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 the of this newsletter, please call 404.728.6950 or visit our website at www.med.emory.edu/adrc

Highlights from the International Alzheimer's Conference - July 2010

William Hu, MD, PhD

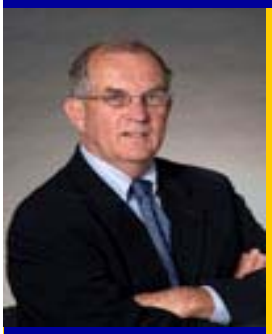
At the annual International Conference on Alzheimer's Disease (ICAD) in July, researchers from the US showed that beta-amyloid (Aβ) – the protein likely responsible for the earliest changes in Alzheimer's disease – can be detected in individuals decades before symptoms of memory loss appear. When treatment is available that can alter the course of the disease, it may be possible to initiate treatment before symptoms of Alzheimer's disease emerge.

Plaques containing Aβ have been a hallmark of Alzheimer's disease since its initial description by Dr. Alois Alzheimer in 1906. Until recently, the presence of plaques could only be determined by direct examination of brain tissue from patients either through a brain biopsy during life or an autopsy after death. However, researchers including those at Emory have been investigating ways to detect the presence of these plaques in living people through less invasive means. Through examining cerebrospinal fluid (CSF) levels of Aβ and two other proteins, researchers have found a "chemical signature" of Alzheimer's disease. These biochemical markers are particularly sensitive at identifying those people with Alzheimer's disease or those with mild memory symptoms but will develop Alzheimer's disease. Researchers also presented the latest findings on the use of new amyloid-binding agents in PET imaging to non-invasively visualize the plaques in living people. Together, the CSF and PET biomarkers are used to improve the early detection of Alzheimer's type changes in people with and without memory symptoms for enrollment into the appropriate treatment trials.

Currently, CSF biomarkers for AD are in clinical use but are still under intense investigation at Emory and other leading institutions, while the PET scan for amyloid is primarily available for research. The promising results from these studies will likely change how we diagnose Alzheimer's disease in the future, and a set of new diagnostic criteria for Alzheimer's disease are currently under review. The proposed criteria, the first change of its kind in 25 years, will help standardize the biochemical and imaging criteria in the diagnosis of mild cognitive impairment (MCI) and Alzheimer's disease. This standardization will undoubtedly facilitate the research on understanding and treating Alzheimer's disease and related disorders.

William Hu, MD, PhD has joined the Emory University faculty to accelerate the progress of research on biomarkers of Alzheimer's disease and frontotemporal dementia. He received his advanced degrees and neurology training from Mayo Clinic in Rochester, MN, followed by specialty training in Cognitive Neurology and Translational Research at the Center for Frontotemporal Dementia and Center for Neurodegenerative Disease Research, University of Pennsylvania, PA.

Savvy Caregiver - Family Caregiving



KEN HEPBURN, PHD

Those caring for loved ones with Alzheimer's disease are usually called family caregivers. The phrase serves to identify the bond that promotes and sustains caregiving. It also reflects the broader social context – the near and extended network of relatives and friends – within which care is provided.

This family context may provide extensive help and support to the primary caregiver. Or not. Or, because of longstanding dynamics, changes in circumstances over time, and/or a variety of concurrent problems, the family context may even add to the burden of caregiving.

Dr. Jane Tornatore, a family therapist in Seattle and one of the developers of the Savvy Caregiver Program, provides a useful way of categorizing the range of family situations:

Solitary Caregiving. Even though other family members may live nearby, one family member does it all and gets no help – or offers of help.

Observed Caregiving. Family members don't help, but they do offer suggestions – and criticism.

Tag-Team Caregiving. There is a rotation of family members giving care, following an agreed-upon schedule and likely agreeing on goals and strategies.

Uneasy Caregiving Alliances. Two or more members of the family share the work of caregiving but don't necessarily agree on caregiving goals or strategies.

Collaborative Caregiving. Family members share the work, goals, and strategies of caregiving.

A Savvy Caregiver can use these categories to assess the family context and to figure out how best to use its resources – or avoid its pitfalls. Those in Collaborative situations might seek to incorporate more friends and family into the mix. A Solitary Caregiver should recognize it is futile to try to enlist support and ought to avoid the frustration of trying. Those who are Observed might try to bring family members in at strategic moments so they can experience some of the situations of which they are critical – and hopefully reduce the criticism, even though more help is unlikely. Those in Uneasy Alliances might try to arrange family meetings focused on a single topic – a care goal or a way to handle certain behaviors – so as to gradually build toward greater collaboration. Tag Team situations might be turned into more collaborative arrangements through greater dialogue on goals or strategies. Getting more help – or avoiding more frustration – starts with recognizing the kind of family situation that exists around caregiving.

Brain Booster Review

Carolyn Clevenger
DNP, GNP-BC

NeuroActive Program: The Ultimate Brain Fitness Program

By: Brain Center International

Created by physicians (non-US educated), this software offers a personal, home-based approach to improve cognitive functions in multiple domains. NeuroActive is a software package for use on your personal computer or Mac. It can be purchased as a CD-ROM or as a direct download to your computer. The software begins with a test of the user's baseline abilities and individualizes the training based on those strengths and weaknesses, which is quite common in brain game software. The unique aspect of this program, aside from the use on home computer, is the array of thinking exercises that it uses to improve cognitive function.

Pros: software can be used on a home computer which allows the use of a large screen and the usual familiar equipment such as mouse and keyboard controls

Cons: software cannot be shared; each license is for one user only. There is no science on the use of this actual product and no attempt to measure its impact on memory. There are testimonials on the website.

Overall rating:
2 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

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 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 has proven 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 Mild Cognitive Impairment. This past summer it was announced that the National Institute on Aging would be funding the second five year phase of ADNI now referred to as ADNI-2. This phase of the study will continue to follow the original ADNI subjects enrolled in 2004 but will also allow for recruitment of a new cohort of 550 new volunteers 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. The original ADNI study has proven to be incredibly productive with over 1,700 researchers utilizing ADNI data to date. Scientists are identifying early changes in imaging as well as other biomarkers that are proving extremely useful in predicting risk for cognitive decline as well as those who may go on to develop dementia.

Two Mild Cognitive Impairment Studies Test Cognitive Rehabilitation Strategies

People with mild cognitive impairment (MCI) have short term memory problems, however, they are functioning normally in all other areas of their life. Emory has two research studies that are testing cognitive rehabilitation strategies 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 notebooks or doing mental exercises on the computer are being investigated. Both the person with MCI and a program partner (a spouse, relative, or friend) participate in the research program. Participants will be assigned based on chance to learn how to use memory notebooks or do brain fitness computer activities either over 10 days or a 6 week format. All participants also will take part in educational sessions with other individuals diagnosed with MCI and their program partners. For more information, contact Noah Duncan at 404-728-6544.

Cognitive Rehabilitation of Memory in Mild Cognitive Impairment

Cognitive rehabilitation can improve learning and memory in a number of populations (e.g. patients with traumatic brain injury or stroke) but relatively little is known about its effectiveness in patients with mild cognitive impairment (MCI). Even less is known about the brain regions involved in using such cognitive rehabilitation strategies. Investigators at Emory are using functional magnetic resonance imaging (fMRI) to identify the changes in brain activity associated with cognitive rehabilitation in patients with MCI. Participants will receive 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.

Honoring Emory ADRC Research Volunteers November 5, 2010 Reception

Dr. Allan Levey talks with Eileen and James Rainsford at the Honor Reception Nov 5.

Research volunteers at the Emory Alzheimer's Disease Research Center (ADRC) were honored at a reception on November 5, at the Miller Ward Alumni House on the Emory campus. Dr. Allan Levey, ADRC director, told the standing room only crowd that their commitment to, and participation in Alzheimer's research is leading to new discoveries.

The reception included several researchers describing their latest results. Many Honor volunteers with mild cognitive impairment (MCI) have participated in cognitive rehabilitation studies with Ben Hampstead, PhD or Melanie Greenaway. Cognitive rehabilitation has been largely ignored for Alzheimer's disease because of false beliefs that people with a progressive disorder would not benefit from rehabilitation strategies. However, Drs. Hampstead and Greenaway have helped develop two novel rehabilitation strategies to improve memory, brain activity, organizational ability, and/or functioning in patients with MCI. The first phase of these studies showed positive results that are now being tested in larger groups of individuals with MCI.

Drs. Allan Levey and James Lah update Honor volunteers on research progress.

The ADRC is involved in many research collaborations across the country, some of which were also highlighted at the reception. Adriana Hermida, MD, utilized data from the National Alzheimer's Coordinating Center (NACC) and found that a current or prior history of depression predicted progression of memory loss. Since these findings demonstrate that depression is an important risk factor for Alzheimer's disease, the importance of early identification and treatment of depression was emphasized. James Lah, MD, PhD reported on the multi-center Alzheimer's Disease Neuroimaging Initiative. Important findings from this study have shown the proteins found in cerebral spinal fluid and new brain imaging methods to detect amyloid protein can identify individuals at risk for Alzheimer's disease before symptoms occur. This finding is significant as researchers look for ways to identify individuals as early as possible, more effectively monitor the course of the disease, and test new therapies

The families of research volunteers who had died were invited to this reception. A ceremony of remembrance to honor these research volunteers was led by Bridgette Piggue, Mdiv, Director of Pastoral Education at Wesley Woods Center.

Ken Hepburn, PhD introduced Eileen and James Rainsford as a couple who exemplify Emory ADRC Honor volunteers. The Rainsfords have already participated in six studies and are always looking for new studies in which to enroll. Such commitment to research by Honor volunteers is vital to future discoveries.

NACC
National Alzheimer's Coordinating Center

Enhancing Research Collaboration Through a Common Database for National Institute on Aging Alzheimer's Disease Centers

Clinical Trials & Research Studies
Fall 2010
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 Grand Opportunity: ADNI-GO Pre Mild Cognitive Impairment study	Age 55 – 90 Mild memory complaint by subject or study partner Study partner available for all study visits	Janet Cellar 404-728-6453 jcellar@emory.edu
Nerve Growth Factor: Gene Therapy Surgical Intervention Trial	Diagnosis of *mild to moderate* Alzheimer's disease Stable on medications for Alzheimer's for three months Study partner who can attend all study visits	Stephanie Stennett 404-728-6589 sstenne@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 45-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	Ben Hampstead, PhD Justin Hartley 404-712-0936 Jhartl3@emory.edu bhampst@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	For people of African American heritage For Caregivers of a loved one with Alzheimer's disease Willing to participate in a group	Monica Parker, MD 404-727-8481

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Emory Alzheimer's Disease Research Center
c/o Emory Univ. Health Sciences Development
1440 Clifton Road, Suite 112
Atlanta, Georgia 30322

Alzheimer's Research in the News

Stay the Course; Up the Ante

Alzheimer's is very much in the news, and the news can be confusing – one day a breakthrough and the next a set back. We learn that a new means of diagnosing the disease at a very early stage, long before any signs and symptoms appear, is now available. We see a major drug trial, one based on a central idea about how Alzheimer's forms and progresses, has been stopped, an apparent failure. And we are told that a panel of scientists assembled by the National Institutes of Health has determined that the evidence supporting strategies intended to prevent Alzheimer's is weak and inconclusive.

What's a person to think?

Early testing only makes sense if there are positive steps that can be taken to prevent or retard the onset of disease. But a major line of thought about how the disease progresses – and how to stop it – seems to be under question. And all the advice one might follow about "maintaining one's brain" has been questioned by some as not having a basis in science.

Look beyond the headlines.

Science builds on failures as well as successes. The current set of medications used for patients with Alzheimer's clearly have some symptomatic benefits. But while we now regularly see patients treated with cholinesterase inhibitors and memantine, we forget that these compounds are many generations beyond initial – and failed – efforts that were very much along the same theoretical and pharmacologic lines.

The search for more effective treatments that target the disease process and aim to slow progression has only recently begun. The last ten years have seen dramatic advances in understanding the root causes of the disease, with many ideas rapidly emerging about new treatments that have promise in retarding the onset of AD and slowing its progression. Some of these ideas may be wrong, some may need to be modified, and some might lead to true breakthroughs in treatment. The recently "failed" trial of a compound hypothesized to slow Alzheimer's disease progression by lowering production of amyloid, a so-called gamma secretase inhibitor made by Eli Lilly, is an important example. While the failure to slow progression, and indeed worsening seen in treated patients, is disappointing and concerning, the trial will inform future research. Perhaps the most critical thing to be learned from this trial is that treatments should be started earlier. The Lilly trial tested subjects already diagnosed with AD, persons who already have substantial pathology and brain tissue loss. Drugs designed to slow the disease process will logically be most effective if they are started before the damage is done.

Lack of conclusive evidence is not evidence of ineffectiveness. The NIH panel on preventive measures did not conclude that folate, exercise, or mental stimulation were "bad" for us or would definitively not prevent Alzheimer's. The panel found, instead, that there is currently not enough good science to conclude that these things will certainly prevent Alzheimer's. While the assumptions behind these lifestyle suggestions may be sound, the evidence is not yet there to verify them. The logical takeaway from the panel's findings is that more research is needed to test preventative measures.

So what's a person to do?

The lifestyle suggestions – eat well and carefully, exercise, remain intellectually active – are all good bets. They can, in themselves, only promote a better overall quality of life, if only in the near term. And if future research compiles the evidence that they prevent Alzheimer's? Bonus!

Also: Support and advocate for more research. Especially as we now understand that Alzheimer's is a much longer course disease, one that begins perhaps decades before its first signs, we need studies of large and racially/ethnically diverse groups of people who can be enlisted in their mid-lives and followed for decades. We need to see just what happens when the new diagnostic tests identify very early stage disease; to see what happens when new compounds and other forms of early-stage interventions are tried on them; and to see what happens, over this long period, to people who commit to positive lifestyle behaviors.

These recent news stories, far from causing discouragement, should make us aware of how far we've come in the journey to make this "a world without Alzheimer's." These stories should also remind us how complex and challenging the battle is, and that a serious commitment is needed to find earlier ways to identify the disease in individuals at risk, test new treatments that will move us closer to prevention, and find better ways to help those already affected. They should further prod us toward healthy behaviors, but they should also encourage expansion and redoubling of research that will eventually bring us to our goal.

Contact Us

Emory Alzheimer's Disease Research Center

Wesley Wood Health Center
1841 Clifton Road, NE
Atlanta, GA 30329
404-728-6950
http://med.emory.edu/ADRC

Memory Assessment Clinics

Wesley Woods Health Center
1841 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 Schedule	Location
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	Wesley Woods Health Center 3rd Floor Conference Room 1841 Clifton Rd, NE, Atlanta, GA 30329
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 April 1 – April 29	
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 14 – January 28 May 6 – May 20	

Emory Alzheimer's Disease Research Center
Wesley Wood Health Center, 3rd Floor
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National Institute on Aging