

AMPK在运动防治帕金森病中的作用

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摘要 帕金森病(Parkinson's disease, PD)是一种常见的中老年神经系统退行性疾病,在严重损害患者自身日常活动功能的同时也带来了巨大的社会和医疗负担。AMP活化蛋白激酶(AMP-activated protein kinase, AMPK)是生物能量代谢的关键调节分子,其功能调控与PD的病理进程密切相关。运动作为一种非药物干预手段,能够有效激活AMPK及其下游的复杂信号网络,通过减轻线粒体功能障碍、促进自噬清除和抗氧化应激等多条途径,在多巴胺(dopamine, DA)能神经元保护中发挥关键作用。因此,该文对AMPK在运动防治PD中的作用进行综述,为深入理解运动防治PD的分子机制提供新的视角,也为开发以AMPK为靶点的PD干预策略奠定理论基础。

关键词 运动; 帕金森病; AMPK

The Role of AMPK in the Prevention and Treatment of Parkinson's Disease by Exercise

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Abstract PD (Parkinson's disease) is a common neurodegenerative disorder in middle-aged and elderly individuals, which not only severely impairs the patients' daily functional abilities but also imposes a significant social and medical burden. AMPK (AMP-activated protein kinase) is a key regulatory molecule in bioenergy metabolism, and its functional regulation is closely related to the pathological process of PD. Exercise, as a non-pharmacological intervention, can effectively activate AMPK and its downstream complex signaling networks, playing a key role in the protection of DA (dopamine) neurons by alleviating mitochondrial dysfunction, promoting autophagic clearance, and resisting oxidative stress through multiple pathways. Therefore, this paper reviews the role of AMPK in exercise-based prevention and treatment of PD, providing new perspectives for a deeper understanding of the molecular mechanisms underlying exercise interventions in PD and laying a theoretical foundation for developing AMPK-targeted PD intervention strategies.

Keywords exercise; Parkinson's disease; AMPK

帕金森病(Parkinson's disease, PD)是一种与衰老密切相关的神经退行性疾病。研究数据显示,我国现有PD患者已超500万,从全球范围看,国内PD的发病人数、患病人数及致死人数分别约占全球总数的38.08%、43.14%与23.71%^[1]。PD的主要病理特征为中脑黑质致密部(substantia nigra pars compacta,

SNpc)多巴胺(dopamine, DA)能神经元的变性死亡和以 α -突触核蛋白(alpha-synuclein, α -Syn)为主要成分的细胞内路易小体(Lewy body, LB)的形成,这些病理变化最终导致运动迟缓、肌强直、静止性震颤等神经肌肉功能障碍^[2]。目前的治疗手段以药物和手术为主,常用药物左旋多巴剂量难以控制且易引发运动并发症,手术治疗侵入性强、适应证有严格限定,仅少数患者受益。因此,探索新的治疗靶点成为PD研究领域的关键方向。

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AMP活化蛋白激酶(AMP-activated protein kinase, AMPK)作为一种重要的能量传感器,在调节细胞能量稳态和代谢中起着核心作用^[3]。PD涉及线粒体功能障碍、蛋白质稳态失衡、神经炎症等多重病理过程,而AMPK恰好位于这些通路的交汇点,能同时调控线粒体生物合成与清除、启动泛素-蛋白酶体与自噬-溶酶体系统并调节炎症小体活性^[4]。近年来,运动作为一种非药物干预手段在PD管理中的价值日益凸显。研究表明,规律运动不仅能增强PD患者的运动功能和平衡能力,还能在一定程度上延缓PD进展^[5]。模型动物研究显示,运动能有效减轻PD所引发的行为及运动功能障碍^[6]。运动作为干预PD的有效非药物手段,其背后的分子机制研究取得了显著进展。运动可通过诱导自噬、减轻线粒体功能障碍以及抑制神经炎症与细胞凋亡等,发挥神经保护作用,进而延缓PD进展^[7]。因此,随着机制研究不断深入,AMPK的核心地位日益凸显。首先,AMPK是运动信号的特异性解码器,运动诱导的即时性能量消耗导致细胞内AMP/ATP值升高,这是激活AMPK最直接的生理性路径。研究表明,运动对PD模型动物的诸多益处,如诱导自噬、减轻线粒体功能障碍以及抗氧化应激等,均在AMPK被抑制后显著减弱或消失,证明激活AMPK是不可或缺的启动神经保护作用的环节^[8]。其次,AMPK具备全局性的调控能力。有证据表明,运动可能通过激活AMPK信号通路,进而调控多种下游靶点,发挥对DA能神经元的保护作用^[9]。因此,该文对AMPK在运动防治PD中的作用进行综述,为深入理解运动防治PD的分子机制提供新的视角,也为开发以AMPK为靶点的PD干预策略奠定理论基础。

1 AMPK

AMPK是一种在进化中高度保守的丝氨酸/苏氨酸激酶,它作为关键的代谢感受器,在细胞及整体水平上调控能量平衡^[10]。AMPK是一种由 α 、 β 和 γ 亚基构成的异源三聚体,其中 α 亚基有 $\alpha 1$ 和 $\alpha 2$ 两种亚型, β 亚基有 $\beta 1$ 和 $\beta 2$ 亚型, γ 亚基则有 $\gamma 1$ 、 $\gamma 2$ 和 $\gamma 3$ 亚型,每个亚基都在复合体的结构和功能中扮演着不同角色。催化性 α 亚基包含负责底物磷酸化的激酶结构域,而 β 亚基介导复合物组装^[11]。AMPK的 γ 亚基能够感知细胞内AMP、ADP与ATP的相对浓度变化,进而诱导 α 亚基发生构象改变,促进上

游激酶对 α 亚基的磷酸化并激活AMPK,该亚基包含4个胱硫醚- β -合成酶(cystathionine- β -synthase, CBS)结构域,其中CBS1、CBS3和CBS4是AMP/ADP/ATP的结合位点^[12]。这种分子结构能够通过双重机制实现精确的激酶活性调节。在能量耗尽条件(以AMP/ADP升高和ATP减少为特征)下,AMP/ADP与 γ 亚基结合可诱导 α 亚基发生构象改变,暴露激酶活性位点;相反,在营养充足条件下,ATP竞争性结合CBS结构域,有效抑制激酶活化并防止不必要的能量消耗^[13]。AMPK的激活依赖于其 α 亚基Thr172位点的磷酸化。该过程受到严格调控,由不同的上游激酶介导,以响应各异的细胞刺激。在代谢应激状态下,能量剥夺可激活肝激酶B1(liver kinase B1, LKB1),进而磷酸化AMPK^[14]。当细胞内 Ca^{2+} 水平升高时,钙信号经由钙/钙调蛋白依赖性蛋白激酶激酶 β (calcium/calmodulin-dependent protein kinase kinase β , CaMKK β)介导,进而启动AMPK的激活过程。半胱氨酸双加氧酶1型(cysteine dioxygenase type 1, Cdo1)通过将钙/钙调蛋白依赖性蛋白激酶II(calcium/calmodulin-dependent protein kinase II, CaMKII)与AMPK连接起来促进AMPK的激活^[15-16]。在炎症或氧化应激过程中,TGF β 活化激酶1(TGF β -activated kinase 1, TAK1)介导AMPK的磷酸化^[17]。这种多层调控系统使AMPK能够整合多样的细胞应激信号,精确控制下游代谢途径,维持细胞能量平衡。在葡萄糖代谢中,AMPK可促进细胞中葡萄糖的摄取,其机制主要涉及两方面:一是促进葡萄糖转运蛋白4(glucose transporter 4, GLUT4)易位至质膜,二是同时激活磷酸果糖激酶-1(phosphofructokinase-1, PFK-1)^[18]。在脂质代谢中,AMPK通过磷酸化乙酰辅酶A羧化酶(acetyl-CoA carboxylase, ACC)使其失活,从而抑制脂肪酸的合成,进而防止脂质过度蓄积^[19]。在蛋白稳态和自噬的调节中,AMPK表现出双重调控作用:一方面,它通过在营养压力下抑制依赖哺乳动物雷帕霉素靶蛋白复合物1(mammalian target of rapamycin complex 1, mTORC1)的翻译过程来维持能量平衡^[20];另一方面,它通过直接磷酸化核心自噬调节因子unc-51样自噬激活激酶1(unc-51 like autophagy activating kinase 1, ULK1)和BECN1,正向调控自噬通量^[21]。此外,AMPK通过协调线粒体生物合成、动力学(融合/裂变)和线

粒体自噬维持线粒体完整性^[22]。

2 AMPK与PD

2.1 AMPK与PD中的线粒体功能障碍

细胞代谢依赖于被称为线粒体的细胞器,线粒体通过氧化磷酸化(oxidative-phosphorylation, OXPHOS)过程提供能量。OXPHOS会产生ROS,其过度产生会对线粒体功能产生负面影响。线粒体功能障碍导致细胞ATP生成减少,从而诱导ROS过量产生;而过量的ROS又会进一步加重线粒体功能障碍,形成恶性循环^[23]。AMPK对能量耗竭反应中的细胞内能量代谢至关重要,由此推测AMPK对线粒体稳态有显著影响。线粒体生物发生的主要调节因子之一是过氧化物酶体增殖物激活受体 γ 共激活因子1(peroxisome proliferator-activated receptor gamma coactivator 1, PGC-1)家族,其主要成员PGC-1 α 是AMPK的关键靶点。AMPK通过激活PGC-1 α ,进而激活线粒体转录因子A(mitochondrial transcription factor A, TFAM),从而促进线粒体DNA的复制和转录,推动线粒体生物发生。此外,AMPK通过促进线粒体融合,以PGC-1 α 依赖的方式促进形成广泛且高度分支的线粒体网络^[24]。研究显示,PD会导致PGC-1及其下游负责调控细胞生物能量和线粒体生物发生的基因表达水平下降^[25]。有趣的是,PGC-1的过度表达可以防止由 α -Syn过表达或鱼藤酮诱导的损伤引起的DA能神经元死亡,从而改善PD病理症状^[26]。越来越多的研究发现,激活AMPK的治疗策略能够发挥神经保护作用,从而延缓PD进展。研究发现,在1-甲基-4-苯基-1,2,3,6-四氢吡啶(1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine, MPTP)诱导的PD模型小鼠中,电针能够通过激活沉默信息调节因子1(sirtuin 1, SIRT1)/AMPK信号通路来减轻线粒体功能障碍,进而减缓PD的病理进程^[27]。另有研究表明,薯蓣皂苷元衍生物ML5处理能显著上调MPTP诱导的PD模型小鼠体内AMPK的表达,从而恢复线粒体网络形态,抑制线粒体裂变,产生神经保护作用^[28]。AMPK还通过调控目标蛋白的直接磷酸化和相关基因的转录来增强线粒体功能^[29]。线粒体自噬是一种通过清除受损线粒体并同时促进新的线粒体生物合成,从而维持线粒体网络质量与数量的生理过程^[30]。通过对ULK1的磷酸化,AMPK能够促进自噬体的形成并引导受损线粒体进入溶酶体来促进线粒体自噬^[31]。AMPK的激活还通过磷酸化线粒体裂变因子

(mitochondrial fission factor, MFF)并激活动力蛋白相关蛋白-1(dynamain-related protein-1, DRP-1),将线粒体分裂与线粒体自噬联系起来,从而维持细胞能量稳态与线粒体健康。研究显示,在MPTP诱导的PD小鼠模型中,桑色素能够激活AMPK通路,进而促进线粒体自噬调控因子转录因子EB(transcription factor EB, TFEB)的核转位,激活后的AMPK通过ULK1通路介导相关效应,减轻MPTP对DA能神经元的毒性损伤,同时减轻模型小鼠的行为学障碍^[32]。

2.2 AMPK与PD中的氧化应激

线粒体电子传递链是ROS的主要来源,细胞依赖抗氧化机制来防止ROS引起的损伤并维持线粒体的氧化还原稳态,正常细胞功能的维持以及对代谢应激的适应,有赖于对线粒体产生的ROS水平的调节。神经元中过量自由基产生和氧化还原平衡受损导致对关键细胞成分的损伤,这会促使黑质DA能神经元退化^[31]。AMPK通过激活SIRT1/PGC-1 α /叉头框蛋白O1(forkhead box protein O1, FOXO1)信号轴,上调包括谷胱甘肽过氧化物酶(glutathione peroxidase, GPx)、超氧化物歧化酶(superoxide dismutase, SOD)及过氧化氢酶(catalase, CAT)等在内的多种内源性抗氧化酶的表达,进而有效减少ROS的生成^[31]。AMPK被抑制后,线粒体中ROS水平会随之升高,进而增强ROS对细胞的毒性作用。核因子E2相关因子2(nuclear factor erythroid 2-related factor 2, Nrf2)维持氧化还原平衡并保护细胞免受氧化损伤。Nrf2通常在无压力条件下位于胞质中,但在暴露于氧化应激时其会转移到细胞核中。一旦与抗氧化反应元件结合,它会激活多种抗氧化酶[包括血红素加氧酶-1(heme oxygenase-1, HO-1)、SOD和GPx]的表达,帮助清除自由基。AMPK还能通过磷酸化Nrf2促进其核转位,进而降低ROS水平、抑制氧化应激^[33]。因此,激活AMPK通路可能作为抑制PD中氧化应激的一种治疗方法。研究发现,在MPTP诱导的PD模型小鼠中,健脾益肾通络方治疗可通过激活AMPK/Nrf2通路促进HO-1的表达,具体表现为纹状体酪氨酸羟化酶(tyrosine hydroxylase, TH)、p-AMPK、Nrf2和HO-1蛋白表达水平显著上调,模型小鼠在爬杆实验和悬挂实验中的行为学显著改善^[34]。

2.3 AMPK与PD中的神经炎症

小胶质细胞是中枢神经系统中主要的常驻免疫细胞,可分为M1和M2亚型。M2表型具有抗炎和

细胞保护特性,对于维持中枢神经系统稳态至关重要。小胶质细胞被激活后,M2亚型会转化为M1亚型,M1亚型已知具有细胞毒性和促炎作用^[35]。有证据显示,慢性炎症会导致AMPK功能失调,而AMPK活性的增强则有助于小胶质细胞向抗炎M2型极化^[36]。当大脑炎症加剧时,血脑屏障的结构和功能完整性会受损,导致其通透性增加,使得活性氧和一氧化氮(nitric oxide, NO)等有害物质易于渗透,进而造成更严重的损伤^[37]。在6-羟基多巴胺(6-hydroxydopamine, 6-OHDA)诱导的PD模型中,促炎性细胞因子如IL-1、IL-6、TNF- α 和INF- γ 的水平升高,而抗炎性细胞因子IL-10的含量减少,这表明免疫系统失调并且中枢神经系统发生炎症^[38]。此外,AMPK在大脑中抑制核因子- κ B(nuclear factor-kappa B, NF- κ B)的活化,从而抑制炎症反应^[39-40]。在MPTP诱导的PD模型小鼠中,利拉鲁肽被证明可以调节AMPK/NF- κ B通路,从而改善PD相关运动症状,保护DA能神经元,并减少黑质中活化的小胶质细胞^[41]。AMPK调节炎症的另一个途径是AMPK/SIRT1信号通路。据报道,吡啶-3-甲醇可激活AMPK/SIRT1通路,减轻PD模型小鼠的神经系统炎症^[42]。此外,AMPK还通过抑制NADPH氧化酶(NADPH oxidase, NOX)介导的ROS生成以及减少诱导型一氧化氮合酶(inducible nitric oxide synthase, iNOS)介导的NO生成来减轻炎症^[43]。

2.4 AMPK与PD中的自噬失衡

自噬是一种将废物、细胞成分和大分子转运到溶酶体进行分解和吞噬的过程^[44]。自噬障碍是PD的病因之一,导致 α -Syn在脑内蓄积。最近的一项研究表明,天然黄酮类化合物tricin可以通过AMPK/mTOR途径减少自噬和促进自噬相关基因-7(autophagy-related gene-7, ATG-7)依赖的 α -Syn清除^[45]。有证据表明,AMPK通过磷酸化激活ULK1,从而抑制mTORC1的活性,阻断其对ULK1的抑制作用,进而促进ULK1介导的自噬降解过程^[46]。在PD模型中,二甲双胍与白藜芦醇均能通过调节AMPK相关通路诱导自噬,发挥神经保护作用。其中,EL-GHAIESH等^[47]研究发现,在鱼藤酮诱导的PD模型小鼠中,二甲双胍能够激活AMPK/FOXO3通路,改善小鼠在旋转棒和爬杆测试中的运动功能,并显著增加黑质和纹状体区域TH阳性神经元的数量;而白藜芦醇则通过激活AMPK并抑制mTOR活性来诱导自噬,进而表现出

神经保护特性^[48]。此外,CAO等^[49]研究证实,激活AMPK/mTOR/ULK1通路可通过促进钠钾-ATP酶依赖性自噬,减轻 α -Syn诱导的神经病理变化及认知运动功能障碍,在PD中发挥神经保护作用。因此,靶向AMPK以激活自噬通路,是一个极具前景的PD治疗研发方向。

综上,PD的发生与发展涉及多种因素,包括自噬异常、线粒体功能障碍、氧化应激及神经炎症等。AMPK通过调控线粒体稳态、自噬、氧化应激及炎症等关键过程,从而有助于改善PD的相关病理。因此,AMPK为PD治疗的研究提供了新的思路,AMPK及其相关信号通路可能是PD的潜在治疗靶点。

3 AMPK在运动防治PD中的作用

研究表明,在人类PD脑样本中AMPK活性显著降低^[50]。AMPK敲除小鼠的DA能神经元数量显著减少,小鼠表现出运动功能障碍,而AMPK过表达则保护了DA能神经元免受体内 α -Syn积累的毒性作用^[51]。运动可导致体内能量供需状态发生改变,伴随AMP/ATP值上升以及ROS产生增多,在这一过程中,ATP的大量消耗会引起细胞内AMP水平升高,进而触发AMPK的活化。运动作为一种非药物干预手段,能够有效激活AMPK,通过减轻线粒体功能障碍、增强自噬清除和减少氧化应激等多条途径,在DA能神经元保护中发挥关键作用,进而延缓PD进展。

3.1 运动激活AMPK改善线粒体功能

线粒体的质量控制依赖于线粒体生物生成、动力学(融合/分裂)与自噬三者的协同作用。线粒体生物生成负责产生新的线粒体及其组分,由生物生成调控因子[(如SIRT3、SIRT1、AMPK、PGC-1 α 、核呼吸因子-1(nuclear respiratory factor-1, NRF-1)、NRF-2和TFAM)]控制。在线粒体中,PGC-1 α 和NRF-1、NRF-2与TFAM结合以激活线粒体DNA的复制、转录和翻译。线粒体融合将多个线粒体合并成大的线粒体,由内膜的视神经萎缩蛋白-1(optic atrophy protein-1, OPA-1)和外膜的线粒体融合蛋白-2(mitofusin-2, MFN-2)调控;当线粒体受损时,DRP-1会促进线粒体分裂,将功能障碍的线粒体分离出来,以便通过自噬途径清除。在自噬过程中,核心信号蛋白[如PTEN诱导的假定激酶1(PTEN induced putative kinase 1, PINK1)、E3泛素蛋白连接酶Parkin、自噬衔接蛋白p62]在功能障碍的线粒体膜

上过度表达,从而招募自噬相关因子[(如自噬相关蛋白 Beclin-1和微管相关蛋白1轻链3II(microtubule-associated protein 1 light chain 3 II, LC3II)]形成自噬体^[52]。研究发现,通过激活PGC-1 α , AMPK促进线粒体生物合成,激活TFAM,从而促进线粒体DNA的转录和复制^[53]。在能量应激条件下, AMPK通过磷酸化MFF发挥作用,进而将胞质中的DRP-1招募至线粒体外膜,最终促进线粒体的分裂过程,这一机制主要依赖于AMPK对MFF的磷酸化激活^[54]。REZAEI等^[57]研究发现,16周的跑步机训练(每天25~50 min,每周5天,速度:15~21 m/min)可使6-OHDA诱导的PD模型大鼠线粒体功能障碍显著减轻,具体表现为纹状体AMPK和PGC-1 α 的mRNA表达和蛋白表达水平均显著上调,SIRT1和TFAM的mRNA和蛋白水平也均显著升高。AMPK作为关键的能量感应器,其激活能上调PINK1与Parkin的表达,从而增强线粒体自噬。HWANG等^[55]研究表明,8周的跑步机训练(每天40 min,每周5天,速度:上升至15 m/min后再下降)可使MPTP诱导的PD模型小鼠运动协调功能障碍显著减轻,黑质和纹状体 α -Syn表达水平显著降低,具体表现为PINK1和Parkin表达水平显著上调,p62表达水平显著下调。

3.2 运动激活AMPK促进自噬

自噬的启动主要由ULK1驱动,而mTORC1抑制ATG-13的磷酸化会导致ULK1复合体活性下降,从而最终抑制自噬^[56]。而AMPK通过磷酸化激活ULK1,以此启动自噬降解,并抑制mTORC1的活性^[57]。LC3II被广泛视为自噬体形成的关键标志物,其表达水平常用于量化自噬活性。除LC3II外,其他自噬相关蛋白如接头蛋白p62、Beclin1及溶酶体相关膜蛋白2(lysosome-associated membrane glycoprotein 2, LAMP2)的表达变化,也可作为评估自噬通量的辅助指标。最终,成熟的自噬体通过与溶酶体膜融合形成自噬溶酶体,其中包裹的底物在酸性溶酶体酶的作用下降解,完成物质的回收利用。KOO等^[58]研究发现,持续8周的跑步机训练(每天40~60 min,每周5天,速度:10~12 m/min)可通过增加MPTP诱导的PD模型小鼠的自噬流来降低 α -Syn表达水平,从而减轻模型小鼠的运动障碍,具体表现为Beclin-1和LC3II表达水平显著升高,p62表达水平显著降低。JANG等^[59]研究表明,对MPTP诱导的PD模型小鼠实施为期8周的中等强度跑步

机训练(每天60 min,每周5天,速度:10 m/min),结果发现,训练后模型小鼠的运动协调能力得到提升,表现为转棒跌落潜伏期显著延长;在分子层面上,黑质 α -Syn的表达水平显著下调,自噬被激活,即Beclin1和LC3II的表达均显著上调,而p62表达水平下降;同时,溶酶体生物生成标志物LAMP2的表达水平显著升高。

3.3 运动激活AMPK抗氧化应激

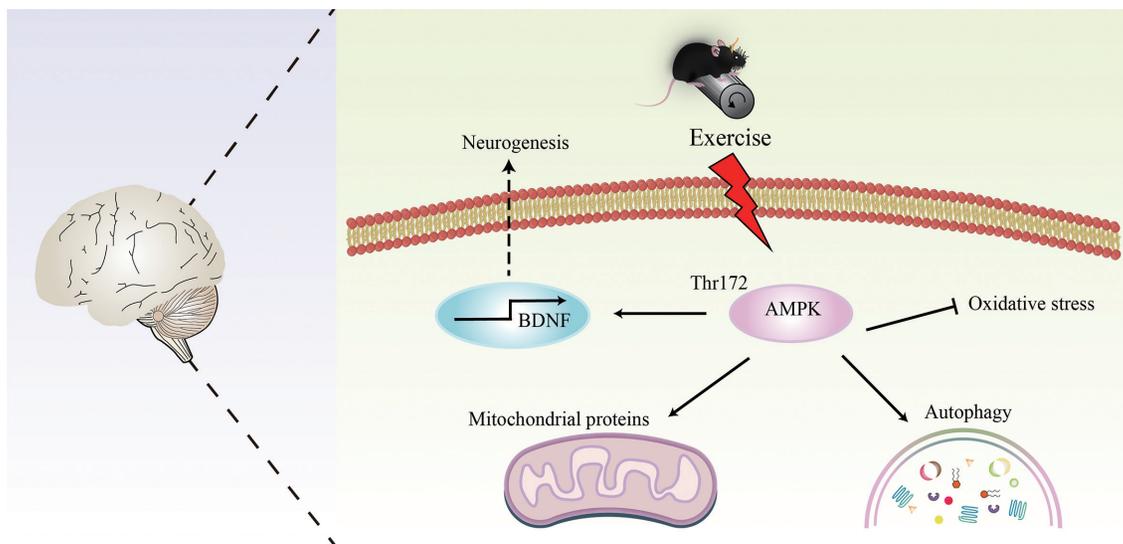
相关研究显示,ROS的积累可激活AMPK;使用AMPK激活剂处理后,线粒体内ROS水平随之降低,这一过程源于AMPK通过激活下游因子PGC-1 α ,进而诱导包括CAT、SOD等在内的多种抗氧化基因表达上调;相反,在AMPK或PGC-1 α 缺陷的细胞中,线粒体ROS水平显著升高^[31]。以上结果说明,ROS积累可通过AMPK触发依赖于PGC-1 α 的抗氧化应答。张浩洋^[60]研究表明,对MPTP诱导的PD模型小鼠实施为期6周的高强度间歇游泳训练(每次15 min,每周3次,运动强度为80%~95%最大心率),能显著改善其运动协调能力与非运动症状,行为学测试结果显示,模型小鼠在旷场中央区活动时间显著延长,十字迷宫开臂停留时间显著延长,旋转棒停留时间显著延长以及步距长度显著增加;组织学分析进一步表明,模型小鼠黑质区神经元数量显著增多,形态明显改善;氧化应激检测发现,谷胱甘肽(glutathione, GSH)和SOD表达显著下调;利用免疫荧光和免疫印迹技术发现模型小鼠黑质中TH、p-AMPK、SIRT1、PGC-1 α 蛋白表达显著上调。

综上所述,运动可能通过上调AMPK表达水平,激活AMPK及其相关信号通路,进而通过减轻线粒体功能障碍、促进自噬清除异常蛋白、减轻氧化应激等介导PD相关行为功能障碍的缓解(图1)。

4 小结与展望

AMPK在运动防治PD中扮演着不可或缺的“分子枢纽”角色。运动可能通过调控AMPK信号通路减轻PD行为功能障碍。

目前大多数相关研究局限于动物模型,临床证据相对匮乏。未来需要更多人体研究,检测PD患者运动前后AMPK活性的变化,探索其作为生物标志物的潜力。此外,何种运动方案能最有效且安全地激活AMPK,进而产生最佳神经保护效果,仍需系统探索。



虚线箭头: 间接促进作用; 实线箭头: 直接促进作用; T型箭头: 抑制作用。

Dashed arrow: indirect promoting effect; solid arrow: direct promoting effect; T-shaped arrow: inhibitory effect.

图1 AMPK在运动防治PD中的作用

Fig.1 Effect of AMPK in exercise prevention and treatment of PD

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