MESSAGE
from the Director

Disappointment and Lingering Hope: Interpreting Recent Drug Study Results

In July and August of 2012, the much-anticipated results of large late-stage Alzheimer’s disease (AD) drug trials began to come out. These studies used a treatment approach that many felt held the most hope for having a major impact on the course of AD. In this approach, antibodies (proteins our bodies make to fight off disease) are used in an attempt to clear amyloid out of the brain. Amyloid is a protein found in the plaques of AD and has been suggested as a cause of the disease. Pharmaceutical companies have worked on ways to clear amyloid out of the brain (or prevent it from building up in the first place) for more than a decade. When scientists showed that antibodies could remove amyloid from mice genetically engineered to accumulate the AD protein, this approach catapulted to the forefront of AD drug trials in humans.

There have been many drawbacks to this approach from nearly the beginning. First were side effects that required stoppage of the first trial, which used the amyloid protein to “vaccinate” AD patients so that they would make their own anti-amyloid antibodies. This setback led to a related approach in which the patient’s own ability to make antibodies (and the side effects that went with that) was leapfrogged by simply injecting the antibodies themselves into patients (these antibodies are made in bulk by genetically engineered cells in large incubators). Several companies have different antibodies, with slight differences, in trials, but the two largest and most advanced were bapineuzumab (Janssen Pharmaceuticals, Inc./Pfizer Inc.) and solanezumab (Eli Lilly and Company). Within weeks in July and August, we learned that both trials failed to achieve the desired outcome, as neither clearly protected against declining cognition and function in patients with mild-to-moderate AD, although there were small benefits noted in the solanezumab trial.

Some researchers interpreted these results as the end of this “anti-amyloid” approach. Others interpreted the results differently, saying, in essence, that we shouldn’t throw the baby out with the bathwater. These researchers think that anti-amyloid antibodies, as well as other anti-amyloid approaches, may still be very effective, and we have to do the right kind of drug trial to see that. It is very clear that the field is less sure today than before these disappointing results came out about whether the

Waiting until someone has diagnosable AD may be waiting too long if an anti-amyloid antibody is going to have substantial protective effects.

TIPS to Keep Your HOLIDAY STRESS LEVEL Low

The holiday season is fast approaching. During this busy time of year, people reconnect with family and friends and participate in all sorts of seasonal activities.

What’s HAPPENING to My Memory?

This article is the fourth in a series of five about memory. The remaining one will appear in a future issue of PATHWAYS.

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www.adrc.pitt.edu
anti-amyloid approach can be successful. However, those with lingering hope for the anti-amyloid antibody approach express the way forward as follows:

AD is a disease that not only has a long duration after the first diagnosis (perhaps a decade), but we also know that the brain changes related to AD can be detected at least a decade before that first diagnosis. Much of this evidence comes from autopsy studies in which AD brain changes were found in people who died with no memory loss and from studies with the amyloid-imaging positron-emission tomography tracer developed by a team at the Alzheimer Disease Research Center called Pittsburgh compound B, or PiB. These PiB studies have shown that people can carry amyloid in their brains for many years before the symptoms of AD can first be detected. This means that amyloid may have been damaging the brain for many years before we recognized it. Thus, waiting until someone has diagnosable AD may be waiting too long if an anti-amyloid antibody is going to have substantial protective effects.

Therefore, there has been a sense in the field for many years—one that has been strengthened by the recent disappointing results on bapineuzumab and solanezumab—that we must try to treat people destined to get AD even before symptoms become obvious. If begun then, perhaps these anti-amyloid antibodies could prevent AD from occurring at all—or at least could delay the first symptoms for five years or so. A five-year delay would essentially cut the number of people who have AD in half, so this would be a very welcome advance.

But how do you find people destined to get AD before they even have symptoms? Two methods are being explored in studies currently being organized. Two studies, the Alzheimer’s Prevention Initiative (API) and the Dominantly Inherited Alzheimer Network (DIAN), are approaching this by organizing anti-amyloid antibody trials in those rare individuals who carry a gene mutation that causes early onset AD beginning in their 40s or 50s. The ADRC is currently involved in the DIAN trial and works with the researchers of the API trial as well. Another study, Anti-Amyloid Therapy in Asymptomatic Alzheimer’s (A4), will look at older people with normal memory who have an amyloid brain scan (with PiB or another similar amyloid tracer) that shows the presence of amyloid plaques. We expect to be involved in the A4 study when it begins. All of these studies are designed to first explore the effectiveness of the antibodies at removing the existing amyloid or preventing new amyloid and then determining whether this results in delaying (or even preventing) AD in the people who receive the antibody compared to those who receive a placebo.

As one can imagine, these studies are difficult and expensive to perform, and drug companies would have preferred to avoid them by simply showing an effect in people who already had AD. However, if the saying “the darkest hour comes just before the dawn” applies here at all, the setbacks experienced in the bapineuzumab and solanezumab trials may have motivated drug companies to embark on these types of prevention trials. The U.S. government, through the National Institutes of Health, will provide some support for all of these trials if they can pass scientific review hurdles, but the pharmaceutical industry will be expected to bear the bulk of the costs in all three cases. No one knows if this prevention approach will bear fruit, but many in the field are optimistic that we have finally decided to make a step believed to be necessary before we could ever hope to effectively treat AD. If this journey might ultimately lead us to successful treatment and prevention of AD, then at least the first step of the journey has been made.

Why Do Some People Have More Problems with Memory than Others?

By JUDITH SAXTON, PhD, Adjunct Professor of Neurology

Scientists are interested in why some people remain cognitively healthy as they get older while others develop cognitive impairment or dementia such as Alzheimer’s disease. The concept of “cognitive reserve” has been suggested as a mechanism. Cognitive reserve refers to the brain’s ability to operate effectively even when some function is disrupted. In other words, how much damage can the brain sustain before changes in cognition are evident?

The amount of cognitive reserve that people have varies, and this variability may be due to differences in genetics, education, occupation, lifestyle, leisure activities, or other life experiences. These factors provide a certain amount of tolerance and ability to adapt to change and damage that occurs during aging. At some point, depending on a person’s cognitive reserve and unique mix of genetics, environment, and life experiences, the balance may tip in favor of a disease process that ultimately will lead to dementia. For another person, with a different reserve and a different mix of genetics, environment, and life experiences, the balance may result in no apparent decline in cognitive function with age.
For many families, this means attending religious services, shopping for gifts, going to holiday concerts, and decorating their homes. While the holiday season brings many joys, it also can be stressful. There is no doubt that the changes and challenges brought on by the holiday season can get the best of anyone. Not surprisingly, any changes in the normal routines that often are associated with the holidays can be particularly stressful for a person who is experiencing a significant degree of memory loss. Experiences such as meeting new people, visiting new places, or adapting to new schedules can lead to anxiety, fear, or worry. Even familiar events can be overwhelming, especially if they involve long days, large numbers of people, or the need to process a lot of information at once.

The following tips may help to keep your holiday stress level in check:

• **Be proactive.** Cue your loved one as you encounter friends or family whose names might be difficult to remember. By taking the initiative to greet people as you approach them, you are cuing your loved one and preventing the embarrassment of word-finding difficulty.

• **Be creative.** Use photographs and other memory-jogging materials to help cue your loved one about where you are, who you will be seeing, and why you are visiting.

• **Be selective.** If you are entertaining multiple invitations to social gatherings, carefully consider which activities are likely to be best tolerated by your loved one. Factors to keep in mind include the distance and duration of a proposed trip and the amount of stimulation that an event may entail (such as large crowds, loud music, or a lot of activity at once).

• **Be a detective.** If your loved one does happen to experience confusion or changes in behavior, do your best to understand what might have precipitated those symptoms. Understanding what might be causing the problem will give you a head start on working to address it. Understanding what might have caused the change also will help you to stay calm, which is key to being effective in reassuring your loved one.

• **Communicate clearly.** Quite possibly, the holiday season will present opportunities to visit with friends or family who may be unfamiliar with the changes your loved one is experiencing. Consider contacting some of these folks ahead of time to explain the situation and prepare them for what to expect.

• **Establish boundaries.** If conversations about the diagnosis or treatment of a memory disorder seem to be interfering with your loved one’s, or your, ability to enjoy seasonal gatherings, consider scheduling a family conference—separate from holiday activities—that addresses these issues. This may give concerned family members an opportunity to express their opinions, discuss issues related to care and treatment, and understand your approach to managing your loved one’s symptoms.

• **Take care of yourself.** Caregivers are notorious for neglecting themselves when life gets hectic. Plan ahead by scheduling downtime for yourself in advance. Consider arranging for some respite care, even if it is only for a few hours a week. Ensuring that you take time for yourself will go a long way toward keeping your stress level in check.

By AMY LIPTAK, Student Nurse

If you have questions about how best to incorporate these tips into your holiday planning, please call the Alzheimer Disease Research Center (ADRC) at 412-692-2700 and ask to speak with a clinician.

The ADRC is open on weekdays from 8:30 a.m. to 5 p.m., with the exception of holidays. The Alzheimer’s Association hotline is available 24 hours a day, 365 days a year, at 1-800-272-3900.

Happy holidays!
Navigating Care Options for Alzheimer’s Disease and Related Disorders

By AMANDA HUNSAKER, MPH

Understanding what care options are available across the stages of Alzheimer’s Disease (AD) can help families to plan optimally for a loved one’s future care needs. Navigating the system can be a difficult process.

We hope that the following explanations will acquaint families with the terminology used to describe care options and provide a starting point for planning ahead.

For individuals with dementia, adult day care offers a community-based setting in which to socialize and receive health services and assistance with basic care needs. These programs typically function during business hours and can provide caregivers with weekday respite from care duties.

In-home care is an option for individuals who prefer to continue to reside in their homes, even when they may need long-term hands-on care. Individuals may receive nonmedical help, including assistance with bathing and dressing. In-home services also can include help with housekeeping, shopping, and meal preparation.

Residential care spans a range of levels of care needs and is distinguished from adult day care and in-home care by virtue of the fact that persons receiving residential care relocate to a care facility. While residential care is most often thought of as permanent, residential care services can be used as a respite for caregivers who are taking overnight trips or vacations and need a safe place for their family member to stay.

Individuals with early stage AD who are still able to care for themselves but may have difficulties managing an entire house might benefit from smaller-sized retirement housing. In this type of independent living setting, individuals receive limited supervision and many opportunities for social engagement. Assisted living can offer more staff support for health and daily care as well as meals. Residents can choose from a menu of services (e.g., bathing, dressing, medication support) based on their care needs. In Pennsylvania, domiciliary care (private, residential home setting) and personal care homes (small, privately owned, not in a home setting) are two additional options for individuals considering assisted living. Nursing homes are a step up in care, offering 24-hour medical support and assistance with daily activities, including help with eating. Opportunities to socialize and participate in activities continue to be offered in this setting. Some residential facilities have memory care units that are specifically designed to meet the needs of individuals with dementia. Finally, continuing care retirement communities offer a continuum of care in one setting so that individuals can move through the levels of care (independent, assisted living, and nursing home) as their needs for assistance change.

When a loved one is nearing the end of life, hospice care can provide support to both the person with dementia and his or her family. For the individual with AD, medical care is provided to ease the symptoms of illness, including pain. Supportive counseling and spiritual care are provided to caregivers and patients. Care can be provided in the home, in a residential care setting, or in a dedicated hospice facility.

It’s important to note that insurance coverage varies across these levels of care. Long-term care policies may cover these services. Although navigating the care system can be difficult, Alzheimer Disease Research Center social workers can be a source of support during the process. Please feel free to contact them.

The Alzheimer’s Association Web site offers detailed descriptions of care, including questions to ask potential care providers and information regarding costs and insurance coverage, at www.alz.org/care/alzheimers-dementia-care-housing.asp.
The University of Pittsburgh Alzheimer Disease Research Center (ADRC) has named Julia Kofler, MD, as the new director of its Neuropathology and Genetics Core following her appointment as its codirector in 2011. The Neuropathology and Genetics Core is one of six that make up the organizational structure of the ADRC.

After obtaining her medical degree from the University of Vienna in Austria, Kofler completed a residency in anatomical pathology and a fellowship in neuropathology at the University of Pittsburgh Medical Center and then joined the pathology faculty at the University of Pittsburgh School of Medicine in 2010.

During her training, Kofler developed a strong clinical and research interest in neurodegenerative diseases and neuroinflammatory processes. One of her ongoing research projects focuses on phenotypic changes in microglial cells (the resident immune cells in the brain) that occur with aging and Alzheimer’s disease (AD). This study is funded from 2010 to 2015 as one of the research projects of the ADRC center grant. Another research direction in Kofler’s lab is to investigate correlations between recently identified risk genes for AD and pathological phenotypes.

The Neuropathology and Genetics Core serves several important functions. First, neuropathologic evaluation can provide a final and definitive diagnosis that may eliminate any diagnostic uncertainty and provide the family with some closure. It also can identify any other pathological changes that are frequently present in the brain in addition to AD pathology. These include vascular or ischemic changes, such as small and large strokes, and other neurodegenerative processes such as Lewy bodies or TDP pathology.

Secondly, autopsy confirmation of the clinical diagnosis and detection of concurrent neuropathologic changes provide important feedback to clinicians and improve their ability to evaluate clinical studies of AD, including therapeutic trials. One major ongoing effort at the ADRC is to bridge the Neuroimaging and the Neuropathology and Genetics cores by correlating amyloid PET imaging results with autopsy findings.

Lastly, the core’s brain bank collects and preserves rapidly frozen brain tissue samples from various regions of the brain. These samples are not only made available to local researchers at the University of Pittsburgh but also are given to large multicenter studies. Human brain tissue samples are an invaluable resource for AD research, as neither animal models nor cell culture studies fully mimic the changes that occur in a diseased human brain.

The ADRC staff and faculty members wish her a warm welcome.

Meet the ADRC’s New

Neuropathology and Genetics Core Director

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Education and Information Core Associate Director

The Alzheimer Disease Research Center (ADRC) welcomes Nicole Fowler, PhD, MHSA, as associate director of its Education and Information Core. The Education and Information Core is one of six that make up the organizational structure of the ADRC.

Fowler is an assistant professor of medicine and clinical and translational science in the Pitt School of Medicine (in the Department of Medicine). She received her doctoral degree in public and international affairs from the University of Pittsburgh and a master’s degree in health policy and management from George Washington University. She also serves as assistant director of the PhD Program in Clinical and Translational Science and the Predoctoral Training Program in Clinical and Translational Research.

Her main area of interest is in medical decision making for older adults with Alzheimer’s disease and other dementias. This interest grew out of her experience as a long-term care administrator and a caregiver for her grandmother, who suffered from dementia before her death.

Fowler currently has two active projects. One involves assessing older adults’ beliefs about the risks and benefits of screening for dementia in a primary care setting, and the second, an ADRC-funded project, measures the quality of decision making for older adults who have had a cardiac pacemaker and cardiac defibrillator implanted.

Her long-term research goal is to develop programs that will be used to help patients and families make informed decisions about health care choices, help clinicians to better integrate and apply evidence-based care, and help policymakers to identify better ways to measure and promote quality care for older patients with dementia.

Fowler lives in O’Hara Township with her husband, Dan, and their children, Ian and Evelyn.

The ADRC staff and faculty members wish her a warm welcome.
In Memoriam

The University of Pittsburgh Alzheimer Disease Research Center thanks the following individuals, companies, and groups for their generous donations received May 10, 2012–October 18, 2012.

In Memory of Dr. Wilfred Biagas
Anthony and Rita Ingrisano
Steven and Pamela Kernie
Charles and Debra Schleien
Arthur and Deborah Smerling
Mark Whalen
John Zacharias

In Memory of Dorothy Cannon
Dale and Lynn Lazar,
Bernard and Ethel Lazar
Research Fund

In Memory of Joseph L. Caparosa
Dale and Lynn Lazar,
Bernard and Ethel Lazar
Research Fund

In Memory of Evelyn Cardone
Frederick Cardone

In Memory of Pauline Clark
Norman and Rose Marie Giancola
North Sewickley Township

In Memory of Linda Cunning
A. Richard and Nancy Kacin
Barbara Kaplan
S. and G. Suzanne Ornowski
Thomas Steel
Diane Walters
Terrance and Deborah Yarlett

In Memory of Donald DeNardo
Daniel and Mary Bergell
John and Emily Flanagan
David and Amy Helsley

In Memory of Dr. Ronald Dietrick
Nancy Allwein and Bonita Reimer
R.F. and V.M. Barnes
Zora and Zoey Bellamy
James and Lynda Burns
David and Nancy Buterbaugh
Karen Deinert

Robert and Eileen Deinert
Mark and Claire Dietrick
Richard Dietrick and Diane Wells
George and Muriel Fritsch
Edmund and Elena Grab
Timothy and Susan Gunsallus
Stephen and Lynn Kaplan
Timothy and Beverly Liparulo
Ralph and Barbara Macek
Keith and Linda Mason
Frances McKalip
Diane and Ross Moody and Claire Dietrick
Don and Vivian Norris
Dr. Joseph and Patricia Silverman
Stewart and Sandy Trotter
Jane Vipond

In Memory of Rhma Kunkle Fatur
Donald and Carol Kayser

In Memory of Gloria Frantz
Shirley Goldstein

In Memory of Sarah Jane Gleeson
Roberta Marie Churilla

In Memory of Freda L. Knestaut
Gerald and Dao Felen
Daniel and Lucille Fiscus
Joan and Linda Fiscus
Edward and Freda Lance
Ruthann and Kenneth Smith Sr.

In Memory of Beatrice Lamprinakos
Kenneth and Anna Benvenuti
Cynthia and Nadine Bognar
Evelyn Geyer
Ernest Hawkins and Nancy Orr
Gail and Jen Kahle
Benjamin Kramer
Vincent and R. Sharon Schiavoni
Kelly Thomas
Jeffrey and Jill Wolff

In Memory of Charles Lentz Jr.
Carol Bozich
Daniel A. Bradley
Fox Hill Mortgage, Inc.
Kristin Hepler
Robert and Louann Macedonia
Thomas and Daria Thimons
Lawrence and Karin Turowski

In Memory of Margaret Miller
Jonathan and Pamela Clark

In Memory of Charlie Otto
W.R. and Vicky Judd

In Memory of Anne Palencik
Becky and Thomas Stauffer Jr.

In Memory of Margaret Porvaznik
Joseph and Susan Bodziach
James and Traci Bycura
Pasquale and Carol Didiano
The Garden Club of Munhall
Christopher and Susan Schools

In Memory of Judith Sakala
Judith Udavcak

In Memory of Grace Siebeneicher
Hugh and Doris Papke

In Memory of Philomena Rose Teodori
Craig and Rosalie Braverman
Donna Kalikow

In Memory of Josephine Varano
Stephen and Pamela Rob

In Memory of Gertrude Tressler Wargo
Robert and Geraldine Berger

In Memory of Faye Wilson
George and Jill Wilson
Walk to End Alzheimer’s a Success

The Pittsburgh Zoo & PPG Aquarium graciously hosted the Alzheimer’s Association Walk to End Alzheimer’s on October 6, 2012. Approximately 2,700 individuals participated in this annual event designed to increase awareness and raise funds for Alzheimer’s disease care, support, and research. More than $265,000 has been raised so far this year. Faculty and staff from the Alzheimer Disease Research Center were pleased to take part in this year’s walk.

Bach Choir Premieres Alzheimer’s Stories

The Bach Choir of Pittsburgh opened its 2012–13 season in October with a rousing concert titled Time Remembered/Time Forgotten. The performance at Eastminster Church in East Liberty featured the Pittsburgh premiere of Robert S. Cohen’s Alzheimer’s Stories.

Cohen’s piece was truly powerful and nearly moved some audience members to tears. Staff from the Alzheimer Disease Research Center, the Alzheimer’s Association, and a local music therapy program had the privilege of attending this event. Staff members also were invited to distribute educational materials after the concert.

We wish to thank the Bach Choir for doing a truly outstanding job of helping to spread awareness of Alzheimer’s disease and related memory disorders to the event’s several hundred attendees.

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.
Zorich Joins ADRC as a Neuropsychometrist

Katy Zorich joined the Alzheimer Disease Research Center (ADRC) in April 2012. As a neuropsychometrist, she is mainly responsible for administering paper-and-pencil cognitive tests to ADRC participants. Additionally, she is the point person for Program Project Grant testing and assists with organizing weekly consensus meetings.

Zorich graduated from Allegheny College with a Bachelor of Science degree in neuroscience and psychology. She minored in French and spent a term abroad in Paris, France. Her working knowledge of French certainly helped while she attended graduate school at McGill University in Montreal, Quebec, Canada. For her master’s thesis, she attempted to develop a positron-emission tomography tracer that revealed the area of a stroke that can be targeted with stroke therapeutics. Unfortunately, it didn’t work, but she acknowledges that it was an ambitious project that was highly unlikely to succeed in only the few short years she spent working on it.

While working in a laboratory setting, Zorich realized that her ideal job would involve interacting directly with people rather than being behind the scenes. In fact, her most enjoyable aspect of working at the ADRC is interacting with our participants. “The people who give their time to our center are among the most compassionate individuals who I’ve had the pleasure to meet,” she says. “It takes a truly altruistic person to devote themselves, year after year, to Alzheimer’s research.”

After living in Canada for several years, Zorich is glad to be home and close to family and friends. Recently, she and her high school sweetheart, Chris, eloped to Napa, California. Outside work, she enjoys reading; running; cooking; learning; and, most of all, traveling.

ADRC University of Virginia Satellite in Action

At the Alzheimer Disease Research Center (ADRC) University of Virginia (UVA) satellite, we have been busy reaching out to the greater Charlottesville, Va., community of families who deal with memory problems daily. We know that every 69 seconds, someone develops Alzheimer’s disease (AD) in the United States. As a result, it has increasingly become a public health issue, with millions living with the disease and facing difficult questions about how to manage throughout its progress.

At the satellite center, we see these challenges with each family we meet. As a way to continue supporting our families outside the clinic, we recently took part in an effort to continue raising awareness and funds to support AD care and research. On September 22, 2012, many of our ADRC clinic team members participated in the Walk to End Alzheimer’s in Charlottesville. We raised more than $600 to support the Alzheimer’s Association movement to reclaim the future for millions.

We are grateful to do our part, not only in providing clinical care and research opportunities but also by expanding our support and advocacy throughout the community we serve on a daily basis. The UVA satellite is proud to partner with the ADRC in the fight to end AD, the nation’s sixth leading cause of death.
Outreach Happenings

SENIOR GAMES

Over the past few months, Alzheimer Disease Research Center (ADRC) staff members have been actively raising awareness and distributing educational information about Alzheimer’s disease (AD). Outreach staff were in attendance at the Southwestern Pennsylvania Area Agency on Aging, Inc.’s 26th Annual Senior Games at Albert Gallatin Area High School, the Central Outreach Resource and Referral Center’s annual Health Fair near One Hope Square in Pittsburgh’s Hill District, and State Representative Dan Deasy’s Senior Health Expos at Robert Morris University’s Island Sports Center and Guardian Angels Catholic Church in Green Tree.

PURPLE SUNDAY

The ADRC and the Alzheimer’s Association Greater Pennsylvania Chapter have formed an exciting new collaboration. The campaign is called Purple Sunday and is an annual faith-based day of outreach with the goal of raising awareness about AD in the African American community. Staff members from both organizations distributed educational materials at Mount Ararat Baptist Church in Pittsburgh’s East Liberty neighborhood on October 28, 2012, during the church’s annual Super Seniors’ Sunday. In addition, staff members also were available to answer questions about AD and related dementias.

SEMINAR SERIES

The fall 2012 Walter Allen Memorial Seminar Series lecture took place on November 1, 2012, at the Hill House Association Kaufmann Center, located in Pittsburgh’s Hill District. ADRC Education and Information Core Associate Director Nicole Fowler, PhD, MHSA, presented the lecture, titled “The Good, the Bad, the Truth, and the Unknown about Obamacare: What Does Health Reform Mean for Older Adults with Alzheimer’s Disease?” The program was well received and well attended in light of it being just five days before Election Day.

Garrett Awarded Salk Fellowship

Congratulations to ADRC Outreach Coordinator Marita Garrett, BS, on being selected as a 2012–13 Jonas Salk fellow. The Jonas Salk Fellowship is a unique educational program of the Jewish Healthcare Foundation. It brings together students from a diverse array of health-related graduate programs throughout Southwestern Pennsylvania to discuss paramount issues confronting health, health care, and our society. Garrett is currently pursuing a Master of Public Health degree at the University of Pittsburgh.

ADRC Researchers Receive Springer Award

The 2012 Springer Award in Geriatric/Gerontological Nursing was awarded to Linda Garand, PhD; Jennifer Lingler, PhD; Mary Amanda Dew, PhD; and Steven DeKosky, MD, for their 2011 article “Incidence and Predictors of Advance Care Planning among Persons with Cognitive Impairment,” which appeared in the August 2011 issue of The American Journal of Geriatric Psychiatry. It was noted that this research is a significant contribution to the field. The award presentation took place during the Gerontological Society of America 65th Annual Scientific Meeting on November 15, 2012. The Alzheimer Disease Research Center wishes all the authors a hearty congratulations!
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.

Get involved! we are in constant need of participants for several research studies and invite anyone with interest to call the ADRC at 412-692-2721 or e-mail oakleym@upmc.edu.

Cueing Kitchen for People with Cognitive Impairments

**DESCRIPTION**
The purpose of this study is to evaluate different types of reminders that have been designed to help people who have difficulty completing kitchen tasks due to problems of memory, attention, and planning as a result of a medical condition such as dementia.

**STUDY LENGTH**
One visit (approximately 2–2½ hours)

**STUDY REQUIREMENTS**
- A diagnosis of Alzheimer’s disease in the moderate range
- Live in your own home
- A study partner who will accompany you to the study visit

The RECALL Study
(Retaining Cognition while Avoiding Late-life Depression)

**DESCRIPTION**
This research project will test whether problem-solving therapy (PST) is successful in preventing major depression for those living with mild cognitive impairment. It also will examine the effect of moderate exercise on mood.

**STUDY LENGTH**
8–12 weeks of PST sessions and follow-up visits at three-month intervals for 12 months

**STUDY REQUIREMENTS**
- Be 60 years of age or older with a diagnosis of mild cognitive impairment
Objective Evaluation of Family Caregiving Study

**DESCRIPTION**
The goal of this study is to learn how family caregivers deal with dementia-related behavior and how they respond to suggestions for handling these situations at home. Participants will be asked to wear a video device at home to capture daily interactions with their family member who has dementia.

**STUDY LENGTH**
Three to four months

**STUDY REQUIREMENTS**
- Family caregiver age 21 or older who lives with and provides care to a person with moderate to severe dementia
- Person age 50 or older with moderate to severe dementia whose behavior is difficult for the caregiver
- Willingness to engage in all study activities at home and by phone

Alzheimer’s Disease Neuroimaging Study 2 (ADNI2)

**DESCRIPTION**
The goal 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 if biomarkers can predict and monitor the disease.

**STUDY LENGTH**
54 months

**STUDY REQUIREMENTS**
- A diagnosis of early Alzheimer’s disease
- A study partner who will accompany the participant to all clinical visits

CONTACT
MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu

Nagy Named New Administrative Assistant

As many of you know, Marlene Paytas retired from the Alzheimer Disease Research Center in June 2012. **Melissa Nagy** took over the administrative assistant position in November 2012. Nagy serves as the new contact person for center information and will schedule patient appointments.
Q: My loved one wants to have elective surgery. What do I need to consider?

A: There are many factors to consider when deciding whether to pursue an elective (or optional) surgery. These factors can vary greatly depending on the severity of the cognitive problem. Most commonly, clinicians and families worry that factors like a change of environment to that of a hospital setting, the use of new medications, and going under anesthesia can make a cognitively impaired person more confused, at least temporarily.

The first tasks of a family member who is considering elective surgery for his or her loved one are to ask questions and gather information. The next set of tasks relate to planning and communicating. Here are some ways to get started:

- Discuss the patient’s medical conditions with his or her primary care physician. Questions to prompt this discussion include the following: Are conditions such as hypertension, heart disease, and diabetes under good control? How are the patient’s nutritional status and weight?
- Review all prescription and over-the-counter medications with the primary care physician. Some medications and over-the-counter supplements can affect bleeding and clotting times and will need to be stopped prior to surgery.
- Inquire whether an inpatient stay is required or whether the procedure in question allows for an outpatient stay. Also ask about options for the type of anesthesia. Sometimes it is possible to avoid general anesthesia.
- If an inpatient stay is required, ask the following: Does the hospital have staff members (sometimes called “sitters”) designated to stay with the patient if needed, or will family members need to be available? Will cognitive or memory medications be continued during hospitalization?
- If an inpatient stay is required, take the following steps: Bring a family photo, favorite blanket, or an item that makes the patient feel secure, and make sure that it is placed at the bedside. Communicate with the medical and nursing staff about the patient’s cognitive diagnosis. While a face-to-face conversation is essential, also consider providing a written list of care tips with information about the patient’s usual routine, including bowel habits and bladder functioning. Let the staff know in advance whether particular activities are known to upset the patient. These might include bathing, dressing, attending noisy social gatherings, and other forms of increased stimulation.
- Discuss possible postprocedure or hospitalization care needs prior to the surgery. Ask questions like: Will the patient likely be able to come directly home? Can extra in-home care be provided by the family, or will health care workers need to be hired? Will a rehabilitation stay be needed? Keep in mind that even if the patient was handling his or her meals, medications, and finances prior to surgery, there may be an extended period of time postoperatively during which extra monitoring and assistance may be needed.
- At the time of discharge, be sure to ask what medications the patient received throughout his or her stay. Compare prehospital medications to the discharge medications list. If there are new medications, ask what conditions the medications are treating and whether the new medication is expected to be for short- or long-term use.