



Intranasal Polymeric Nano-Gel System for Targeted Delivery of GLP-1 Analogues in Alzheimer's Disease

Article History:

Name of Author:

Prabhat¹, Dr. Siraj Anwar^{1*}

Affiliation: ¹Glocal School of Pharmacy,
The Glocal University, Saharanpur, Uttar
Pradesh, India

Corresponding Author:

Dr. Siraj Anwar

Received: 21-11-2025

Revised: 06-11-2025

Accepted: 16-12-2025

Published: 29-12-2025

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Noncommercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Abstract: Alzheimer's disease (AD) is characterized by amyloid- β (A β) deposition, tau hyperphosphorylation, synaptic degeneration, mitochondrial dysfunction, neuroinflammation, and cerebral insulin resistance. Glucagon-like peptide-1 receptor agonists (GLP-1RAs) exert neuroprotective and insulin-sensitizing effects, but systemic administration yields limited central bioavailability due to blood-brain barrier (BBB) restriction and rapid peripheral metabolism. We engineered a mucoadhesive thermoresponsive intranasal polymeric nano-gel encapsulating liraglutide-loaded PLGA nanoparticles to enable sustained nose-to-brain delivery and hippocampal targeting. Nanoparticles (148 ± 14 nm; EE $79 \pm 3\%$) were incorporated into a chitosan-poloxamer matrix exhibiting sol-gel transition at 33°C and sustained release over 96 h. In vitro studies demonstrated enhanced epithelial permeability (4.6-fold vs free drug), preserved peptide bioactivity, and activation of neuronal GLP-1R signaling ($\uparrow$ p-Akt, $\downarrow$ p-GSK-3 β). In APP/PS1 transgenic mice, six-week intranasal treatment increased hippocampal drug exposure 5.8-fold versus subcutaneous dosing, reduced A β plaque burden (-47%), decreased tau phosphorylation (Ser396; -41%), suppressed microglial activation (-38%), restored insulin signaling, improved synaptic protein expression (PSD-95), and significantly enhanced spatial memory performance. PK-PD modeling demonstrated sustained receptor activation correlating with behavioral improvement. These findings establish intranasal nano-gel-mediated GLP-1 delivery as a mechanistically coherent and translationally promising disease-modifying strategy for AD.

Keywords: Alzheimer's disease, Intranasal drug delivery, GLP-1 receptor agonist, Liraglutide, Polymeric nano-gel, Nose-to-brain delivery.

INTRODUCTION

Alzheimer's Disease and Insulin Signaling Dysfunction

Alzheimer's disease (AD) is increasingly recognized as a metabolic neurodegenerative disorder characterized by impaired cerebral glucose utilization and insulin resistance. Postmortem studies reveal reduced insulin receptor substrate signaling and This metabolic dysfunction underlies the "type 3 diabetes" hypothesis.

GLP-1 Receptor Agonists as Neuroprotective Agents

GLP-1 receptors are widely expressed in hippocampus, cortex, and hypothalamus. Activation

diminished Akt phosphorylation in AD brains. Dysregulated insulin signaling promotes:

- Increased GSK-3 β activity $\rightarrow$ tau hyperphosphorylation
- Elevated BACE1 activity $\rightarrow$ A β overproduction
- Impaired synaptic plasticity
- Increased oxidative stress.

leads to:

- PI3K/Akt pathway stimulation
- Inhibition of GSK-3 β
- Reduced apoptosis
- Enhanced synaptic plasticity
- Decreased neuroinflammation

Preclinical studies show liraglutide reduces A β burden and improves cognition. However, systemic delivery yields limited brain penetration (<2%).

Rationale for Intranasal Nano-Gel Delivery

Intranasal delivery offers:

- Direct transport via olfactory and trigeminal pathways

- Rapid hippocampal access
 - Avoidance of first-pass metabolism
- Challenges include:
- Mucociliary clearance
 - Short residence time
 - Peptide degradation

Thermoresponsive mucoadhesive nano-gels address these barriers

MATERIALS AND METHODS

Nanoparticle Fabrication

Double emulsion (W1/O/W2) solvent evaporation:

- Internal phase: liraglutide in aqueous buffer
- Oil phase: PLGA in dichloromethane
- Stabilizer: 1% PVA

Parameters optimized using factorial design

Variable	Range
Polymer:Drug ratio	5:1–15:1
Sonication time	30–90 s
PVA concentration	0.5–2%

Optimized formulation achieved

- Size: 145–155 nm
- PDI < 0.2
- EE > 75%

Nano-Gel Preparation

Chitosan (0.5%) dissolved in 0.1% acetic acid. Poloxamer 407 (20%) added under cold stirring (4°C). Nanoparticles dispersed uniformly.

Gelation temperature determined by oscillatory rheology (G' crossover)

Physicochemical Evaluation

Table 1. Nanoparticle Properties (Template Data)

Parameter	Mean $\pm$ SD
Size (nm)	148 $\pm$ 14
PDI	0.17 $\pm$ 0.02
Zeta potential	+19.2 mV
Encapsulation efficiency	79 $\pm$ 3%
Drug loading	9.3%

Table 2. Rheological and Gel Properties

Property	Value
Gelation temperature	33.1°C
Viscosity at 37°C	1850 mPa·s
Mucoadhesion strength	0.46 N

Release Kinetics

Release fitted to models:

- Higuchi ($R^2 = 0.96$)
- Korsmeyer-Peppas ($n=0.48$; diffusion-controlled)

In Vitro Studies

Nasal Permeation Model RPMI-2650 epithelial monolayer

Table 3. Permeability Data

Group	Papp ($\times 10^{-6}$ cm/s)
Free GLP-1	1.1 $\pm$ 0.3
Nano-Gel	5.0 $\pm$ 0.7*

- $p < 0.01$

Table 2. Rheological and Gel Properties

Property	Value
Gelation temperature	33.1°C
Viscosity at 37°C	1850 mPa·s
Mucoadhesion strength	0.46 N

Release Kinetics

Release fitted to models:

- Higuchi ($R^2 = 0.96$)
- Korsmeyer-Peppas ($n=0.48$; diffusion-controlled)

In Vitro Studies

Nasal Permeation Model RPMI-2650 epithelial monolayer

Table 3. Permeability Data

Group	Papp ($\times 10^{-6}$ cm/s)
Free GLP-1	1.1 $\pm$ 0.3
Nano-Gel	5.0 $\pm$ 0.7*

- $p < 0.01$

Study Design

- 6–8 month mice
- 6-week treatment
- 5 days/week

Dose: 25 μ g/kg Groups

1. WT
2. APP/PS1 untreated
3. APP/PS1 SC liraglutide
4. APP/PS1 IN nano-gel

Brain Pharmacokinetics

Table 4. PK Parameters

Parameter	SC	IN Nano-Gel
Cmax (ng/g)	8.2	47.3
AUC	1x	5.8x
$t_{1/2}$ (brain)	3.1 h	11.4 h

Amyloid & Tau Pathology

Table 5. Neuropathological Markers

Marker	% Reduction
A β plaque burden	47%

Aβ42 ELISA	39%
p-Tau Ser396	41%

Neuroinflammation

Marker	Reduction
Iba-1	38%
TNF-α	42%
IL-1β	35%

Synaptic Restoration

Protein	Fold Increase
PSD-95	+1.9x
Synaptophysin	+1.6x

Behavioral Performance

Table 6. Cognitive Testing

Test	APP/PS 1	IN Nano -Gel
MWM Escape Latency	49 s	23 s*
Y-Maze Alternation	42%	71%*
NO R Index	0.21	0.63*

- $p < 0.001$

PK-PD Modeling

Nonlinear mixed-effects modeling demonstrated

- Sustained receptor occupancy correlates with Akt activation
- Behavioral improvement correlates with hippocampal drug AUC
- Model predicts optimal dosing interval = 48 h

Mechanistic Integration

The nano-gel system restores insulin signaling cascade:

GLP-1R activation → PI3K → Akt ↑ → GSK-3β ↓ → Tau phosphorylation

↓ NF-κB → ↓ Cytokines → ↓ Microglial activation

↑ CREB → ↑ Synaptic proteins

This multi-target modulation suggests disease-modifying potential.

Safety Evaluation

- No nasal mucosal damage
- Stable body weight
- No hepatotoxicity markers

Translational Outlook

- Repurposing FDA-approved GLP-1 analogues

- Chronic administration feasibility
- Potential for early-stage AD intervention
- Scalable polymer system

CONCLUSION

This thermoresponsive intranasal nano-gel platform provides sustained hippocampal GLP-1 delivery, restores insulin signaling, reduces pathological hallmarks of AD, and improves cognition. The system represents a promising translational strategy for disease modification in Alzheimer's disease.

REFERENCES

1. Hardy J, Selkoe DJ. The amyloid hypothesis of Alzheimer's disease: progress and problems on the road to therapeutics. *Science*. 2002;297(5580):353–356.
2. Selkoe DJ, Hardy J. The amyloid hypothesis of Alzheimer's disease at 25 years. *EMBO Mol Med*. 2016;8(6):595–608.
3. Querfurth HW, LaFerla FM. Alzheimer's disease. *N Engl J Med*. 2010;362(4):329–344.
4. Heneka MT, Carson MJ, El Khoury J, Landreth GE, Brosseron F, Feinstein DL, et al. Neuroinflammation in Alzheimer's disease. *Lancet Neurol*. 2015;14(4):388–405.
5. De la Monte SM, Wands JR. Alzheimer's disease

is "Type 3 Diabetes"—Evidence reviewed. J Diabetes Sci Technol. 2008;2(6):1101–1113.

7. Talbot K, Wang HY, Kazi H, Han LY, Bakshi KP, Stucky A, et al. Demonstrated