Dear Friends of the ADRC,

While this edition of Pathways will reach your home well after the Thanksgiving holiday, it seems that thanking research volunteers should always be in season. On behalf of all of the Alzheimer Disease Research Center (ADRC) faculty and staff, I extend to you our heartfelt thanks for your support of our research efforts. Whether you’ve come back year after year for memory evaluations, said yes when invited to learn about a clinical trial, or helped with another type of study like brain imaging or caregiver research, we appreciate your commitment to advancing research on Alzheimer’s disease (AD). It is thanks to you that we continue to make strides toward ending this devastating disease.

Now is a critical time in AD research. The current focus of research is on the earliest identification of the disease as well as a better understanding of normal, age-related changes that occur in the brain. With this approach, we hope that AD can eventually be stopped or even prevented.

We are grateful that you have recognized the importance of participating in research on AD. We are now asking you to help spread the word to others. We invite you to become a center ambassador and to help recruit new volunteers to come to the center. Did you know that our center has a critical need to expand its research to include both older adults who have no current memory complaints and those who may be experiencing the mild memory problems of normal aging?

If you know of someone who may be interested in volunteering for the ADRC, please encourage him or her to give us a call or visit our Web site. When speaking about the ADRC, please remember that every volunteer should be at least 55 years of age and needs to bring someone with him or her to the first evaluation. That person should know the volunteer well and be able to answer questions about the volunteer’s memory and functioning. We also hope that, as you speak to your friends and family, you will feel free to attest to your own experience with participating in research at the ADRC.

This year, we are celebrating the ADRC’s 29th anniversary. As our focus shifts toward identifying memory problems at the earliest stages of the disease, we will continue to provide long-term follow-up, education, and counseling as well as participation in research studies (e.g., medication and imaging trials) to all participants, including those with AD. Thank you for your help. We look forward to seeing you at your next annual ADRC visit.

Sincerely,
Oscar L. Lopez, MD, Director
In undertaking a clinical trial, researchers don’t want to leave anything to chance. They want to be as certain as possible that the results of the testing show whether or not a treatment is safe and effective. The “gold standard” for testing interventions in people is the randomized, placebo-controlled clinical trial. That means that volunteers are randomly assigned—that is, selected by chance—to either a test group receiving the experimental intervention or a control group receiving a placebo, an inactive substance resembling the drug that is being tested.

Comparing results from the two groups suggests whether changes in the test group result from the treatment or occur by chance. In many trials, no one—not even the research team—knows who gets the treatment, the placebo, or another intervention. When participants, family members, and staff all are “blind” to the treatment while the study is under way, the study is called a double-blind, placebo-controlled clinical trial.

Information obtained from the Alzheimer’s Disease Education and Referral Center (ADEAR) fact sheet Participating in Alzheimer’s Disease Clinical Trials and Studies and the ADEAR publication Participating in Alzheimer’s Research: For Yourself and Future Generations

LEARNING FROM RESEARCH FINDINGS
Test and placebo groups are equally important, as shown by the results of numerous clinical trials. For example, early research suggested that ginkgo biloba, an herbal supplement, might be effective in delaying dementia. To find out, the National Institutes of Health sponsored a six-year Phase III clinical trial, led by then ADRC Director Steven T. DeKosky, MD, with more than 3,000 participants age 75 and older. At the end of the trial, scientists reported that they had found no significant differences in effect on dementia in adults who received ginkgo biloba versus the placebo.

This result was disappointing, but scientists gained a wealth of information to inform future research. For example, researchers learned more about subgroups of participants who may be at greater risk for developing dementia and about ginkgo biloba’s possible effects on cardiovascular disease, cancer, depression, and other age-related conditions. They also gained insights into the design and conduct of large dementia prevention trials in older adults.

Clinical research is medical research involving people. Clinical trials test possible interventions to diagnose, treat, prevent, and one day cure a disease.

Food for Thought

Have you noticed that research on the relationship between diet and dementia seems to be in the news more than ever lately? To help you keep pace with cutting-edge research in this area, we are pleased to introduce a new series called Food for Thought. Each briefing in this series will highlight a new research study on how the food that we consume might impact our cognitive abilities.


WHAT THEY DID: Dr. Chauhan and colleagues provided a walnut-enriched diet to mice that were genetically altered with a predisposition for Alzheimer’s disease and compared them to other genetically altered mice who did not receive the walnut supplement. The mice received the walnut supplement for 9 to 10 months. The supplement accounted for either 6 percent or 9 percent of the mice’s daily nutritional intake and was equivalent to about one handful of walnuts per day on a human scale.

WHAT THEY FOUND: When tested in a water maze, the mice who received the walnut-enriched diets showed better learning skills, memory, mood, and motor skills as compared to the mice that were fed regular diets.

WHY IT MIGHT WORK: Walnuts are rich in omega-3 fatty acids, which have been shown to have health benefits for the brain.

THE BOTTOM LINE: Walnut-enriched diets might help cognition, but more research is needed.
Individuals in the advanced stages of Alzheimer’s disease (AD) or related disorders may, from time to time, exhibit changes in the way they act in relation to other people or to the environment. Often referred to as behavioral changes, these symptoms of moderate to advanced AD can be concerning to family caregivers. It can be especially concerning when behaviors like wandering occur, as this type of behavior can pose a threat to personal safety. Not surprisingly, once an individual starts to wander, he or she is at increased risk for wandering away or even becoming lost. The statistics on wandering are alarming. For example, it is estimated that six out of every 10 individuals with AD will at some point wander away from home or from a loved one at an event or outing. Although the majority of those who wander away will be safely located, three out of every 10 may become lost. Given these statistics, it is important to understand some basic features of individuals who wander and to be aware of the resources that can help to reduce their risk of getting lost.

UNDERSTANDING WANDERING

Wandering is a complex and challenging behavioral feature of AD that does not have one clear-cut cause. Wandering is most likely caused by a combination of internal changes in the brain (which can lead to spatial disorientation and impulsivity) and external reactions to the environment (like hearing something in the distance). Wandering sometimes is associated with other behavioral issues like agitation, restlessness, or anxiety and can be worsened when one is experiencing confusion. An example of such confusion may include mistakenly believing that one needs to get back home or to work when that is not the case.

As the cold weather approaches, it is important to keep in mind that wandering is a particularly concerning behavior because people with AD may not dress appropriately for weather conditions and may not always follow a path where they will be easily found. Research has shown that many people with AD will typically start off walking along a roadway or sidewalk, but 66 percent will depart from there and wander into other areas. They may be less likely to respond when their names are called as they sometimes do not perceive themselves as being lost. This makes preventing wandering a top priority in the care of people with moderate to advanced AD.

REDUCING THE RISK

A variety of approaches has been found to be effective in decreasing wandering behaviors in AD. These include ensuring that the person with AD is getting regular exercise and adequate sleep as well as managing bothersome physical symptoms like chronic pain. Experts also recommend placing interesting objects in view or offering activities to keep individuals with AD safely engaged.

A secure environment also plays a key role in preventing an individual from becoming lost. Items such as window and door alarms can alert a family caregiver that his or her loved one is attempting to leave. Having monitoring systems like these can be especially helpful at night so that caregivers can feel secure and can get adequate rest. Location devices also may be useful and can ensure that an individual can be located quickly should the need arise. These devices can be set so that a perimeter surrounding the house is established. Once the individual crosses the perimeter, an alarm is sent to the caregiver’s cell phone or home phone.

REACTING SWIFTLY

In the event that a loved one does wander off, remember that it is critically important to contact the police immediately. Rescue personnel believe that time is of the essence in these types of situations. If you believe that your loved one is at risk, a wanderers information sheet should be completed ahead of time and kept on hand should the police need to be contacted. For further information and to obtain a free copy of the wanderers information sheet, please contact the Aging Institute of UPMC Senior Services and the University of Pittsburgh at 1-866-430-8742.
You probably know that physical activity is good for you: It makes you stronger, gets your blood flowing, and even makes you feel good. People who exercise regularly are less likely to develop diseases like obesity, type 2 diabetes, and high blood pressure. Even people already experiencing serious health conditions can find exercise to be helpful in relieving symptoms and reducing pain and stress.

**DID YOU KNOW THAT EXERCISE ALSO IS GOOD FOR YOUR BRAIN?**

Studies show that exercise strengthens your brain (even though it is not a muscle). When done often, exercise can make it easier for you to think, to move around, and to perform your daily tasks.

The good news is that exercise can make you healthier at every stage of life, so it is never too late to get more active!

In people of all ages, those who exercise more have bigger brains and perform better on challenging tasks, and they are more likely to be in a good mood. Even in late life, exercise can slow brain cell death and encourage new brain cells to grow. This means that exercise can help you to fight serious health conditions and live longer.

**WHAT KIND OF EXERCISE IS GOOD FOR YOU?**

Any physical activity that gets you to move around and breathe a little harder is better than just sitting. This includes activities like going for a walk, cleaning, and gardening.

But the more physical activity you do and the longer you do it, the healthier you will be. Research is exploring other fun activities to get your brain thinking, body moving, heart pumping, and lungs working. People might be more likely to exercise if they are more interested in the activity, have fun doing it, or are participating with others.

**WHAT CAN DANCING DO FOR BRAIN HEALTH?**

When you learn a dance move, your brain must first process what you are watching, then send signals to your muscles to copy it. Your muscles then move your bones to perform the dance. With practice, the move becomes easier and more controlled until you hardly have to think about it. When you begin to learn and practice multiple moves along with music, it can be a real workout.

A research study at the University of Pittsburgh, led by Kirk Erickson, PhD, of the Brain Aging and Cognitive Health Lab, will be looking at whether African dance classes could actually improve brain health, fitness levels, and quality of life in older adults. The study will recruit African Americans between 65 and 75 years of age. Half of the participants in the study will attend one-hour African dance classes three days per week, every week, for six months. The other half of the participants will attend one-hour African dance and health education classes for six months. Research has shown that people who continue to learn new things later in life have healthier brains. At the beginning and end of the study, participants will perform an exercise test, complete challenging tasks, and fill out surveys about their health. The researchers will examine whether participants perform any better on these tasks after the study than they did before the study started. This study will test whether dance is another great way to stay active and healthy in late adulthood. The ADRC will be recruiting within the next several months for this exciting study. Look for more information to come.

The ADRC congratulates Kirk I. Erikson, PhD, associate professor, University of Pittsburgh Department of Psychology, on receiving funding from the Alzheimer’s Association International Research Grants Program for the study Influence of African Dance on Neurocognitive Function for the award period 2014–17.
On October 11, 2014, Team ADRC participated in a movement to reclaim the future for millions by participating in the Alzheimer’s Association Walk to End Alzheimer’s on Pittsburgh’s North Shore.

About 3,250 participants walked in this year’s event. Currently, the Greater Pennsylvania Chapter of the Alzheimer’s Association has raised more than $390,000 and is still counting donations. The Walk to End Alzheimer’s is the world’s largest event to raise awareness and funds for Alzheimer’s care, support, and research.

As of now, Alzheimer’s disease (AD) is the nation’s sixth-leading cause of death. Every 67 seconds, someone in the United States develops AD. That is why events like the Walk to End Alzheimer’s are crucial to raising funds for the Alzheimer’s Association, whose mission is to eliminate AD through the advancement of research and to reduce AD risk through the promotion of brain health.

Faculty, staff, and friends of the ADRC continue to support their colleagues at the Alzheimer’s Association and its work to end this devastating disease.

JAA Opens Overnight Care Program

The Jewish Association on Aging (JAA) has launched the Nighttime Memory Care Program for people with Alzheimer’s disease and other forms of dementia whose restlessness at night is a danger for them as well as being a stressor for their caregivers at home.

This innovative program, the first of its kind in the state, will be open on Sundays, Tuesdays, and Thursdays from 9 p.m. to 7 a.m. The program will be held at the JAA in its Anathan Club suite. Participants will be engaged in stimulating activities in a safe and secure environment while their caregivers are given a much-needed good night’s sleep so that they are more able to care for their loved ones during normal waking hours. The Nighttime Memory Care Program will mirror the existing Anathan Club adult day program, but the services will be provided during nighttime hours and will be adapted to meet the needs of each participant.

“Our goals of this exciting new Nighttime Memory Care Program are to delay institutionalization of those who participate, relieve caregiver stress and prevent burnout, and provide families with the ability to stay together in their homes,” says Deborah Winn-Horvitz, JAA president and CEO.

JAA will be working closely with the University of Pittsburgh Alzheimer Disease Research Center to establish initial evidence of the program’s potential to impact the identified aspects of caregiver well-being (e.g., quality of life, sleep quality, etc.).

If you are or your loved one is interested in the program and would like to schedule an interview, contact Lori O’Brien at 412-422-9454. Families may qualify for financial assistance.
In Memoriam

The University of Pittsburgh Alzheimer Disease Research Center thanks the following individuals and companies for their generous donations received between April 30 and October 17, 2014.

**In Memory of Mary Arthur**
Margie Mueller

**In Memory of Gloria Bernson**
Dr. Myrna A. Silverman

**In Memory of Camilo Blanco**
Mr. and Mrs. Seth Caruso
Suzanne Serafini
The John D. Walsh Company, Inc.

**In Memory of Joy Brocklebank**
Kathryn Sinkovich

**In Memory of Dr. Milton Burkhart**
Barbara Fraifogl

**In Memory of Valentina “Val” Buttignol**
Charles and Arlene Abbott
Timothy and Darlene Anderson
Robert and Janet Eicher
Kalyanmay and Grace Ghoshhajra
Betty Lange
Stephen Jr. and Susan Madeja
Anthony Poli
Jean Shick
Spinners and Weavers Guild of Butler County

**In Memory of Richard W. Dell Sr.**
John Jr. and Kathleen Pelusi

**In Memory of Jean A. Edwards**
Bob and Diane Bullock
James and Mariann Edwards
Robert Edwards
Gerry and Patricia Horvath
Al and Anne Likar
Ron and Kathy Likar
Mark and Jonna Sawyer

**In Memory of August Galluze**
Antoinette Bruno
Helen Demma

**In Memory of Sarah J. Gleeson**
Roberta Marie Churilla

**In Memory of Betty Gloekler**
Andron Kavouras
Nancy Henning Weitz

**In Memory of Joy E. Gratchen Sr.**
Patricia Smith

**In Memory of Mrs. Lieber**
Margie Mueller

**In Memory of Elizabeth Mutschler**
D. Guy and Patricia Estep

**In Memory of Anthony Nese**
Ross and Lisa Nese

**In Memory of Margaret Dowling Pascarella**
Dale and Joan Remai

**In Memory of Katheryn “Kay” Popovich**
H. James and Joyce Bevington
Gerald and Donna Fisher
Mr. and Mrs. Brad Graham
Group Against Smog and Pollution
V. Peter and Delores Jurjevich
Mark Kempic
Kathleen Krebs
Pamela Kruschke
Michal Puzia
John Varkonda

**In Memory of Orville Recht**
George and Joan Shames

**In Memory of Florence “Peggy” Reckley**
Cumberland Cultural Foundation
Curtis and Nancy Friedenberg
Nicholas and Shirley Giarritta
David Nicolas

**In Memory of Alan Romatowski**
Michael and Kathleen Benedict
Glenn and Erika Kolod
Mr. and Mrs. Robert Turkovich

**In Memory of Marilyn McdEvitt Rubin**
Lee and Susan Hershenson

**In Memory of Irene Hooper Salko**
Annette Orth

**In Memory of Edna Schott**
Nancy and James King Jr.
James and Nancy Matijevich

**In Memory of the Third Anniversary of Wayne Schuetz’s Death and Their 44th Wedding Anniversary**
Katherine Schuetz
In Memory of Shirley Bicusley Shannon
William Cameron and Susan Martinelli
Friends of Sandra Crumrine
Nancy Prince Thomas

In Memory of George W. Sholder
Harold and Carol Lester
James Stahl

In Honor of Lois Allison
Charles and Lois Allison

In Honor of Glenna Sue Baker—the Baker Family Annual Fundraiser
Jason and Leslie Baker
Cameron Pools and Spas, Inc.
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Teresa McElrath
Christopher and Kimberly Nagle
New Beginnings Hair and Tanning
Cheryl Scheidhauer
Warner’s Homes and Improvements, Inc.

In Honor of Elizabeth T. Harvey
Dr. Michael T. Lotze

In Honor of Joseph Massaro
Mr. and Mrs. Alvin Grego
Roderick and Barbara Norris

In Honor of Al Nicholas’ 60th Birthday
Dale and Lynn Lazar

In Honor of Doris A. Papke
Hugh and Doris Papke

In Honor of the Sarkilahti Wedding
Jon Sarkilahti and Lindsey Sillerud

In Honor of Christine Wood
Louis Wood

In Support of Jennifer Lingler’s PhD Research Project
Julie Ann Dobson and Chet M. Thaker
Ruth Z. Ewald
Donna M. and Joseph C. Muscari

Research Donations
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United Way of Indiana County
United Way of Midland County
United Way of Northern N.J.
The Betty Lou Yount Trust

Additional Research Donations (prior to April 30, 2014)
Robert Michael Hernandez
Mr. and Mrs. Wesley W. Posvar Jr. for FTD Research
Douthitt Irrevocable Trust
Tippins Foundation

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.
NEUROPSYCHOMETRIST SARAH GOLDBERG, MS

Since July 2014, Sarah Goldberg has been responsible for administering paper-and-pencil cognitive tests to Alzheimer Disease Research Center (ADRC) participants. In addition, she prepares data for review at weekly consensus meetings.

Goldberg feels that the most rewarding part of her job is working together with the ADRC participants and her fellow staff members.

“It is awesome to see the combined effort to further our understanding of Alzheimer’s disease, especially [from] the participants who give their time each year. It is truly an honor to be a member of such a devoted team of people,” she says.

Prior to working at the ADRC, Goldberg worked for five years as a dispute resolution specialist for Guru.com, an online freelance marketplace. Before that, she served a 10-month term with Public Allies Pittsburgh (an AmeriCorps program), for which she did advocacy research for the Greater Pittsburgh Community Food Bank.

Goldberg graduated from the University of Pittsburgh with a Bachelor of Science degree in economics and Japanese. Her studies at Pitt also included spending a year abroad in Nagoya, Japan. After working in the private sector for a while, she wanted to reincorporate service into her career, so she pursued a graduate degree in counseling psychology at Chatham University. Chatham is where she found her passion for working with older adults. Goldberg completed her fieldwork first at Western Psychiatric Institute and Clinic in its Integrated Health and Aging unit and then in the neuropsychiatry department at Allegheny General Hospital, where she practiced both counseling and psychological assessment skills.

In her spare time, Goldberg likes trying new things and going on adventures with her friends and family. She is an avid reader and a member of Pittsburgh's Forever Young Adult Book Club. In addition, she enjoys exercising, especially running and doing yoga.
Outreach Happenings

HAVE YOU SEEN US?

ADRC staff members continue to be active in the community, raising awareness and providing information about Alzheimer’s disease and other dementias. Negley Commons; the Kingsley Association’s annual health fair; the UPMC/NAACP community health fair; State Representative Dan Deasy’s annual Free Senior Health Expo; and the Alzheimer’s Association’s fall conference in Erie, Pa., are just a few of the venues that ADRC staff members have visited.

The fall 2014 Walter Allen Memorial Seminar was held on October 16 at the Hill House Association’s Kaufmann Center. Pittsburgh Steelers team neurosurgeon Joseph Maroon, MD, fellow of the American College of Surgeons, was the featured speaker. Dr. Maroon is a professor in and vice chair of the Department of Neurosurgery at the University of Pittsburgh Medical Center. The title of the lecture was “Can Alzheimer’s Disease Be Prevented? Understanding the Role of Sports-related Head Injuries and Other Newly Identified Risk Factors for Alzheimer’s.”

The ADRC, in partnership with Vintage, Inc., has been offering the community a brain health educational series titled A Series to Remember: Presentations with Experts on Brain Health, Memory, and Aging. The latest event took place on October 31. Elaine Jenkins, RN, CPN, registered nurse facilitator with the Centers for Healthy Hearts and Souls, spoke about the relationship between heart disease and Alzheimer’s disease.

For more information about upcoming seminars and/or support groups, please contact Marita Garrett at 412-692-2722 or garrettm@upmc.edu.

Garrett Among Rising African American Leaders Award Recipients

Marita Garrett, outreach coordinator at the ADRC, was selected by Pitt’s African American Alumni Council as one of the recipients of this year’s Rising African American Leaders (RAAL) Award. The RAAL Awards were presented during an awards brunch on Sunday, October 26, at the University Club.

Congratulations, Marita!

Klunk Elected to Alzheimer’s Association Board of Directors

In October 2014, William E. Klunk, MD, PhD, Co-director of the Alzheimer Disease Research Center, was elected to the national Alzheimer’s Association Board of Directors. Klunk also will serve as Chair of its Medical and Scientific Advisory Council for the 2014–16 term.

Congratulations, Dr. Klunk!

MCI in Rural-dwelling Adults

Meghan Mattos, a predoctoral student in the University of Pittsburgh School of Nursing, has been awarded a training grant from the National Institute of Nursing Research to support her research endeavors and mentored training. The training grant provides Mattos with the opportunity to carry out her research project, which focuses on mild cognitive impairment (MCI) in rural-dwelling adults.

As a nurse, Mattos has worked in a neuroscience intensive care unit and in the area of general medicine, both in Pittsburgh and in Charlottesville, Va. Her mentors include Jennifer Lingler, director of the ADRC Education and Information Core, and Beth Snitz, ADRC staff neuropsychologist, who have been providing guidance and expertise to Mattos during the course of her training.

According to the 2010 Census, nearly 20 percent of people in the United States live in rural areas. Rural-dwelling Americans are a commonly underserved population. We know that, for some health conditions, rural adults have worse health outcomes compared to the rest of the nation’s population. Considerably less research has focused on cognitive health among rural-dwelling adults. Mattos’ study seeks to determine if rural residence is a unique risk factor for delayed detection of MCI. The hope is to learn more by examining the symptoms of rural adults with MCI and conducting interviews with them and their caregivers. Mattos believes that these conversations could provide information vital to identifying support needs and provide better screening and disease management tools.

Through her planned research, Mattos hopes to better understand MCI in rural-dwelling adults—knowledge that could direct the development of future health promotion research. Ultimately, she would like to reduce rural disparities and prevent further disabilities as a nurse researcher.

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As a nurse, Mattos has worked in a neuroscience intensive care unit and in the area of general medicine, both in Pittsburgh and in Charlottesville, Va. Her mentors include Jennifer Lingler, director of the ADRC Education and Information Core, and Beth Snitz, ADRC staff neuropsychologist, who have been providing guidance and expertise to Mattos during the course of her training.

According to the 2010 Census, nearly 20 percent of people in the United States live in rural areas. Rural-dwelling Americans are a commonly underserved population. We know that, for some health conditions, rural adults have worse health outcomes compared to the rest of the nation’s population. Considerably less research has focused on cognitive health among rural-dwelling adults. Mattos’ study seeks to determine if rural residence is a unique risk factor for delayed detection of MCI. The hope is to learn more by examining the symptoms of rural adults with MCI and conducting interviews with them and their caregivers. Mattos believes that these conversations could provide information vital to identifying support needs and provide better screening and disease management tools.

Through her planned research, Mattos hopes to better understand MCI in rural-dwelling adults—knowledge that could direct the development of future health promotion research. Ultimately, she would like to reduce rural disparities and prevent further disabilities as a nurse researcher.
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.

### STARBEAM Study

**DESCRIPTION**
The primary objective of this study is to establish the efficacy of an investigational medication (Lu AE58054) as an adjunctive therapy to donepezil for symptomatic treatment of participants with mild to moderate Alzheimer’s disease (AD).

**STUDY LENGTH**
Seven months

**STUDY REQUIREMENTS**
- 50 years of age or older with mild to moderate AD
- Not currently taking memantine
- Stable treatment with donepezil
- A study partner who will accompany you to all study visits

### Expedition 3 Clinical Trial

**DESCRIPTION**
This study will test the idea that the investigational medication solanezumab will slow the cognitive and functional decline of Alzheimer’s disease (AD) in participants with mild AD.

**STUDY LENGTH**
Approximately 18 months

**STUDY REQUIREMENTS**
- 55–90 years of age
- A diagnosis of mild Alzheimer’s disease
- A study partner who will accompany you to all study visits
IDEA Study

**DESCRIPTION**
IDEA is a research study that looks at ways to minimize problems with everyday tasks.

**STUDY LENGTH**
One year

**STUDY REQUIREMENTS**
- Age 60 or older
- A diagnosis of mild cognitive impairment
- Willingness to engage in study activities at home

Contact for all studies except Type 2 Diabetes Treatment: MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu

Communication about Type 2 Diabetes Treatment in Older Adults with AD (or a Related Disorder)

**DESCRIPTION**
This study is investigating how diabetes treatment goals and medication decisions are made for older adults who have both type 2 diabetes mellitus (T2DM) and AD (or a related disorder).

**STUDY LENGTH**
One 30–60-minute telephone interview

**STUDY REQUIREMENTS**
- Informal caregiver to a spouse, relative, or friend who is 65 years of age or older and has both T2DM and AD (or a related disorder)
- Attend medical appointments with the person for whom you provide care
- 18 years of age or older

**CONTACT:** Loren Schleiden at 724-766-0361 or ljs24@pitt.edu

Medication Study for the Treatment of Agitation in Moderate to Severe Alzheimer’s Disease

**DESCRIPTION**
The purpose of this study is to determine whether an investigational medication (ELND005) is effective for reducing behaviors in people with moderate to severe Alzheimer’s disease who have agitation/aggression.

**STUDY LENGTH**
12 weeks

**STUDY REQUIREMENTS**
- 50–95 years of age
- A diagnosis of moderate to severe Alzheimer’s disease
- A study partner who will accompany you to all study visits

AMBAR Study

**DESCRIPTION**
The purpose of this study is to determine whether short-term followed by long-term low-volume plasma exchange (a process of blood filtering) is able to modify Alzheimer’s disease patients’ cognitive, functional, and behavioral symptoms.

**STUDY LENGTH**
14 months (six weekly plasmapheresis sessions followed by 12 monthly plasmapheresis sessions)

**STUDY REQUIREMENTS**
- 55–85 years of age
- A diagnosis of mild Alzheimer’s disease
- A study partner who will accompany you to all study visits

Medication Study for the Treatment of Agitation in Moderate to Severe Alzheimer’s Disease

**DESCRIPTION**
The purpose of this study is to determine whether an investigational medication (ELND005) is effective for reducing behaviors in people with moderate to severe Alzheimer’s disease who have agitation/aggression.

**STUDY LENGTH**
12 weeks

**STUDY REQUIREMENTS**
- 50–95 years of age
- A diagnosis of moderate to severe Alzheimer’s disease
- A study partner who will accompany you to all study visits

Contact for all studies except Type 2 Diabetes Treatment: MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu
Ask the Medical Professional

By Beth Snitz, PhD, ADRC neuropsychologist

Q: Does brain training really work?

A: Recent years have seen an explosion in the number of popular memory fitness games, books, computer programs, and Web sites, many of which claim to boost one’s brain power or prevent dementia. People often wonder just how effective brain-training exercises are and what carefully conducted research studies really show.

One thing is clear: With repeated practice, people of any age can improve on a particular kind of mental exercise, like a memory game. What is less clear is whether repeated practice of one kind of task (for example, quick reaction time exercises) can make a person smarter overall so that practice benefits transfer to other skills (such as verbal reasoning or memory). Most studies fail to show this transfer of skills to nontrained domains, although improvement on the trained mental skill can be shown and can even, in some studies, persist for a number of years.

Do brain-training games help in everyday activities? In other words, do memory-building exercises help people to remember where they left their phones or what items to buy in the store? The largest controlled study to date, the ACTIVE Study, tested this question with close to 3,000 healthy older volunteers. It found that participants randomized to certain kinds of cognitive training had gains in their daily functioning up to 10 years later compared to the other volunteers. These are encouraging findings that suggest that certain types of brain training may make a difference in people’s lives when they’re away from the computer screen. However, it has been very difficult to show this connection to the real world in most other studies.

Finally, a critical question that everyone wants to have answered is this: Do brain-training games prevent or delay dementia? To date, researchers agree that there is no solid evidence for this yet, despite what some commercial products may claim. One challenge is the time (in years) required to answer this question in rigorous studies, many of which are ongoing.