Director’s MESSAGE

ADRC Needs Healthy Older Adults and Those with Mild Memory Loss More than Ever

The University of Pittsburgh Alzheimer Disease Research Center (ADRC) has been in existence for more than 25 years, and over that period of time, the focus has been, quite naturally, on patients suffering from Alzheimer’s disease (AD) and the people who help them through their struggle. In the earliest days, our focus was simply on determining how to diagnose AD after symptoms had become clear. Our focus then evolved to studying how AD progresses over time in the absence of treatment. Then came an era of treatment studies and, more recently, the development of brain imaging techniques that can actually help us to detect the disease in living people. As we continue to build on the knowledge we have gained over the past 25 years, our focus continues to evolve—along with that of Alzheimer’s centers across the country.

As we learned to detect the very earliest symptoms—even before a diagnosis of AD can be made—we have begun to focus on a stage that is called simply mild cognitive impairment or MCI. We now go even further. Our use of sophisticated brain imaging techniques—first developed here in Pittsburgh at the ADRC—has taught us that the brain changes of AD can begin 10–15 years before AD can be diagnosed. This is even before MCI is present. The implications of these findings seem to suggest that if we hope to beat this terrible disease, we have to find it early, at a time long before it has a chance to secretly begin its invisible destruction of the brain. In order to do this, we need to design studies that focus on not only these early stages of MCI but also what appears to be normal aging. Such studies are already under way but can only succeed if we can recruit a sufficient number of interested research volunteers. This is a new message we would like to emphasize: If you think you (or a loved one) have or has AD, if you wonder whether your memory lapses represent normal aging or are a more ominous sign, or if you feel that your memory is completely normal, we have studies that can benefit from your participation.

At the University of Pittsburgh ADRC, we always will strive to better understand AD itself, treat those patients who suffer from AD, and support the people who stand by AD patients. However, alongside those constant goals, we recognize that we also need to investigate the earliest hints of memory impairment as well as investigate those whose memory has not deteriorated with age. All of these pieces will be necessary to understand how to prevent this disease from robbing its victims of what should be their golden years. So, no matter who you are or what symptoms you may or may not have, we need your help as a research volunteer. If you have an interest in joining this fight against AD, please contact the ADRC at 412-692-2721 or, for more information, visit us online at www.adrc.pitt.edu.

To learn more about MCI, see the Spring/Summer 2011 edition of Pathways, pages 3–5. You can view the current and past issues of the newsletter online at www.adrc.pitt.edu. Click on News & Events, then on Newsletters.

What’s HAPPENING to My Memory?

By JUDITH SAXTON, PhD, ADRC Clinical Core Director

This article is the second in a series of five about memory. The other three will appear in future issues of Pathways.

Article on page 4

www.adrc.pitt.edu
Those of you familiar with the ADRC newsletter may have noticed the article in the Fall/Winter 2010 edition that introduced me as a new faculty member at the ADRC. In this edition, I have the opportunity of introducing an area of dementia that is of great interest to me: frontotemporal degeneration (FTD), also called frontotemporal dementia or frontotemporal lobar degeneration. Although Alzheimer’s dementia is recognized as the focus of the University of Pittsburgh ADRC, a combination of factors, including insights from recent research, ongoing studies into related disorders at the Pittsburgh Institute for Neurodegenerative Diseases, and my interest in this disorder, now put the center in a position to develop a strong program related to FTD care.

BACKGROUND

Next to Alzheimer’s dementia, FTD is the second most common neurodegenerative dementia in people under the age of 65. For many years, it was referred to as Pick’s disease and considered to be a rare condition. However, research over the past 20 years has greatly increased awareness of FTD. The term FTD encompasses a number of disorders that when considered individually are rare but as a whole make up a significant percentage of persons between the ages of 40 and 70 with dementia.

As the name implies, the frontal and temporal lobes of the brain (shaded in pink and green in the figure below) are the most severely affected in FTD. The frontal and temporal lobes contribute to a diverse number of brain functions, but two very important groups are (1) behavior, personality, and emotion and (2) language. As opposed to Alzheimer’s dementia, in which the hippocampus, a memory center in the brain, is initially affected, memory often is spared early on in FTD.
SYMPTOMS

The symptoms of FTD often are grouped into three broad categories that reflect difficulties with the frontal and temporal lobes.

Behavior and Personality

Not uncommonly, patients with FTD are initially diagnosed with a psychiatric disorder such as depression, bipolar disorder, or obsessive-compulsive disorder. Some of the most common and problematic features of FTD include the following:

- Poor judgment and decision-making abilities
- Impulsive behaviors—e.g., spending money excessively, erratic driving
- Rude or inappropriate behaviors and language
- Loss of sympathy or empathy—patients often are described as cold or emotionless
- Repetitive actions, behaviors, and phrases
- Apathy (decreased initiative) or restlessness (pacing)
- Overeating, oftentimes particularly with sweets
- Poor insight into actions

Language and Speech

Both the frontal and temporal lobes are very important in language and speech. Symptoms in FTD can range from difficulty in getting words to come out right—patients often describe it as being tongue-tied (nonfluent aphasia)—to a progressive inability to understand what others are saying that is accompanied by the use of inappropriate words when trying to name things or have a conversation (semantic dementia). When language is the earliest and most prominent symptom, these are referred to as primary progressive aphasia syndromes.

Motor

Motor symptoms frequently develop at some time in the course of FTD and include tremors, slowness, shuffling walk, repeated falls, poor coordination, and weakness. Some patients will develop amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig’s disease, and likewise some patients with ALS may later develop FTD.

CAUSES

In up to half of patients, there is some family history of dementia. However, in 10–20 percent of patients who have FTD, there is a strong family history of a similar FTD dementia, ALS, or Parkinson’s disease-like disorder in multiple generations, and genetic testing is available to test for specific types. In more than half of patients, no specific cause is known.

In the brain cells of those who have FTD, there are two major types of abnormal brain proteins identified: tau tangles (also found in people with Alzheimer’s) and TDP-43 protein.

DIAGNOSIS

Currently, diagnosis is based primarily on a clinical assessment by a neurologist or psychologist and a neuropsychologist, who performs cognitive testing. Importantly, some patients who undergo cognitive testing at an early stage of the disorder may be told that there is nothing wrong, even though they might already be demonstrating severe behavioral or personality changes. Brain scans are often very helpful in making an accurate diagnosis. In some patients, additional tests, including a spinal tap or genetic testing, is performed.

As the disorder progresses, cognitive disorders such as memory problems, distractibility, problems in carrying out simple plans, and language problems develop. It is important to recognize that the behavioral symptoms are often the earliest and most persistent symptoms that develop. Importantly, this pattern is opposite of what is often identified in Alzheimer’s dementia, in which cognitive problems such as memory loss, arithmetic problems, and difficulties with directions usually start first and significant behavioral problems don’t begin until late in the disorder. Unfortunately, in some patients, the distinction between the two is not so easy and may require additional testing, such as a functional brain scan (PET or SPECT scan).

TREATMENT

Regrettably, there are currently no treatments to halt or reverse FTD. Therefore, treatment is based on targeting those symptoms that are most problematic and often requires both a neurologist and a psychiatrist. Common medications include antidepressants, mood stabilizers, and less commonly known antipsychotic medications and stimulants. It is currently not recommended that acetylcholinesterase inhibitors (Aricept, Exelon, Razadyne) be used.

FUTURE DIRECTIONS

A wealth of knowledge about the genetics and neurobiology of FTD has developed over the last 10–15 years with great enthusiasm and hope. A main focus of treatment is specific therapies targeted toward the pathological proteins tau and TDP-43. However, a large hurdle that must be overcome is identifying reliable indicators of one protein versus the other, because both lead to similar clinical symptoms of FTD. Thus, as with Alzheimer’s dementia, a large area of research is focused on finding the best way to not only distinguish FTD from other dementias but to identify the different causes of FTD. Until that is achieved, much of the current early clinical trials for new investigational medications will be targeted toward those with a known genetic mutation or a specific diagnosis such as progressive supranuclear palsy or corticobasal degeneration.

At the ADRC, we are hoping to get involved in therapeutic trials as well as develop research aimed at better understanding FTD and more accurately diagnosing FTD and the different subtypes, such as progressive supranuclear palsy, corticobasal degeneration, and familial FTD. As we are able to enroll more patients with FTD, it also will facilitate collaborations around the country and here in Southwestern Pennsylvania.

If you would like more information on FTD or would like to be evaluated, we invite you to contact the ADRC at 412-692-2700.
The Alzheimer Disease Research Center and the Andy Warhol Museum have partnered to offer a new and innovative program for patients and family members affected by memory loss and other cognitive changes. Patients and their family members have been invited to participate in a Warhol tour and artistic expression activity offered at the museum on Pittsburgh’s North Side. The response to this program has been incredible!

Following is a comment by one of the patients who recently attended the program:

“It seems to me that the kind of way [in which] we went around today was a great stimulator. It was done in a group and had a lot of different ideas suggested [that] made it more interesting.”

Overall, attendees said that they enjoyed the program and would definitely like to come back and attend another session in the future. Here are a few more comments made by patients and family members:

“Friendly, caring, and helpful people were here today. It’s great to be creative and learn new things.”

“I liked the painting and talking with other people.”

The ADRC and the Warhol plan to continue offering this program to patients and family members. Please note that there is no charge associated with this program. To learn more or to reserve a space in an upcoming session, call MaryAnn Oakley at 412-692-2721.
Brain Donation: One Couple’s Experience with Giving the Final Gift

Written by LORI MACEDONIA, PA-C, MPH, and Jennifer Lingler, PhD, CRNP; Interview conducted by STACEY L. BEASOCK, University of Pittsburgh nursing student

Alzheimer Disease Research Center (ADRC) patients and families are routinely asked to consider participating in the center’s Brain Donation Program. For families, a brain autopsy allows for a final confirmation or clarification of an individual’s diagnosis; for researchers, it also provides a key puzzle piece that allows them to see exactly what changes in the brain were causing the symptoms observed during the illness. Autopsies are crucial if we are to truly understand Alzheimer’s disease (AD) and other brain disorders. At the ADRC, the results of a brain autopsy are passed along directly to families in the form of a full report that is mailed to them once the procedure is complete.

For a personal perspective on the program, we recently spoke with Mary Lou Murray, wife of the late ADRC participant John Murray. We asked Murray to reflect on her experience with carrying out John’s wish for a brain donation.

Murray first explained that choosing to participate in the Brain Donation Program was a joint decision that the Murrays made as a couple. “We ... had been going to the Alzheimer’s clinic, and it was brought up at some point ... and we thought that if it could help someone else, [then] he was fine with doing that.”

She then shared her views on the importance of contributing to the research effort, even in death: “It made me feel good that no matter how small or how big or how bad his brain was ... there might be something there [that] someone could get a little information [from] and maybe [it could] help someone else down the road.”

Murray’s comment about the possibility of helping someone else down the road is a sentiment that ADRC staff members hear regularly from families who make the gift of a brain donation. Indeed, many important discoveries have been made possible through research studies of brain tissue donated by participants in the Brain Donation Program. Included among those discoveries is Pittsburgh Compound B (PiB), an agent cocreated by University of Pittsburgh researchers William Klunk, MD, PhD, and Chester Mathis, PhD. PiB is widely regarded as a major breakthrough in AD research, as this agent can allow scientists to see whether there is evidence of AD in the brain of a living patient as part of a special brain scan. In studies of new medications to treat AD, PiB now is playing a key role in evaluating how well the drugs work.

In addition to the satisfaction that comes from contributing to scientific progress, many families find that getting diagnostic confirmation provides closure or resolution to the caregiving experience. For the Murrays, confirmation of an AD diagnosis was significant because the diagnosis had been in question at various points during John’s illness.

When asked if she would recommend participation to others, Murray replied, “Yes, I would definitely suggest that they ... do it, because it was something that I would appreciate if someone might do it for me if I passed away and [could donate] some organ or something that ... would help somebody else.”

“It made me feel good that no matter how small or how big or how bad his brain was ... there might be something there [that] someone could get a little information [from].”

-Mary Lou Murray, wife of the late John Murray, ADRC participant

If participating in the Brain Donation Program is something that you are considering, contact the ADRC at 412-692-2700 to learn more.

FREE Publication

Caring for a Person with Alzheimer’s Disease

This informative booklet written in clear language will help you to understand and cope with the many challenges of caring for a person with Alzheimer’s disease.

To order, visit www.nia.nih.gov/Alzheimers/Publications/CaringAD or call 1-800-438-4380.
In Memoriam

The University of Pittsburgh Alzheimer Disease Research Center thanks the following individuals, companies, and groups for their generous donations received April 14, 2011–October 10, 2011.

In Memory of Leona Barnes
The Kids That Care Group, 
Karns City Area School District

In Memory of Suzanne Barnes
Louise Bergstrom 
Lowrie Ebbert

In Memory of Betty Geary
Steven and Renee Baker 
Stewart and Kim Geary 
Michael and Jennifer Giza
Kenneth and Elizabeth Holt 
Edward and Ruth Katz 
Keith and Carol Loiselle 
Joanne Nagy 
Helen O’Connor 
Pittsburgh Window & Door Co.

In Memory of Sarah Jane Gleeson
Roberta Churilla

In Memory of Rita Greene
John and Madelyn Edleman 
Mary Huber 
Kim and Constance Karas 
Lawrence and Jane Kean 
George and Patricia O’Brien 
Lynn Rohl 
Karen and Janet Serdy 
Cheryl Warnimont 
Clair and Mary Weller

In Memory of David Hallstrom
Raymond and Mary Smith 
Thomas and Helen Taylor

In Memory of Wilson Henderson
Ann Moulayianis

In Memory of Helen London
Beverly Jackson

In Memory of Mary Molinaro
Shirley Daum 
Kate Molinaro

In Memory of Ralph Moran
Nancy Miller 
Jeanne Moran

In Memory of Inez Ressler
Paul Ressler

In Memory of Sam Robinson
Paul Baldi 
Jack and Jean Barney 
Charles and Louise Cook 
Mr. and Mrs. Charles Costanza 
and Dave 
Mr. and Mrs. Alex Daniels 
Dominick and Johann DeFillip Jr. 
Mr. and Mrs. Richard Ford 
Mr. and Mrs. Gary Kaufman 
Mrs. Lori Mueller 
Daniel Murphy 
Carol and Ruth Ryan 
Mr. and Mrs. William Speth 
Mr. and Mrs. Scott Webster 
Mr. and Mrs. Henry Woods

In Memory of Dr. W. Ann Robinson
Carl and Jane Partanen

In Memory of Dr. W. Ann Robinson

In Memory of Sandy Rosenbloom
Robert and Beth Stack

In Memory of Albert Rusiewicz
Robert and Beth Stack

In Memory of Julia Sakula
Judith Udavcak

In Memory of John Schietroma
Graham Grubb

In Memory of Wayne Schuetz
Roberta Churilla 
Frank and Peggy Flynn 
Andrew and Michelle Holzwarth 
Erin Kennedy 
Joseph Lagnese Jr. 
Margaret Lambrou 
Angela Laroo 
Lawrence and Michele Lucas 
Katherine Schuetz 
George and Janet Strang 
Jack and Roseann Ward 
Kirk and Danielle Williams

In Memory of Josephine Smorada
Agnes Yablunosky

In Memory of Richard Snyder
Nancy Snyder

In Memory of William Stewart
Shirley Boyle 
Audrey Dougherty 
William and Norma Dougherty 
Barbara A. Gurecka 
Jefferson Regional Medical Center 
Michael and Monica Kemper 
Jae Kim 
G. and M. Lessman 
John and Susan MacLeod 
Susan Maxwell 
Jack and Marjorie Reeves 
Vctor and Mary Siha 
Elizabeth Sitko 
James Slonovic 
Michael and Deborah Walker 
Daniel and Dana Wolfred 
Regis and Faye Zebroski

Thank you!

Your contributions are greatly appreciated and help to support research and education in the area of Alzheimer’s disease. You can remember or honor a loved one by using the envelope enclosed in this newsletter to send in your donation.
The Alzheimer's Association's annual Walk to End Alzheimer's was held at the Pittsburgh Zoo & PPG Aquarium on October 1, 2011. There was a tremendous turnout of 2,476 participants despite the cold and rain. The event is designed to raise awareness and funds for Alzheimer’s care, support, and research. The Alzheimer's Association has raised more than $238,000 so far this year. As usual, faculty and staff from the Alzheimer Disease Research Center attended this year's walk.

In Memory of P. Richard Thomas
Pat and Georgia Abbondanza
Ina Rae Beers
Thomas and Maureen Camphire
Crawford County Commissioners

In Memory of William Warren
Geraldine Curto
Fredrick and Victoria Dodds
B.W. and Harriet Douglass
Dal Goldstein
William and Dorothy O'Donnell
Karen Urbanowicz
Patricia Warren

In Memory of Hazel Youngman
Charles and Mary Jane Hilton

The Bernard and Ethel Lazar Research Fund
In Memory of Emma Casbeer
Dale and Lynn Lazar
In Memory of Bob Lazar

In Honor of Leona Barnes
Karns City Area School District

In Honor of Barb McCollough
The Kids That Care Group, Karns City Area School District

In Honor of Hugh Papke
The Women’s Club of Mt. Lebanon

In Honor of the Wedding of Maryanne Wyse and Michael Gratton
Louisa Scandolari

Research Donations
Erwin and Joan Beidler
Jay and Sandra Briggs
Jason Brown
Valentino and Carol Jane Buttignol
William and Joan Gilson
IBM Employee Services Center
Raymond and Diane Jonardi
George and Beatrice Lamprinakos
John and Betty Ann Manes
Truist
IBM Employee Services Center
Truist
United Way of Southeastern Pennsylvania
Robert and Judith Vencenzini
Jane Wolanin-Karksi
Hugh and Alice Young

Correction from Spring/Summer newsletter:
In Memory of Annette Brahms-Papke
Hugh and Doris Papke

The Alzheimer’s Assistance and Referral Network of Youngstown, Ohio, led by Director DOROTHY BARTO and Board President ROBERT FULTON, has once again donated to the University of Pittsburgh Alzheimer Disease Research Center (ADRC). Since 2006, the network has donated more than $18,000 to the ADRC. The network is devoted to fundraising that contributes to research and has raised money through charity auctions, garage sales, Alzheimer’s walks, and candy bar sales, among other efforts. One of its premier fundraisers, Julie Houlette Filipovich, has raised more than $1,200 by herself. The network presented a check to ADRC employees Lori Macedonia, PA-C, MPH, and MaryAnn Oakley, MA, after they gave a research update to members of the Youngstown-area community on November 10, 2011. The ADRC appreciates and thanks the Alzheimer’s Assistance and Referral Network for its continued effort and support! ■

Thanks for Giving

Annual Walk to End Alzheimer's a Success

The Alzheimer's Association’s annual Walk to End Alzheimer’s was held at the Pittsburgh Zoo & PPG Aquarium on October 1, 2011. There was a tremendous turnout of 2,476 participants despite the cold and rain. The event is designed to raise awareness and funds for Alzheimer’s care, support, and research. The Alzheimer’s Association has raised more than $238,000 so far this year. As usual, faculty and staff from the Alzheimer Disease Research Center attended this year’s walk. ■
Featured Clinical Trial

A Phase 3 extension multicenter double-blind long-term safety and tolerability treatment trial of bapineuzumab in subjects with AD who participated in the study ELN 301/302

The University of Pittsburgh Alzheimer Disease Research Center (ADRC) is one of approximately 230 sites in the United States and Canada where researchers are conducting a clinical trial with an investigational drug called bapineuzumab. This research study is being funded by Janssen Pharmaceuticals, Inc.

Bapineuzumab is an antibody—a type of protein that is usually produced by white blood cells to destroy other substances in the body. In Alzheimer’s disease, a protein called amyloid gathers in the brain and is thought to cause symptoms like memory loss and confusion. It is hoped that bapineuzumab will attach to the amyloid protein in the brain and help the body to remove it.

If amyloid plays an important role in Alzheimer’s disease, as is hypothesized, then bapineuzumab could be a potential treatment for this highly unmet medical need. It is currently in a Phase 3 clinical trial, which is the final step toward obtaining U.S. Food and Drug Administration clearance.

Approximately 15 ADRC patients have participated in the bapineuzumab research studies, which began with a Phase 2 initial trial in 2005. Five participants are enrolled in the Phase 3 trial, which is currently closed to recruitment. Lori Macedonia, PA-C, MPH, study coordinator for the trial, says that patients enrolled in the study are very interested in having the opportunity to contribute to research and the possible development of a new medication to treat Alzheimer’s disease.

Kathy Sullivan, daughter of a participant who is currently enrolled in the study, expressed that the overall experience has been wonderful. “Dr. Oscar Lopez brought the study to our attention, and we wanted to help do something for the greater good. He has a great heart for his patients, and Lori Macedonia has been so helpful with trying to make the appointments work with my schedule,” said Sullivan.

If you or someone you know is interested in learning more about clinical trials offered at the ADRC, please contact MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu.

Distinguished Professor

William E. Klunk, MD, PhD, codirector of the Alzheimer Disease Research Center and professor of psychiatry and neurology in the University of Pittsburgh School of Medicine, has been honored with the title of Distinguished Professor. The rank of Distinguished Professor recognizes extraordinary, internationally recognized scholarly attainment in an individual discipline or field. Pitt Chancellor Mark A. Nordenberg made the appointment, which became effective July 1, 2011, based on the recommendation of Pitt Provost and Senior Vice Chancellor Patricia E. Beeson. Congratulations, Dr. Klunk!

The Alzheimer’s Association 24-hour helpline provides reliable information and support to all who need it. Call the toll-free hotline anytime, day or night, at 1-800-272-3900.

Visit Our Web Site

For up-to-date information about the Alzheimer Disease Research Center, the Brain Donation Program, clinical trials, and community presentations, please visit www.adrc.pitt.edu.
Staff Spotlight

ADRC ADMINISTRATIVE ASSISTANT
KRISTEN FAIR

Kristen Fair feels that the most rewarding part of her job is the opportunity to work with such dedicated faculty and staff members at the ADRC.

In her position as an administrative assistant, Fair processes and distributes all patient medical reports, processes center donations, study participants’ payments, and accounts payable items; completes all center purchasing; provides administrative support to the ADRC’s administrative director and physicians; and supervises the center’s work-study students.

Prior to joining the ADRC, Fair worked in the University of Pittsburgh Departments of Epidemiology and Physics and Astronomy. She graduated from Norwin High School and completed several English and writing courses at the University of Pittsburgh.

Fair also is a single mother of three wonderful children who are actively involved in a variety of sports and school activities. In her spare time, Fair takes pride in serving as an executive board member of the Police Athletic League of North Huntingdon, the league in which her children compete year-round.

Outreach Happenings

The ADRC staff members have been out and about in the community, raising awareness and spreading valuable information about Alzheimer’s disease. Some of the outreach events that center staff have attended are the Southwestern Pennsylvania Area Agency on Aging Inc.’s 25th annual Senior Games, held at Peters Township High School; State Representative Robert Matzie’s third annual Senior Health Expo at the Robert Morris University Island Sports Center; Alpha Kappa Alpha’s Health Olympics; and Rankin Christian Center’s annual Health Fair. Also, Education and Information Core Director Jennifer Lingler spoke about memory and aging at the East Liberty branch of AARP on October 27, 2011.

Additionally, the center has held two Walter Allen Memorial Seminar Series this year at the Hill House Association’s newly renovated Kaufmann Center, located at 1835 Centre Avenue in the Hill District. Willa Doswell, RN, PhD, of the Department of Health Promotion and Development, University of Pittsburgh School of Nursing, spoke about grandparents raising grandchildren and its effects on the family on June 16. Robert Sweet, MD, ADRC clinical core psychiatrist, spoke about genetic studies of behavior changes in Alzheimer’s disease at the fall seminar on October 13. Both presentations were well received and found to be stimulating by the attendees. If you would like information about upcoming seminars, please contact Marita Garrett at 412-692-2722 or garrettm@upmc.edu.

On October 6 and 7, the University of Pittsburgh held its 11th annual celebration of science and technology, Science2011—NextGen. This annual event showcases exemplary research in the fields of science, engineering, medicine, and computation to demonstrate to the public that research can be interesting, exciting, and a catalyst for change.

Senior nursing student Stacey Beasock presented her ADRC-affiliated research at the Science2011 poster symposium. Beasock’s presentation, “Pilot Test of a Communication Skill-building Protocol for Dementia Caregivers through Two Training Approaches: Web based vs. Face to Face,” described the effectiveness of a caregiver training program developed by Jennifer Lingler, PhD, CRNP, and colleagues. The ADRC is proud to support the research efforts of undergraduate students like Beasock.

Student Research Efforts
New Go4Life Campaign Focuses on Fitness for Older Adults

We stay active because it gives us more energy and makes us feel 10 years younger!

Public-private effort led by NIH reaches out to baby boomers and their parents

Being physically active is vital to maintaining health and independence as people age, and a new federal campaign for people 50 and older will help them to get active and keep going. Introduced in October by the National Institutes of Health (NIH), the Go4Life campaign encourages sedentary older adults to reap health benefits by making physical activity part of their daily lives. Only 25 percent of people ages 65–74 say they engage in regular physical activity.

Go4Life was presented October 19, 2011, at a briefing on exercise and aging on Capitol Hill hosted by Herb Kohl (D-WI) chair of the U.S. Senate Special Committee on Aging, and Mark Udall, (D-CO) of the Senate Special Committee on Aging.

The briefing highlighted the public-private partnership central to the campaign—a Go4Life team that will work to bring the campaign into communities across the United States. The team includes NIH; other agencies in the U.S. Department of Health and Human Services; and national organizations, corporations, insurers, health care providers, and nonprofit organizations.

Go4Life’s participating organizations will incorporate campaign resources into their own health and wellness activities and disseminate Go4Life Web links and materials to their members, employees, and customers. Many partners will directly sponsor events or community activities aimed at engaging older adults in exercise and physical activity as the campaign moves forward.

The campaign was conceived and is being led by the National Institute on Aging (NIA), the component of NIH devoted to research on aging. NIA will work with the Go4Life community on events and will highlight participating organizations and their activities on the campaign Web site.

“If we want to become a healthy and fit nation, we need to increase the number of Americans who are healthy at every stage of life,” said U.S. Surgeon General Regina Benjamin, MD, MBA. “Go4Life provides older adults with the tools and resources to get moving and keep moving. With the release of the National Prevention Strategy, we are moving our health care system from a focus on sickness and disease to a focus on wellness and prevention.”

The campaign developed from concerns that, despite proven health benefits, exercise and physical activity rates among older people are low. About 30 percent of people ages 45–64 say they engage in regular leisure-time physical activity. Only a quarter of those ages 65–74 say they do. And while experts say people age 85 and older, can benefit from exercise, only 11 percent of that age group reports being active. At the same time, NIA noted, some older adults were contacting the Institute for guidance on kinds of exercises to do, indicating their interest in becoming more active.

“You’re never too old to increase your level of physical activity and exercise,” said Richard J. Hodes, MD, director of the NIA. “Go4Life is based on studies demonstrating the benefits of exercise and physical activity for older people, including those with chronic health conditions. This new campaign reaches out to older people who traditionally have not embraced exercise and shows them ways that even those with physical limitations may be able to exercise safely as well.”

The research-based resources of Go4Life center on a colorful, interactive Web site (www.nia.nih.gov/Go4Life) providing information and motivation to exercise for individuals, families and friends, organizations, and health care professionals. The site features specific exercises, success stories, and free materials to motivate growing numbers of older people to start exercising and keep going. It even offers online virtual coaches to help motivate Go4Life participants. Many Go4Life materials are available in Spanish at go4life.niapublications.org/resources/spanish#espanol.

Go4Life is a registered trademark of the U.S. Department of Health and Human Services.
Volunteers Needed for Research Studies

**Alzheimer’s Disease Neuroimaging Study 2 (ADNI2)**

**DESCRIPTION**
The purpose of this study is to determine whether imaging of the brain (through MRI, PET, and amyloid imaging scans) can help to predict the onset and monitor the progression of cognitive change. The study will test blood and cerebrospinal fluid (from lumbar punctures) to determine whether biomarkers can predict and monitor the disease.

**STUDY LENGTH**
54 months

**STUDY REQUIREMENTS**
- Between 55 and 90 years of age
- A study partner who is able to attend all clinic visits with the participant
- Participant who has a diagnosis of either early Alzheimer’s disease or mild cognitive impairment or is cognitively normal

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**Perceptual Memory Study**

**DESCRIPTION**
The goal of this study is to learn more about the neural bases of perceptual decision making and, in doing so, to better understand how memory is affected by aging. Using functional magnetic resonance imaging (fMRI), this study will examine changes in brain function while participants perform cognitive tests. The fMRI scan and test results will help researchers to gain insight into which parts of the nervous system are involved in different aspects of the tests.

**STUDY LENGTH**
One visit (3–4 hours)

**STUDY REQUIREMENTS**
- Individuals between 65 and 85 years of age who are currently experiencing progressive cognitive deficits (mild cognitive impairment) or who are cognitively normal

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**3M Study: Maximizing Medication Management**

**DESCRIPTION**
This study will examine the effect of a new program for teaching family caregivers about managing and administering medications to persons with cognitive impairment.

**STUDY LENGTH**
Approximately six months

**STUDY REQUIREMENTS**
- Family or informal caregiver who is caring for a friend or family member who needs help with managing his or her medications or
- A participant who has difficulty remembering, needs help with managing medications, and has at least one health condition that requires medication

A major focus of the ADRC is to match participants with opportunities for involvement in additional studies being conducted by ADRC-affiliated researchers. Individuals enrolled at the ADRC are routinely invited to participate in additional studies, depending on eligibility requirements and interest in volunteering. If you have questions about whether a particular study is a good match for you, please contact us.

CONTACT MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu
Questions and Answers about Participating in the Brain Donation Program

Q: Why is a brain donation important?
A: A brain autopsy is helpful to both family members and researchers. A brain autopsy can either confirm or disprove a diagnosis of Alzheimer’s disease or other dementia. Many families find that getting such diagnostic confirmation provides closure or resolution to the caregiving experience. An autopsy report also may help to minimize concern and confusion during future discussions of the family’s medical history. Brain donations contribute greatly to scientific research. Information from the autopsy is vital to researchers who are working to better understand the effects of neurodegenerative disease on the brain. Without such research, the development of better treatments would be severely limited.

Q: What special procedures must be followed at the time of death?
A: There are no special procedures, but it is very important to have the brain autopsy performed before funeral preparations, within 12 hours of death, to be of maximum research value. There is, however, still immense value in having a brain autopsy performed up to 24 hours after death. It is recommended that you contact the Alzheimer Disease Research Center (ADRC) as soon as you make the decision to participate in the Brain Donation Program.

Q: Can an individual enroll in the Brain Donation Program prior to death?
A: Yes, an individual can indicate his or her interest in the Brain Donation Program at any time prior to death.

Q: Who can authorize a brain donation?
A: The legal next of kin must authorize the brain autopsy before it can actually be performed. This is done via a three-way phone conversation with ADRC personnel shortly after death.

Q: Who will receive the results?
A: A report will be sent to the next of kin within several months of the completion of the brain autopsy.

Q: What effect will brain donation have on funeral arrangements?
A: Brain donation should not have any effect on one’s funeral arrangements. The procedure is performed very carefully and in a manner that does not interfere with plans for open casket viewing.

Q: Should families talk to their funeral director in advance?
A: Yes, we recommend that families work with funeral directors to make as many prearrangements as possible. Planning ahead can help to avoid increased stress at a very difficult time. If you do not have a funeral director, we encourage you to consider selecting one in advance.

Q: How does the deceased get to and from the brain donation site?
A: Transportation is generally provided by the funeral home. If this is not possible, the ADRC can arrange for transportation through a service. Costs will be covered by the ADRC for center participants.

Q: Is it important to examine the brains of older adults without dementia?
A: Yes, it is very important to study the brains of individuals without a diagnosis of Alzheimer’s disease or other dementia. Researchers are interested in learning more about changes that are found in the healthy brains of older adults. This will help to identify exactly which brain changes are related to disease and which are related to aging.

Q: What is the cost of the brain autopsy?
A: For ADRC participants, there is no charge for the brain autopsy procedure. For non-ADRC participants, there is a fee.