

Alpha Retinal Ganglion Cell Dysfunction Precedes Vascular Dysfunction in a Mouse Model of Type 1 Diabetes

Introduction

Diabetic retinopathy (DR), a complication of diabetes, is the leading cause of blindness among working-age adults (CDC)

DR is diagnosed by changes to retinal blood vessels, but changes to retinal neurons may occur first

- Thinning of retinal layers, changes in function (van Dijk, 2011) (Adams, 2012)

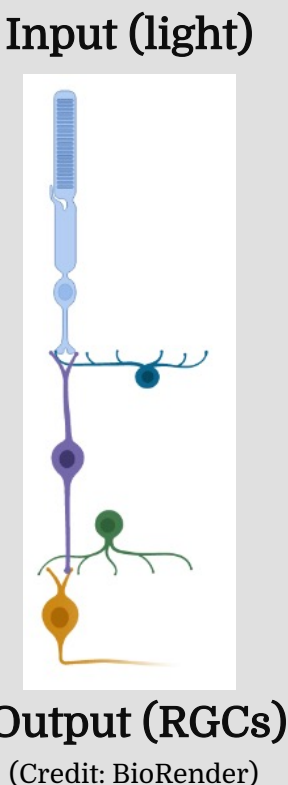
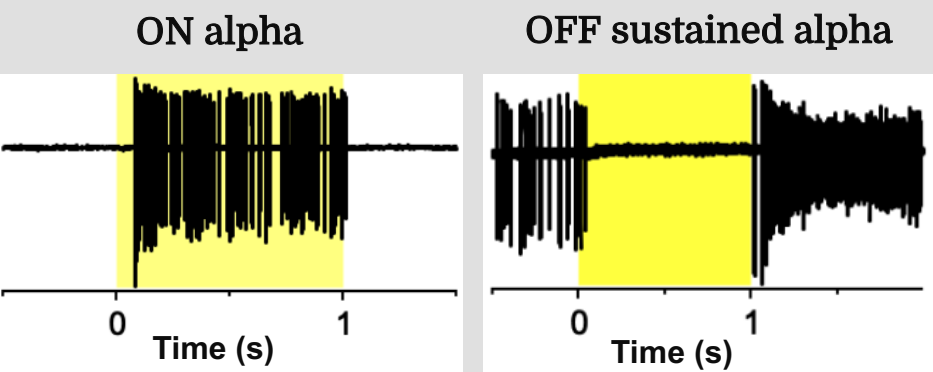
Retinal ganglion cells (RGCs) are the most likely neuron to show signs of damage

- Output neurons, indicate health of visual pathway
- Communicate visual features by firing spike trains in response to light stimuli (Goetz *et al*, 2021)

Specifically, alpha RGCs

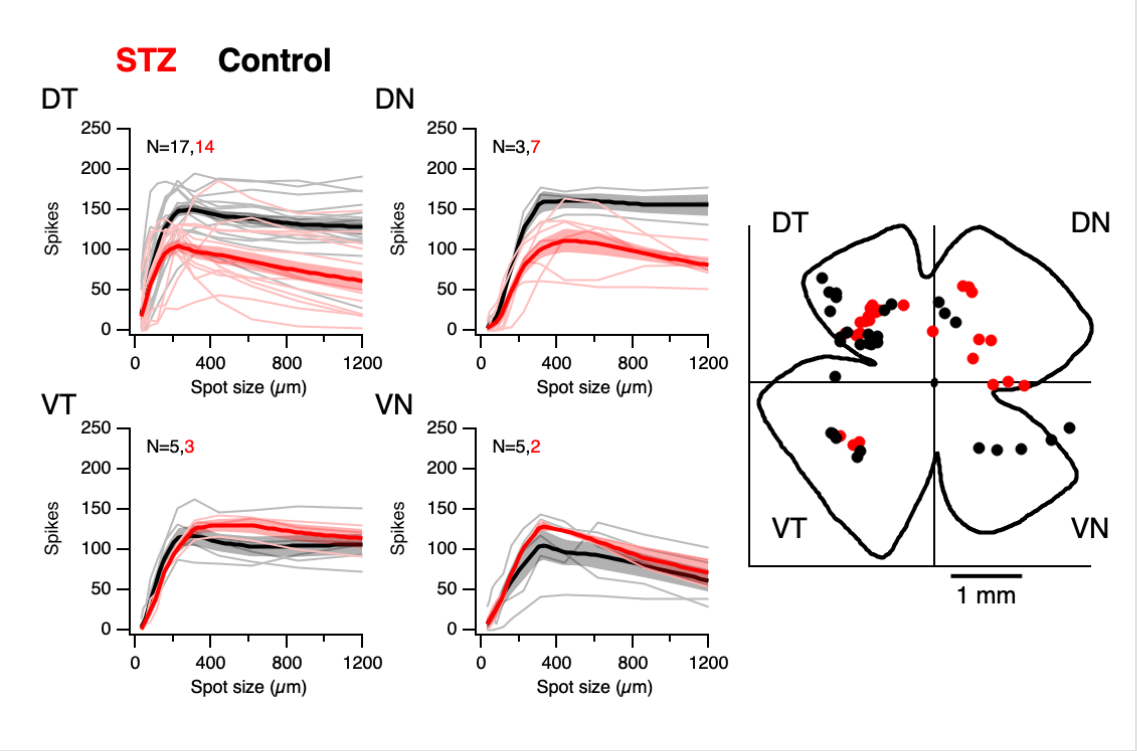
- Affected by other retinal diseases (Della, 2017)
- Weakened baseline firing and contrast responses in preliminary experiments (Schwartz, 2022)

Example light response traces. Yellow indicates duration of stimulus.
(Credit: Retinal Ganglion Cell Typology Project)

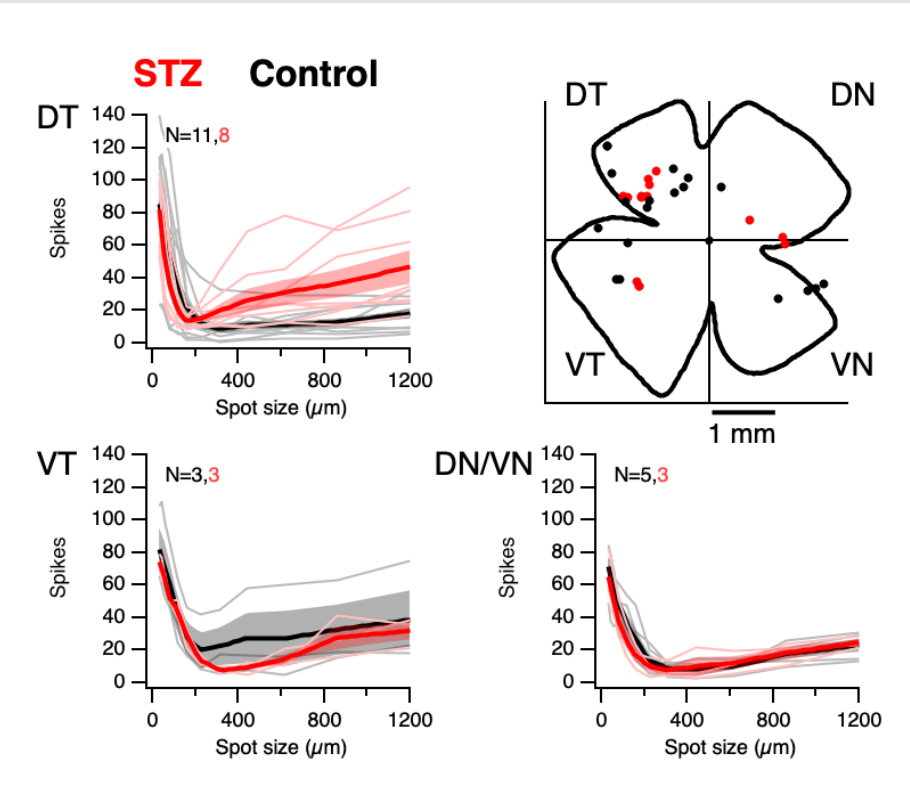


Results

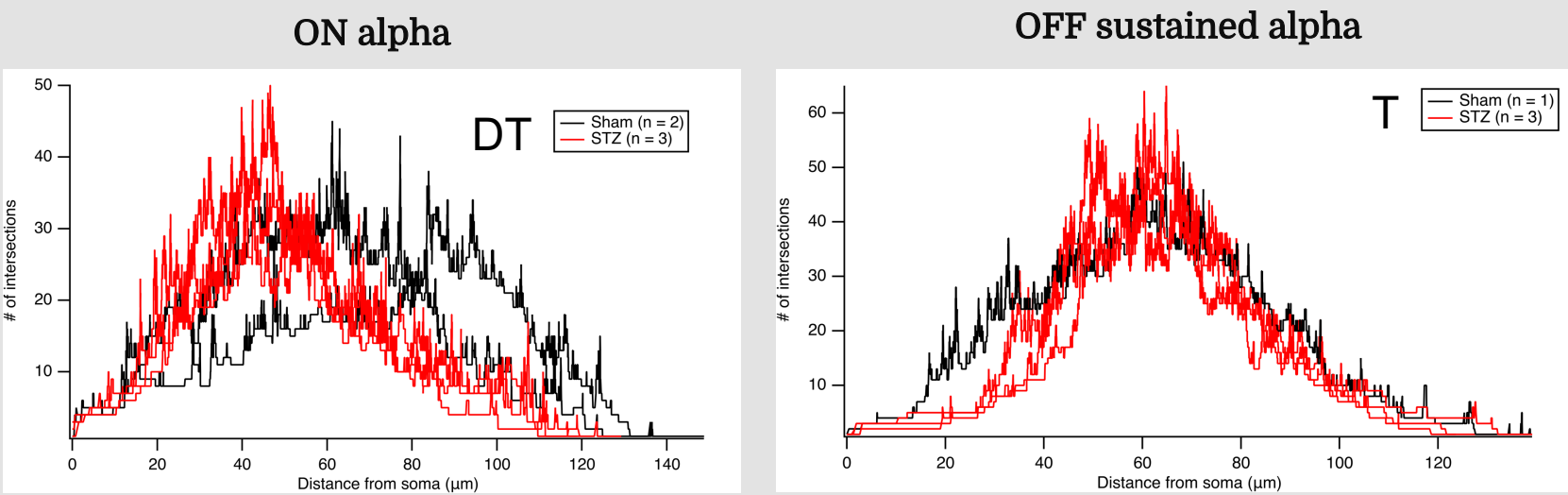
Diabetic DT and DN ON alphas have lower peak and avg. firing rates.



Diabetic DT OFF sustained alphas have higher baseline firing rates and less surround suppression.



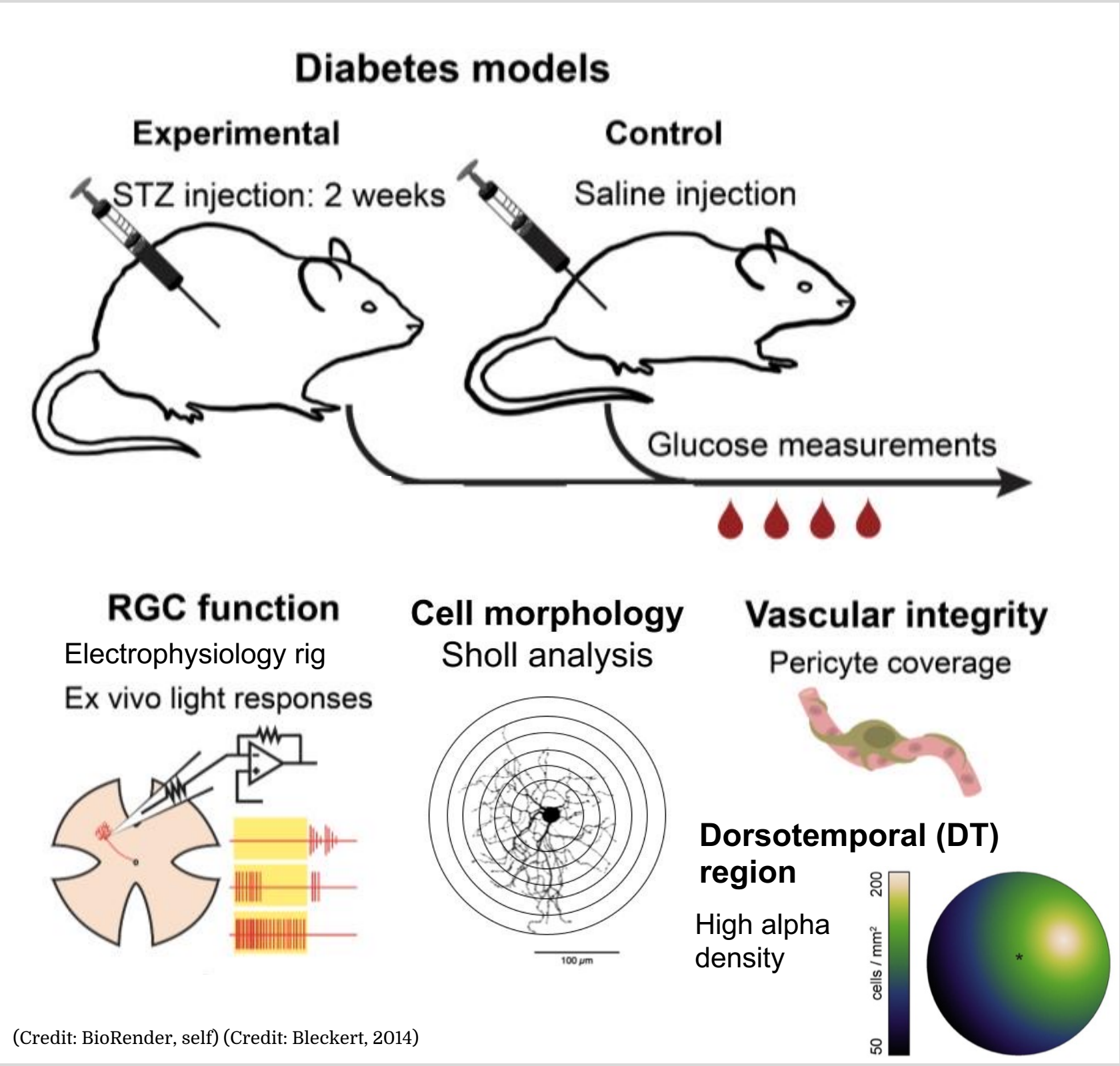
Diabetic DT ON alphas have smaller cell diameters. Diabetic OFF sustained alphas do not display changes in cell size.



Purpose

To identify the earliest detectable effects of diabetic retinopathy in the STZ mouse model by testing the function and morphology of ON and OFF sustained alpha RGCs.

Methodology



Conclusions

- Earliest evidence of neurodegeneration in DR
- Changes in firing rate and cell size
- May affect contrast vision
- Damage precedes vascular changes
- 2 weeks post-diabetes induction, vessels remain healthy

Future Research

- Determine if the cell itself is affected or if the input it receives is affected by DR
- Test other mouse models of diabetes
- Identify pharmacological targets for treatment

References

Bleckert, A., Schwartz, G. W., Turner, M. H., Rieke, F., & Wong, R. O.L. (2014). Visual space is represented by nonmatching topographies of distinct mouse retinal ganglion cell types. *Current Biology*, 24(3), 310-315. <https://doi.org/10.1016/j.cub.2013.12.020>

Della Santina, L., & Ou, Y. (2017). Who's lost first? Susceptibility of retinal ganglion cell types in experimental glaucoma. *Experimental Eye Research*, 158, 43-50. <https://doi.org/10.1016/j.exer.2016.06.006>

Goetz, J., Jessen, Z. F., Jacobi, A., Mani, A., Greer, D., Kadri, S., Segal, J., Shekhar, K., Sanes, J. R., & Schwartz, G. W. (2022). Unified classification of mouse retinal ganglion cells using function, morphology, and gene expression. *Cell Reports*, 40(2), 111040. <https://doi.org/10.1016/j.celrep.2022.111040>

Grimes, W. N., Schwartz, G. W., & Rieke, F. (2014). The synaptic and circuit mechanisms underlying a change in spatial encoding in the retina. *Neuron*, 82(2), 460-473. <https://doi.org/10.1016/j.neuron.2014.02.037>

Kern, T. S., & Engerman, R. L. (1996). A mouse model of diabetic retinopathy. *Archives of Ophthalmology*, 114(8), 986-990. <https://doi.org/10.1001/archoph.11996.01100140194013>

Kolb, H. (2003). How the retina works. *American Scientist*, 91, 28-35. <https://webvision.med.utah.edu/wp-content/uploads/2011/01/2003-01Kolb.pdf>

Kwan, C. C., & Fawzi, A. A. (2019). Imaging and biomarkers in diabetic macular edema and diabetic retinopathy. *Current Diabetes Reports*, 19(10), 95. <https://doi.org/10.1007/s11892-019-1226-2>

Scholl, D. A. (1953). Dendritic organization in the neurons of the visual and motor cortices of the cat. *Journal of Anatomy*, 87(4), 387-406. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1244622/>

Schwartz, G. W. (2021, March 25). *Retinal Ganglion Cell Typology Project*. <http://rgctypes.org>

Vision Loss and Age. (n.d.). Centers for Disease Control and Prevention. <https://www.cdc.gov/visionhealth/risk/age.htm#:~:text=Additionally%2C%20diabetes%20affects%20this%20age,%2Dage%20group%2020%E2%80%9374.>