Description

Title of Invention: AGENT FOR PREVENTING OR TREATING BRAIN ATROPHY

Technical Field

[0001]

The present invention relates to an agent for preventing or treating brain atrophy, comprising 1-(3-(2-(1-benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol or a salt thereof as an active ingredient.

Background Art

[0002]

Dementia is a neurodegenerative disease with significantly reduced cognitive function caused by, for example, brain atrophy and/or cerebrovascular disorder. Dementia is classified into some types by its cause, and 60% to 80% of the patients with dementia suffers from Alzheimer's disease (AD) (Non Patent Literature 1). The pathogenesis of AD is complicated, and the cause is considered to be the formation of senile plaques due to coagulation of amyloid-β protein (Aβ) or neurofibrillary changes caused by coagulation of phosphorylated Tau protein (p-Tau) (Non Patent Literature 2). The number of patients with AD in Japan is estimated to be about more than 1,160,000. The incidence is higher in advanced age, and thus with the aging of society, the number of patients is expected to increase rapidly, causing a greater burden on patients' family and a sharp rise in medical and nursing care expenses in the future (Non Patent Literatures 3, 4). Thus, treatment of AD is important for not only preventing patients' quality of life from decreasing and reducing burden on their family thereafter, but also reducing medical expenses in the future aging society.

Symptoms of dementia include core symptoms of cognitive impairment and peripheral symptoms such as problem behaviors seen when patients with cognitive impairment interact with people around them (Non Patent Literature 5). At present four agents are used as an agent for treating AD in Japan: donepezil hydrochloride, galantamine hydrobromide, and rivastigmine, which are acetylcholinesterase inhibitors, and memantine hydrochloride which is

a N-methyl-D-aspartate receptor antagonist. These are all capable of reducing core symptoms or peripheral symptoms. However, these drugs are symptomatic drugs which improve core symptoms or peripheral symptoms for a certain period of time, and do not suppress neurodegeneration in AD. Although these drugs are temporally effective in improving cognitive function at the beginning of use, the cognitive function usually becomes worse than cognitive function before the treatment, after about 48 weeks or more (Non Patent Literature 6).

[0003]

1-(3-(2-(1-benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol (hereinafter referred to as "Compound A") or a salt thereof is known to have neuroprotective, nerve regeneration-promoting and neurite outgrowth actions, and be useful as a therapeutic agent for central and peripheral neurological diseases (Patent Literature 1). Furthermore, a publication discloses that usually the drug may be administered to an adult in a dose or divided doses of 0.01 to 500 mg per day (Patent Literature 2).

Prior Art Literatures

Patent Literature

[0004]

Patent Literature 1: International Publication No. WO 2003/035647

Patent Literature 2: International Publication No. WO 2003/105830

Non-Patent Literature

[0005]

Non Patent Literature 1: 2012 Alzheimer's Disease Facts and Figures. (http://www.alz.org/downloads/facts_figures_2012.pdf)

Non Patent Literature 2: YAKUGAKU ZASSHI, 2010, Vol. 130, No. 4, pp. 521-526

Non Patent Literature 3: Japanese Journal of Clinical Medicine, 2008, Vol. 66 (Extra ed. 1), pp. 23-27

Non Patent Literature 4: Press Release by Seed Planning (December 28, 2010) (http://www.seedplanning.co.jp/press/2010/2010122801.html)

Non Patent Literature 5: Japanese Journal of Clinical Psychopharmacology, 2011, Vol. 14, No. 7, pp. 1123-1129

Non Patent Literature 6: Japanese Journal of Clinical Psychopharmacology, 2012, Vol. 15, No. 3, pp. 311-321

Summary

[0005a]

In one aspect, the present disclosure refers to a use of an agent comprising 1-(3-(2-(1-benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol or a salt thereof as an active ingredient in the manufacture of a medicament for preventing or treating brain atrophy in a human patient with a neurodegenerative disease with brain atrophy,

wherein the medicament is to be orally administered once a day in a dose of 100 mg to 400 mg in terms of 1-(3-(2-(1-benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol per administration.

Problem to be Solved by the Invention

[0006]

Drugs which prevent progress of AD by inhibiting neurodegeneration need to be developed early. An object of the present invention is to provide a drug which prevents progress of AD and a method of preventing progress of AD.

Means for Solving Problem

[0007]

In such circumstances, the present inventors have found that Compound A or a salt thereof has an effect of suppressing brain atrophy and have completed the present invention.

[0008]

The present invention provides the following.

(1) An agent for preventing or treating brain atrophy, comprising Compound A or a salt thereof as an active ingredient.

(2) The agent for preventing or treating brain atrophy according to (1), wherein the agent is is orally administered in a dose of 100 mg to 400 mg in terms of Compound A once a day.

(3) The agent for preventing or treating brain atrophy according to (1), wherein the agent is orally administered in a dose of 160 mg or 320 mg in terms of Compound A once a day.

(4) The agent for preventing or treating brain atrophy according to any one of (1) to (3), wherein the agent is for administration to a patient with a neurodegenerative disease.

(5) The agent for preventing or treating brain atrophy according to any one of claims 1 to 3, wherein the agent is for administration to a patient with AD, Probable AD, Possible AD, Preclinical AD, Prodromal Alzheimer's disease, mild cognitive impairment due to Alzheimer's disease (MCI due to AD) or mild cognitive impairment (MCI).

(6) The agent for preventing or treating brain atrophy according to any one of (1) to (3), wherein the agent is for administration to a patient with AD, MCI due to AD or MCI.

(7) The agent for preventing or treating brain atrophy according to any one of (1) to (3), wherein the agent is for administration to a patient with AD.

(8) The agent for preventing or treating brain atrophy according to any one of (1) to (3), wherein the agent is for administration to a patient with MCI due to AD.

[0009]

The present invention also provides the following.

(a) A pharmaceutical composition for preventing or treating brain atrophy, comprising Compound A or a salt thereof as an active ingredient.

(b) Compound A or a salt thereof for use in prevention or treatment of brain atrophy.

(c) A method of preventing or treating brain atrophy, comprising administering Compound A or a salt thereof to a patient.

(d) Use of Compound A or a salt thereof for producing an agent for preventing or treating brain atrophy.

(e) An agent for suppressing brain atrophy, comprising Compound A or a salt thereof as an active ingredient.

(f) Compound A or a salt thereof for use in suppression of brain atrophy.

(g) A method of suppressing brain atrophy, comprising administering Compound A or a salt thereof to a patient.

(h) Use of Compound A or a salt thereof for producing an agent for suppressing brain atrophy.

Advantageous Effects of Invention

[0010]

Brain atrophy observed in aging or neurodegenerative diseases such as AD, progressive supranuclear palsy and frontotemporal dementia can be prevented or treated by administering Compound A or a salt thereof.

Brief Description of Drawings

[0011]

[Figure 1] Figure 1 is a graph showing change in brain volume (the whole brain) at week 52 from that at screening in Test Example 1. "n.s." means that there was no statistically significant difference.

[Figure 2] Figure 2 is a graph showing change in brain volume (the hippocampus) at week 52 from that at screening in Test Example 1. "n.s." means that there was no statistically significant difference.

[Figure 3] Figure 3 is a graph showing change in brain volume (the whole brain) at week 52 from that at screening in Test Example 2.

[Figure 4] Figure 4 is a graph showing change in brain volume (the hippocampus) at week 52 from that at screening in Test Example 2.

Embodiments for Carrying out the Invention

[0012]

Hereinafter the present invention will be described in detail.

In the present description, the respective terms have the following meaning unless otherwise specified.

[0013]

In the present description, the numerical range shown with "to" represents a range inclusive of the value before and after "to" as the minimum and maximum value, respectively.

[0014]

Compound A means 1-(3-(2-(1-benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol.

[0015]

Examples of salts of Compound A include known salts of a basic group such as amino group or an acidic group such as hydroxyl group or carboxyl group.

Examples of salts of a basic group include salts with a mineral acid such as hydrochloric acid, hydrogen bromide, nitric acid and sulfuric acid; salts with an organic carboxylic acid such as formic acid, acetic acid, citric acid, oxalic acid, fumaric acid, maleic acid, succinic acid, malic acid, tartaric acid, aspartic acid, trichloroacetic acid and trifluoroacetic acid; and salts with a sulfonic acid such as methanesulfonic acid, benzenesulfonic acid, p-toluenesulfonic acid, mesitylenesulfonic acid and naphthalenesulfonic acid.

[0016]

Examples of salts of an acidic group include salts with an alkali metal such as sodium and potassium; salts with an alkaline earth metal such as calcium and magnesium; ammonium salts; and salts with a nitrogen-containing organic base such as trimethylamine, triethylamine, tributylamine, pyridine, N,N-dimethylaniline, N-methylpiperidine, N-methylmorpholine, diethylamine, dicyclohexylamine, procaine, dibenzylamine, N-benzyl-β-phenethylamine, 1-efenamin and N,N'-dibenzylethylenediamine.

[0017]

Of the above salts, pharmacologically acceptable salts are preferred, and salts with maleic acid are more preferred.

[0018]

In the case where Compound A or a salt thereof has isomers (e.g., optical isomers, geometric isomers and tautomers), the present invention includes all these isomers and also includes hydrates, solvates and any crystal forms thereof.

[0019]

Prevention means to prevent the onset of a specific disease or at least one symptom caused by the disease.

Treatment means to reduce or improve at least one symptom caused by a specific disease with which a subject is affected, and delay the progress of the disease.

In an embodiment of the present invention, prevention means to inhibit or delay the onset or progress of brain atrophy in a patient with disease such as a neurodegenerative disease. Treatment means to inhibit or delay the progress of brain atrophy.

[0020]

Mild to moderate Alzheimer's disease may be clinically diagnosed as "probable AD" according to the diagnosis criteria provided by the National Institute of Neurological and Communicative Disorders and Stroke/the Alzheimer's Disease and Related Disorders Associations (NINCDS-ADRDA).

A usual doctor may reasonably make clinical diagnosis of "mild to moderate Alzheimer's disease" using standard criteria. For example, according to the score of the standardized Mini-Mental State Examination (MMSE, scores of 0 to 30), clinical diagnosis of mild to moderate, moderate, or moderate to severe AD is provided. The MMSE (Folstein, Folstein and McHugh, 1975) is a simple test of cognitive function including an interview with patients. Orientation, memory, calculation and attention, language skills and other functions are assessed. The total score is 30. The lower the score, the higher the level of impairment of cognitive function.

In Test Examples of the present invention, patients with an MMSE score of 12 to 22 at the start of the test (screening) were determined as mild to moderate AD. Note that the MMSE is not the only way to clinically determine the grade of AD, though convenient.

[0021]

Apolipoprotein E (ApoE), one of the apolipoproteins, constitutes lipoprotein and is involved in recognition of lipoprotein and lipid metabolism. ApoE has 3 isoforms of ApoE2, ApoE3 and ApoE4. A report shows that ApoE4 genotype encoding ApoE4 is corelated with the amount of deposition of amyloid-β protein in the brain and the ApoE4 genotype is a risk gene of Alzheimer's disease.

[0022]

Structural change in the brain is observed is also observed in normal aging, and is accelerated by the development of neurodegenerative disease. In an embodiment of the present invention, examples of neurodegenerative disease include AD, Probable AD, Possible

AD, Preclinical AD, Prodromal AD, MCI due to AD, MCI, progressive supranuclear palsy and frontotemporal dementia; preferably AD, Probable AD, Possible AD, Preclinical AD, Prodromal AD, MCI due to AD and MCI; more preferably AD and MCI due to AD and MCI; and further preferably AD and MCI due to AD. Diagnosis of Probable AD, Possible AD, Preclinical AD, Prodromal AD and MCI due to AD is described in Alzheimer's Dement., May 2011, Vol. 7, No. 3, pp. 263 - 292.

Brain atrophy in AD is caused by loss of neurons and synapses initiated in the entorhinal cortex. The lesion then spreads into the whole temporal limbic region including hippocampal formation, and neuronal loss and atrophy come to be seen all over the neocortical regions including the temporal lobe, the parietal lobe and the frontal lobe.

Volumetric MRI (vMRI) enables in vivo assessment of brain structure volume, offering scales of the rate of atrophy. Results of vMRI studies suggest that patterns of brain atrophy reflecting pathological progress of AD can be surely detected and monitored over time (Atiya et al. 2003). Atrophy of the medial temporal lobe including the hippocampus and the entorhinal cortex has long been reported in vMRI studies of AD (Jack et al. 1997). A vMRI-based hippocampal volume correlates with histologic hippocampal volume, neuronal loss and the level of AD (Jack et al. 2002). Change in the thickness of the entorhinal cortex is an early indicator of neurodegeneration associated with AD and is an index of susceptibility thereto. Longitudinal vMRI measurement of change in the regional and the whole brain volume complements cognitive assessment in that the measurement is not affected by temporary improvement of symptoms, and serves as an early indicator of the efficacy of drug for atrophy associated with AD.

[0023]

Compound A or a salt thereof used in the present invention may be prepared by a method known per se or by combining such methods, or by the method disclosed in Patent Literature 1.

[0024]

Compound A or a salt thereof used in the present invention may be blended with various pharmaceutical additives such as an excipient, a binding agent, a disintegrating agent,

a disintegration inhibitor, a consolidation/adhesion-preventing agent, a lubricant, an absorption/adsorption carrier, a solvent, a bulking agent, an isotonic agent, a solubilizer, an emulsifier, a suspending agent, a thickener, a coating agent, an absorption enhancer, a gelling/procoagulant agent, a light stabilizer, a preservative, a desiccant, an emulsification/suspension/dispersion stabilizer, a color protecting agent, a deoxidant/antioxidant, a flavoring agent, a coloring agent, a foaming agent, an antifoaming agent, a soothing agent, an antistatic agent, a buffer, and/or a pH adjuster to give a pharmaceutical preparation such as an oral preparation (e.g., tablets, capsules, powders, granules, fine granules, pills, suspensions, emulsions, liquids, and syrups), injections, eye drops, nasal sprays and transdermal agents. Tablets are preferred as an oral dosage form for patients with AD.

The above agents are formulated by a usual method.

[0025]

The method of administration of Compound A, which is not particularly limited, is accordingly determined based on the form of the preparation, the age, sex and other conditions of the patient and the level of symptoms of the patient.

The dose of Compound A is accordingly selected based on the administration, the age, sex, type of disease and other conditions of the patient.

The agent may be administered to an adult in a dose or divided doses of usually 40 to 500 mg in terms of Compound A per day. The agent is administered in a dose or divided doses of preferably 100 to 400 mg in terms of Compound A per day, and administered in a dose of further preferably 160 mg or 320 mg in terms of Compound A per day.

[0026]

In the administration of Compound A or a salt thereof in the present invention, prevention or treatment by administration of acetylcholinesterase inhibitors (AChEIs) may also be included. Examples of AchEIs include donepezil hydrochloride, galantamine hydrochloride, rivastigmine tartrate and tacrine hydrochloride.

In the present invention, the subject may have undergone prevention or treatment by administration of AChEI for at least 6 months before administration of Compound A or a salt thereof.

[0027]

Next, the present invention will be described with reference to Test Examples and Preparation Examples, but the present invention is not limited thereto.

Maleate of Compound A was used as the test compound.

[0028]

Test Example 1 Multicenter randomized double-blind phase II placebo-controlled trial for assessing effectiveness and safety of Compound A in mild to moderate AD patients

Subject (selection criteria): Patients were screened in a period from 42 days before treatment assignment to the assignment based on the following selection criteria.

- Patients who were probable AD and are 55 years old or older and 85 years old or younger at the time of obtaining consent of screening.
- Patients with an MMSE score of 12 to 22 at the time of screening
- Patients with a Modified Hachinski Ischemia Scale score of 4 or less
- Patients who have been treated with a donepezil hydrochloride or rivastigmine transdermal system for at least 4 months before the baseline and with a stable dose thereof for 3 months before the baseline.
- In the case of patients who have received memantine in addition to being treated with a donepezil hydrochloride or rivastigmine transdermal system, patients who have been treated with memantine for at least 4 months before the baseline and with a stable dose thereof for 3 months before the baseline.
- Patients whose brain MRI or CT results match AD at the time of screening

Organization of groups: Patients matched (484 patients) were randomly divided into the following 3 groups and the trial was started.

(1) High dose group: 224 mg of a test compound (160 mg in terms of Compound A) was orally administered once a day for 4 weeks and then 448 mg of a test compound (320 mg in terms of Compound A) was orally administered once a day for 48 weeks (158 patients)
(2) Low dose group: 224 mg of a test compound (160 mg in terms of Compound A) was orally administered once a day for 52 weeks (166 patients)
(3) Placebo group: placebo was orally administered once a day for 52 weeks (158 patients)

Method of assessment:
Volumetric MRI

Brain volume of subjects was measured by vMRI scan at the screening and after 52 weeks, and the volume change of the whole brain and the hippocampus of the subjects were quantified to assess brain atrophy based on the change from the screening.

Furthermore, volume change of the whole brain and 101 areas (obtained by dividing the areas existing in both the left brain and the right brain of the Brodmann areas (1 to 52) into 101 areas) in each subject was quantified to assess brain atrophy based on the change from the screening.

Statistical analysis:

Changes in the volume of the whole brain and the hippocampus after 52 weeks from the baseline were compared between the high dose group and the placebo group, and between the low dose group and the placebo group based on Mixed-effect Models. For models, the treatment groups were included as a fixed effect, age, baseline of the respective brain volumes (the whole brain or the hippocampus), baseline of MMSE and ApoE4 genotype (positive/negative) were included as covariates, and trial sites were included as a random effect.

Furthermore, changes in the respective volumes of the whole brain and the 101 areas after 52 weeks from the baseline were compared between the high dose group and the placebo group, and between the low dose group and the placebo group.
Results: shown below

[0029]

Change in brain volume obtained by vMRI scan at week 52 from the baseline is shown in Table 1, Figure 1 and Figure 2.

[0030]

[Table 1]

Group	Number of cases/ statistics	Brain volume	
		Whole brain (mL)	Hippocampus (mL)
High dose group	Number of cases	76	76
	Least square means (standard error)	-20.05(3.821)	-0.31(0.057)
	Difference from placebo group (95% Confidence interval)	3.94(-2.91, 10.79)	0.08(-0.02, 0.18)
	p-value	0.2581	0.0996
Low dose group	Number of cases	79	79
	Least square means (standard error)	-21.37(3.582)	-0.27(0.053)
	Difference from placebo group (95% Confidence interval)	2.63(-4.15, 9.40)	0.12(0.03, 0.22)
	p-value	0.4456	0.0106
Placebo group	Number of cases	89	89
	Least square means (standard error)	-23.99(3.599)	-0.39(0.054)

[0031]

For the change in the volume of the whole brain and the hippocampus at week 52 from the baseline, volume reduction tended to be smaller in the Compound A group than in the placebo group. The difference in effects on the change in hippocampal volume between the Compound A low dose group and the placebo group was statistically significant.

[0032]

For change in brain volume obtained by vMRI scan at week 52 from the baseline, results for areas in which a statistically significant difference (p-value < 0.05) was found in the comparison between the test compound low dose group and the placebo group are shown in Table 2.

[0033]

[Table 2]

No.	Placebo group		Low dose group		p-value	Brain area
	Mean	Variance	Mean	Variance		

	value		value			
1	-2.0490	1.0716	-0.9201	1.5655	0.0001	Left-Cerebellum-White-Matter
2	-0.6899	0.7012	-0.2695	0.6474	0.0005	Left-Cerebellum-Cortex
3	-2.9861	1.4550	-2.1332	1.4933	0.0013	ctx-rh-superior temporal
4	-1.6919	1.3679	-0.89	1.4082	0.0014	Right-Cerebellum-White-Matter)
5	-2.6470	1.4373	-1.9609	1.1486	0.0030	ctx-lh-insula
6	-1.5952	0.5635	-1.3142	0.5647	0.0054	Whole_brain
7	-2.6510	1.4746	-1.9976	1.1656	0.0056	ctx-rh-insula
8	-0.7248	0.8780	-0.3209	0.8541	0.0090	Right-Cerebellum-Cortex
9	-3.2601	1.4409	-2.6157	1.4466	0.0124	ctx-rh-inferior temporal)
10	-1.5322	1.4680	-0.8995	1.4382	0.0146	ctx-rh-lateral orbitofrontal
11	-1.4416	0.8598	-1.0753	0.8417	0.0157	Right-Cerebral-White-Matte)
12	-3.8173	2.1618	-2.97	1.9228	0.0195	ctx-lh-entorhinal
13	-1.5679	0.8570	-1.2418	0.7405	0.0215	Left-Cerebral-White-Matter
14	-3.0880	1.7450	-2.3402	1.9331	0.0232	Left-Hippocampus
15	-0.5499	1.5192	0.1244	1.9565	0.0323	ctx-lh-parsorbitalis

[0034]

The results of analysis of the whole brain and 101 areas also show that volume reduction of the whole brain and the hippocampus tended to be suppressed in the Compound A low dose group compared to the placebo group (Nos. 6 and 14 in Table 2).

The same tendency as in the low dose group was observed in the Compound A high dose group.

[0035]

Test Example 2 Multicenter randomized double-blind early phase II placebo-controlled trial for assessing effectiveness and safety of Compound A in mild to moderate AD patients

Patients were screened in a period from 28 days before treatment assignment to the assignment based on the following selection criteria. Patients matched (373 patients) were randomly divided into the following 2 groups and the trial was started.

Subject (selection criteria):

- Patients who were probable AD and over or 50 years old or older and 90 years old or younger at the time of obtaining consent of screening.
- Patients with an MMSE score of 15 to 24 at the time of screening
- Patients with a Modified Hachinski Ischemia Scale score of 4 or less

• Patients who have been treated with a donepezil hydrochloride for at least 6 months before the baseline and with a stable dose thereof for 3 months before the baseline.

• Patients whose brain MRI or CT results match AD at the time of screening

Organization of groups:

(1) Active drug group: 224 mg of a test compound (160 mg in terms of Compound A) was orally administered once a day for 52 weeks (176 patients)

(2) Placebo group: placebo was orally administered once a day for 52 weeks (178 patients)

Method of assessment:

Volumetric MRI

Brain volume of subjects was measured by vMRI scan at the screening and after 52 weeks, and the volume change of the whole brain and the hippocampus of the subjects were quantified to assess brain atrophy based on the change from the screening.

Statistical analysis:

The mean amount of volume change of the whole brain and the hippocampus after 52 weeks from the baseline, standard deviation and the difference from the placebo group were calculated.

Results: shown below

[0036]

Change in brain volume obtained by vMRI scan at week 52 from the baseline is shown in Table 3, Figure 3 and Figure 4.

[0037]

[Table 3]

Group	Number of cases/ statistics	Brain volume	
		Whole brain (mL)	Hippocampus (mL)
Low dose group	Number of cases	7	7
	Mean change (standard deviation)	-3.83(3.14)	-0.21(0.12)
	Difference from placebo group	3.41	0.09
Placebo group	Number of cases	10	10
	Mean change (standard deviation)	-7.24(4.79)	-0.30(0.16)

[0038]

For the change in the volume of the whole brain and the hippocampus at week 52 from the baseline, volume reduction tended to be smaller in the Compound A group than in the placebo group.

[0039]

Preparation Example 1

0.9726 g of magnesium stearate (magnesium stearate, Merck) was added to 174.03 g of maleate of Compound A and the mixture was mixed for 30 minutes. The mixed powder was compression-molded by a roller compactor (TF-LABO (roll pressure 3 MPa), Freund Corporation), and the solid obtained by molding was granulated. 49.51 g of lactose (FlowLac 90, Meggle Japan), 16.50 g of crystalline cellulose (CEOLUS PH302, Asahi Kasei Chemicals) and 6.67 g of croscarmellose sodium (Primellose, DMV Japan) were each sieved through a sieve with an opening of 850 μm and added to 60.0 g of the resulting granulated powder, and the mixture was mixed for 10 minutes. 0.6667 g of magnesium stearate was added to the mixed powder and the mixture was mixed for 30 minutes. The mixed powder was tableted by a tableting machine (HT-P18A, Hata Tekkosho) at a tableting pressure of about 12 kN using a pestle having a double rounded surface with a tablet diameter of 8.5 mm to obtain round uncoated tablets each weighing 250 mg. The uncoated tablets were coated with 8 mg of a coating agent per tablet using a film coater DRC-200 (Powrex), and then a small amount of carnauba wax (Polishing Wax-105, Nippon Wax) was added thereto to give film-coated tablets.

[0040]

Preparation Example 2

60.90 g of mannitol (Parteck M200, Merck) and 3.60 g croscarmellose sodium were added to 53.70 g of maleate of Compound A and the mixture was mixed for 10 minutes. 1.80 g of magnesium stearate was added to the mixed powder and the mixture was mixed for 30 minutes. The mixed powder was tableted at a tableting pressure of about 10 kN using a pestle having a double rounded surface with a tablet diameter of 8.5 mm to obtain round uncoated tablets each weighing 250 mg. The uncoated tablets were coated with 8 mg of a

coating agent (Opadry 03F44057, 00F440000 (hypromellose 2910: 71.5%, Macrogol 6000: 14.166%, talc: 7.167%, titanium oxide: 7.067%, iron sesquioxide: 0.1%), Colorcon Japan LLC) per tablet, and then a small amount of carnauba wax was added thereto to give film-coated tablets.

[0041]

Preparation Example 3

11.11 g of magnesium stearate was added to 1988.89 g of maleate of Compound A and the mixture was mixed for 30 minutes. The mixed powder was compression-molded by a roller compactor, and the solid obtained by molding was granulated. To 107.13 g of the resulting granulated powder were added 26.21 g of mannitol, 7.50 g of ethyl cellulose (ETHOCEL 100FP Premium, The Dow Chemical Company), 3.75 g of crystalline cellulose (CEOLUS KG-1000, Asahi Kasei Chemicals), 3.75 g of crospovidone (Kollidon CL-SF, BASF) and 0.75 g of croscarmellose sodium, and the mixture was mixed for 30 minutes. 0.90 g of magnesium stearate was added to the mixed powder and the mixture was mixed for 5 minutes. The mixed powder was tableted at a tableting pressure of about 7 kN using a pestle having a double rounded surface with a tablet diameter of 8.5 mm to obtain round uncoated tablets each weighing 315 mg. The uncoated tablets were coated with 9 mg of a coating agent per tablet, and then a small amount of carnauba wax was added thereto to give film-coated tablets.

CLAIMS

[Claim 1] Use of an agent comprising 1-(3-(2-(1-benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol or a salt thereof as an active ingredient in the manufacture of a medicament for preventing or treating brain atrophy in a human patient with a neurodegenerative disease with brain atrophy,

wherein the medicament is to be orally administered once a day in a dose of 100 mg to 400 mg in terms of 1-(3-(2-(1-benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol per administration.

[Claim 2] The use according to claim 1, wherein the medicament is to be orally administered once a day in a dose of 160 mg or 320 mg in terms of 1- (3-(2-(1-benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol per administration.

[Claim 3] The use according to claim 1 or 2, wherein the medicament is for administration to a patient with Alzheimer's disease, Probable Alzheimer's disease, Possible Alzheimer's disease, Preclinical Alzheimer's disease, Prodromal Alzheimer's disease, or mild cognitive impairment.

[Claim 4] The use according to claim 1 or 2, wherein the medicament is for administration to a patient with Alzheimer's disease, or mild cognitive impairment.

[Claim 5] The use according to claim 1 or 2, wherein the medicament is for administration to a patient with Alzheimer's disease.

[Claim 6] The use according to claim 1 or 2, wherein the medicament is for administration to a patient with mild cognitive impairment due to Alzheimer's disease (MCI due to AD).

[Claim 7] The use according to Claim 3 or Claim 4, wherein the mild cognitive impairment is due to Alzheimer’s disease (MCI due to AD).

AGENT FOR PREVENTING OR TREATING BRAIN ATROPHY

Abstract

An object of the present invention is to provide a drug which prevents progress of Alzheimer's disease and a method of preventing progress of Alzheimer's disease. 1-(3-(2-(1-benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol or a salt thereof has an effect of suppressing brain atrophy and is useful as an agent for preventing or treating brain atrophy. Brain atrophy observed in aging or neurodegenerative diseases can be prevented or treated by administering 1-(3-(2-(1-Benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol or a salt thereof.

[No Suitable Figure]