

Targeting Neuroinflammation and Tau/APP Pathology via Intranasal Delivery of Azilsartan Medoxomil Nanoemulgel in AlCl₃-induced Alzheimer's Dementia Model

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Abstract

Background: Cognitive impairment and dementia have become a global burden, distressing millions of elderlies, accounting for progressive loss of neurons in the brain affecting higher multiple cortical centers, and impacting social life. The renin-angiotensin system and its receptors, widely distributed within the brain, offer potential to treat dementia via diminishing oxidative stress, neuronal inflammation, and increasing blood-brain barrier (BBB) integrity. The present study delves into the formulation and optimization of thermoresponsive azilsartan medoxomil (AZL-M) loaded in situ nanoemulgel for targeted nose-to-brain delivery to the brain due to low BBB permeability and validated through in vivo models.

Methods: A Box-Behnken design was used to optimize formulation parameters such as droplet size, gelation temperature, and drug release. The optimized nanoemulgel was characterized for physicochemical properties and evaluated for ex-vivo nasal mucosal toxicity, in-vitro cytotoxicity, and ROS reduction. In-vivo efficacy of intranasal application of the optimized formulation was assessed in an AlCl₃-induced Alzheimer's model.

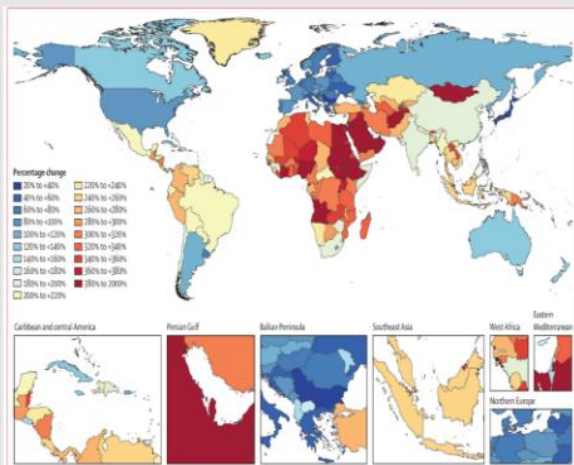
Results: Formulation-F20 showed optimal gelation at 33.4°C, pH-6.21, droplet size of 160nm, 60.4% drug release in 8h, high permeation, and flux, with confirmed safety and cell viability. TEER studies confirmed the integrity of RPMI-2650 monolayers, and while apparent permeability values of AZL-M solution and nanoemulgel were comparable, the nanoemulgel exhibited significantly higher cumulative permeation across the nasal epithelial barrier. In-vivo studies showed that nanoemulgel significantly improved cognitive performance and neuronal survival. At the molecular level, AZL-M treatment led to a marked reduction in brain inflammatory cytokines TNF- α and IL-1 β , along with downregulation of Alzheimer's-specific markers including phosphorylated tau, amyloid precursor protein, and NF- κ B. Simultaneously, a significant upregulation of brain-derived neurotrophic factors indicated enhanced neurotrophic support and synaptic plasticity.

Conclusion: The intranasally delivered AZL-M-loaded nanoemulgel showed potential as a safe and effective therapy for Alzheimer's dementia by attenuating neuroinflammation and Alzheimer's pathology markers.

Introduction

Definition of the problem

- ✓ Currently more than 55 million people have dementia worldwide.
- ✓ In India, 8.8 million Indians older than 60 years live with dementia.
- ✓ Seventh leading cause of death [1].



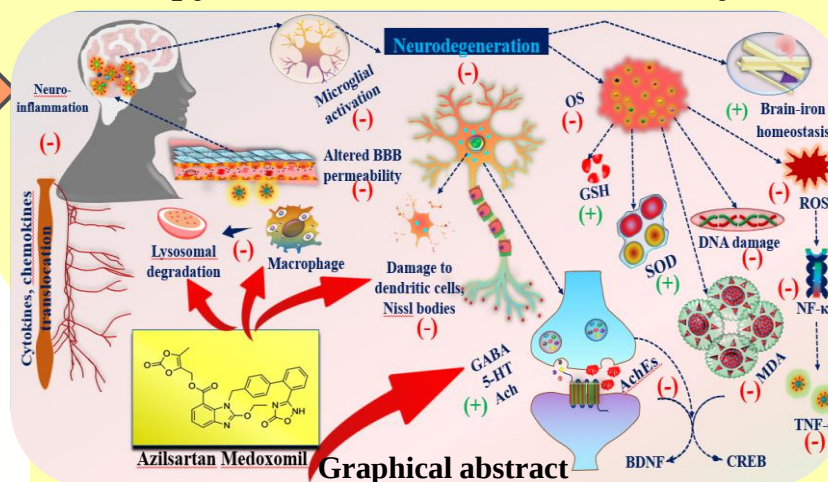
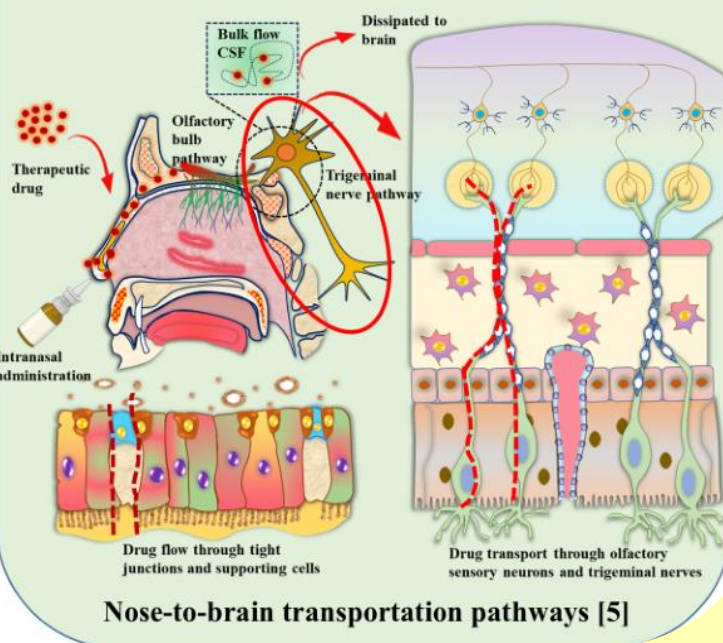
Percentage change between 2019 and 2050 in all-age number of individuals with dementia [2]

Knowledge gap

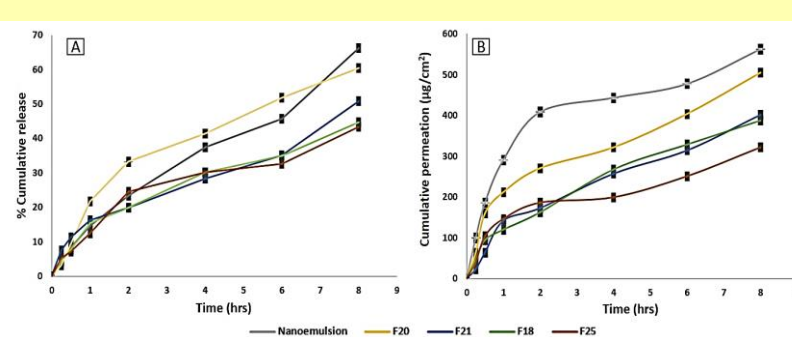
- Addressing memory decline in dementia and other neurodegenerative diseases comes with limited medications and increased toxicity profile.
- Angiotensin receptor blockers offers potent neuroprotective activity, but faces poor bioavailability and blood-brain barrier penetration [3, 4].
- Direct delivery of ARBs with suitable formulation to improve efficacy and evaluate impact on memory decline in animal models.

Issues to be addressed

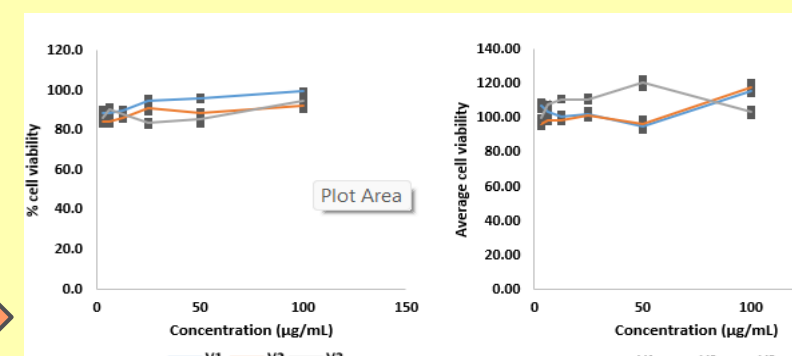
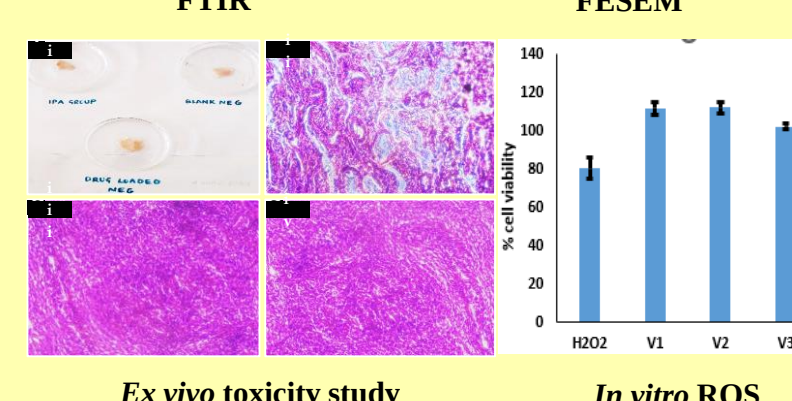
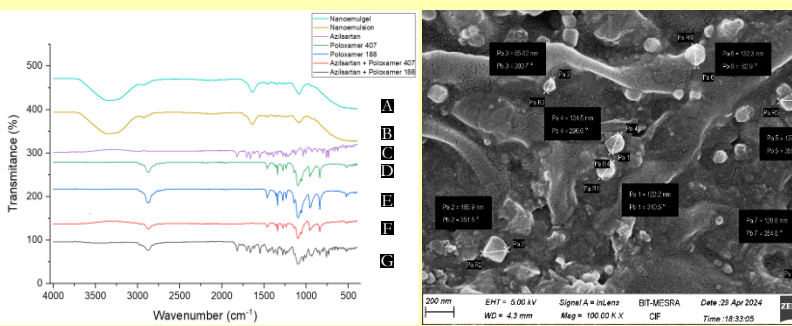
- ✓ Development of nanoemulsion based *in situ* gel
- ✓ Delivering azilsartan, a non BBB permeable drug, directly to the brain through nose to brain route.
- ✓ Assessment of behavioural and biochemical markers for treatment of dementia.



Characterization



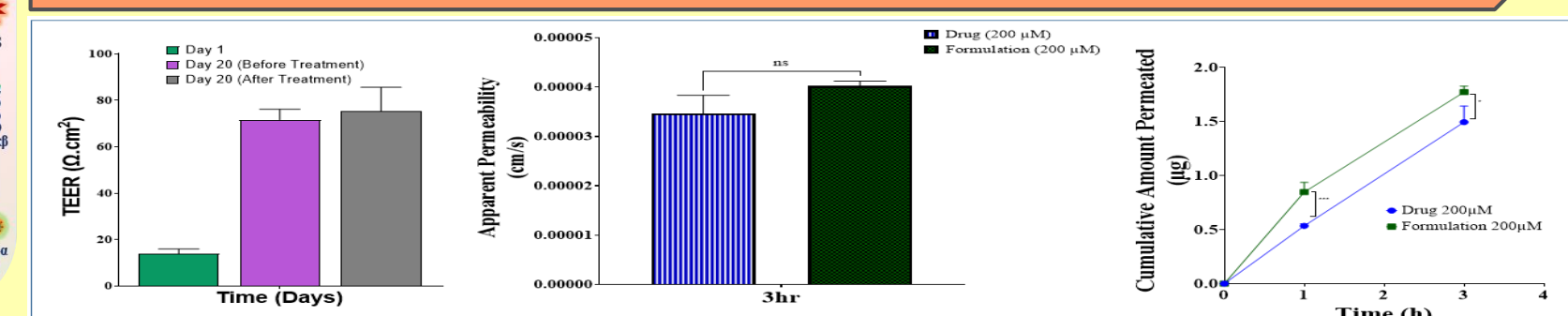
In vitro release and ex-vivo permeation of different optimized gels



In vitro cytotoxicity study										
Formulation code	pH	Viscosity (cP) at different temperature		Dynamic light scattering analysis			% Cumulative release	Cumulative permeation (μg/cm²)	Steady state flux (μg/h/cm²)	Stability study (μg)
		37°C	15°C	Size (nm)	PDI	Zeta				
F18	5.34±1.01	2971.50	580.861	172.815	0.275±1	-9.34	44.641±0.002	388.108±0.052	48.513±0.0	0.338±0.0
F20	6.21±0.35	4578.39	190.153	160.113	0.210±1	-11.2	60.400±0.010	504.666±0.126	63.083±0.1	0.528±0.0
		5544.12	123.836	192.234	0.246±1	-10.6		50.851±0.006	401.815±0.017	50.227±0.0
F21	6.13±0.42	4564.80	123.836	192.234	0.246±1	-10.6	50.851±0.006	401.815±0.017	50.227±0.0	0.294±0.0
F25	5.57±0.89	5926.67	853.853	200.424	0.349±1	-9.03	43.354±0.001	321.300±0.005	40.162±0.0	0.748±0.0
		6127.9	66.485	127.612	0.218±1	-10.2		66.131±0.005	562.282±0.006	70.285±0.0
Nanoemulgel	6.02±0.05	61.279±6.54	66.485±3.96	127.612±2.81	0.218±0.02	-10.2±3.22	66.131±0.005	562.282±0.006	70.285±0.0	-

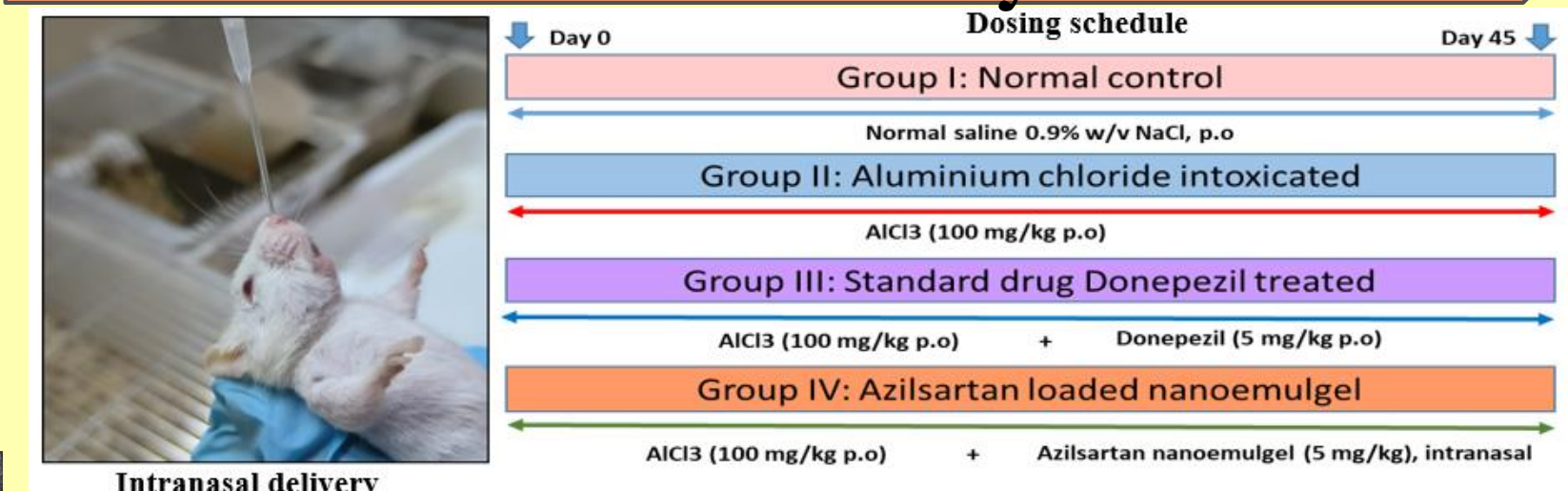
Selection of best suited *in situ* nanoemulgel based on all characterization parameters

In vitro permeability in cell lines

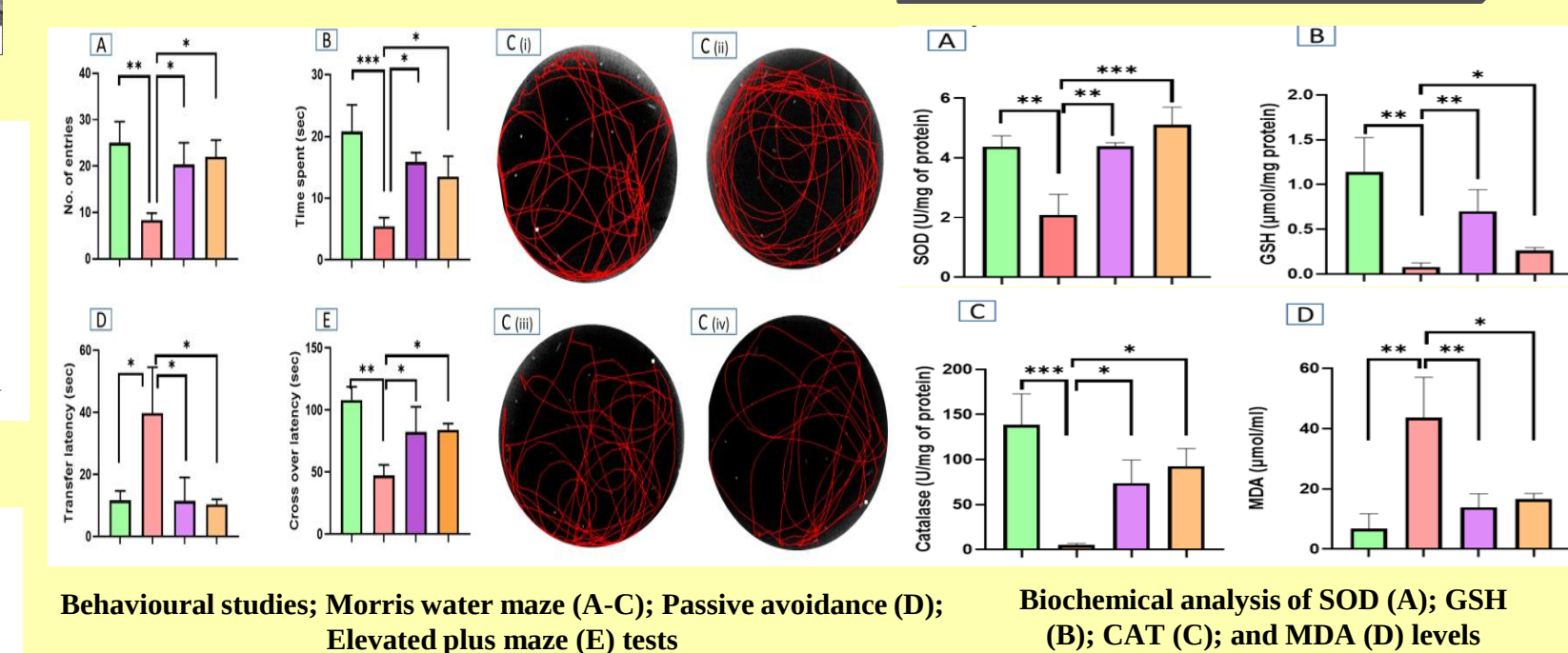


RPMI-2650 cell monolayers formation, TEER measurement for AZL-M permeation across RPMI-2650 cell monolayer

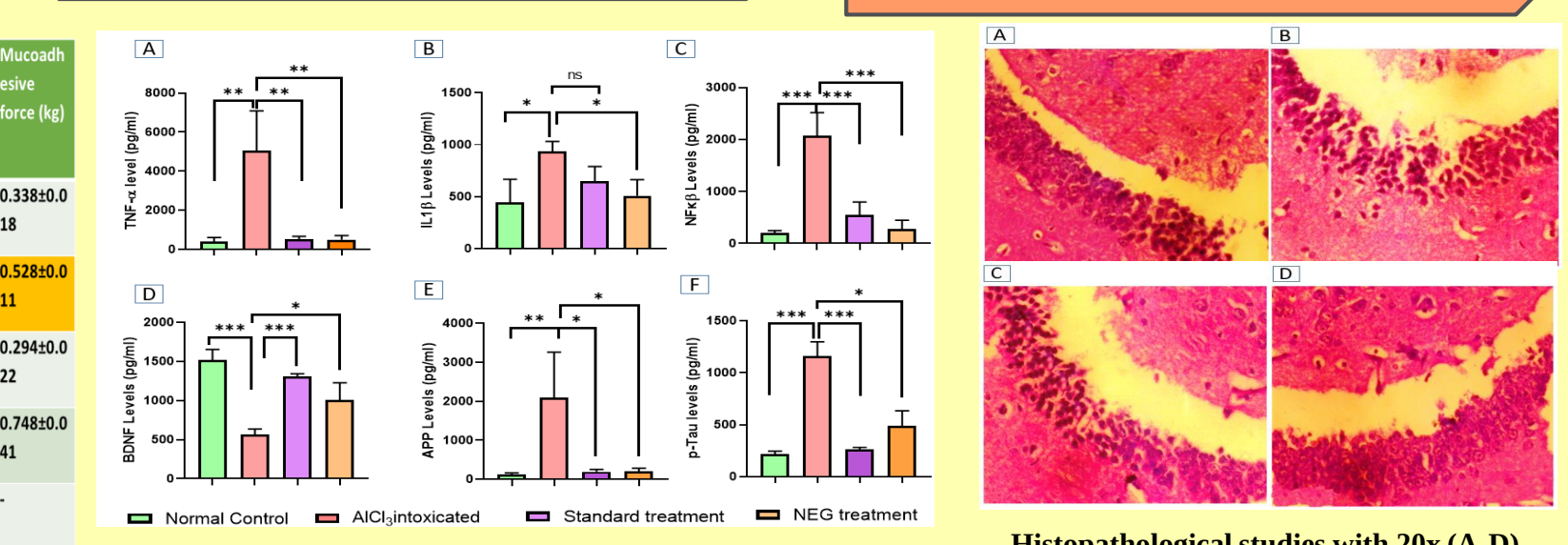
In vivo study



Behavioural studies



Biochemical studies



Behavioural studies; Morris water maze (A-C); Passive avoidance (D); Elevated plus maze (E) tests

Biochemical analysis of SOD (A); GSH (B); CAT (C); and MDA (D) levels from brain tissue homogenates

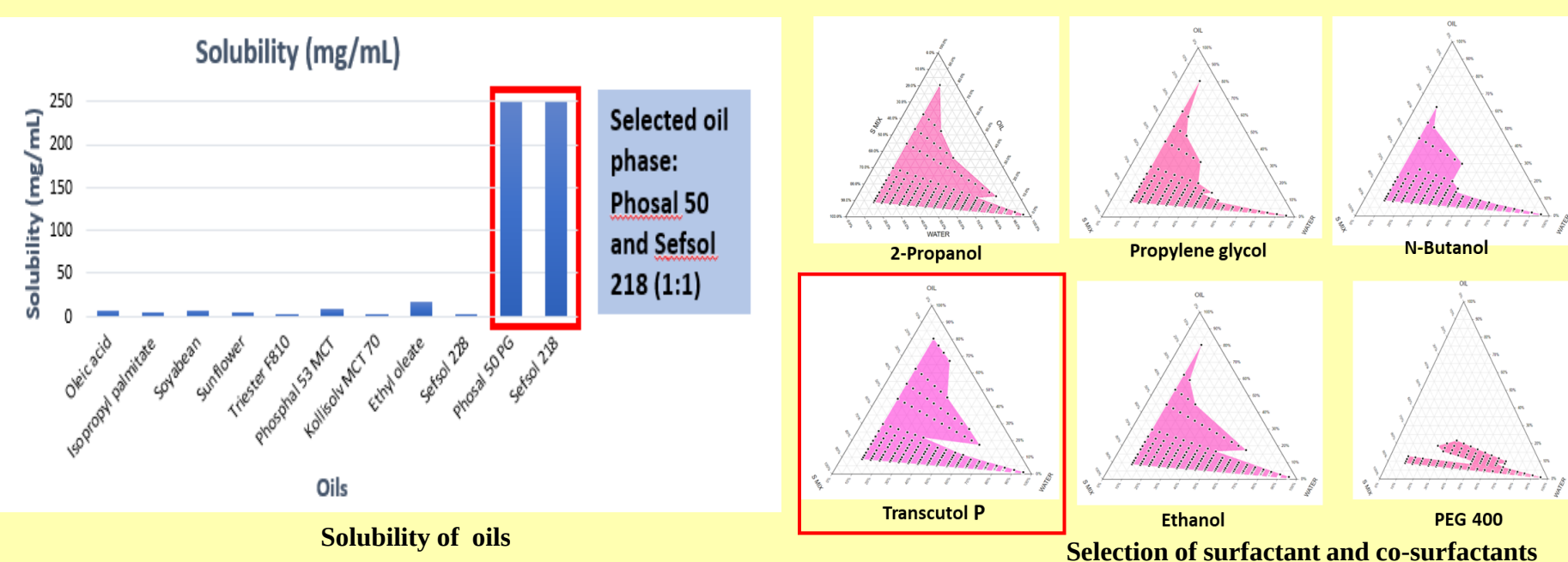


Quantification of pathological markers TNF- α (A); IL-1 β (B); NF- κ B (C); BDNF (D); APP (E); p-Tau (F)

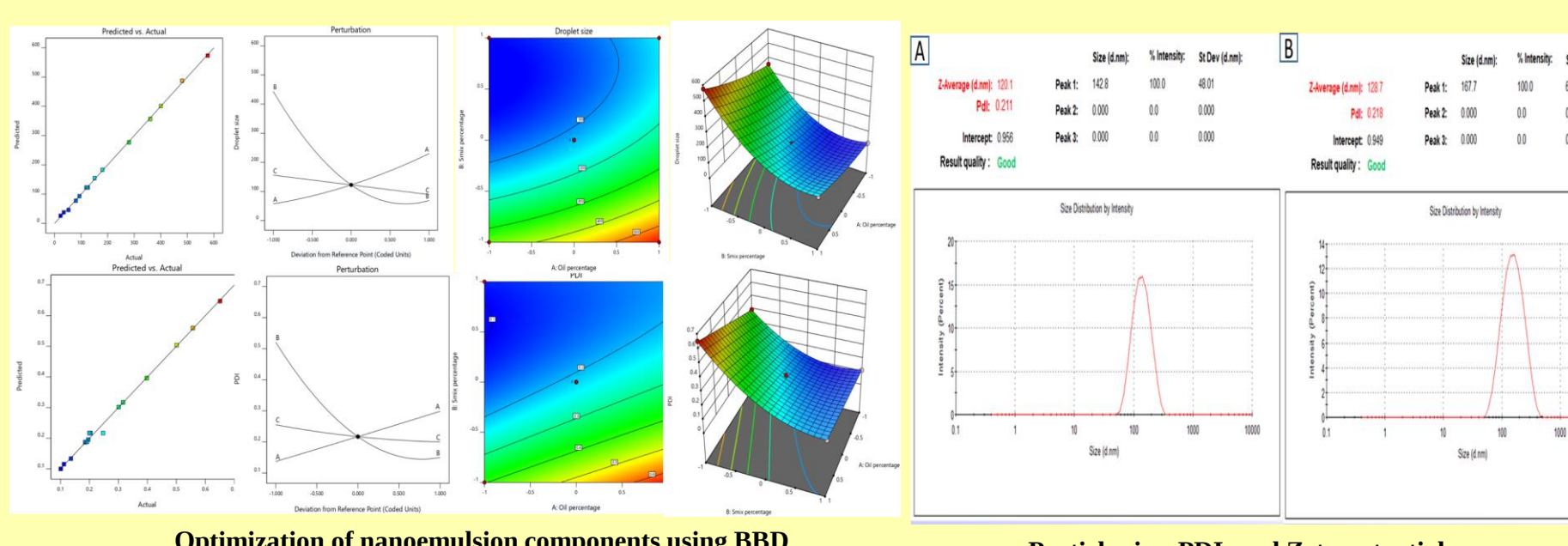


Histopathological studies with 20x (A-D) magnification in different groups; control (A), disease (B), test (C), and standard (D)

Pre-formulation studies



Quality by design approach (QbD)



Optimization of nanoemulsion components using BBD

Particle size, PDI, and Zeta potential

Conclusion

- ✓ The study demonstrates that thermoresponsive *in situ* nanoemulgel mediated nose-to-brain delivery of azilsartan significantly attenuates memory decline in experimental animals. Behavioral assessments, biochemical and specific biomarkers parameters confirm the neuroprotective efficacy of this delivery method, highlighting its potential as a promising therapeutic approach for neurodegenerative diseases and dementia.

References

1. World Health Organisation, 2023. Dementia. Available from: <https://www.who.int/news-room/factsheets/detail/dementia#:~:text=Currently%20more%20than%2055%20million,Injuries%20that%20affect%20the%20brain.>
2. Nichols E, Steinmetz JD, Vollset SE, Fukutaki K, Chalek J, Abd-Allah F et al. Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease Study 2019. The Lancet. 2022; 7(2):105-125.
3. Karmakar V, Gorain B. Potential molecular pathways of angiotensin receptor blockers in the brain toward cognitive improvement in dementia. Drug Discovery Today. 2024;29(1):103850.
4. Chin LY, Tan JY, Choudhury H, Pandey M, Sisinthy SP, Gorain B. Development and optimization of chitosan coated nanoemulgel of telmisartan for intranasal delivery: A comparative study. Journal of Drug Delivery Science and Technology. 2021;62:102-141.
5. Ghosh A, Majie A, Karmakar V, Chatterjee K, Chakraborty S, Pandey M, Jain N, Roy Sarkar S, Nair AB, Gorain B. In-depth Mechanism, Challenges, and Opportunities of Delivering Therapeutics in Brain Using Intranasal Route. AAPS PharmSciTech. 2024 May 6:25(5):96.

Acknowledgement

