Therapeutic Use of Intravenously Administered Nicotinamide Adenine Dinucleotide Tabitha Block, M.S. and Jonathann Kuo, M.D.

Nicotinamide adenine dinucleotide (NAD) is well-known as an electron carrier in redox reactions and has recently been studied extensively due to emerging knowledge about its role in intracellular signaling pathways. As an essential cofactor and substrate involved in a wide variety of key processes ranging from oxidative phosphorylation and ATP production to immunological functions and cell survival^{1, 2}, NAD has been suggested as a possible therapeutic target for the control of multiple pathological diseases including age-associated disorders, neurodegenerative diseases, and mental disorders³.

Levels of NAD+, the oxidized form of NAD, decline across multiple tissues with age as a result of excessive DNA damage from free radical accumulation or ultraviolet exposure. This systemic decrease results in altered metabolic states and increased disease susceptibility. It has been predicted that restoring NAD+ levels can promote general health and even extend the human lifespan. This hypothesis has prompted many recent studies, many of which have shown NAD+ supplementation to increase the body's resilience to many different diseases¹.

A host of different NAD+ supplementation methods have been studied to date, including oral supplementation of NAD precursors such as vitamin B_3^4 , nicotinamide riboside (NR), nicotinamide mononucleotide (NMN), and nicotinamide¹. However, as opposed to supplementation via oral means, intravenous administration of nutrients is known to result in higher serum concentrations⁵. In addition, attempts to increase the levels of available NAD+ via the ingestion of NAD precursors is highly dependent on enzyme-limited synthesis pathways². Thus, physician-guided intravenous NAD+ supplementation is believed to provide a more direct and effective approach of resolving NAD+ decline.

The family of NAD+-dependent enzymes called sirtuins play a central role in the translation of NAD+ levels to the regulation of key cellular processes like metabolism, DNA repair, stress response, or chromatin remodeling³. The deacetylase properties of sirtuins mediate broad functions involved in the regulation of aging and longevity. In mammals, there are seven sirtuin families, SIRT1-7, that function in various subcellular compartments. The activation of sirtuins generally triggers transcriptional pathways that enhance metabolic efficiency and upregulate resistance to oxidative stress⁶. By increasing antioxidant activity and activating DNA damage repair proteins, sirtuins have been shown to promote longevity in organisms ranging from yeast to mice and to mitigate diseases of aging in murine models⁷. Poly-ADP-ribose polymerases (PARPs) compose another category of enzymes that consume NAD+ and repair DNA strand breaks in the nucleus⁸.

CONDITIONS BENEFITING FROM NAD+

Depression

Depression is a complex mood disorder that is associated with pathologies like inflammation, synaptic dysfunction, metabolic syndrome, and cognitive deficit. The modulation of sirtuin activity has been studied as a promising approach to prevent the development of depression⁹, and a few possible mechanisms of sirtuin activity have been implicated: (1) SIRTs have been shown to suppress proinflammatory markers that are typical of patients with depression such as interleukin (IL)-6, tumor necrosis factor (TNF)- α , and C-reactive protein¹⁰; (2) SIRTs might regulate insufficient levels of neurotransmitters commonly seen in depression by modulating their expression, secretion, and uptake^{11, 12, 13}; and (3) SIRT1 improves synaptic plasticity in depressive states⁹. It has been shown that defects in SIRT1 activity can be reversed by supplementation with NAD precursors¹⁴, suggesting that the manipulation of sirtuins via NAD may be a therapeutic solution for depression.

Pain Syndromes and Inflammation

Every pain syndrome is associated with a set of inflammatory mediators. Thus, the key to treating conditions associated with pain is thought to lie in understanding their inflammatory profiles and subsequently inhibiting or suppressing the production of inflammatory mediators¹⁵. At Hudson Medical Group, conditions such as arthritis, back and neck pain, fibromyalgia, migraine, neuropathic pain, complex regional pain syndrome (CRPS), bursitis, shoulder pain, and many more are treated by limiting inflammation in affected areas. There is growing evidence that NAD is involved in anti-inflammatory processes. Studies performed by Elhossan et al. linked oral supplementation of NR to depressed circulating levels of inflammatory cytokines such as IL-6, IL-5, IL-2, and TNF- α^{16} . Further, in murine models, treatment with NMN for time periods as low as one week caused a reduction in the expression of TNF α and IL-6 in skeletal muscle¹⁴.

Skeletal Muscle Function

Many previous studies report a progressive, age-dependent decline in oxidative phosphorylation efficiency in skeletal muscle¹⁷. Mitochondrial dysfunction of this form manifests as muscle atrophy and inflammation, as well as impaired insulin signaling and glucose uptake. In studies performed by Gomes et al., treatment of old mice with NAD+ precursors dramatically improved muscle function by increasing mitochondrial efficiency, increasing ATP production, reducing inflammation and influencing muscle composition¹⁴. Similarly, improving mitochondrial function has been demonstrated to increase oxidative metabolism in muscle, thereby increasing endurance, thermogenic capacity, and recovery from muscle injury¹⁸. NR also increases the quantity and quality of muscle stem cells (MuSC) and enhances muscle regeneration in elderly mice models by preventing MuSC senesence¹⁹. For individuals affected by muscular dystrophy,

supplementation of NR is known to improve mobility and reduce the percentage of detached muscle fibers in *C. elegans* and zebrafish models, respectively^{20, 21}.

Longevity and Aging

A steady decline in total NAD+ levels over time is a common phenomenon that occurs naturally for all organisms³. This decrease parallels a progressive decline in mitochondrial function that leads to various age-related pathologies¹⁷. Considering the vital role of NAD+ in oxidative phosphorylation and mitochondrial homeostasis, it follows that restoring NAD+ levels in diseased and aged animals can extend productive lifespan. In models of mice with accelerated aging phenotypes, raising NAD+ levels has also been shown to be effective in extending lifespan. Treatment of elderly mice was shown to extend median lifespan by up to 58% in some studies. This increased lifespan was associated with many physiological improvements such as improved mitochondrial and stem cell function^{19, 22}. Supplementation of NAD precursors initiated at a younger age has been observed to increase activity, improve insulin sensitivity, and yield greater bone-density, ultimately delaying aging and age-related physical decline²³.

A hallmark of aging is a decrease in neuronal function and impaired cognitive behaviors, often manifested as neurodegenerative disorders such as Alzheimer's disease. Administration of NAD precursors such as NMN and NR has been demonstrated to be effective in improving multiple aspects of neurodegenerative disease. For example, various studies have reported that NMN improves mitochondrial respiration, electrophysiological deficits, and neural stem cell proliferation and renewal². The ability of NAD+ supplementation to restore health and extend lifespan in old and diseased animals is suggestive of the fact that this molecule is critical to achieve "productive aging" in humans³.

1. Braidy, Nady, and Yue Liu. "NAD+ therapy in age-related degenerative disorders: A benefit/risk analysis." *Experimental gerontology* vol. 132 (2020): 110831. doi:10.1016/j.exger.2020.110831

2. Rajman, Luis et al. "Therapeutic Potential of NAD-Boosting Molecules: The In Vivo Evidence." *Cell metabolism* vol. 27,3 (2018): 529-547. doi:10.1016/j.cmet.2018.02.011

3. Johnson, Sean, and Shin-Ichiro Imai. "NAD + biosynthesis, aging, and disease." *F1000Research* vol. 7 132. 1 Feb. 2018, doi:10.12688/f1000research.12120.1

4. Radenkovic, Dina et al. "Clinical Evidence for Targeting NAD Therapeutically." *Pharmaceuticals (Basel, Switzerland)* vol. 13,9 247. 15 Sep. 2020, doi:10.3390/ph13090247

5. Blanchard J, Tozer TN, Rowland M. Pharmacokinetic perspectives on megadoses of ascorbic acid. Am J Clin Nutr 1997;66:1165-1171.

6. Imai, S et al. "Transcriptional silencing and longevity protein Sir2 is an NAD-dependent histone deacetylase." Nature vol. 403,6771 (2000): 795-800. doi:10.1038/35001622

7. Revollo, Javier R et al. "The NAD biosynthesis pathway mediated by nicotinamide phosphoribosyltransferase regulates Sir2 activity in mammalian cells." *The Journal of biological chemistry* vol. 279,49 (2004): 50754-63. doi:10.1074/jbc.M408388200

8. Imai, Shin-ichiro, and Leonard Guarente. "NAD+ and sirtuins in aging and disease." Trends in cell biology vol. 24,8 (2014): 464-71. doi:10.1016/j.tcb.2014.04.002

9. Song, Juhyun, and Jongpil Kim. "Role of Sirtuins in Linking Metabolic Syndrome with Depression." *Frontiers in cellular neuroscience* vol. 10 86. 31 Mar. 2016, doi:10.3389/fncel.2016.00086

10. Raison, Charles L et al. "Cytokines sing the blues: inflammation and the pathogenesis of depression." *Trends in immunology* vol. 27,1 (2006): 24-31. doi:10.1016/j.it.2005.11.006

11. Prud'homme, Gérald J et al. "GABA protects pancreatic beta cells against apoptosis by increasing SIRT1 expression and activity." *Biochemical and biophysical research communications* vol. 452,3 (2014): 649-54. doi:10.1016/j.bbrc.2014.08.135

12. Shih, Jennifer et al. "Loss of SIRT4 decreases GLT-1-dependent glutamate uptake and increases sensitivity to kainic acid." *Journal of neurochemistry* vol. 131,5 (2014): 573-81. doi:10.1111/jnc.12942

13. Gareri, Pietro et al. "The role of citicoline in cognitive impairment: pharmacological characteristics, possible advantages, and doubts for an old drug with new perspectives." *Clinical interventions in aging* vol. 10 1421-9. 3 Sep. 2015, doi:10.2147/CIA.S87886

14. Gomes, Ana P et al. "Declining NAD(+) induces a pseudohypoxic state disrupting nuclear-mitochondrial communication during aging." *Cell* vol. 155,7 (2013): 1624-38. doi:10.1016/j.cell.2013.11.037

15. Omoigui, Sota. "The biochemical origin of pain: the origin of all pain is inflammation and the inflammatory response. Part 2 of 3 - inflammatory profile of pain syndromes." *Medical hypotheses* vol. 69,6 (2007): 1169-78. doi:10.1016/j.mehy.2007.06.033

16. Elhassan, Yasir S et al. "Nicotinamide Riboside Augments the Aged Human Skeletal Muscle NAD+ Metabolome and Induces Transcriptomic and Anti-inflammatory Signatures." *Cell reports* vol. 28,7 (2019): 1717-1728.e6. doi:10.1016/j.celrep.2019.07.043

17. Lanza, Ian R, and K Sreekumaran Nair. "Mitochondrial function as a determinant of life span." *Pflugers Archiv : European journal of physiology* vol. 459,2 (2010): 277-89. doi:10.1007/s00424-009-0724-5

18. Cantó, Carles et al. "The NAD(+) precursor nicotinamide riboside enhances oxidative metabolism and protects against high-fat diet-induced obesity." *Cell metabolism* vol. 15,6 (2012): 838-47. doi:10.1016/j.cmet.2012.04.022

19. Zhang, Hongbo et al. "NAD⁺ repletion improves mitochondrial and stem cell function and enhances life span in mice." *Science (New York, N.Y.)* vol. 352,6292 (2016): 1436-43. doi:10.1126/science.aaf2693

20. Ryu, Dongryeol et al. "NAD+ repletion improves muscle function in muscular dystrophy and counters global PARylation." *Science translational medicine* vol. 8,361 (2016): 361ra139. doi:10.1126/scitranslmed.aaf5504

21. Goody, Michelle F et al. "NAD+ biosynthesis ameliorates a zebrafish model of muscular dystrophy." *PLoS biology* vol. 10,10 (2012): e1001409. doi:10.1371/journal.pbio.1001409

22. North, Brian J et al. "SIRT2 induces the checkpoint kinase BubR1 to increase lifespan." *The EMBO journal* vol. 33,13 (2014): 1438-53. doi:10.15252/embj.201386907

23. Mills, Kathryn F et al. "Long-Term Administration of Nicotinamide Mononucleotide Mitigates Age-Associated Physiological Decline in Mice." *Cell metabolism* vol. 24,6 (2016): 795-806. doi:10.1016/j.cmet.2016.09.013