Late-Onset Alzheimer's Genetic Variant Identified

BY SUSAN LAWRENCE VOLKMAR

Contributing Writer

trategies for the prevention and treatment of late-onset Alzheimer's disease may be improved by the identification of a gene variant that seems to increase Alzheimer's disease, according to a report by Lars Bertram, M.D., of Mass-General Institute for Neurodegenerative Diseases, Charlestown, Mass., and his associates.

Variants in the ubiquilin 1 (*UBQLN1*) gene, located on chromosome 9, may substantially increase the risk of late-onset Alzheimer's disease, which accounts for over 90% of the disease, investigators have reported.

Dr. Bertram and his associates examined two groups of patients; the first consisted of 1,439 subjects from 437 families with Alzheimer's disease who participat-

UBQLN1 is 'intriguing as a candidate gene because of its potential role in the proteasome degradation of proteins and its interaction with PS1 and PS2.'

ed in the National Institute of Mental Health multiplex family study between 1991 and 1997. Of those, 994 patients had Alzheimer's, 411 were unaffected, and 34 had unknown phenotypes.

Mean age at disease onset

 $was\ 72\ years, the\ investigators\ reported\ (N.\ Engl.\ J.\ Med.\ 2005;352:884-94).$

Evaluation of 19 single-nucleotide polymorphisms in three genes within the chromosome 9q linkage region showed that Alzheimer's disease was significantly associated with two single-nucleotide polymorphisms in *UBQLN1* and one in *APBA1*.

Haplotype block structure estimates showed that the single haplotype (H3), almost exclusively defined by the risk allele of UBQ-8i, was associated with a significantly increased rate of transmission to affected subjects. The testing of *APBA1* polymorphisms did not show such transmission.

Ubiquilin 1 encodes the protein ubiquilin 1, regulates protein degradation, interacts with presenilin 1 and presenilin 2, and promotes the accumulation of presenilin in vitro.

Findings from the second investigation, the Consortium on Alzheimer's Genetics study, showed that the rate of transmission of the H3 haplotype was increased among subjects with Alzheimer's disease

Investigators found no association with rs1411483 in *APBA1*.

Specimen collection began in 1999 and has been completed for 224 Alzheimer's patients and 265 unaffected siblings. Affected participants were at least 50 years old at disease onset; mean age at onset was 71 years.

Analyses by Dr. Bertram and colleagues on data merged from the two family groups showed the most pronounced single-local signals for UBQ-8i followed by rs2781002 and rs2780995.

Dr. Bertram's group also studied RNA extracts from neocortical brain tissue samples to see if the risk allele UBQ-8i affects the splicing of exon 8 in the *UBQLN1* message.

The investigators found a relationship between the UBQ-8i allele and a *UBQLN1* transcript lacking exon 8 in the 25 samples from patients with Alzheimer's disease.

In an accompanying editorial, Thomas D. Bird, M.D., called *UBQLN1* "intriguing as a candidate gene because of its potential role in the proteasome degradation of proteins and its interaction with *PS1* and *PS2*."

"As always, this new association requires replication and confirmation in additional populations," wrote Dr. Bird, who is a professor of neurology, medicine, and psychiatry at the University of Washington, Seattle, and a research neu-

rologist at the Veterans Affairs Medical Center in Seattle (N. Engl. J. Med. 2005;352:862-4).

Dr. Bertram's group observed that "the rampant inconsistencies encountered in genetic analyses of putative candidate genes for Alzheimer's disease in the literature to date" may stem from the fact that most studies in the field are done on groups too small to show moderate genetic effects like that of *UBQLN1*, instead of the more pronounced effects of *APOE*.



*Zolpidem tartrate worldwide.

AMBIEN is the #1 prescribed sleep agent in the US²

AMBIEN is indicated for the short-term treatment of insomnia. In elderly or debilitated patients, or patients with hepatic dysfunction, treatment should be initiated with a 5-mg dose and patients closely monitored. Due to its rapid onset of action, patients should take AMBIEN right before going to bed and when ready for sleep. Patients should not take AMBIEN unless they are prepared to get a full night's sleep (7 to 8 hours) to avoid residual effects. Until they know how it will affect their physical or mental performance upon awakening, patients should not drive or operate hazardous machinery after taking AMBIEN or any other sleep medication. During short-term treatment with AMBIEN, the most commonly observed adverse effects in controlled clinical trials were drowsiness (2%), dizziness (1%), and diarrhea (1%). Because individuals with a history of addiction or substance abuse are at increased risk of habituation and dependence, they should be under careful surveillance when receiving AMBIEN or any other hypnotic. AMBIEN is classified as a Schedule IV controlled substance. Sedative

or substance abuse are at increased risk of habituation and dependence, they should be under careful surveillance when receiving AMBIEN or any other hypnotic. AMBIEN is classified as a Schedule IV controlled substance. Sedative hypnotics have produced withdrawal signs and symptoms following abrupt discontinuation. Hypnotics should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are taken for more than 2 to 3 weeks. Prescriptions for AMBIEN should not exceed a 1-month supply.

Please see brief summary of prescribing information on back.

sanofi aventis

Sanofi-Synthelabo Inc., a member of the sanofi-aventis Group

©2005 Sanofi-Synthelabo Inc. 57-050003

Visit our Web site at www.ambien.com



Restful nights, refreshed awakenings