



Conference Abstract P.17 Reduced Isometric Contractility and Isobaric Compliance of the *ex vivo* Thoracic Aorta of Hypertensive APP23^{+/-} overexpressing Mice due to Serum Corticosterone Levels

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Keywords

Dementia stress vascular disease

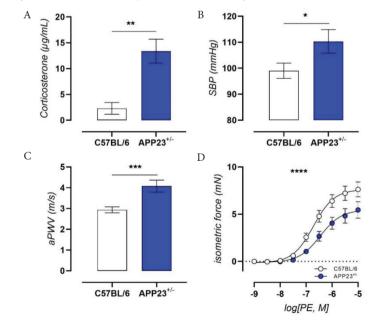
ABSTRACT

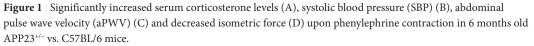
Objective: Alzheimer's disease (AD) is characterized by noticeable neuropsychiatric symptoms and cognitive decline [1]. In addition, cardiovascular disease (CVD) is a known etiological hallmark of AD pathogenesis [2]. Recent epidemiological evidence suggests an interplay between arterial stiffness (AS) and AD [3]. Therefore, we aimed for an in-depth vascular characterization of the APP23^{+/-} overexpressing AD mouse model (APP23^{+/-}).

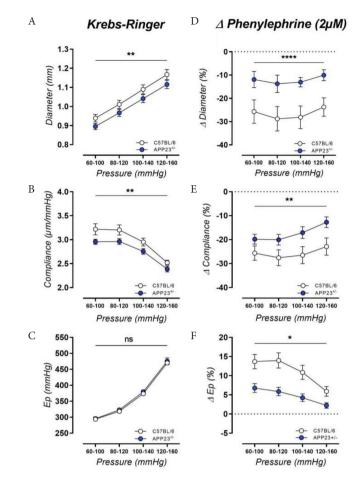
Methods: Blood pressure (BP, CODA) and aortic pulse wave velocity (aPWV, VEVO2100) were measured *in vivo*, whereas isometric vascular reactivity (organ chambers), isobaric AS (Peterson modulus (Ep)) and compliance (Rodent Oscillatory Tension Set-up for Arterial Compliance) were determined *ex vivo* in thoracic aorta segments of APP23^{+/-} mice (male, n = 10) vs. C57BL/6 mice (male, n = 18) at the age of 6 months. Corticosterone levels were analysed on blood serum by means of ELISA. The data are given as mean \pm SEM.

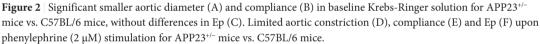
Results: APP23^{+/-} mice showed elevated corticosterone levels (Figure 1A) associated with increased peripheral systolic BP (Figure 1B) and aPWV *in vivo* (Figure 1C), and decreased isometric adrenoreceptor-dependent contractions *ex vivo* upon phenylephrine stimulation (Figure 1D). *Ex vivo* isobaric AS measurements at baseline disclosed a smaller aortic diameter of APP23^{+/-} mice (Figure 2A) resulting in reduced compliance (Figure 2B), with no Ep differences (Figure 2C). Upon phenylephrine treatment, a smaller effect on aortic constriction (Figure 2D), compliance (Figure 2E) and Ep (Figure 2F) was observed for APP23^{+/-} animals, corresponding to reduced isometric contractions (Figure 1D).

Conclusion: APP23^{+/-} mice have increased corticosterone levels leading to increased BP, aPWV and reduced isometric contractility, resulting in decreased isobaric compliance, but with unchanged arterial wall biomechanics.









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