	26	49	15.52	19	2.6%	-10.12	[-19.16, -1.08]	2018	
Kouzuki 2018	20.4	11.5	42	25.2	7.8	18	3.8%	-4.80	[-9.81, 0.21]	2018	
Zhou 2019	61.37	0.36	31	63.13	11.89	30	4.0%	-1.76	[-6.02, 2.50]	2019	
Albatwan 2019	49	8.6	10	54.6	12.1	9	2.5%	-5.60	[-15.13, 3.93]	2019	
Cipollini 2019	45.1	8.6	35	52	9.1	17	3.7%	-6.90	[-12.08, -1.72]	2019	
Battistella 2020	32.2	10.2	31	48.4	10.5	10	3.0%	-16.20	[-23.63, -8.77]	2020	
Liu 2021	45.83	4.72	30	57.1	10.92	30	4.0%	-11.27	[-15.53, -7.01]	2021	
Diomedì 2021	49.71	13.8	37	51.02	13.66	17	2.9%	-1.31	[-9.18, 6.56]	2021	
Total (95% CI)			765			754	100.0%	-8.42	[-10.56, -6.28]		

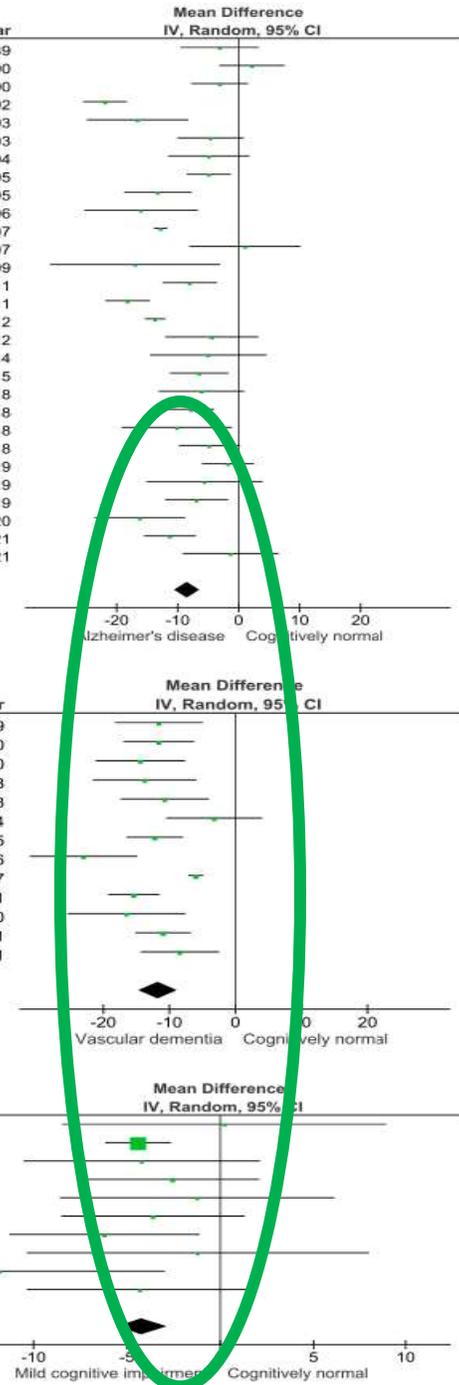
Heterogeneity: Tau² = 24.97; Chi² = 190.24, df = 28 (P < 0.00001); I² = 85%
 Test for overall effect: Z = 7.71 (P < 0.00001)

Study or Subgroup	Vascular dementia			Cognitively normal			Total	Weight	Mean Difference		Year
	Mean [cm/s]	SD [cm/s]	Total	Mean [cm/s]	SD [cm/s]	Total			IV, Random, 95% CI	Year	
Foerstl 1989	39.1	10.2	9	50.7	1.3	14	7.1%	-11.60	[-18.30, -4.90]	1989	
Biedert 1990	39.1	10.2	14	50.7	1.3	27	8.2%	-11.60	[-16.97, -6.23]	1990	
Provinciali 1990	40.2	14.5	20	54.6	6	25	7.0%	-14.40	[-21.18, -7.62]	1990	
Caamaño 1993	42.75	9.37	12	56.5	10.21	12	6.2%	-13.75	[-21.59, -5.91]	1993	
Ries 1993	41.4	12.6	17	52.1	12.3	64	7.1%	-10.70	[-17.40, -4.00]	1993	
Ni 1994	44	12.9	19	47.2	10	20	6.6%	-3.20	[-10.47, 4.07]	1994	
Biedert 1995	38.2	9.5	19	50.4	1.2	36	9.1%	-12.20	[-16.49, -7.91]	1995	
Doepf 2006	36	8	20	59	13	12	6.0%	-23.00	[-31.15, -14.85]	2006	
Vicenzini 2007	46.1	3.2	58	52.1	3.2	62	11.0%	-6.00	[-7.15, -4.85]	2007	
Kong 2011	39.3	8.2	34	54.7	8.9	40	9.4%	-15.40	[-19.30, -11.50]	2011	
Battistella 2020	31.9	10.8	12	48.4	10.5	10	5.5%	-16.50	[-25.43, -7.57]	2020	
Liu 2021	46.14	5.2	44	57.1	10.92	30	9.1%	-10.96	[-15.16, -6.76]	2021	
Staszewski 2021	38.4	10.4	20	46.8	8.7	20	7.7%	-8.40	[-14.34, -2.46]	2021	
Total (95% CI)			298			372	100.0%	-11.75	[-14.68, -8.82]		

Heterogeneity: Tau² = 19.92; Chi² = 58.24, df = 12 (P < 0.00001); I² = 79%
 Test for overall effect: Z = 7.86 (P < 0.00001)

Study or Subgroup	Mild cognitive impairment			Cognitively normal			Total	Weight	Mean Difference		Year
	Mean [cm/s]	SD [cm/s]	Total	Mean [cm/s]	SD [cm/s]	Total			IV, Random, 95% CI	Year	
Roher 2011	41.09	13.84	11	40.85	10.87	50	2.4%	0.24	[-8.48, 8.96]	2011	
Gommer 2012	46.6	2.8	19	51	2.8	20	57.9%	-4.40	[-6.16, -2.64]	2012	
Viola 2013	47.8	13.8	21	52	3.7	10	4.5%	-4.20	[-10.53, 2.13]	2013	
Shim 2015	49.05	13.28	75	51.6	13.01	52	8.3%	-2.55	[-7.19, 2.09]	2015	
Urbanova 2018	44.45	15.63	24	45.69	9.67	24	3.3%	-1.24	[-8.59, 6.11]	2018	
De Heus 2018	43	13.03	37	46.6	8.93	47	7.4%	-3.60	[-8.51, 1.31]	2018	
Kouzuki 2018	19	8.2	20	25.2	7.8	18	6.9%	-6.20	[-11.29, -1.11]	2018	
Albatwan 2019	53.4	6.7	8	54.6	12.1	9	2.1%	-1.20	[-10.37, 7.97]	2019	
Battistella 2020	36.6	12.9	18	48.4	10.5	10	2.3%	-11.80	[-20.62, -2.98]	2020	
Tomoto 2020	48.7	9	53	53	13.3	22	4.9%	-4.30	[-10.36, 1.76]	2020	
Total (95% CI)			286			262	100.0%	-4.19	[-5.52, -2.85]		

Heterogeneity: Tau² = 0.00; Chi² = 6.07, df = 9 (P = 0.73); I² = 0%
 Test for overall effect: Z = 6.13 (P < 0.00001)



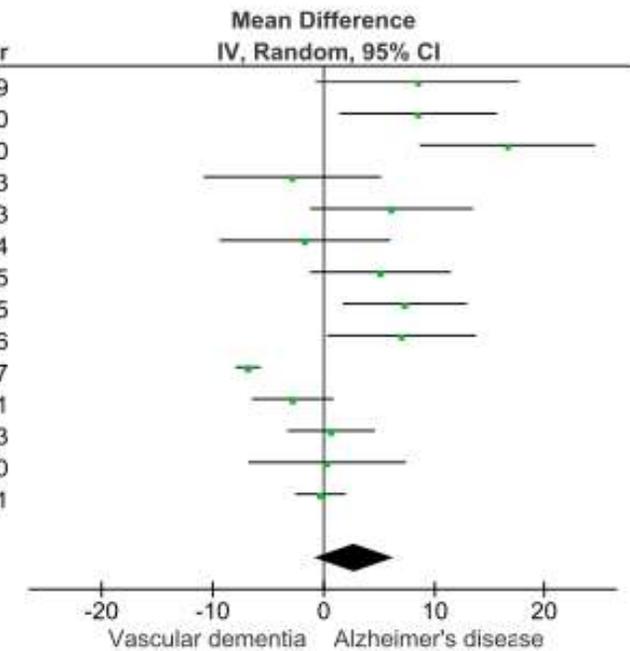
Dementia and Geriatric Cognitive Disorders

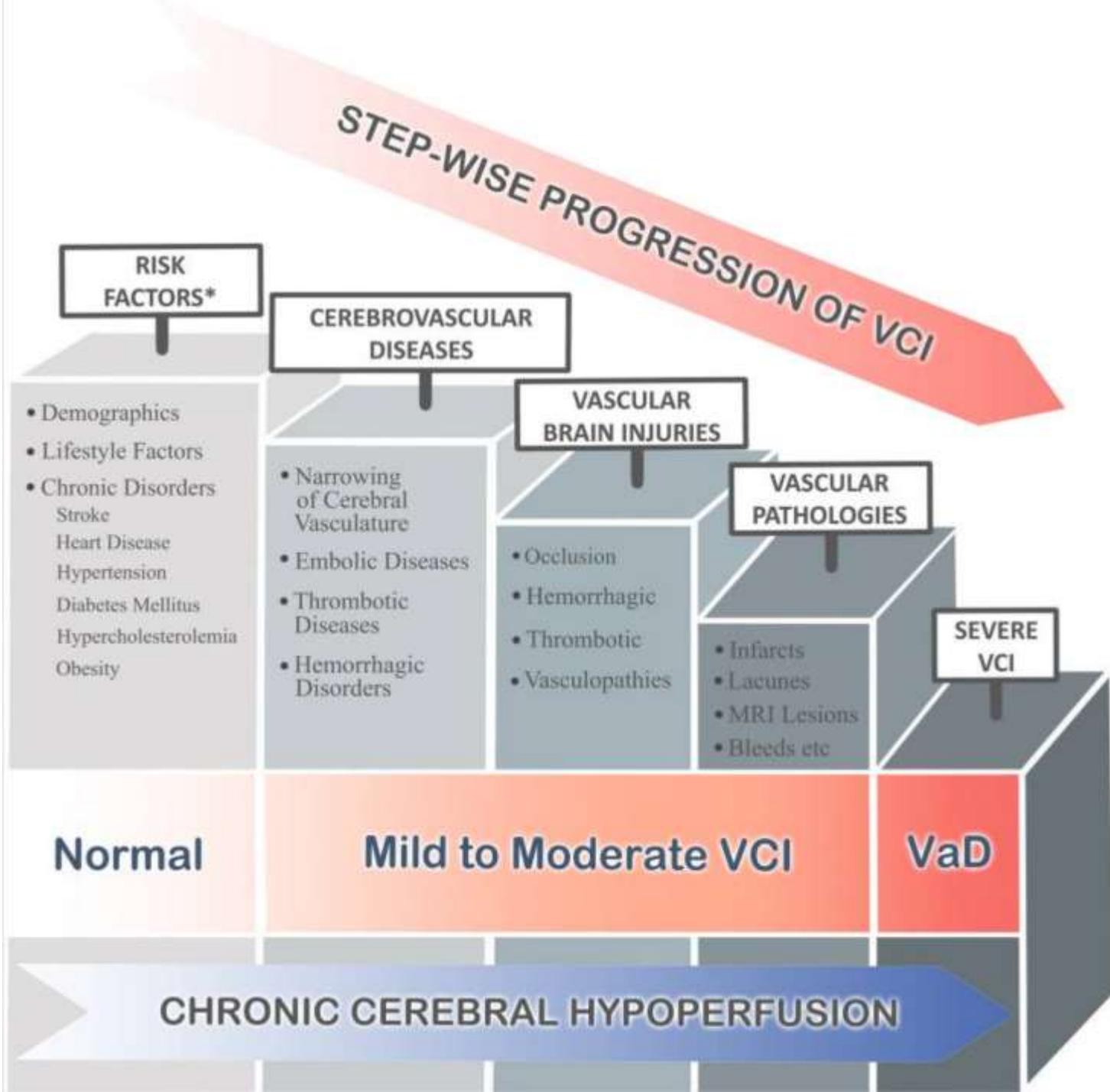
Cerebrovascular Hemodynamics in Cognitive Impairment and Dementia: A Systematic Review and Meta-Analysis of Transcranial Doppler Studies

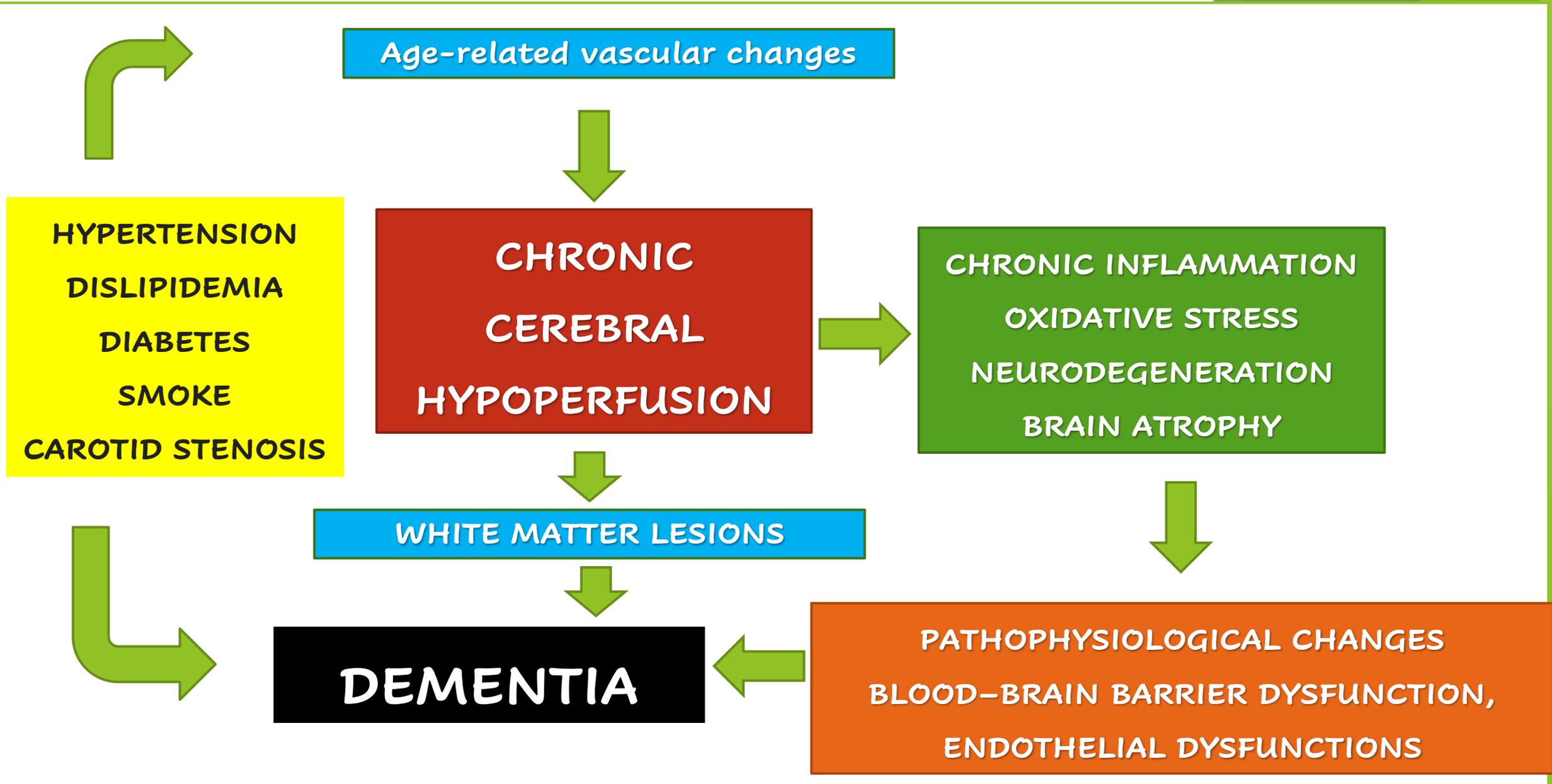
Study or Subgroup	Alzheimer's disease			Vascular dementia			Weight	Mean Difference IV, Random, 95% CI	Year
	Mean [cm/s]	SD [cm/s]	Total	Mean [cm/s]	SD [cm/s]	Total			
Foerstl 1989	47.6	9.8	9	39.1	10.2	9	5.6%	8.50 [-0.74, 17.74]	1989
Biedert 1990	47.6	9.8	17	39.1	10.2	14	6.7%	8.50 [1.41, 15.59]	1990
Provinciali 1990	56.8	11	20	40.2	14.5	20	6.2%	16.60 [8.62, 24.58]	1990
Caamaño 1993	39.92	10.55	12	42.75	9.37	12	6.2%	-2.83 [-10.81, 5.15]	1993
Ries 1993	47.5	10.6	24	41.4	12.6	17	6.6%	6.10 [-1.24, 13.44]	1993
Ni 1994	42.3	11.8	21	44	12.9	19	6.4%	-1.70 [-9.39, 5.99]	1994
Rundek 1995	42.45	12.81	22	37.35	9.49	30	7.1%	5.10 [-1.24, 11.44]	1995
Biedert 1995	45.5	8.8	23	38.2	9.5	19	7.4%	7.30 [1.72, 12.88]	1995
Doepf 2006	43	13	20	36	8	20	6.9%	7.00 [0.31, 13.69]	2006
Vicenzini 2007	39.3	3	60	46.1	3.2	58	9.0%	-6.80 [-7.92, -5.68]	2007
Kong 2011	36.5	6.8	30	39.3	8.2	34	8.3%	-2.80 [-6.48, 0.88]	2011
Gao 2013	39.34	6.21	26	38.67	7.67	23	8.2%	0.67 [-3.27, 4.61]	2013
Battistella 2020	32.2	10.2	31	31.9	10.8	12	6.7%	0.30 [-6.79, 7.39]	2020
Liu 2021	45.83	4.72	30	46.14	5.2	44	8.8%	-0.31 [-2.59, 1.97]	2021
Total (95% CI)			345			331	100.0%	2.79 [-0.78, 6.35]	

Heterogeneity: $\tau^2 = 36.43$; $\text{Chi}^2 = 125.96$, $\text{df} = 13$ ($P < 0.00001$); $I^2 = 90\%$

d Test for overall effect: $Z = 1.53$ ($P = 0.13$)







CAROTID STENOSIS

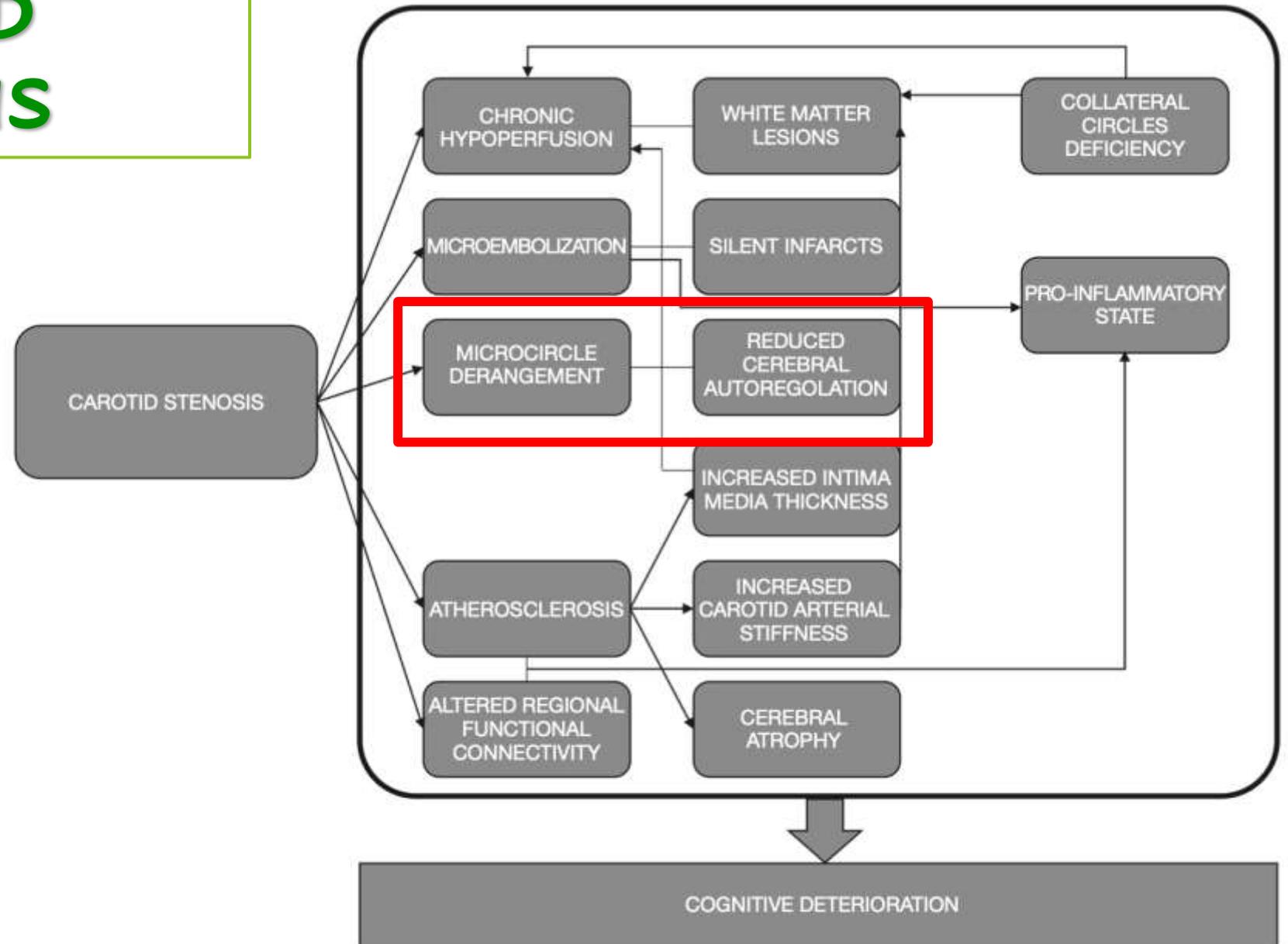
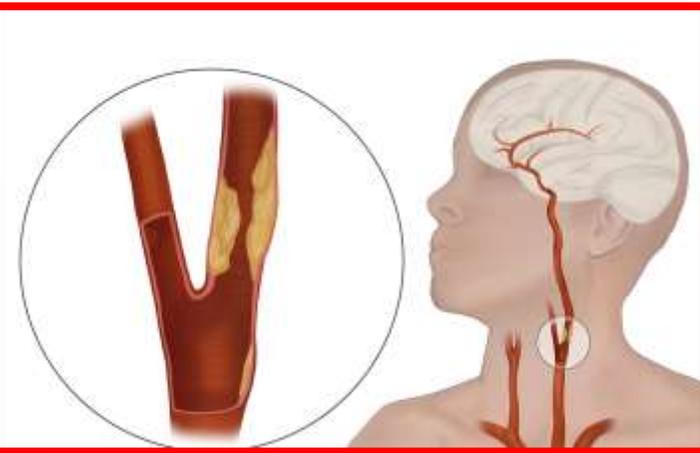
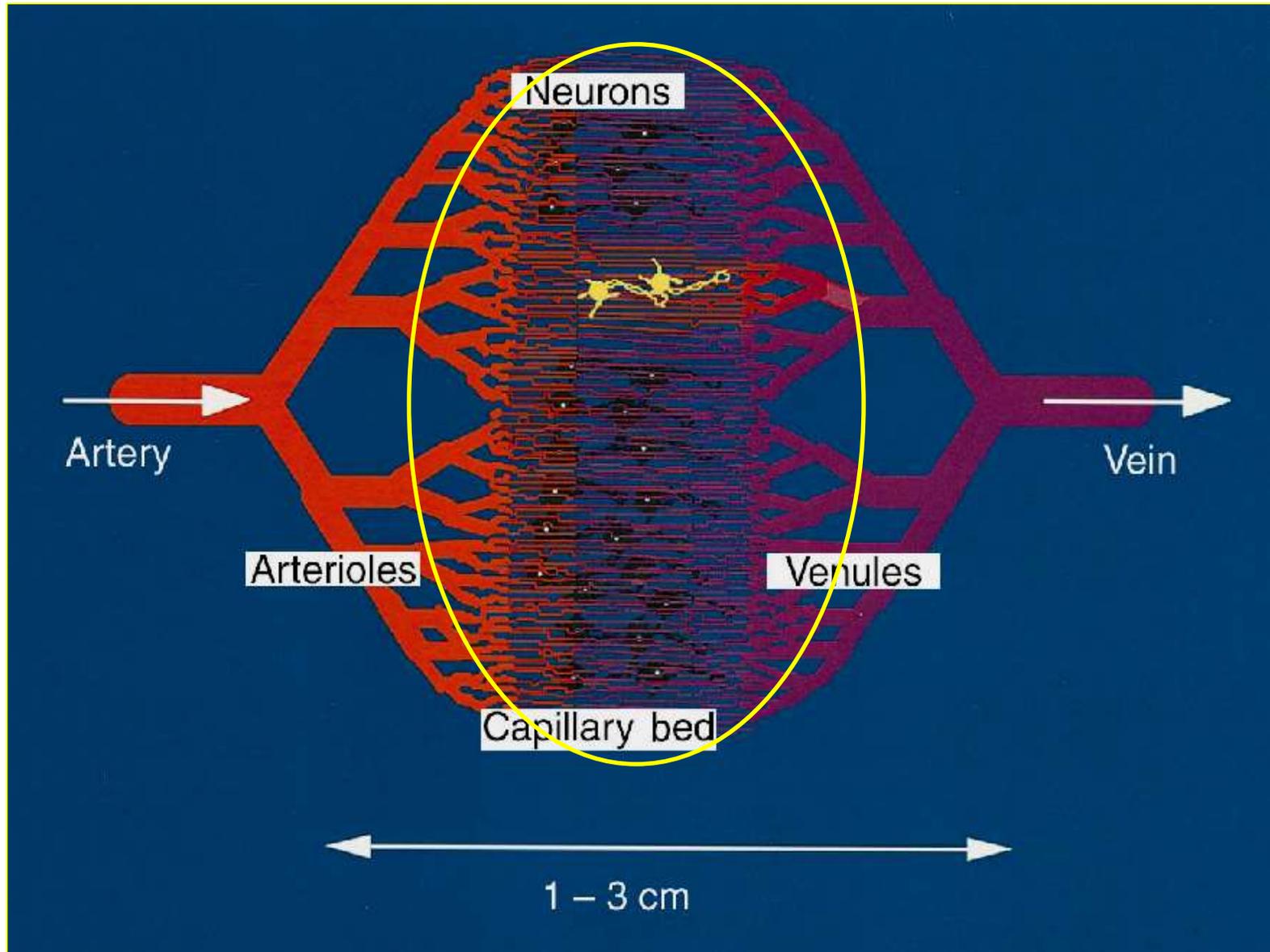


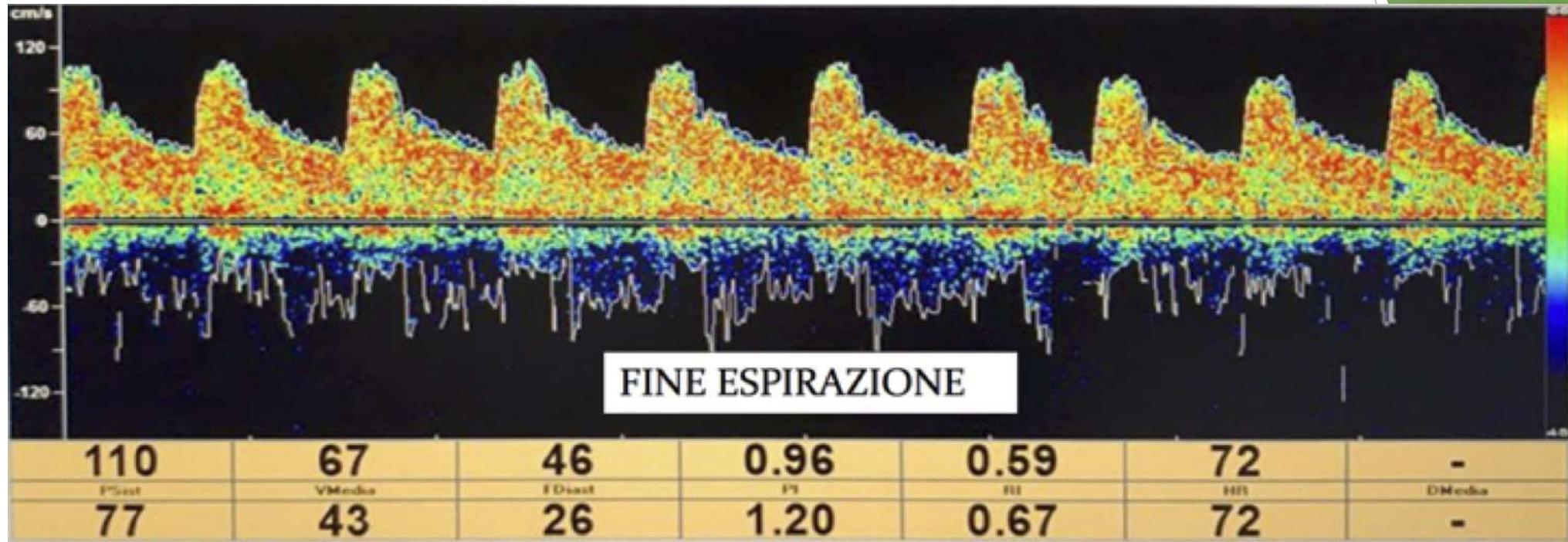
Figure 1 Proposed mechanisms for the association between carotid stenosis and cognitive impairment.

CEREBROVASCULAR REACTIVITY



CO₂

BREATH-HOLDING INDEX (BHI)

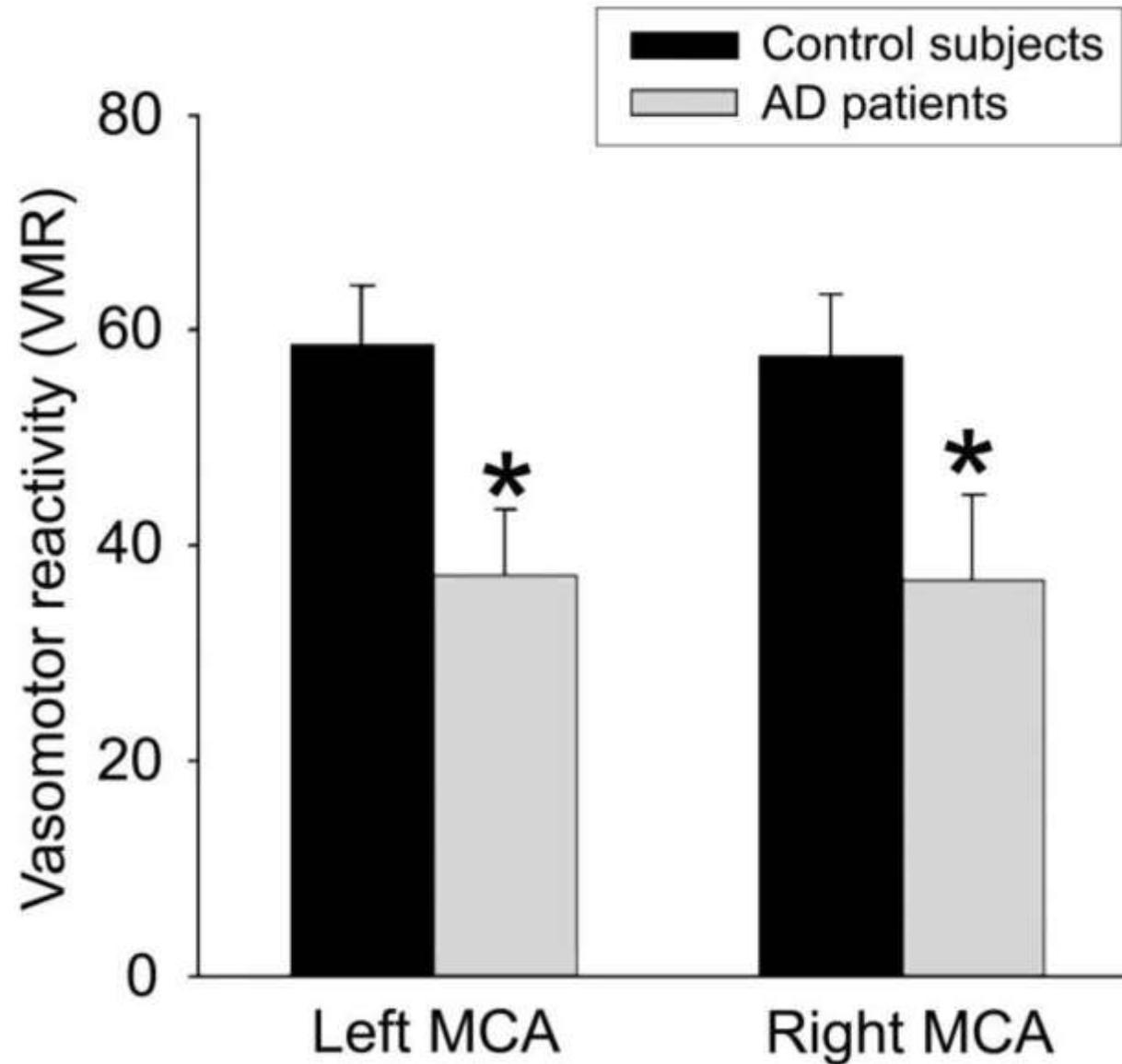


- ▶ $BHI = \frac{(MFV \text{ alla fine dell'apnea} - MFV \text{ a riposo})}{MFV \text{ a riposo}} \times 100$
/ tempo di apnea in secondi

MFV= mean flow velocity

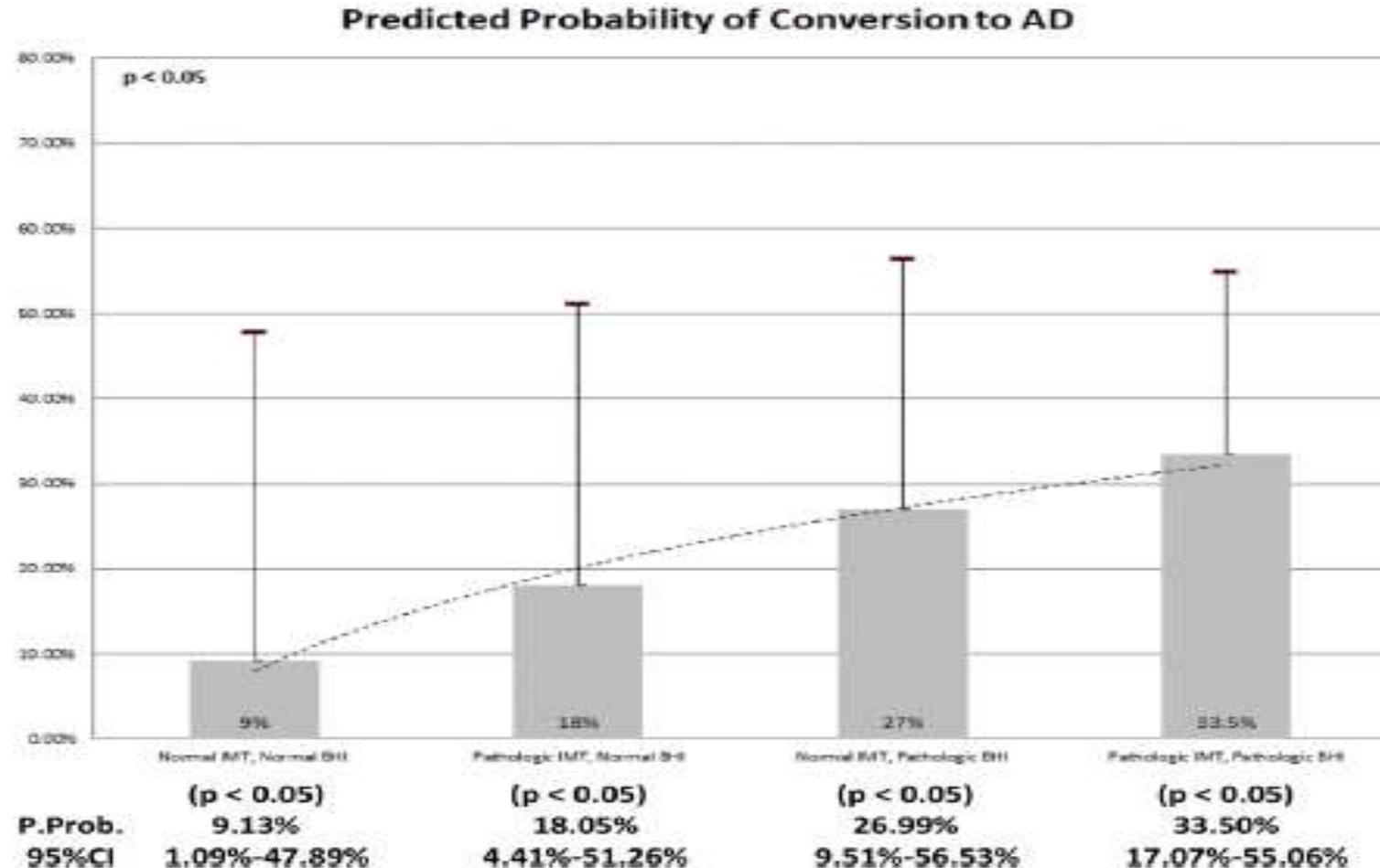
Il valore di $BHI \leq 0.69$ è stato preso come cut-off patologico.

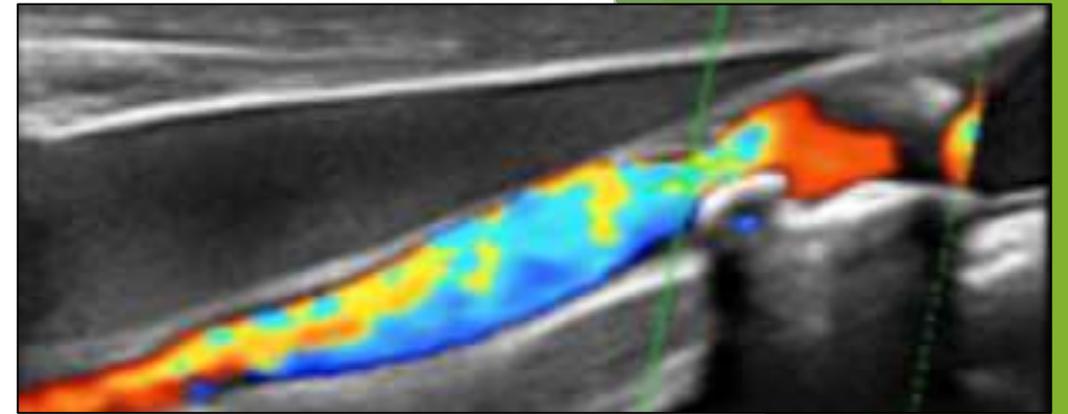
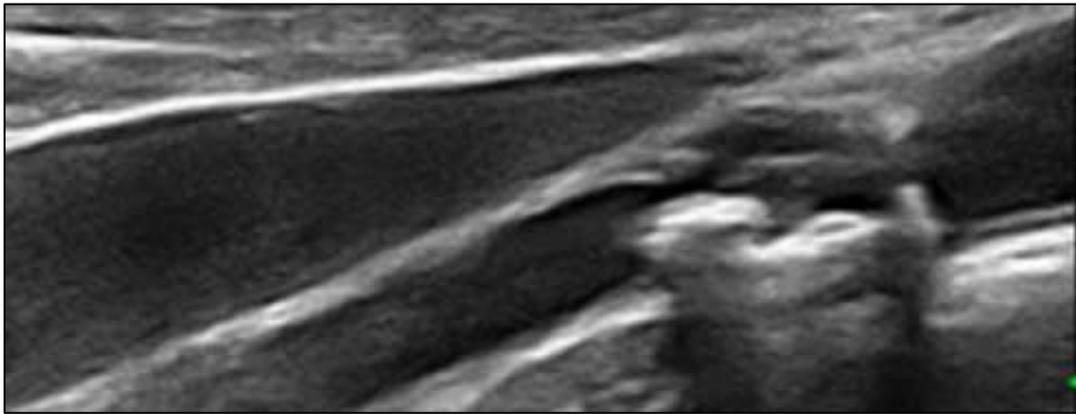
Decreased Vasomotor Reactivity in Alzheimer's Disease



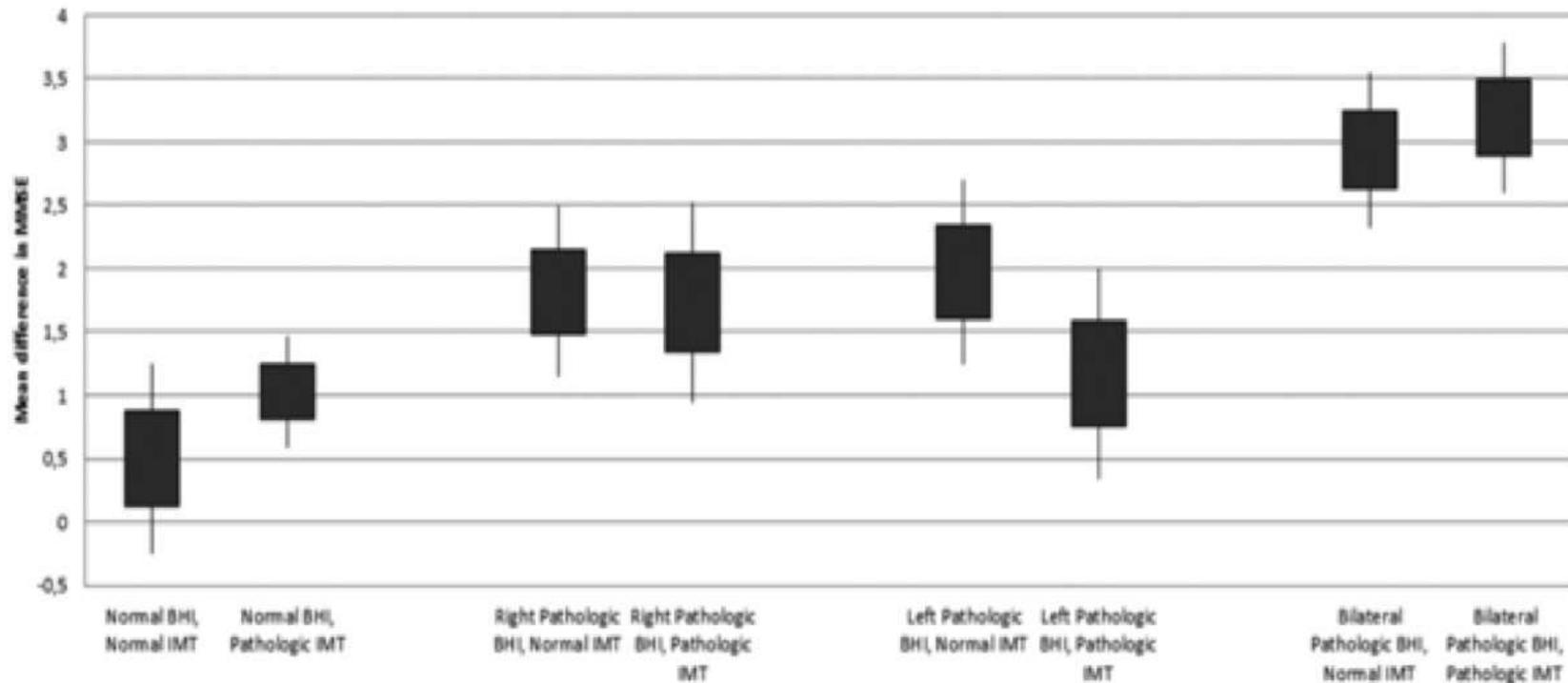
Vascular predictors of cognitive decline in patients with mild cognitive impairment

Giovanna Viticchi^a, Lorenzo Falsetti^b, Fabrizio Vernieri^c, Claudia Altamura^c, Marco Bartolini^a, Simona Luzzi^a, Leandro Provinciali^a, Mauro Silvestrini^{a,*}



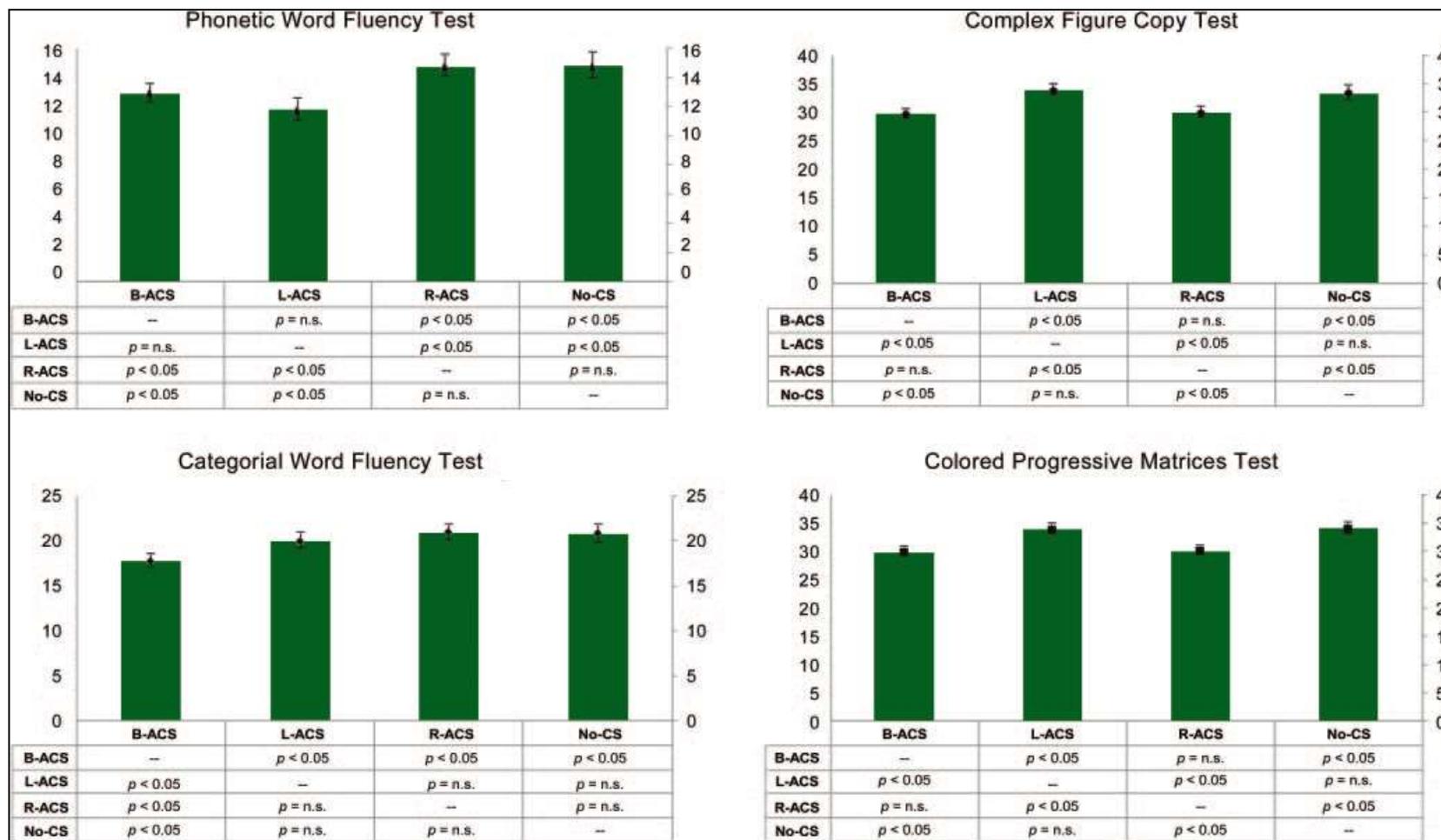


Differences in mean MMSE at 3 years in patients affected by bilateral carotid artery stenosis considering BHI and IMT

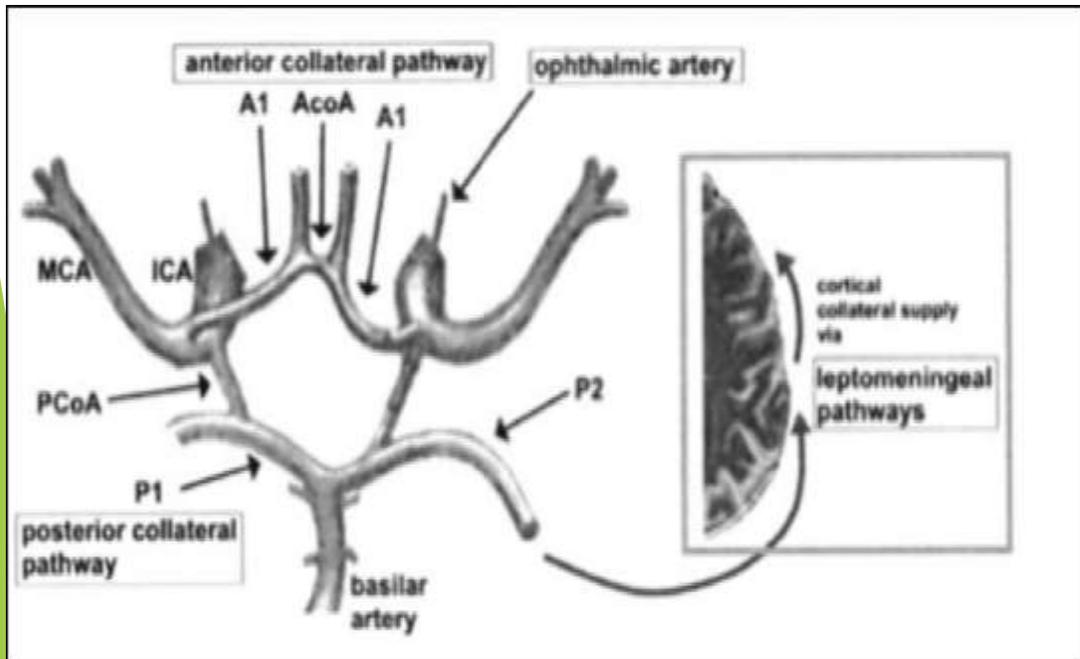


Cerebral hemodynamics and cognitive performance in bilateral asymptomatic carotid stenosis

Clotilde Balucani, MD
Giovanna Viticchi, MD
Lorenzo Falsetti, MD
Mauro Silvestrini, MD



CAROTID OCCLUSION



B. via del circolo del Willis

a. comunicante anteriore

a. cerebrale anteriore

a. cerebrale media

a. oftalmica

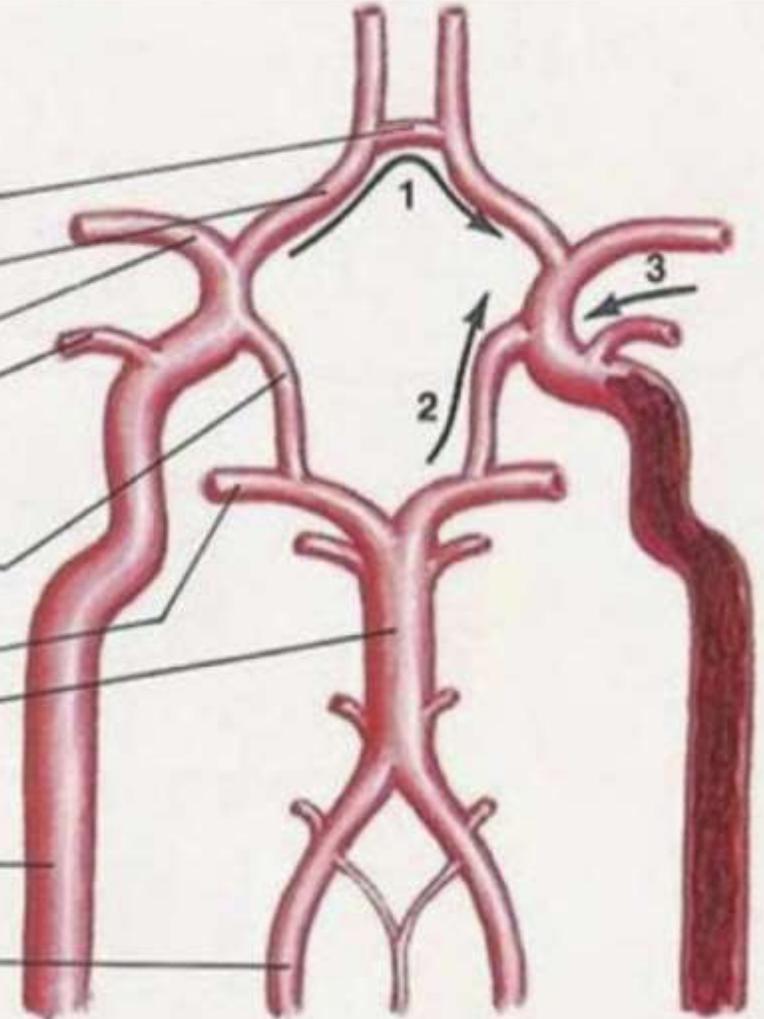
a. comunicante posteriore

a. cerebrale posteriore

a. basilare

a. carotide interna

a. vertebrale



➤ ECO-DOPPLER DEI TRONCHI SOVRAORTICI (TSA)

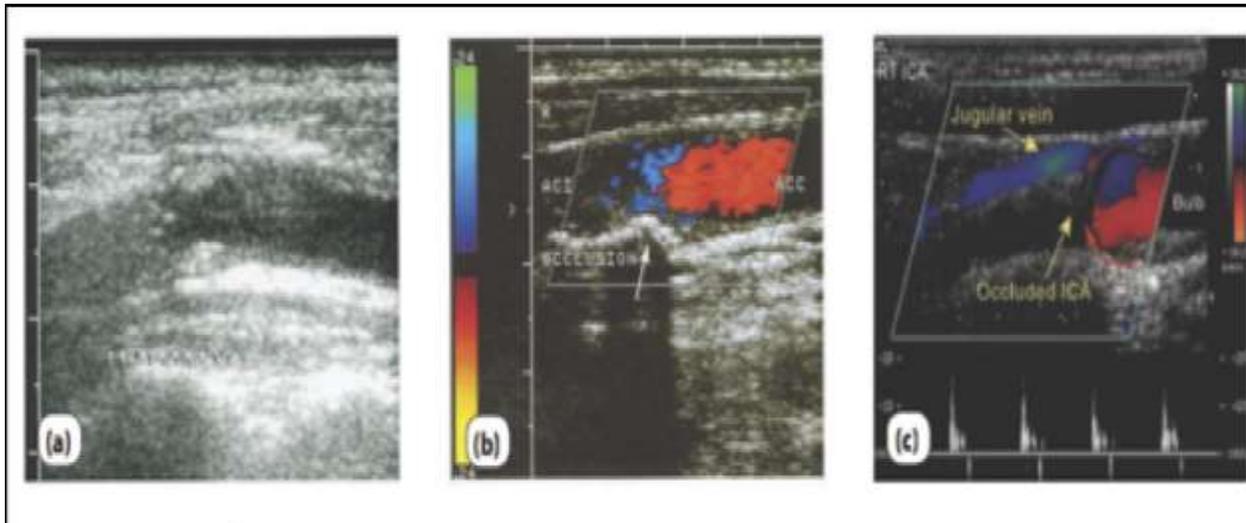
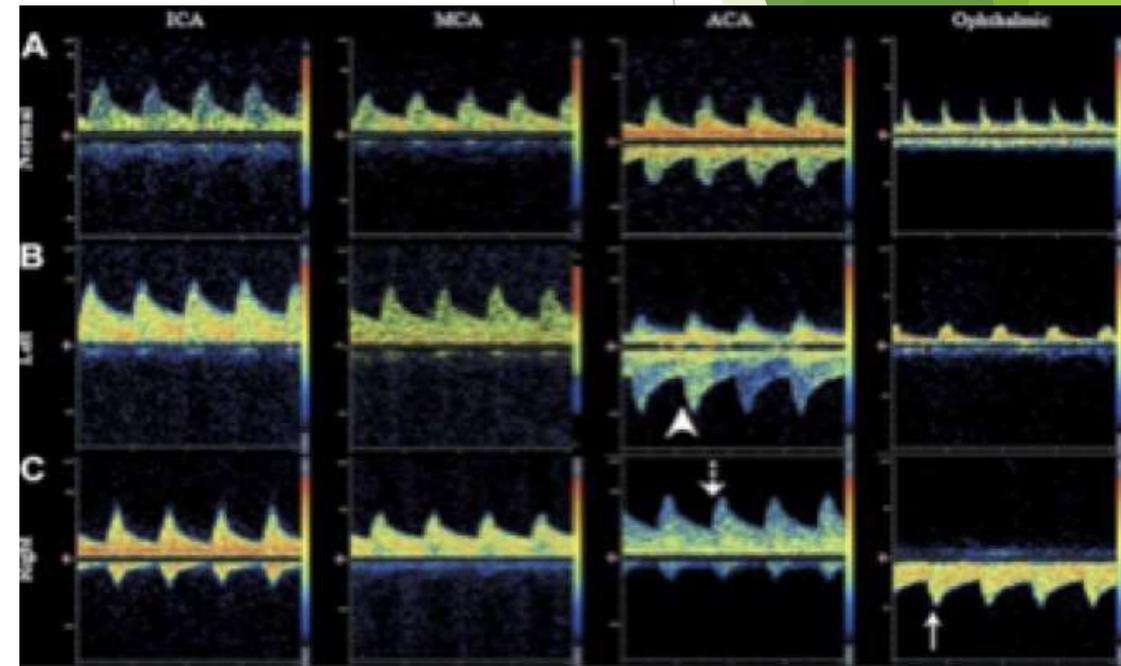
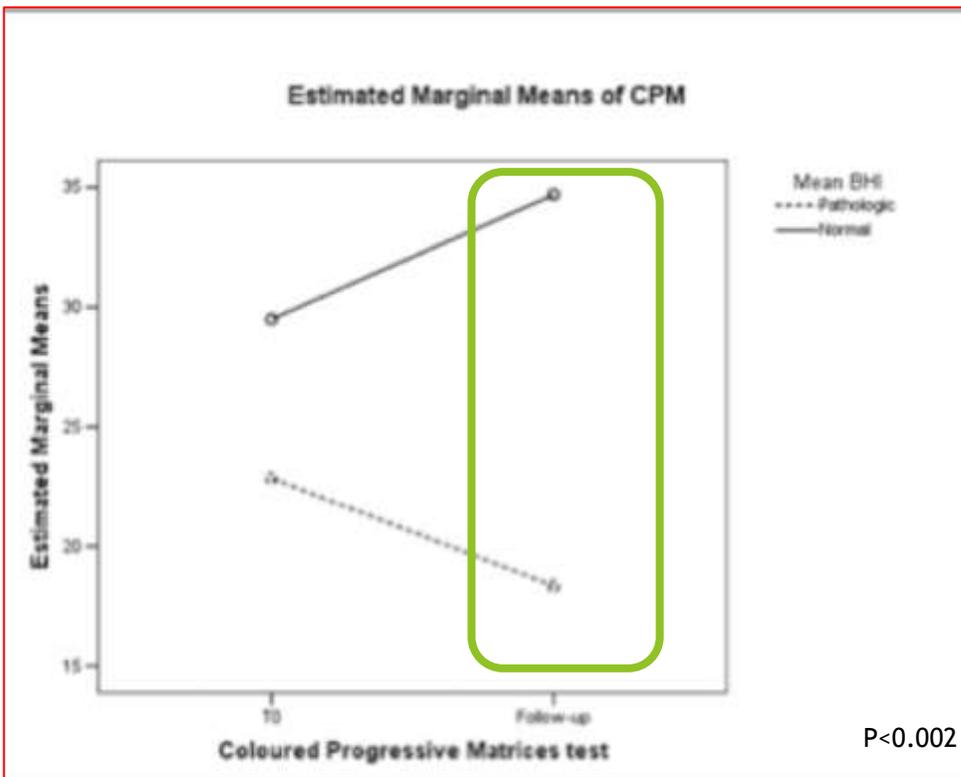


Figure 11. Occlusion of ICA. (a) In the case of an old occlusion, the occluded lumen can be well visualized in B-mode on account of the increased echogenicity. (b) In the case of a recently formed occlusion, the nonperfused lumen appears as a hypoechoic region in B-mode. The occlusion can only be detected by flow reversal using the color coding mode (arrow). (c) A biphasic Doppler signal can be recorded usually in the region of the reversed flow, just before the occluded segment (arrow).

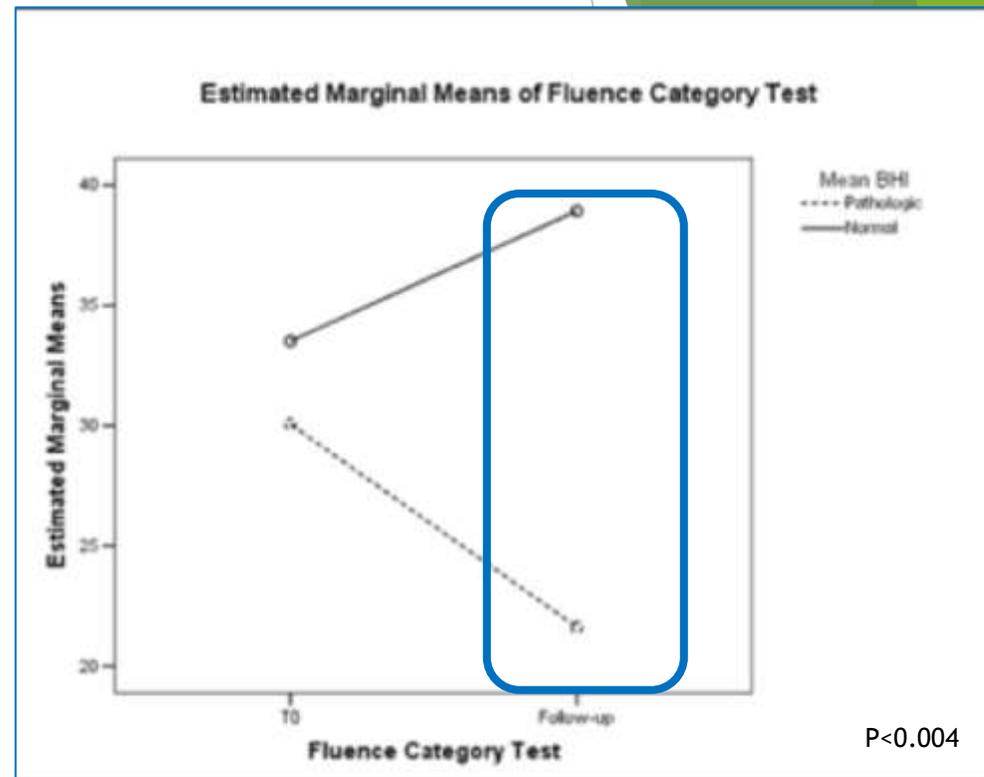


➤ DOPPLER TRANSCRANICO (TCD)

Risultati

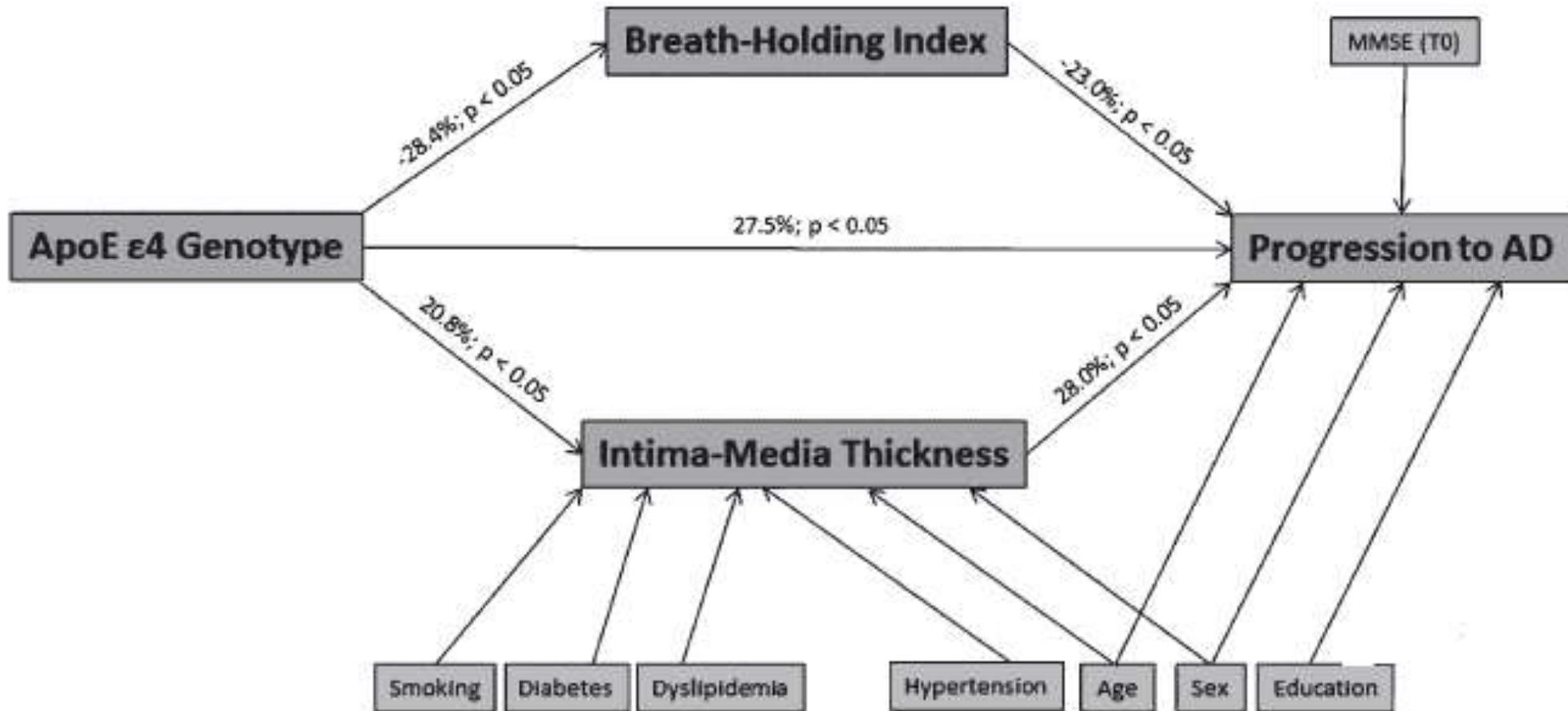


MEAN BHI	TIME	MEAN	SE	95% CONFIDENCE INTERVAL	
				Lower	Upper
PATHOLOGIC	Baseline	2.504	0.36	1.689	3.319
	Follow-up	1.678	0.221	1.179	2.177
NORMAL	Baseline	4.487	0.736	2.823	6.151
	Follow-up	4.847	0.451	3.828	5.867



MEAN BHI	TIME	MEAN	SE	95% CONFIDENCE INTERVAL	
				Lower	Upper
PATHOLOGIC	Baseline	30.063	3.75	21.197	38.93
	Follow-up	21.625	2.334	16.107	27.143
NORMAL	Baseline	33.511	4.511	22.845	44.178
	Follow-up	38.925	2.807	32.287	45.563

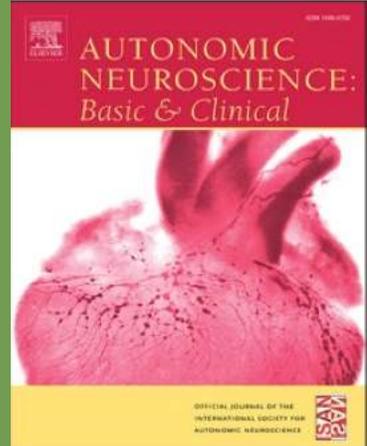
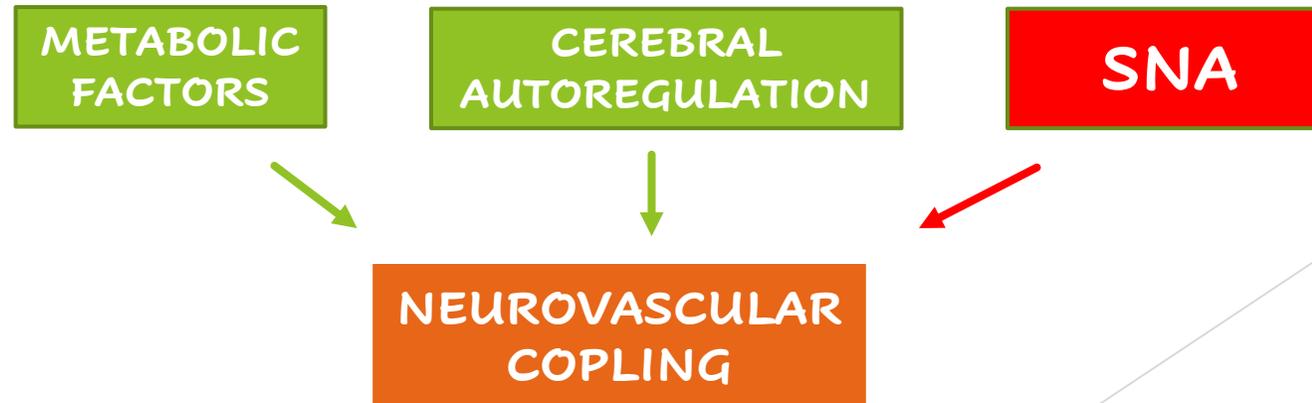
MULTIFACTORIAL GENESIS

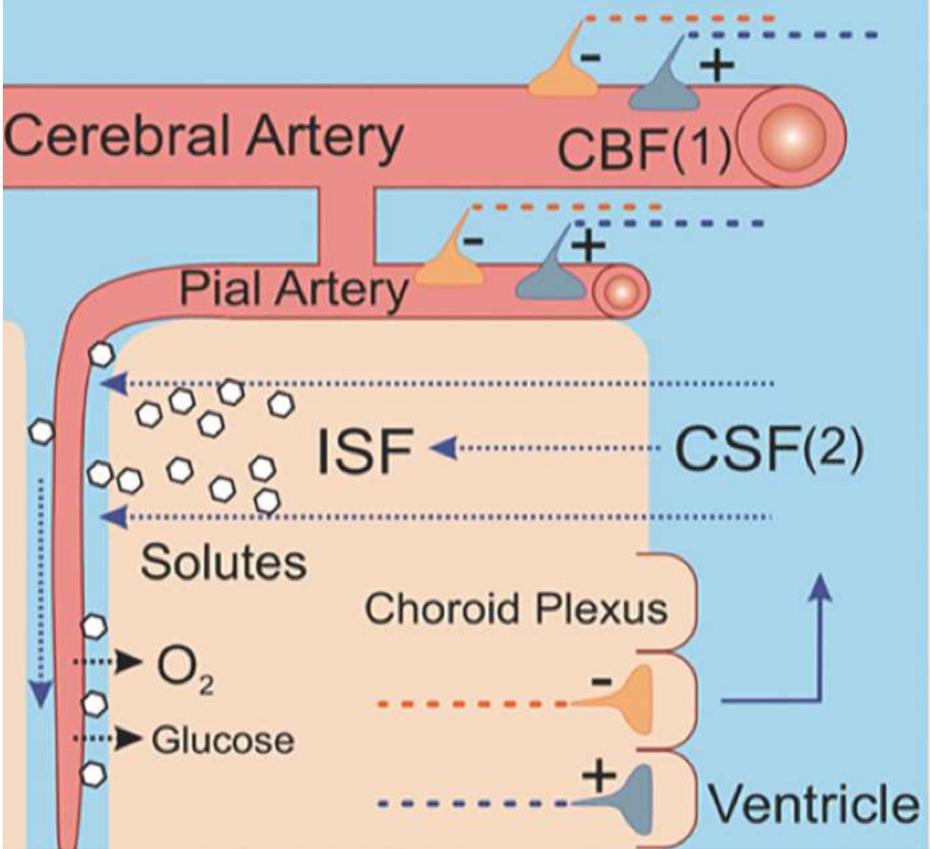


The role of the autonomic nervous system in cerebral blood flow regulation in dementia: A review

ABSTRACT

In this review we will examine the role of the autonomic nervous system in the control of cerebral blood flow (CBF) in dementia. Worldwide, 55 million people currently live with dementia, and this figure will increase as the global population ages. Understanding the changes in vascular physiology in dementia could pave the way for novel therapeutic approaches. Reductions in CBF have been demonstrated in multiple dementia sub-types, in addition to increased cerebrovascular resistance and reduced vasoreactivity. Cerebral autoregulation (CA) is a key mechanism for the maintenance of cerebral perfusion, but remains largely intact in cognitive disorders, despite reductions in global and regional CBF. However, the tight coupling between neuronal activity and CBF (neurovascular coupling - NVC) is lost in dementia, which may be a key driver of cognitive dysfunction. Despite numerous studies investigating disturbances in the control of CBF in dementia, less is known about the specific mechanisms responsible for the observed changes. Disturbances could be related to one of a number of pathways and mechanisms including disruption of the autonomic component. In this review we will explore clinical and animal studies, which specifically investigated the autonomic component of CBF control in dementia, drawing on the clinical implications and potential for novel biomarker and therapeutic targets.





Autonomic innervation

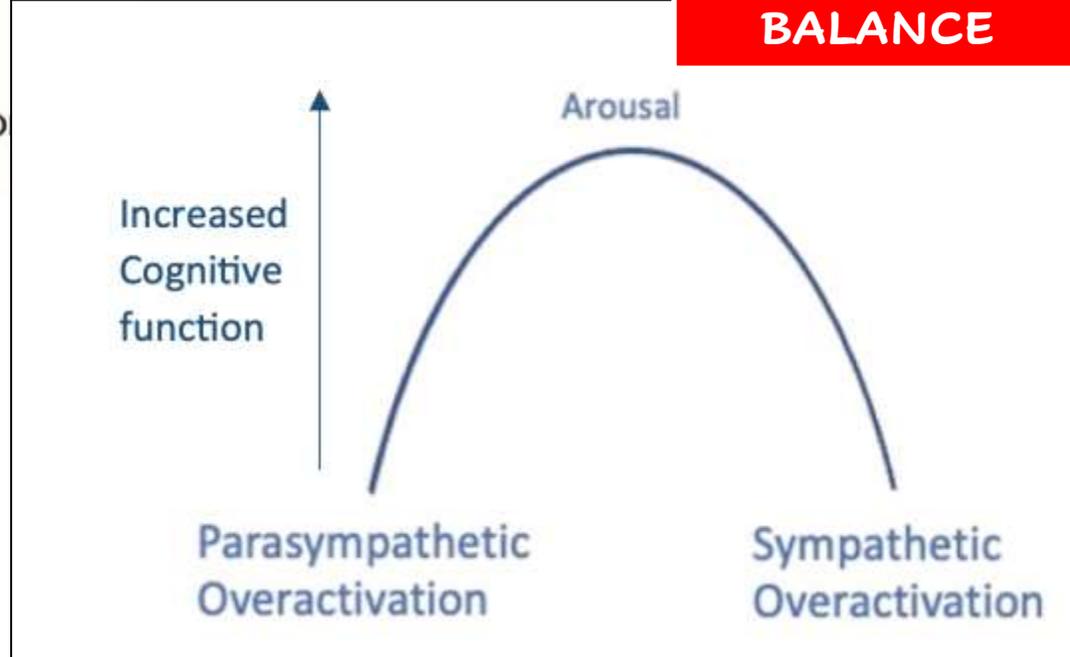
← - - - Sympathetic

- ⊕ Aging
- ⊕ Cardiovascular disease
- ⊕ Diabetes

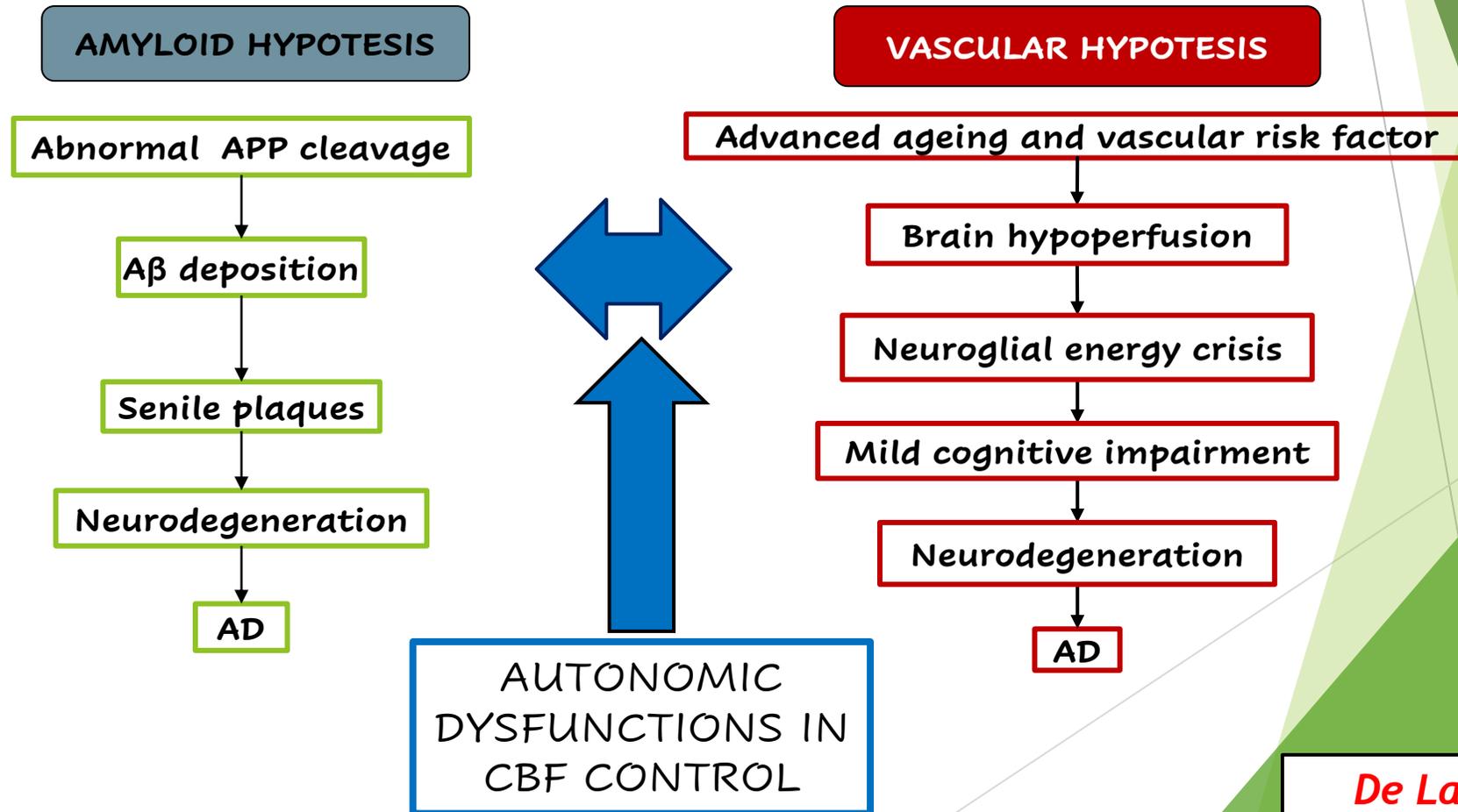
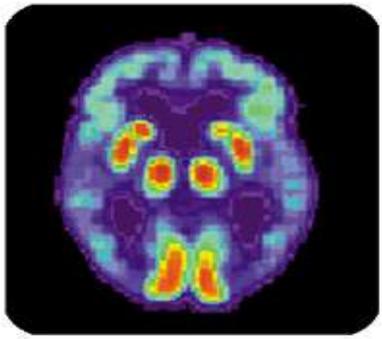
← - - - Parasympathetic

- ⊖ Aging
- ⊖ Cardiovascular disease
- ⊖ Diabetes
- ⊕ **Exercise**
- ⊕ Vagus Nerve Stimulation

AUTONOMIC BALANCE



ALZHEIMER'S DISEASE





**GRAZIE
PER
L'ATTENZIONE!**