

National Institute on Aging ■ ◆ ¥ *

Emory University School of Medicine Alzheimer's Disease Research Center

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For more information about the Emory Alzheimer's Disease Research Center (ADRC) or the content of this newsletter, please call 404.728.6950 or visit our website at www.med.emory.edu/adrc

Allan Levey, MD,

Message from the Director

Perhaps you, like me, were saddened to learn that one of the most revered sports figures of the last 25 years – Pat Summit, legendary coach of the University of Tennessee's women's basketball team – has been di-

agnosed with early onset dementia of the Alzheimer's type. Here is a woman, not yet 60, who has, seemingly, done all the right things. She is fit, intensely engaged in an incredibly intellectually challenging job, and constantly interacting with a wide variety of people. And yet, she has been diagnosed with Alzheimer's. What can we say about that – other than sending our regards and best wishes to the coach?

One lesson to take away is to learn from Coach Summit's actions. She acknowledged problems. She sought expert help; her assessment was by highly skilled clinicians immersed in – and producing – the latest new knowledge about Alzheimer's and Mild Cognitive Impairment. And she has a plan for living that takes account of the losses she is experiencing. The plan was established by letting the people in her life – not only family and friends, but her assistant

coaches and her players – know just what is going on with her. Coach Summit will be coaching this year. And as many years ahead as she can.

The second lesson is to tell us again how much more we need to learn to understand – and eventually eradicate – this disease. How does an early onset dementia develop; how might it be detected even earlier; and, ultimately, how can we prevent or delay such events?

All of this underscores the need to draw people into research. As we approach November, national Alzheimer's awareness month, the Emory Alzheimer's Disease Research Center will sponsor a Memory Screening Day and a major Fall Forum: Aging Well for People of Color. And we will be increasing our efforts to make those who might be feeling a sense of worry about memory problems to come to our Memory Assessment Clinic.

These are all vehicles for providing more information about Alzheimer's and they are all avenues for learning more about opportunities to take part in the studies we are conducting that we hope will lead to a better understanding of the very early stages of Alzheimer's and – eventually – to effective treatments for it.

EMORY MEMORY SCREENING DAY SATURDAY, NOVEMBER 12, 2011

Wesley Woods Outpatient Clinic, 1821 Clifton Rd. Atlanta, GA 30329

To schedule your confidential memory screening appointment

Call: 404-728-6950

Emory Memory Screening Day

Do you ever wonder if your memory is normal for your age? Have you missed an appointment that you forgot to put on your calendar? Do you have to hunt for your keys or forget to take your medication and worry that your memory is declining? So many older people report these concerns that the Emory Alzheimer's Disease Research Center decided to participate in the annual Alzheimer's Foundation of America (AFA) annual memory screening program.

A memory screening is not a memory evaluation. You will be given a series of questions and tasks designed to screen for memory, language skills and thinking abilities. The results will be given to you at the end of the screening. If the screening reveals

memory concerns, testing results will be given to you and next steps will be discussed.

Early evaluation is important if someone is experiencing minor memory problems. Some memory problems, such as those caused by vitamin deficiencies or thyroid problems, can be readily treated. Others like mild cognitive impairment or Alzheimer's benefit from early treatment.

The Emory Memory Screening day will take place by appointment on Saturday, November 12, 2011 at the Wesley Woods Outpatient Clinic at 1821 Clifton Rd., Atlanta, GA 30329. To schedule your confidential memory screening appointment call 404-728-6950.



BRAIN BOOSTER REVIEW

The Healthy Brain Kit

by Andrew Weil & Gary Small

Carolyn Clevenger DNP, GNP-BC

The Healthy Brain Kit is a low-tech method of "boosting your memory, sharpening your mind and keeping your brain young." The kit includes 2 audio CDs, 35 brain training cards and a 52-page workbook. This product is less like a game and much more

like an exercise regimen. It targets the healthy brain from a variety of angles including relaxation (yoga), mental-aerobics (cardio) and memory-training (weights).

Pros: This kit has low technology requirements and is authored by well-known clinical researchers in the area of brain aging.

Cons: This is very much like other exercise programs, which are well known to have high dropout rates due to the need for sustained commitment.

The last word: This is probably one of the best products for improving your brain health but it requires some commitment on your part.



Overall Rating: 4 brains



1 brain = Probably won't hurt

2 brains = Still better than watching TV

3 brains = Fun and you might learn something

4 brains = Fun, easy and probably helpful

www.brainage.com

FALL FORUM 2011: Aging Well for People of Color

The Emory Alzheimer's Disease Research Center, Emory Center for Health in Aging and the Registry for Remembrance will be co-sponsoring a Fall Forum entitled "Aging Well for People of Color" on October 31, 2011 at the Carter Center from 9:30-2:00.

The program thrust will be understanding the barriers to cognitive and physical health in aging adults and increasing awareness of strategies to maintain healthy aging. Participants will have the opportunity to register for research at Emory & Wesley Woods.

For further information and to register for this event, email R4Rcommforum@gmail.com or call 404.728.4777.



First Congregational Church Servettes Club members: Ruth Freeman, Ruth Chin-Hicks, Mardell Brown, Elayne Bell, Beverley Foster and Blanch Dobbs; volunteers for the Spring Community Forum

The Servettes Club of Atlanta's First Congregational Church, led by Mrs. Beverley Foster, is again directing this community outreach effort by providing program input, establishing email and onsite registration, and luncheon coordination. The Servettes have made the Registry for Remembrance and Emory's ADRC outreach a service project. We are most appreciative of their efforts (see Spring Forum 2011 article on Page 7).

Savvy Caregiver: Unexpected Behavior By Ken Hepburn, PhD



As Alzheimer's and other dementia's progress, there is an increased likelihood that persons with dementia will produce unexpected behaviors. Such physical, verbal, or emotional behaviors can be confusing and troubling to caregivers.

Dr. Donna Algase has extensively studied the behavior of persons with dementia and has repeatedly shown that it is very useful to think of unexpected behaviors as representing efforts to express needs and convey meaning. Dr. Algase's Need-Based, Dementia-Driven Model of Behavior offers caregivers a way to examine and understand these behaviors – and, perhaps, to avoid or to calm them. The model suggests that caregivers consider both background and current life factors when attempting to interpret confusing behaviors.

Background factors include not only the stage of dementia but also other health issues and the personality of the person before being affected with the disease. Current factors include bodily and emotional needs, the physical environment, and the interpersonal environment. Physical factors linked to past or current issues – such as pain, fatigue, or hunger – can result in discomfort that produces agitation. For instance, an undetected infection might be present. However, the person may not be able to report it; so agitation may be an attempt to express discomfort.

Emotional factors can have similar effects. Fear and loneliness may affect the person in ways we don't understand or immediately perceive, so tearfulness or rummaging or wandering may represent efforts to communicate these feelings. Look for such sources of distress. Physical discomfort may require consultation with a clinician. Emotional distress might benefit from the use of comfort items (a favorite blanket or even a doll). Check the environment: might it be too bright, too dark, too confining, or too open? Look at your own approach: are you feeling rushed or frustrated? Seek your own calm first. Finally, is the behavior just another expression of who the person has been all his/her life? Perhaps this is just a less guarded version of who the person is. Whatever the possible factors, take a moment to consider the need that is being communicated in an unexpected behavior.

Healthy Aging Volunteers are Important to Research A Conversation with Dr. James Lah & Dr. William Hu



Susan Peterson-Hazan: What are researchers doing to look for the earliest sign of Alzheimer's disease in people?

Dr. Lah: There are a number of tests under investigation, with a spinal fluid-based test representing the most mature test. Our spinal fluid is a window into our brain because it bathes the brain. We have been using spinal fluid to diagnose meningitis for over 100 years, and it can give us information that is not available through a blood test or imaging method. Researchers at Emory and elsewhere are searching for biomarkers that can be used to help diagnose Alzheimer's disease and other dementias more reliably.



William Hu, MD, PhD

Susan: Have biomarkers been found?

Dr. Hu: Researchers have found biomarkers in spinal fluid that can identify Alzheimer's Disease and other dementias (such as frontotemporal dementia). In people with memory impairments, these biomarkers are very useful in identifying the cause. Through work here at Emory and elsewhere, we know that these changes in the spinal fluid are already present when symptoms are very mild. We now want to learn when these changes take place. Do they occur as people start to feel forgetful or 5-10 years before the first symptom is felt? Do these changes occur in some people during the normal aging process? If we can identify healthy people with these changes in the spinal fluid, we need to know how likely they will develop symptoms of Alzheimer's disease and if treating them in the "pre-symptomatic" phase will ward off the disease. In the future, we may be able to screen people for Alzheimer's Disease similar to how we screen people for high cholesterol and colon cancer and treat them before the disease starts to take its toll.

Susan: Does that mean that you need to do spinal taps on people who do not have Alzheimer's disease?

Dr. Lah: Absolutely! We need to look at spinal fluid from all sorts of people. People without memory problems are particularly important spinal fluid donors. We also need people of all races to provide spinal fluid samples. Research in this field has tended to occur in people of Caucasian descent. The world we live in is much more diverse. We want our research to reflect the population that is here is Georgia and the Southeast U.S.

Susan: When I talk with people about a spinal tap, they often express concerns about the procedure. However when I talk with people who have had a spinal tap they tell me it was a simple procedure. Why are people concerned about having a spinal tap?

Dr. Hu: This is actually a topic we are currently studying. Most people who have undergone a spinal tap (also known as a lumbar puncture) here at Emory report that it is only a little more involved than having your blood drawn. The procedure has improved a great deal in recent years. It is quite different from the procedure that people read about on the internet. Headaches were the most common side effect described in the past and new methods have eliminated this problem for most people. We have had extensive experience of performing this procedure in middle-aged and elderly volunteers, and our headache rate is less than 0.5%. The procedure used to require an overnight stay in the hospital. Today it is done in the outpatient setting and people can resume their lives within an hour. We do recommend no heavy lifting for 24 hours.

Susan: Do you need volunteers willing to have a spinal tap?

Dr. Lah: Yes we need volunteers willing to participate in research and to have a spinal tap. Especially important volunteers are people who do not have memory problems and are over the age of 60 and are enrolled in our Honor Research Registry. Of equal importance are people of any age with mild memory problems.

For information on the Honor Research Registry call 404-728-6950.



Clinical Trials & Research Studies Fall 2011

Emory Alzheimer's Disease Research Center

Wesley Wood Health Center, 1841 Clifton Rd., Atlanta, GA 30329
Grady Neurology Clinic, 80 Jesse Hill Jr. Drive SE, Atlanta, GA 30303
404-728-6950 http://med.emory.edu/ADRC/

Research Study	Eligibility	Contact Person
Honor Research Registry: Longitudinal study of changes in memory and other cognitive skills	Aging people over 65 with no memory problems People of any age with mild cognitive impairment, Alzheimer's Disease or other forms of dementia Interested in participating in additional research studies at the Emory ADRC Study partner available to participate in visits	Marie Walters 404-728-6950 mcwalte@emory.edu
Registry for Remembrance: An initiative to increase awareness & participation in neurology research	Ethnic persons with African Ancestry Aging people over 60 with no memory problems or people of any age with mild memory problems or Alzheimer's Study partner available to participate in visits	LaShonda Strozier 404-728-6395 lstrozi@emory.edu
Alzheimer's Disease Neuroimaging Initiative – 2 (ADNI-2)	Age 55 – 90 with no memory problems or mild cognitive impairment or mild Alzheimer's Study partner available for all study visits Willing to do imaging & lumbar puncture	Laveeza Zander 404-728-6392 lzander@emory.edu
Nerve Growth Factor: Gene Therapy Surgical Intervention Trial	Diagnosis of <i>mild to moderate</i> Alzheimer's Disease Stable on medications for Alzheimer's for three months Study partner who can attend all study visits	Julie Kozarsky 404-728-6589 jkozars@emory.edu
Lewy Body Disease	Diagnosis of Lewy Body Dementia Stable on medications Willing to spend 48 hours in a sleep research lab	Donald Bliwise, Ph.D. 404-728-4751
Memory Rehabilitation Intervention in Amnestic Mild Cognitive Impairment	Diagnosis of amnestic mild cognitive impairment Study partner who can attend all cognitive rehabilitation sessions Lives within 60-driving minutes of Wesley Woods Health Center at Emory University and/or will commit to come to all training sessions	Noah Duncan 404-728-6544 nduncan@emory.edu
Cognitive Rehabilitation of Memory in Mild Cognitive Impairment Examines changes in learning, memory, and brain activity	Diagnosis of mild cognitive impairment Willing to undergo functional MRI	Casey Bowden 404-712-4321 ebowden@emory.edu Justin Hartley 404-712-0936 Jhartl3@emory.edu
Cognitive Aging Project	Women over age 60 Women with no memory problems or with mild cognitive impairment or Alzheimer's Disease Willing to undergo MRI & annual cognitive tests	CeeCee Manzanares 404-727-9324 cmanzan@emory.edu
Caregiver Study	People of African American heritage Caregivers of a loved one with Alzheimer's Disease Willing to participate in a group	Monica Parker, MD 404-727-8481

The Alzheimer's Disease Neuroimaging Initiative (ADNI): The Work Continues

In 2004 the Alzheimer's Disease Neuroimaging Initiative (ADNI) began recruiting subjects into a five-year study to identify biomarkers that were the earliest indicators of disease and that could most accurately track disease progression. Eight hundred volunteers were recruited 25% without memory complaints, 50% with Mild Cognitive Impairment (MCI) and 25% with a diagnosis of Alzheimer's disease. The study was one of the largest of its kind supported by the National Institute of Aging in an innovative partnership with private industry. Study volunteers were followed every 6-12 months with detailed assessments of memory and other thinking abilities along with detailed brain imaging and collection of other biomarkers such as cerebrospinal fluid.

The project was so successful that in 2009 the National Institute of Aging funded an expansion of the study called ADNI Grand Opportunities (ADNI-GO) to include individuals with even earlier stages of MCI.

ADNI-2, a second five-year phase of ADNI is now underway. This phase of the study will continue to follow the original ADNI subjects enrolled in 2004. In addition a new cohort of 550 volunteers with no memory problems, MCI and very early AD will be recruited to continue the research efforts.

This project is unique in that all of the data collected is made available to other researchers in an effort to speed the progress of discovery. Scientists are identifying biomarkers that are proving extremely useful in predicting risk for cognitive decline.

To learn more call Laveeza Zander at 404-728-6392 or by email to lzander@emory.edu.

Two Mild Cognitive Impairment Studies Test Cognitive Rehabilitation Strategies

People with mild cognitive im- MCI and a program partner (a or stroke) but relatively little is pairment (MCI) have short term spouse, relative, or friend) partici- known about its effectiveness in memory problems, however, they pate in the research program. Par-patients with mild cognitive imare functioning normally in all ticipants will be assigned based on pairment (MCI). Even less is other areas of their life. Emory chance to learn how to use mem- known about the brain regions has two research studies that are ory notebooks or do brain fitness involved in using such cognitive testing cognitive rehabilitation computer activities either over 10 rehabilitation strategies. Investigastrategies with people with MCI.

Memory Rehabilitation Intervention in Mild Cognitive Impairment

Persons with a diagnosis of Mild Cognitive Impairment (MCI) are often interested in actively trying to manage or compensate for their memory difficulties in a way that can help them now and into the future. New treatment options such as keeping memory Cognitive rehabilitation can imnotebooks or doing mental exer- prove learning and memory in a cises on the computer are being number of populations (e.g. painvestigated. Both the person with tients with traumatic brain injury

days or a 6 week format. All partors at Emory are using functional ticipants also will take part in magnetic resonance imaging educational sessions with other (fMRI) to identify the changes in individuals diagnosed with MCI brain activity associated with cogand their program partners. For nitive rehabilitation in patients more information, contact Noah with MCI. Participants will re-Duncan at 404-728-6544.

Cognitive Rehabilitation of Memory in Mild Cognitive Impairment

ceive multiple training sessions as well as pre- and post-training fMRI scanning. Ideally, this approach will help the investigators identify and develop the most effective strategies for patients with MCI. For more information. contact Justin Hartley at 404-712-0936 or Casey Bowden at 404-712-4321.

SPRING FORUM 2011: Registry for Remembrance Forum

On March 29, 2011 the Registry for Remembrance hosted a forum and luncheon attended by over 125 people to increase awareness of opportunities to participate in clinical research studies at the Emory Alzheimer's Disease Research Center. Dr. Allan Levey reported on the progress that is being made in developing effective diagnostic tests and therapies for chronic diseases such as Alzheimer's disease. Dr. James Lah emphasized the importance of enrolling a diverse population in clinical research studies. Dr. Ben Hampstead reviewed the *Cognitive Rehabilitation of Memory in Mild Cognitive Impairment* study and Dr. James Herndon reviewed the *Cognitive Aging* Project which is enrolling aging people with and without memory problems.

Funding for this program was provided by the Alzheimer's Association, Georgia Chapter. The Servettes Club of Atlanta's First Congregational Church provided program input, email, onsite registration, and luncheon coordination. (See related article on page3. FALL FORUM 2011: Aging Well for People of Color

Frontotemporal Dementia Support Group Launched

A new support group for caregivers of loved ones with frontotemporal (FTD) dementia began September 13, 2011. If you are the caregiver of someone with FTD the group would welcome your participation.

The group meets the 2nd Tuesday of every month from 6:30 – 8:00 p.m. at Wesley Woods Health Center in the 3rd floor conference room.

For further information contact: Tori Tinsley, LPC, ATR at victoriatinsley@gmail.com or 404-808-5676

A Family Affair

The Emory ADRC's first annual fundraiser, *A Family Affair*©, was launched on November 19, 2010, with a dinner at Emory's Michael C. Carlos Museum followed by a concert at the Schwartz Center for the Performing Arts, also on the Emory campus. Approximately 150 guests enjoyed the seated dinner which honored Allan Levey, MD, PhD, Chair of Emory's Department of Neurology and Director of Emory's ADRC, and Stuart Zola, PhD, Director of Yerkes National Primate Research Center at Emory and Associate Director of the ADRC. The event, which netted \$200,000, was presented by The Coca-Cola Foundation with sponsorship from Ponder, Higgins, Jowers & Associates at Merrill Lynch and WXIA 11 Alive. The evening culminated with a concert by virtuoso Robert McDuffie and the Venice Baroque Orchestra. McDuffie's father in law, Atlanta real estate developer Mack Taylor, died of Alzheimer's in 2008.

This year's *A Family Affair*© will be held at the Robert W. Woodruff Arts Center in partnership with Robert Spano and the Atlanta Symphony Orchestra (ASO) on October 27. In addition to serving as the Music Director and Conductor of the ASO, Spano also is Distinguished Artist in Residence at Emory. Honorees for this year's event are Janet Cellar, DNP, Administrative Director of the ADRC, and Jim Lah, MD, Phd, Vice Chair of the Department of Neurology and Clinical Core Director of the ADRC. *Music and the Brain*, the theme for the evening, is designed around the cutting edge research of Emory neuroscientist Brenda Hanna-Pladdy, PhD, who has found that the study of a musical instrument during childhood may delay the aging of the brain. The ASO is one of the nation's leading proponents of music education and is expected to participate in further studies.

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CONTACT US

Emory Alzheimer's Disease Research Center

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Memory Assessment Clinics

Wesley Woods Health Center 1821 Clifton Road, NE Atlanta, GA 30329 404-728-4936 Grady Memorial Hospital 80 Butler Street, SE Atlanta, GA 30335 404-616-4567

To register for a class...

Call Susan Peterson-Hazan at 404-728-6273 at least one week prior to the beginning of each class.

Class	2011-2012 Schedule	Location	
Caregiver Challenges in the Middle Stage of Alzheimer's Disease (Sponsored in part by a grant from the Wesley Woods Foundation)	A 5 Week class that meets: Fridays: 11:00 – 12:30 November 4 – December 9, 2011	Wesley Woods Health Center 3 rd Floor Conference Room 1821 Clifton Road NE, Atlanta, GA 30329	
Late Stage Alzheimer's Disease (Sponsored in part by a grant from the Wesley Woods Foundation)	A 3 Week class that meets: Fridays: 11:00 – 12:30 January 13 – January 27, 2012		
Early Memory Loss Group (Co-sponsored by the Alzheimer's Association, Georgia Chapter)	An 8 Week class that meets: Fridays: 11:00 – 12:30 February 4 – March 25, 2012		



Emory Alzheimer's Disease Research Center Wesley Wood Health Center, 3rd Floor 1821 Clifton Road, NE Atlanta, GA 30329

