

# Amyloid-induced neuronal hyperactivity and -metabolism are associated with faster tau accumulation in Alzheimer's Disease

Sebastian Roemer-Cassiano<sup>1,2,3</sup> | Shaoshi Zhang<sup>4</sup> | Lisa Evangelista<sup>5</sup> |  
 Amir Dehsarvi<sup>3</sup> | Madleen Klonowski<sup>6</sup> | Lukas Frontzkowski<sup>3</sup> |  
 Boris-Stephan Rauchmann<sup>7,8,9,10</sup> | Anna Steward<sup>3</sup> | Anna Dewenter<sup>3</sup> | Davina Biel<sup>3</sup> |  
 Zeyu Zhu<sup>3</sup> | Fabian Hirsch<sup>3</sup> | Julia Pescoller<sup>11</sup> | Robert Perneczky<sup>7,8,9,12,13</sup> |  
 Maura Malpetti<sup>14</sup> | Carla Palleis<sup>9,13,15</sup> | Johannes Gnörich<sup>16</sup> | Michael Schöll<sup>17</sup> |  
 Martin Dichgans<sup>9,13,18</sup> | Sarah Jäkel<sup>19</sup> | Günter U Höglinder<sup>9,20,21</sup> |  
 Matthias Brendel<sup>9,21,22,23</sup> | Thomas Yeo<sup>24</sup> | Nicolai Franzmeier<sup>21,25,26</sup>

<sup>1</sup>Department of Neurology, University Hospital, LMU Munich, Munich, Bavaria, Germany

<sup>2</sup>Max Planck School of Cognition, Leipzig, Sachsen, Germany

<sup>3</sup>Institute for Stroke and Dementia Research (ISD), University Hospital, LMU Munich, Munich, Bavaria, Germany

<sup>4</sup>Yong Loo Lin School of Medicine, National University of Singapore, Singapore, Singapore

<sup>5</sup>Institute for Stroke and Dementia Research, LMU University Hospital, Munich, Germany

<sup>6</sup>Institute for Stroke and Dementia Research (ISD), University Hospital, LMU Munich, Munich, Germany

<sup>7</sup>Sheffield Institute for Translational Neuroscience, University of Sheffield, Sheffield, United Kingdom

<sup>8</sup>Department of Psychiatry and Psychotherapy, University Hospital, LMU Munich, Munich, Germany

<sup>9</sup>German Center for Neurodegenerative Diseases (DZNE), Munich, Germany

<sup>10</sup>Department of Neuroradiology, LMU University Hospital, Munich, Germany, Munich, Germany

<sup>11</sup>Institute for Stroke and Dementia Research (ISD), LMU University Hospital, Munich, Munich (Bavaria), Germany

## Abstract

**Background:** The link between amyloid ( $A\beta$ ) and tau accumulation in Alzheimer's disease (AD) is still unknown, hindering therapeutic efforts to attenuate the  $A\beta$ -tau axis. Preclinical studies demonstrated that  $A\beta$  promotes hyperexcitatory neuronal activity and that tau spreads trans-synaptically in an activity-dependent manner. We recently showed that tau spreads across connected brain regions, and that  $A\beta$ -related connectivity increases promote tau spreading (Roemer-Cassiano et al., 2024). Yet, it is unclear whether  $A\beta$ -related hyperconnectivity indeed represents hyperexcitatory neuronal activity. To test this, we combined resting-state fMRI, FDG-PET and post-mortem data, to determine whether  $A\beta$  promotes neuronal hyperactivity, thereby driving tau spread in AD.

**Methods:** We first assessed the effect  $A\beta$  on neuronal hyperactivity with a novel algorithm to estimate the excitatory to inhibitory (E/I) ratio applied to resting-state fMRI in 145 amyloid-negative controls and 441 amyloid-positive subjects across the AD spectrum, who also underwent amyloid-PET. Second, we used glucose metabolism (FDG-PET) as a marker of neuronal activity in 638 amyloid-positive AD spectrum patients, with a subset ( $n = 215$ ) of them having tau-PET at a later timepoint. Lastly, we analysed post-mortem data of 5 AD patients and 4 controls stained for c-Fos as a marker of ante-mortem neuronal activity.

**Results:** Resting-state fMRI-based E/I-ratio assessment in  $A\beta$ - controls showed biologically plausible stronger inhibition in association cortices (Figure 1A). In AD,

<sup>12</sup>Ageing Epidemiology (AGE) Research Unit, School of Public Health, Imperial College London, London, United Kingdom

<sup>13</sup>Munich Cluster for Systems Neurology (SyNergy), Munich, Germany

<sup>14</sup>Department of Clinical Neurosciences and Cambridge University Hospitals NHS Trust, University of Cambridge, Cambridge, United Kingdom

<sup>15</sup>Department of Neurology, Klinikum der Ludwig-Maximilians Universität München, Munich, Bavaria, Germany

<sup>16</sup>Department of Nuclear Medicine, University Hospital, LMU Munich, Munich, Germany

<sup>17</sup>University of Gothenburg, Gothenburg, Västra Götalands län, Sweden

<sup>18</sup>Institute for Stroke and Dementia Research (ISD), University Hospital, LMU, Munich, Germany

<sup>19</sup>Institute for Stroke and Dementia Research (ISD), LMU University Hospital, Munich, Germany

<sup>20</sup>Department of Neurology, Klinikum der Ludwig-Maximilians Universität München, Munich, Germany

<sup>21</sup>Munich Cluster for Systems Neurology (SyNergy), Munich, Bavaria, Germany

<sup>22</sup>Institute for Stroke and Dementia Research (ISD), University Hospital, LMU, Munich, Bavaria, Germany

<sup>23</sup>Department of Nuclear Medicine, University Hospital, LMU Munich, Munich, Bavaria, Germany

<sup>24</sup>Electrical and Computer Engineering, National University of Singapore, Singapore, Singapore

<sup>25</sup>University of Gothenburg, The Sahlgrenska Academy, Institute of Neuroscience and Physiology, Psychiatry and Neurochemistry, Gothenburg, Sweden

<sup>26</sup>Institute for Stroke and Dementia Research (ISD), LMU University Hospital, LMU, Munich, Bavaria, Germany

#### Correspondence

Sebastian Roemer-Cassiano, Department of Neurology, University Hospital, LMU Munich, Munich, Bavaria, Germany.

Email:

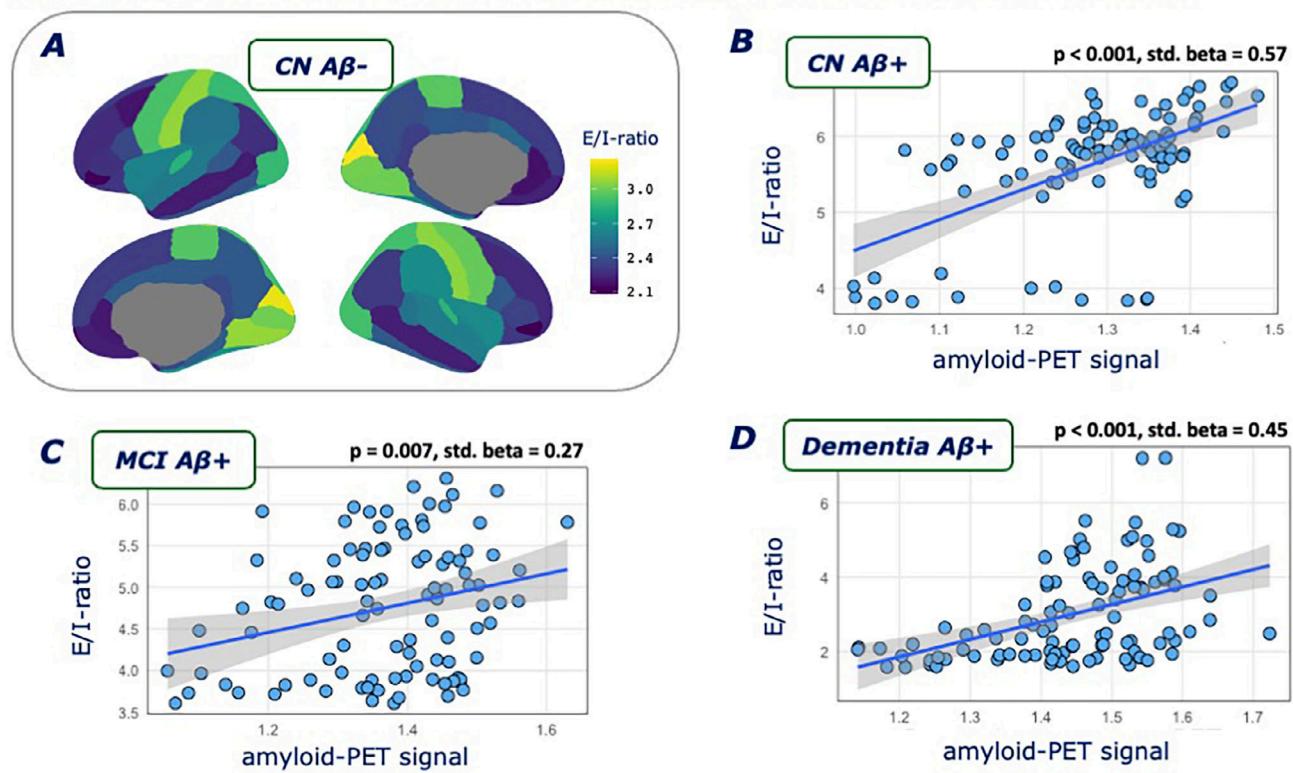
[sebastian.roemer@med.uni-muenchen.de](mailto:sebastian.roemer@med.uni-muenchen.de)

we found an association between higher amyloid-PET SUVRs and a higher E/I ratio, consistent across diagnostic groups (Figure 1B-D), indicative of A $\beta$ -associated hyperexcitatory neuronal activity. Second, we found within individuals, that higher regional amyloid-PET was linked to higher FDG-PET (correlation<sub>amyloid-PET vs. FDG-PET</sub>: 95% CI [0.37,0.40] *p*-value <0.001), suggesting higher neuronal activity in A $\beta$ - harbouring regions (Figure 2A). Similarly, we found post-mortem elevated neuronal c-Fos expression in AD brain tissue vs. controls, indicating higher ante-mortem neuronal activity (Figure 3G). Finally, we found that amyloid-PET-based prediction of subject-level future tau accumulation is improved when including regional FDG-PET (Figure 2B) and that FDG-PET-assessed hypermetabolism mediates subject-level effects of A $\beta$  on subsequent tau accumulation (Figure 2C).

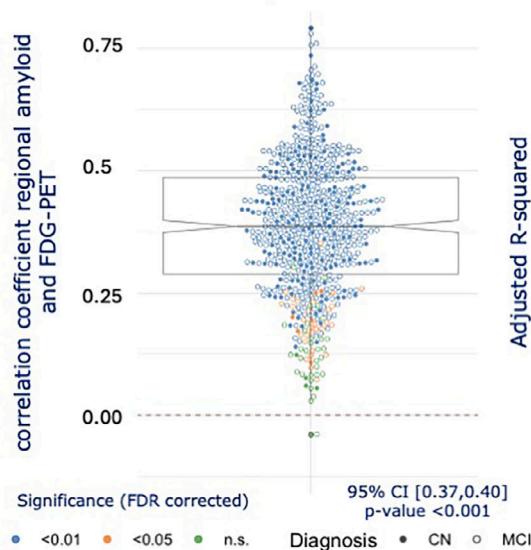
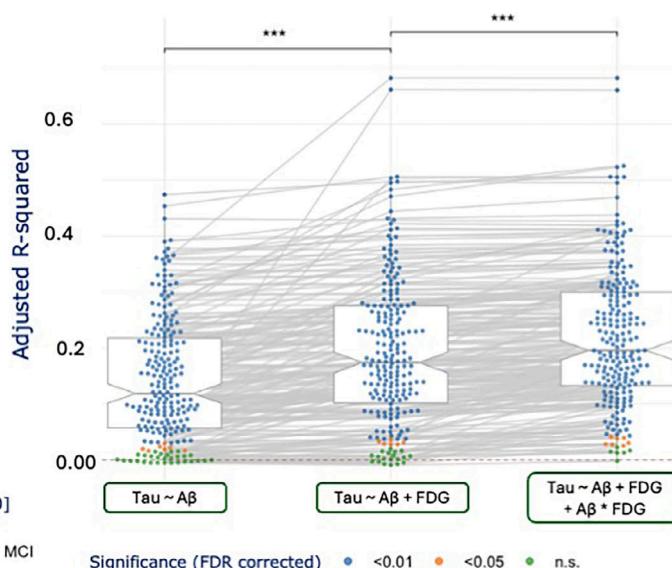
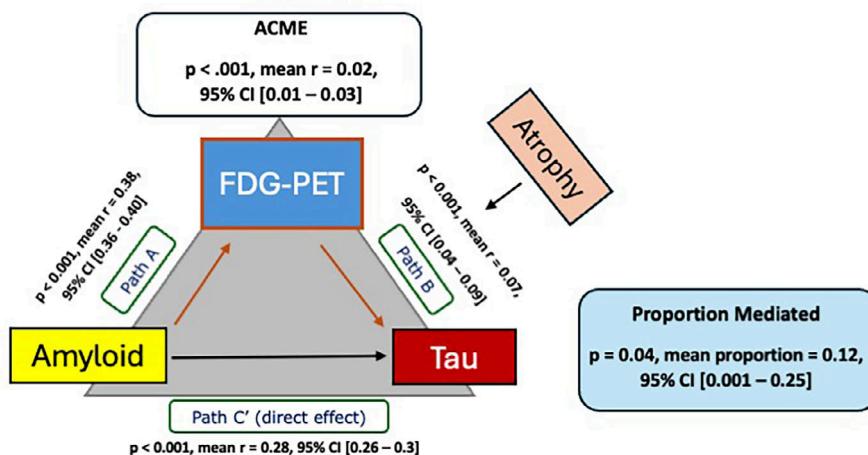
**Conclusions:** A $\beta$  promotes an hyper-excitatory shift in neuronal activity that manifests in glucose hypermetabolism which promotes A $\beta$ -related tau accumulation. Thus, A $\beta$ -associated neuronal hyper-excitability is a potential target for attenuating the Ab-tau axis in AD.

**Figure 1**

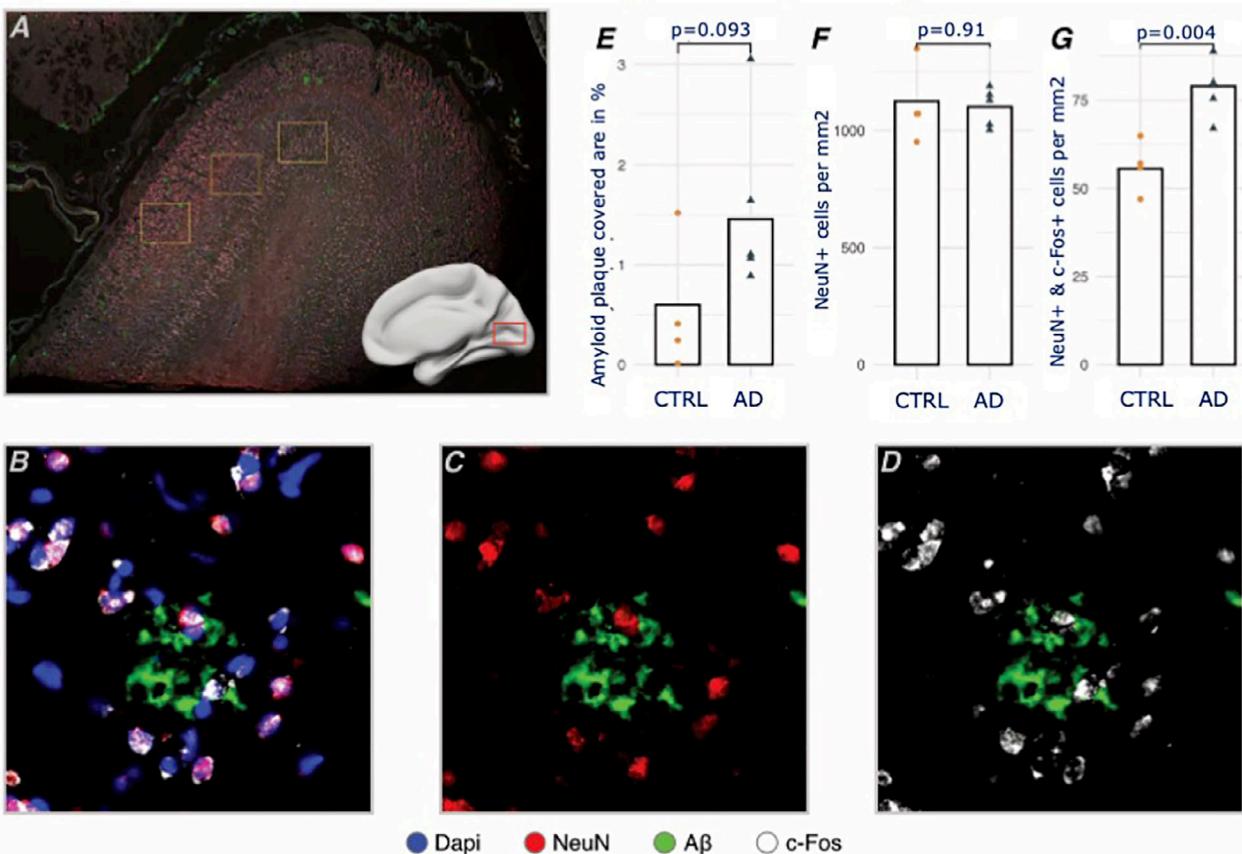
**Regional A $\beta$ -deposition and E/I-ratio are correlated across the AD spectrum**



**(A)** Surface rendering of the mean ROI-wise E/I-ratio estimation via the pFIC algorithm by Zhang et al., PNAS, 2024 in healthy controls; The distribution of the E/I-ratio in healthy controls matches biologically expected distributions (high in the occipital lobes, low in the frontal lobes), indicating biologically plausible E/I-ratio estimation by the pFIC algorithm; **(B-D)** Correlation analysis mean ROI-wise E/I-ratio estimation and regional amyloid- AV45-PET values across the Alzheimer's disease spectrum. Significantly positive correlations were found across all A $\beta$ + disease groups of the AD spectrum, indicating an excitatory shift in regions harbouring A $\beta$ . E/I-ratio estimation and amyloid-PET data was parcellated to the Schaefer 100 homotopic atlas by Yan et al 2023.

**Figure 2****A Regional A $\beta$ -deposition and glucose uptake are highly correlated across subjects****B Future tau accumulation is best predicted by A $\beta$ , FDG-PET and their interaction****C Effects of A $\beta$  on tau accumulation are mediated by A $\beta$ -mediated metabolic increases**

**(A)** Subject-wise correlation analysis of regional amyloid-PET signal in centiloid and regional FDG-PET signal. Overall, the correlation coefficients are significantly greater than zero (95% CI [0.37,0.40],  $p<0.001$ ), indicating an overall positive correlation between A $\beta$ -deposition and metabolism assessed via FDG-PET. **(B)** R-squared values of the model predicting future tau-PET signal based on centiloid, centiloid + FDG-PET and centiloid + FDG-PET + centiloid\*FDG-PET, showing a significant better prediction for the last model. **(C)** Bootstrapped mediation analysis yielding the effect of A $\beta$  on tau accumulation mediated by metabolism assessed via FDG-PET. The correlation of FDG-PET on tau is controlled for regional atrophy, based on MRI-assessed cortical thickness. The mean proportion mediated of the total effect of A $\beta$  on tau accumulation is 12% (95% CI [0.001-0.25],  $p=0.04$ ), indicating that the higher metabolism is a significant mediator of the influence of A $\beta$  on tau. All analysis were corrected for multiple testing using the False Discovery Rate (FDR) method. Average Causal Mediated Effect (ACME); All PET data was parcellated to the Schaefer 200 atlas.

**Figure 3****Post-mortem assessment of neuronal hyperactivity in AD patients vs. controls**

Post-mortem analyses of the occipital lobe of AD vs. control (CTRL) brains. **(A)** Overview of tissue stainings. **(B)** Merged image of Dapi (cell nuclei), NeuN (Neurons), A $\beta$  and c-Fos (marker of ante-mortem neuronal activity), **(C)** merged image of NeuN and A $\beta$  stainings and **(D)** merged image of A $\beta$  and c-Fos staining. Group differences in **(E)** A $\beta$ -Plaque area, indicating a greater amount of A $\beta$  pathology in the AD probes, **(F)** neuron count (i.e. NeuN), demonstrating the absence of significant neurodegeneration in the occipital lobe, and **(G)** the proportion of neurons with c-Fos positive signal. AD patients showed a significantly greater number of c-Fos positive neurons, indicating a higher ante-mortem neuronal activity in AD patients in the occipital lobes, where A $\beta$  is the dominant pathology.