

· 综述 ·

中药治疗糖尿病认知功能障碍相关信号通路研究进展

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[摘要] 糖尿病认知功能障碍(DCD)是糖尿病的并发症之一,表现为大脑结构受损和进行性的学习记忆能力下降。随着糖尿病在世界范围内发病率的增加,DCD已成为一个严重的医学和社会问题,但其病理生理机制尚不清楚。DCD的发生发展涉及多个病理环节和机制,防治需要采取多环节、多靶点的治疗措施,目前还没有特定药物可供预防或改善DCD。临床治疗多采用二甲双胍、维格列汀等降糖药或抗痴呆药多奈哌齐,延缓认知障碍的发生和进展,但这些药物作用靶点单一且有明显的不良反应。中药在防治糖尿病及中枢认知疾病方面历史悠久,且具有多成分、多靶点、不良反应作用小、价位低廉等独特的优势。大量研究证实了中药对DCD具有显著的防治效果,可以通过调控磷脂酰肌醇3-激酶(PI3K)/蛋白激酶B(Akt)、晚期糖基化终末产物(AGEs)/晚期糖基化终末产物受体(RAGE)/核转录因子- κ B(NF- κ B)、NOD样受体热蛋白结构域相关蛋白3(NLRP3)炎症小体、内质网应激和核因子E₂相关因子2(Nrf2)/抗氧化反应元件(ARE)等信号通路改善胰岛素抵抗、突触可塑性,发挥抗炎、抗氧化应激、抗内质网应激、抗神经细胞凋亡等作用。该文综述了近年来中药对糖尿病认知功能障碍的作用及相关机制,以期对中药防治糖尿病认知功能障碍提供参考。

[关键词] 糖尿病; 认知功能障碍; 中药; 信号通路

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Research Progress on Signaling Pathways Related to Treatment of Diabetic Cognitive Dysfunction with Traditional Chinese Medicine: A Review

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[Abstract] Diabetic cognitive dysfunction (DCD) is one of the complications of diabetes, which is characterized by impaired brain structure and progressively decreased learning and memory ability. With the increasing incidence of diabetes worldwide, DCD has become a serious medical and social problem. However, its pathophysiological mechanisms are not well understood. The occurrence and development of DCD involve

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multiple pathological links and mechanisms, and the prevention and treatment require multi-link and multi-target therapeutic measures. At present, there is no specific drug to prevent or improve DCD. Hypoglycemic drugs such as metformin and vigaglipitin or anti-dementia drug including Donepezil are commonly used in clinical treatment to delay the occurrence and progression of cognitive dysfunction, but these drugs have a single target and obvious side effects. Traditional Chinese medicine has a long history in the prevention and treatment of diabetes and central cognitive diseases, and it has many unique advantages such as multiple components, multiple targets, side effects, and low price. A large number of studies have confirmed that traditional Chinese medicine has a significant prevention and treatment effect on DCD, which can improve insulin resistance, synaptic dysfunction, inflammation, oxidative stress, endoplasmic reticulum stress, and neuronal apoptosis by regulating phosphatidylinositol 3-kinase (PI3K)/protein kinase B (Akt), advanced glycation end products (AGEs)/advanced glycation end products receptor (RAGE)/nuclear transcription factor- κ B (NF- κ B), NOD-like receptor thermal protein domain associated protein 3 (NLRP3) inflammasome, and endoplasmic reticulum stress and nuclear factor E₂ related factor 2 (Nrf2)/antioxidant response element (ARE) signaling pathways. This article reviewed the effects and related mechanisms of traditional Chinese medicine on DCD in recent years, so as to provide a reference for the prevention and treatment of DCD by traditional Chinese medicine.

[Keywords] diabetes; cognitive dysfunction; traditional Chinese medicine; signaling pathway

糖尿病(DM)是一种以高血糖为特征的慢性代谢性疾病,已成为人类健康的主要威胁之一。研究表明,2021年,20~79岁人群的全球糖尿病患病率估计为10.5%(5.366亿人),全球糖尿病相关卫生支出估计为9 660亿美元,到2045年全球糖尿病患病率将上升至12.2%(7.832亿人),相关卫生支出将达到10 540亿美元^[1]。糖尿病可能对中枢神经系统产生负面影响,导致大脑结构和功能受损。糖尿病如果得不到控制,可能会增加认知障碍和痴呆的风险^[2-3]。目前,临床、流行病学和实验研究表明糖尿病和认知功能障碍之间存在因果关系。持续高血糖引起的直接神经元损伤、胰岛素分泌减少、神经炎症、氧化应激等多种因素引起糖尿病认知功能障碍(DCD),具体表现为患者的整体记忆、注意力、推理能力、学习能力等方面受损。范金等^[4]通过Meta分析发现,截止到2021年1月20日,中国2型糖尿病(T2DM)患者认知障碍的检出率43.2%。如果不在早期进行有效干预治疗,很大可能进展为痴呆。

随着糖尿病在世界范围内发病率的增加,DCD已成为一个严重的医学和社会问题,但其病理生理机制尚不清楚。临床治疗多采用二甲双胍、维格列汀等降糖药或抗痴呆药多奈哌齐,延缓认知障碍的发生和进展,但这些药物作用靶点单一且有明显的不良反应。DCD的发生发展涉及多个病理环节和机制,防治需要采取多环节、多靶点的治疗措施,目前还没有特定药物可供预防或改善DCD。DCD应归属于中医学的“消渴病”合并“痴呆”“呆病”

“健忘”范畴。“消渴病”一词作为病名最早见于《古今录验方》,“痴呆”首见于《华佗神医秘传》。中药在防治糖尿病及中枢认知疾病方面有悠久的历史,中药具有多成分、多靶点、不良反应小、价位低廉等独特的优势,而且大量研究证实了中药对DCD具有显著的防治效果。本文综述了近年来中药治疗DCD及相关信号通路研究进展,主要机制见增强出版附加材料,为中医药防治该病提供依据和理论参考。

1 治疗糖尿病认知功能障碍的中药

1.1 中药活性成分 大量研究表明,中药活性成分如生物碱类、多酚类、黄酮类能有效改善糖尿病认知功能障碍。小檗碱^[5-6]、甲基莲心碱^[7]、苦参碱^[8]、川芎嗪^[9]等生物碱类,姜黄素^[10]、白藜芦醇^[11]、鞣花酸^[12]等多酚类,葛根素^[13]、漆黄素^[14]、毛蕊异黄酮^[15]、槲皮素^[16]、芦丁^[17]、肉桂黄酮^[18]、芒柄花黄素^[19]等黄酮类,芍药苷^[20]等萜类,丹参酮Ⅱ_A^[21]等醌类,人参皂苷Rb₁^[22]、黄芪甲苷IV^[23]、薯蓣皂苷^[24]等皂苷类主要通过调控相关信号通路抑制氧化应激、神经炎症、细胞凋亡、内质网应激和胰岛素抵抗等发挥作用。见增强出版附加材料^[25-35]。

1.2 中药复方 醒脑益智方^[36]、滋补脾阴方^[37]、加味苓桂术甘汤^[38]等中药复方由2味或2味以上的药味组成,依据中医药理论进行配伍,可以通过改善糖脂代谢、改善胆碱能神经功能、改善脑微血管病变等途径,多组分多靶点协同发挥改善糖尿病认知障碍作用,见增强出版附加材料。临床上多采用简易精神状态检查量表(MMSE)评分、蒙特利尔

认知评估量表(MoCA)、总体衰退量表(GDS)等评价患者认知功能。例如,李全等^[39]将64例肾虚髓减型T2DM合并轻度认知功能障碍患者随机分为地黄饮子辅助治疗组和多奈哌齐对照组,治疗8周,两组患者MMSE、MoCA量表评分均明显改善,且地黄饮子辅助组总有效率优于多奈哌齐组。脑灵汤联合盐酸多奈哌齐治疗也可提高MMSE、MoCA量表评分、改善T2DM认知障碍患者的临床症状和认知功能^[40]。经过长期的临床实践发现,中成药具有疗效确切、疗效持久、不良反应少、安全性高等优点^[41]。其中,舒脑欣滴丸、津力达颗粒、金芪降糖片和七十味珍珠丸等中成药可以改善糖尿病认知功能障碍。GUO等^[42]利用网络药理学发现舒脑欣滴丸的活性成分可能通过靶向蛋白阿片受体kappa 1(OPRK1)、 γ -氨基丁酸A型受体亚基 $\alpha 5$ (GABRA5)、 γ -氨基丁酸A型受体亚基pi(GABRP)和钠电压门控通道 β 亚基3(SCN3B)来缓解糖尿病患者的认知障碍。津力达颗粒治疗明显改善T2DM轻度认知功能障碍患者认知功能,表现为MMSE、MoCA评分升高^[43]。杨丽等^[44]发现金芪降糖片可能通过上调脑源性神经营养因子(BDNF)含量和海马突触核蛋白(SYN)mRNA表达,改善糖尿病小鼠的学习记忆能力。YAN等^[45]发现七十味珍珠丸治疗可以改善db/db小鼠的糖尿病相关认知障碍行为和病理改变。见增强出版附加材料^[46-57]。

2 中药治疗DCD相关信号通路

2.1 磷脂酰基醇3-激酶(PI3K)/蛋白激酶B(Akt)信号通路 海马组织是记忆参与形成、组织和存储的关键部位,DCD与海马神经元的变性和凋亡密切相关。PI3K/Akt不仅是体内经典的抗凋亡/促增殖信号通路,参与细胞生长、存活、增殖及凋亡等生理过程,同时是胰岛素信息传导的主要通路,参与调节血糖水平、胰岛素水平,值得注意的是PI3K/Akt信号通路参与调节海马突触可塑性,影响SYN和突触后密度蛋白95(PSD95)的表达。此外,PI3K/Akt信号通路受胰岛素受体底物(IRS)调控,通路受损会影响糖原合酶激酶-3(GSK-3)、哺乳动物雷帕霉素靶蛋白(mTOR)和环磷腺苷效应元件结合蛋白(CREB)等下游信号分子,引起大脑中 β 淀粉样蛋白(A β)沉积、微管相关蛋白(Tau)过度磷酸化、氧化应激、神经炎症、线粒体和自噬功能障碍^[58]。

中药活性成分青蒿素^[25]、紫檀芪^[26]激活海马PI3K/Akt通路;葛根素^[13]、芍药苷^[20]、阿魏酸^[27]通过降低IRS-1活性,提高Akt和GSK-3 β 的磷酸化水

平;小檗碱^[5]、鞣花酸^[12]、毛蕊异黄酮^[15]调控PI3K/Akt/GSK-3 β 信号通路改善认知功能;橄榄苦苷^[28]调控PI3K/Akt/mTOR通路,改善氧化应激、炎症和糖尿病引起的认知损伤;川芎嗪增加磷酸化(p)-Akt、p-CREB和BDNF水平^[9];漆黄素激活PI3K/Akt/CREB信号通路^[14]。中药复方醒脑益智方^[36]激活海马PI3K/Akt通路;滋补脾阴方药^[37]调节PI3K/Akt/GSK-3 β 通路;加味苓桂术甘汤联合限食^[38]调节PI3K/Akt/mTOR,改善认知功能;加味生脉散^[46]激活Akt和CREB蛋白;黄蒲通窍方^[47]提高p-CREB、BDNF、TrkB和p-Akt的表达,发挥神经保护作用。

综上所述,PI3K/Akt信号通路是中药活性成分或中药复方改善糖尿病认知功能的重要调控通路。中药活性成分或中药复方可以通过调控PI3K/Akt信号通路影响A β 水平、BDNF水平、炎症反应、氧化应激和细胞凋亡等,改善糖尿病引起的认知损伤。

2.2 晚期糖基化终末产物(AGEs)/晚期糖基化终末产物受体(RAGE)/核转录因子- κ B(NF- κ B)信号通路 高血糖是引起DCD的原因之一,长期高血糖水平使得体内AGEs生成异常增加并大量堆积,AGEs增多往往伴随着RAGE表达的增加,AGEs与特异性配体-晚期RAGE结合,诱导细胞内的氧化应激,导致活性氧(ROS)产生增加,进而活化细胞内NF- κ B,释放细胞因子或炎症因子,扩大炎症反应和氧化应激,导致细胞凋亡。此外,AGEs触发Tau蛋白过度磷酸化、A β 肽的形成和修饰,RAGE与AGEs和A β 结合,传递A β 通过血脑屏障,进一步加重A β 对神经元的损伤。因此,AGEs/RAGE/NF- κ B是DCD的发生发展中占有重要地位的通路之一。

中药复方如补肾活血方^[48]、七福饮^[49]、生慧汤^[50]等均可降低海马组织中AGEs、RAGE和NF- κ B表达水平,发挥脑保护作用。补肾活血方可以显著改善葡萄糖和脂质代谢功能障碍,减少海马组织的形态变化,并改善KK-Ay小鼠的认知功能。七福饮是张景岳治疗痴呆的经典名方,研究表明七福饮可能通过降血糖、调控AGEs/RAGE/NF- κ B信号通路、改善胆碱能神经功能,改善糖尿病大鼠认知障碍。生慧汤(熟地黄、山茱萸、远志、酸枣仁、柏子仁等)降低糖尿病大鼠海马齿状回(DG)区RAGE和NF- κ B的表达,增加乙酰胆碱(Ach)的合成,明显改善学习记忆能力。

综上所述,中药可以通过调控AGEs/RAGE/NF- κ B信号通路,减轻高血糖诱导AGEs聚集引起的毒性反应、炎症反应、氧化应激和细胞凋亡。

2.3 NOD样受体热蛋白结构域相关蛋白3 (NLRP3)炎症小体信号通路 免疫系统激活和神经炎症参与了DCD的发病机制。先天免疫系统通过模式识别受体[如Toll样受体(TLR)和NOD样受体(NLR)]被激活。NLR的激活有助于炎症小体复合物的形成和激活。其中,NLRP3是研究最广泛的炎症小体,多种刺激可激活NLRP3炎症小体,诱导炎症级联反应,导致白细胞介素(IL)-6、IL-1 β 和肿瘤坏死因子(TNF)- α 等促炎因子水平升高,此外,IL-1 β 可通过降低BDNF水平和促进磷酸化Tau的形成来损害认知功能^[59]。研究表明,使用NLRP3炎症小体抑制剂MCC950治疗可以逆转NLRP3炎症小体的活性,并改善db/db小鼠的认知功能障碍^[60]。值得注意的是,自噬负向调节NLRP3炎症小体的激活,改善认知功能障碍^[61]。

黄连解毒汤是一种经典的清热解毒方剂,由黄连、黄芩、黄柏、栀子4种中药组成,可以进一步诱导DCD大鼠自噬,抑制NLRP3炎症小体的激活,减轻神经炎症,增加BDNF的表达,减轻突触损伤,改善认知功能障碍^[51]。益智解毒汤具有清热解毒、补气益智的功效,可下调DCD大鼠海马组织中NLRP3及下游相关分子IL-1 β 、IL-18蛋白的表达,抑制炎症反应;抑制胱天蛋白酶(Caspase)-3的活化,增加细胞凋亡基因B细胞淋巴瘤(Bcl)-2的表达,调控细胞凋亡,发挥保护作用,改善糖尿病大鼠的学习记忆能力^[52]。此外,中药活性成分如甲基莲心碱^[7]、槲皮素^[16]、薯蓣皂苷^[24]和天麻素^[29]通过NLRP3炎症小体信号通路发挥对DCD的保护作用。

综上所述,NLRP3炎症小体是诱导神经炎症的核心位点,采用具有清热解毒功效的中药方剂或具有抗炎活性的中药活性成分调控NLRP3炎症小体信号通路,能够通过抑制炎症反应、减少细胞凋亡和减轻突触损伤等途径,发挥神经保护作用,改善认知功能障碍。

2.4 内质网应激通路 大量研究强调了糖尿病诱导的神经元内质网应激在DCD的发展中的关键作用。长期的高血糖刺激可导致未折叠或错误折叠蛋白在内质网(ER)腔内积累,导致内质网功能障碍,这种情况被称为“内质网应激”(ERS)。值得注意的是,高血糖可引发内质网应激介导海马细胞凋亡^[62]。C/EBP同源蛋白(CHOP)依赖的内质网应激介导的细胞死亡可能是与高血糖相关的海马突触病理改变和认知功能障碍的潜在机制。为了缓解内质网应激,细胞通过肌醇需求因子1 α (IRE1 α)、

类蛋白激酶R样内质网激酶(PERK)和活化转录因子6(ATF6)这3个内质网跨膜感应蛋白进行介导启动保护机制—未折叠蛋白反应(UPR)。UPR通过激活分子伴侣表达、调控脂质合成、促进内质网相关降解等方式减少未折叠或错误折叠的蛋白,对维持细胞内稳态至关重要^[63]。

小檗碱通过SIRT1/内质网应激信号通路发挥神经保护作用,缓解糖尿病大鼠的记忆缺陷^[6]。苦参碱下调内质网应激相关蛋白[葡萄糖调节蛋白78(GRP78)、CHOP、ATF6和Caspase-12]水平,减轻内质网应激诱导的海马超结构损伤^[8]。运动加姜黄素降低炎症反应的指标(IL-6、TNF- α 和IL-10)和内质网应激标志物(BiP和CHOP)水平,改善自发性T2DM模型大鼠逃逸延迟和记忆保持^[10]。丹参酮II_A降低糖尿病大鼠海马超氧化物歧化酶(SOD)、ROS、丙二醛(MDA)及GRP78和CHOP的表达^[21]。人参皂苷Rb₁降低CHOP蛋白来保护神经元^[22]。

综上所述,糖尿病认知障碍可导致海马组织中p-IRE1 α 、p-PERK、ATF、CHOP和GRP78等内质网应激标志性蛋白表达上调。中药活性成分能够抑制内质网应激,下调相关蛋白水平,改善认知损伤。

2.5 核因子E₂相关因子2(Nrf2)/ARE信号通路

Nrf2/ARE是人体维持细胞内氧化还原稳态的重要信号转导途径之一,可以消除细胞内ROS,并通过调节转运蛋白谷胱甘肽(GSH)和血红素氧合酶-1(HO-1)等抗氧化酶来抑制氧化应激。在生理条件下,Nrf2与Kelch样ECH关联蛋白1(KEAP1)结合,在细胞质中形成复合物。相反,在ROS或亲电基团等应激条件下,Nrf2与Keap1分离,更多的Nrf2进入细胞核与ARE结合并启动抗氧化基因的转录^[64]。

Nrf2/ARE信号通路在改善认知功能障碍动物的空间学习与记忆能力中发挥重要作用。白藜芦醇提高Nrf2及其下游靶基因的表达,降低海马神经元破坏、突触超微结构损伤、炎症因子和氧化应激相关指标的表达水平^[11]。芦丁通过Nrf2/HO-1通路抑制氧化应激和炎症反应^[17]。黄芪甲苷IV静脉给药可能通过调节Nrf2/Keap1/HO-1/醌氧化还原酶1(NQO1)通路,减轻氧化应激和神经炎症,改善T2DM小鼠的神经元损伤和认知功能障碍^[23]。夹竹桃麻素增强Nrf-2和HO-1蛋白的表达,缓解氧化应激和炎症反应^[30]。芒果苷和槲皮素均能激活HG培养的神元元的Nrf2/ARE通路,芒果苷可以提高乙二醛酶(Glo)-1活性和GSH的水平,槲皮素可以激活蛋白激酶C(PKC)、抑制GSK-3 β 、增强Glo-1功能,

改善神经元功能,发挥对糖尿病相关认知功能下降的保护作用^[65-66]。

综上所述,氧化应激是糖尿病认知障碍的重要发病机制,中药活性成分通过 Nrf2/ARE 信号通路,影响 HO-1 等抗氧化酶的表达,抑制氧化应激,改善糖尿病引起的神经元损伤和认知功能障碍。

2.6 其他 何首乌^[31]、栀子苷^[32]、芦荟苷^[33]、红景天苷^[34]、绞股蓝皂苷 LXXV^[35]等中药及其活性成分或提取物,滋肾丸方^[53]、补肾活血方^[54]、归脾汤^[55]、健脾清化方^[56]、黄连温胆汤^[57]等中药复方通过多种调控方式改善 DCD,具体情况见增强出版附加材料。

3 总结与展望

糖尿病是阿尔茨海默病(AD)的危险因素之一,可直接或间接促进认知障碍的发生。糖尿病患者发生认知障碍甚至痴呆的风险远高于正常人。流行病学研究表明,T2DM 患者经常会出现认知功能显著下降,其中大约 70% 最终发展为 AD^[67]。糖尿病引起认知功能障碍甚至痴呆的潜在原因包括中枢神经系统中 A β 异常沉积、Tau 过度磷酸化、氧化应激、胰岛素信号障碍、线粒体功能障碍、神经炎症、AGEs 等^[68]。这些因素也与 AD 发病密切相关,因此,有人称 AD 为“DM 脑病”或“3 型 DM”^[69-70]。在影像学上,与单纯 AD 患者相比,T2DM 患者的大脑皮层萎缩更为明显^[71]。认知障碍患者的自我管理能力和血糖控制不佳,进一步加重认知障碍,形成恶性循环,给患者带来长期困扰。

中药具有多成分、多靶点等优势,可以通过调控 PI3K/Akt、AGEs/RAGE/NF- κ B、NLRP3 炎症小体、内质网应激和 Nrf2/ARE 等信号通路发挥改善认知作用。LIU 等^[72]运用循证方法证实中药辅助治疗 T2DM 合并轻度认知损伤患者,可提高整体临床疗效,改善认知功能,降低中医症状评分及不良反应的发生,从而控制病情进展。值得关注的是“肠道菌群-肠-脑轴”是研究认知功能障碍的新兴方向^[73]。丹参酮 II_A、黄芪多糖、黄芪总黄酮、半夏泻心汤、复方丹参滴丸、滋肾丸方、滋补脾阴方等中药活性成分及中药复方均可以靶向肠道菌群改善 DCD^[74-79]。肠道菌群紊乱可能引起肠道激素水平改变、胰岛素抵抗、全身慢性炎症、免疫屏障损伤、BDNF 表达降低等,影响认知功能和学习记忆能力。

由于 DCD 起病隐匿且机制复杂,机制之间存在的关联性还有待阐明。目前尚无特异性治疗药物,相关研究主要集中于动物模型,需要开展更多高质量的临床试验,探讨 DCD 的具体发病机制和病理

生理特点及肠道菌群与认知障碍的关系,针对 A β 、Tau、BDNF、AGEs、PI3K 及炎症因子 IL-6、TNF- α 等生物标志物和危险因素进行早期干预和治疗,深入挖掘中医药防治糖尿病相关认知功能障碍新思路。

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