The University of Pittsburgh Alzheimer Disease Research Center (ADRC) is conducting a new study for individuals who have been diagnosed with mild Alzheimer’s disease (AD). The CONNECT study will test whether an oral experimental drug, AZD0530 (saracatinib), will slow the progression of mild AD. Although the cause of AD is unknown, many researchers have felt that protein pieces called beta-amyloid play a key role in the development of the disease. Recently, experts have suggested that brain cell damage from beta-amyloid peptides leads to AD. AZD0530 was first developed as a cancer therapy but may hold even greater promise as a treatment for AD. AZD0530 may work to protect neurons from damage caused by the beta-amyloid peptide. CONNECT researchers will use positron-emission tomography (PET) imaging to evaluate whether the drug is effective in slowing decline in brain metabolism and also will determine whether it is safe and well tolerated in patients with AD.

The ADRC is one of 24 research sites in North America that are conducting the CONNECT study. Of those who enroll at each site, 50 percent will receive the active experimental drug and 50 percent will receive a placebo that resembles the active drug. The study is double blind, meaning that neither participants nor staff members will know who is taking the active drug. Study participation lasts 58 weeks. AZD0530 is not approved by the U.S. Food and Drug Administration for the treatment of AD.

According to the National Institute on Aging, more than 5 million Americans are suffering from AD, and every 70 seconds, another person develops the disease. Currently, AD has no known cure, but research studies continue to yield promising results and give hope that one day doctors may be able to delay or even prevent AD.

For more information about volunteering for the CONNECT study, see page 14 of this newsletter or contact the ADRC at 412-692-2700.
If you follow the news on Alzheimer’s disease research, you may have noticed that new findings on the relationship between nutrition and cognition seem to be reported every day. This section of Pathways is designed to help you keep pace with this rapidly expanding area of research.


**WHAT THEY DID:** Dr. Chew’s team compared cognitive test performance among nearly 4,000 older adults who were part of a macular degeneration study and received one or more of the following supplements over a five-year period: an omega-3 fatty acid supplement, a lutein/zeaxanthin combination supplement, and a multivitamin. Participants underwent annual tests of cognitive functioning during the five-year trial.

**WHAT THEY FOUND:** None of the supplements that were tested had a significant effect on cognition among the older adults participating in this macular degeneration study.

**THE BOTTOM LINE:** Despite many observational studies showing beneficial effects of diets high in omega-3 fatty acids and other antioxidants, prospective randomized trials have yet to affirm such benefits. As Dr. Chew and her colleagues have concluded, “It is possible that eating foods rather than taking any specific single supplement may have an effect.”

“Food for Thought”

As many of our readers know, aging is the greatest known risk factor for the development of Alzheimer’s disease (AD), which is the most common form of dementia. Currently, AD has no cure, and there is no single test that can predict or diagnose the disease definitively.

Recognizing the need for a noninvasive and accurate test for AD, the University of Pittsburgh Alzheimer Disease Research Center (ADRC) recently awarded Laurie H. Sanders, PhD, assistant professor of neurology, a pilot research grant for 2016–17 with the goal of identifying a blood-based biomarker of AD. The hope is that Dr. Sanders’ research may lead to blood tests in the future that may help to diagnose AD at its earliest stage and better track disease progression.

Dr. Sanders will be analyzing blood samples from ADRC participants with a diagnosis of AD as well as from healthy control participants. Within the coming months, eligible participants will receive a letter explaining the study and asking about their willingness to participate. Participation is completely voluntary, and no one will be required to give a blood sample for this study.

Learn more about pilot studies funded by the ADRC at [www.adrc.pitt.edu](http://www.adrc.pitt.edu).
In 2015, the University of Pittsburgh was one of 44 organizations nationwide to be awarded a Geriatrics Workforce Enhancement Program (GWEP) grant from the U.S. Department of Health and Human Services (HHS). Recognizing the significant and growing need to better prepare health professionals to provide quality health care to an aging population, HHS has committed more than $35 million to address such training needs in various regions of the country.

Pitt's GWEP grant focuses on the mid-Atlantic region of the United States and is led by Dr. Richard Schulz, Distinguished Service Professor of Psychiatry and director of the University Center for Social and Urban Research. Seven individual projects constitute the Pitt GWEP grant, one of which focuses exclusively on the provision of Alzheimer’s disease (AD)-related education for practicing health and social service professionals and for trainees within these disciplines. Led by Dr. Jennifer Lingler of the Alzheimer Disease Research Center (ADRC), this project within Pitt’s GWEP grant includes a plan to provide interprofessional clinical training experiences to nurse practitioner and social work students on site at the ADRC. These trainees are paired with an ADRC clinician who oversees their interactions with ADRC participants and family members and guides them in conducting comprehensive assessments of the patients’ symptoms. Exposure to the in-depth memory evaluations performed at the ADRC is providing these students with skills that they will take with them and apply to help other patients throughout their careers.

According to social work intern Lauren Faux, “This opportunity at the ADRC has given me a lot of resources for my future social work career in geriatrics.”

A similar sentiment was echoed by nurse practitioner student Lynne Pasierb, who described her ADRC rotation as “a great learning experience” and went on to say, “I learned a lot about the geriatric population and how to properly diagnose memory disorders.”

The AD-focused training of the GWEP grant at Pitt, including clinical rotations at the ADRC, will continue for the next two years.
CTE: A Summary of Current Knowledge and Open Questions

BY JULIA K. KOFLER, MD

An association between contact sport participation and a progressively worsening condition with both neurological and psychiatric features was first described in boxers in the late 1920s and labeled “punch-drunk syndrome” and later “dementia pugilistica.” The currently preferred name for this condition is chronic traumatic encephalopathy (CTE), a term that was first coined in the late 1940s. CTE has been observed not only in boxers but also in people who have been exposed to different types of repetitive head trauma. CTE has been reported in military personnel exposed to blast injury; in physical abuse victims; and in those who play a variety of contact sports, including football, rugby, wrestling, ice hockey, and soccer.

Media attention and public awareness of CTE has heightened significantly over the last decade following the first published report of CTE in a former National Football League (NFL) player, Mike Webster. The case was described by Bennet Omalu, a former University of Pittsburgh neuropathology fellow and a forensic pathologist in the Allegheny County Medical Examiner’s Office, together with Dr. Steven DeKosky (former director of the University of Pittsburgh Alzheimer Disease Research Center) and Dr. Ronald Hamilton (former neuropathology core director at the center). Their subsequent struggle with the NFL has now been documented in several books and in the movie Concussion, released in December 2015 (see Photos 1 and 2).

At the tissue level, CTE is characterized by the abnormal buildup in the brain of a protein called tau. It is important to note, however, that tau accumulation in the brain is not unique to CTE; it also can be seen in a variety of other brain disorders, including Alzheimer’s disease (AD) and several types of less-common dementias, like frontotemporal dementia. In addition, some degree of tau buildup in brain cells is quite common in the aging brain.

Tau accumulation in the brain is not unique to CTE; it also can be seen in a variety of other brain disorders, including Alzheimer’s disease and several types of less-common dementias.

Photo 1: Jonette Werley, a histotechnician for the Pitt brain bank for more than 30 years, is shown at work in the movie Concussion. She portrayed herself in the movie and was filmed as she prepared tissue samples for microscopic examination.
So what distinguishes CTE from these other diseases, and how certain is a tissue diagnosis of CTE? To address these questions, the National Institutes of Health convened a group of experts last year to define the first consensus on neuropathological criteria for the diagnosis of CTE based on examination of tissue obtained during a brain autopsy. These criteria include specific stipulations about the characteristics of a CTE lesion, including its makeup, location, and pattern (Photo 3 shows these changes at the tissue level). In addition to these key markers of a CTE lesion, other supporting and nonsupporting features were defined to further help pathologists to make the right diagnosis during autopsy. While the consensus represents an important step in the characterization and diagnosis of CTE, it is important to point out that these criteria are based on a rather small set of highly selective cases from a single research center and need further independent validation in larger studies. In addition, the possibility that there can be a diagnosis of CTE in the presence of coexisting AD and/or other brain pathologies needs to be addressed. Stages of disease severity at the tissue level and characterization of early disease findings also will need further refinement and definition.

While there has been significant progress in the field of CTE research, there are many other open questions. We still don’t have a good understanding of the prevalence of CTE in the general population or solid information about who is at highest risk of developing the disease. How many concussive or subconcussive impacts are necessary to trigger the development of CTE? Do impacts early in life confer a greater risk? Are there any genetic risk factors that increase an individual’s susceptibility? Finding answers to these questions is severely limited by the fact that a definitive diagnosis of CTE can currently be made only through an autopsy. The development of ways to test for CTE in living patients is greatly needed to facilitate prospective epidemiological surveys and to test potential preventive and therapeutic measures in the future. To address this need, tau positron-emission tomography (PET) imaging studies are currently under way, including here at Pitt, in NFL players and trauma patients with the hope of providing an accurate clinical diagnosis of CTE. Other avenues that are being pursued include the search for biomarkers in blood or cerebrospinal fluid.

Tau positron-emission tomography (PET) imaging studies are currently under way, including here at Pitt, in NFL players and trauma patients with the hope of providing an accurate clinical diagnosis of CTE.
The University of Pittsburgh Alzheimer Disease Research Center (ADRC), its Alzheimer’s Outreach & Resource Center (AORC), and the Alzheimer’s Association Greater Pennsylvania Chapter celebrated Black History Month at the Kingsley Association in Pittsburgh on February 23, 2016.

Renã A.S. Robinson, PhD, assistant professor in the University of Pittsburgh Department of Chemistry, spoke about health disparities in Alzheimer’s disease. Jennifer Jones, MPH, community engagement coordinator at the University of Pittsburgh Graduate School of Public Health, discussed the importance of community-based research participation. Suzanne Weisses, BA, constituent services coordinator at the Alzheimer’s Association, talked about the many services that the association has to offer. The event was well attended, and participants enjoyed interacting with the speakers.

AORC serves as the hub for outreach for the ADRC. Located at the Hill House Association in Pittsburgh, the AORC has been a part of the community since 1992. The mission of the AORC is to increase awareness of Alzheimer’s disease in the Black community.

Dobson Named Distinguished Alumna

Julie A. Dobson, corporate director of Safeguard Scientifics, Inc.; American Water; and Telogis, received a University of Pittsburgh Joseph M. Katz Graduate School of Business Distinguished Alumna Award on Friday, April 8, at the University Club. Dobson’s husband, Chet Thaker, and father, Chuck Dobson, accompanied her to the ceremony. This award honors an alumnus who has demonstrated outstanding business leadership and community service.

Previously, Dobson was the chief operating officer at TeleCorp PCS, Inc., a wireless telecommunications company. She oversaw all aspects of operations, including wireless network engineering, construction, and operation; sales; marketing; pricing; information technology; human resources; and customer service. Prior to joining TeleCorp, Dobson held various leadership roles at Verizon, then known as Bell Atlantic Corporation.

Pictured from left to right are ADRC Codirector William Klunk, MD, PhD; Julie A. Dobson; Jennifer Lingler, PhD, CRNP, and Leslie Dunn, MPH, ADRC administrator.

Dobson also assisted Jennifer Lingler, director of the Alzheimer Disease Research Center’s Outreach, Recruitment, and Education Core, with the Result Study—a research study whose purpose is to learn about how patients with mild cognitive impairment and their loved ones make decisions about whether or not to learn the results of an amyloid positron-emission tomography (PET) scan, and how they feel about and react to getting (or choosing not to get) their results.
The staff and faculty members of the University of Pittsburgh Alzheimer Disease Research Center (ADRC) often are asked “What can I do to help?” by patients and their families. For many of the patients, the options include participating in clinical trials or other research studies sponsored by ADRC investigators or other investigators who are linked to the ADRC.

What about the families? In many cases, spouses, siblings, cousins, adult children, and others are interested in making some form of contribution to the cause. There is now an easy way for people to begin that process.

As you may know, much of the ADRC’s research is turning toward prevention of Alzheimer’s disease (AD) and related dementias. As part of the Alzheimer’s Prevention Project, there is now the Alzheimer’s Prevention Registry available online at endalznow.org. The registry works with both researchers and potential research study volunteers to link interested people with study opportunities. Those who register may receive e-mail messages for studies that they might be eligible for (based on some very simple information that registrants provide). In addition, the Alzheimer’s Prevention Project will send information to registrants about the latest AD news and research findings.

Individuals are under no obligation to participate in any of the studies, and any information provided will remain safe and secure. It is not shared, sold, or distributed in any way.

Those who sign up for the registry can make a very concrete contribution to research and to the prevention of AD. At least one project currently in development at the ADRC plans to use the resources of the prevention registry. Becoming part of the Alzheimer’s Prevention Registry will not only benefit AD researchers in general, it also will have a significant impact on research here at the University of Pittsburgh.

If you are interested in learning more about the Alzheimer’s Prevention Registry, please visit endalznow.org.
With Gratitude

The University of Pittsburgh Alzheimer Disease Research Center thanks the following individuals and organizations for their generous donations received between November 10, 2015, and May 13, 2016.

**In Memory of Clifford Barton**
Glenn E. Bost II

**In Memory of Michael A. Benedict**
Stephen and Louise Benedict
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John Cicone
Mary Cole
Scott Grooms
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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.

If you no longer wish to receive issues of Pathways, please contact MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu.
The University of Pittsburgh Alzheimer Disease Research Center (ADRC) extends a warm welcome to its newest employee, Renita Freeman.

As the new outreach coordinator, Freeman contributes to the ADRC’s research efforts by providing the following support:

- organizing and implementing public relations, recruitment, and retention strategies associated with ADRC outreach programs
- giving presentations and lectures
- serving as a liaison with community agencies
- attending community health events and fairs to disseminate center information
- helping to coordinate the Community Advisory Council

Freeman feels that the most rewarding part of her job is interacting with the community and informing people about the great work that the ADRC does.

The most rewarding part of her job is interacting with the community and informing people about the great work that the ADRC does. “It’s also nice to work with wonderful patients and their families and, of course, with the talented staff in our department,” says Freeman.

Prior to joining the ADRC, Freeman worked for Citiparks in its Senior Interest Program. Before that, she was a community organizer and then a project director at the Northview Heights Family Support Center.

Freeman graduated from the College of General Studies at Pitt with a Bachelor of Arts degree in media and professional communications.

Outside work, Freeman enjoys reading and browsing Facebook and has begun to write a book. She also enjoys spending time with her children, grandchildren, and mother.
Sedentary behavior can be bad news for the aging brain. The lack of physical activity has been linked with cognitive decline and an increased risk of developing Alzheimer’s disease (AD). On the flip side, exercise has been hypothesized to improve brain health and protect against disease. A new study authored by researchers from the University of Pittsburgh and the Ronald Reagan UCLA Medical Center is the first to link a variety of leisure-time physical activities, such as dancing, gardening, and swimming, to improvement in brain structure and lowering the risk of AD.

Participants with the highest calorie burn cut their risk of developing AD five years later by 50 percent.

To test the hypothesis that physical exercise protects against cognitive decline and brain volume loss, researchers studied a group of 876 normal and cognitively impaired elderly patients from the multicenter Cardiovascular Health Study. Questionnaires were used to determine how often patients exercised and to assess their cognitive function over time. The number of calories burned per week was calculated based on how much time each patient reported doing 15 different leisure-time physical activities: swimming, hiking, aerobics, jogging, tennis, racquetball, walking, gardening, mowing, raking, golfing, bicycling, dancing, calisthenics, and riding an exercise cycle. In addition, study participants underwent MRI scans to measure gray matter volume in brain areas associated with learning and memory. Gray matter contains all of the neurons in the brain, and its volume is thought to be an indicator of health. Researchers then investigated the connection between caloric expenditure and the gray matter volume of different brain areas.

Results showed that people who burned more calories through physical activity had greater gray matter volume in the areas of the brain responsible for learning and memory, including the frontal, temporal, and parietal lobes. Moreover, in an analysis of 326 patients at the University of Pittsburgh study site, researchers found that participants with the highest calorie burn cut their risk of developing AD five years later by 50 percent.

These results are the first to show a direct connection between exercise and delaying cognitive impairment. As current treatments for AD are limited and only address the symptoms of the disease, identifying innovative prevention strategies, such as regular exercise regimens, will be paramount.

It also is important to note that this study highlights the fact that staying mentally sharp with age does not require you to become a marathoner. Just get out and be active doing something you love. Your brain will thank you.
AGS Names Nadkarni Recipient of 2016 New Investigator Award

The American Geriatrics Society (AGS) Scientific Program Committee selected Neelesh Nadkarni, MD, PhD, for a 2016 New Investigator Award. The New Investigator Awards are given to individuals whose original research, as presented in a submitted abstract, reflects new and relevant research in geriatrics and are designed to recognize individuals who are committed to a career in aging research. Dr. Nadkarni is a faculty member in the Division of Geriatric Medicine within the Department of Medicine at Pitt’s School of Medicine. Her work focuses on the relationship among gait, cognition, and brain amyloid. The award was presented to Dr. Nadkarni at the AGS 2016 Annual Scientific Meeting in May in Long Beach, Calif. Congratulations, Dr. Nadkarni.

Skidmore Receives Presidential Early Career Award

The University of Pittsburgh Alzheimer Disease Research Center (ADRC) congratulates Elizabeth Skidmore, PhD, OTR/L, FAOTA, associate professor and chair of the Department of Occupational Therapy at the Pitt School of Health and Rehabilitation Sciences, on being named one of 105 recipients of the 2016 Presidential Early Career Awards for Scientists and Engineers—the highest honor bestowed by the U.S. government on science and engineering professionals in the early stages of their independent research careers.

Dr. Skidmore was nominated by the National Institutes of Health, specifically the National Center for Medical Rehabilitation Research. Please join us in congratulating Dr. Skidmore, who also is an investigator at the ADRC, on this well-deserved honor.

What Steps Does a Person Go through to Enroll in a Clinical Trial?

Here are the steps that a participant follows when enrolling in a clinical trial.

1. The study staff members explain the trial in detail and gather more information from you.
2. Once you have had all your questions answered and agree to participate, you sign an informed consent form.
3. You are then screened to make sure you qualify for the trial.
4. If accepted into the trial, you then schedule a first visit (called the baseline visit). The researchers conduct cognitive and/or physical tests during this visit.
5. You are randomly assigned to a treatment or control group.
6. You and your family members follow the trial procedures and report any issues or concerns to the researchers.
7. You may visit the research site at regularly scheduled times for new cognitive, physical, or other evaluations and discussions with staff members. At these visits, the research team collects information about effects of the intervention and your safety and well-being.
8. You continue to see your regular physician for your usual health care throughout the study.

The Alzheimer’s Association 24-hour help line provides reliable information and support to all who need it.

Call the toll-free hotline anytime, day or night, at 1-800-272-3900.
The University of Pittsburgh Alzheimer Disease Research Center (ADRC) is pleased to announce its involvement in a multicenter study on advance health care planning that is being conducted in partnership with the Johns Hopkins University Alzheimer’s Disease Research Center and the University of Pittsburgh School of Nursing. The Pitt ADRC is one of 10 sites conducting this telephone survey study that involves about 40 local families and approximately 400 families nationwide.

The goal of this study is to better understand caregivers’ knowledge, thoughts, and actions related to health care planning. For caregivers, advance health care planning involves working with their loved one to make decisions ahead of time about the kind of care he or she would want to receive should he or she become unable to make decisions independently. The results of this research will improve our understanding of what caregivers need to know about advance health care planning for people with memory problems or dementia.

This study began in March 2016 and will remain active throughout the summer. If you have expressed interest through the ADRC in learning about other studies being conducted at the University of Pittsburgh and you qualify to participate in this study, you may receive a letter about this project and be contacted by phone about this survey. The telephone interviewers for this project are junior- and senior-level students from the Pitt School of Nursing who have been trained by Dr. Marilyn Albert and Dr. Betty Black from Johns Hopkins University to conduct 20-minute telephone surveys with individuals who are serving as an ADRC study partner of someone who has been diagnosed with Alzheimer’s disease or another form of dementia.

The ADRC extends its sincere thanks to those who have already participated in this study and to those who will participate in these telephone interviews throughout the summer.

If you have any questions about this study, please contact MaryAnn Oakley at 412-692-2721.
Get involved!

We are in constant need of participants for several research studies and invite anyone with interest to call the Alzheimer Disease Research Center at 412-692-2721 or e-mail oakleym@upmc.edu.

CONNECT Study

DESCRIPTION
This study will determine the safety and efficacy of the experimental drug AZD0530 (saracatinib) in older adults with mild Alzheimer’s disease (AD). Researchers want to know if the drug can slow disease progression by inhibiting the protein kinase Fyn. AZD0530 was previously developed as a cancer therapy.

STUDY LENGTH
58 weeks

STUDY REQUIREMENTS
• 55–85 years of age
• A diagnosis of mild AD
• A study partner who will accompany you to all study visits

CONTACT: MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu
A4 Study

DESCRIPTION
The Anti-Amyloid Treatment in Asymptomatic Alzheimer’s (or A4) Study is among a new generation of clinical trials being developed to test therapies that might prevent, or at least delay, the onset of Alzheimer’s disease in cognitively normal people who may be at risk, as evidenced by a PET scan.

STUDY LENGTH
Three years

STUDY REQUIREMENTS

• 65–85 years of age
• Normal thinking and memory abilities
• A study partner who has contact with you at least once a week and who can answer questions about you once a year (contact may be in person or by phone)
• Willingness and ability to receive intravenous infusions of the investigational treatment (solanezumab) or a placebo every four weeks for three years

CONTACT: MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu or Donna Simpson at 412-692-2717 or simpsondm@upmc.edu

Biogen (Engage-Emerge) Study

DESCRIPTION
This study will evaluate the efficacy and safety of an investigational drug (aducanumab) in individuals with early, mild Alzheimer’s disease or certain types of mild cognitive impairment (MCI). Study medication is administered by a once-a-month infusion.

STUDY LENGTH
18 months

STUDY REQUIREMENTS

• 55–85 years of age
• A diagnosis of certain types of MCI
• A study partner who will accompany you to all study visits (once a month)

CONTACT: MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu or Carolyn Rickard at 412-692-2707 or mishlercj@upmc.edu

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 (AD) 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 to moderate AD
• A study partner who will accompany you to all study visits

CONTACT: MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu or Donna Simpson at 412-692-2717 or simpsondm@upmc.edu

412-692-2700

MaryAnn Oakley, MA
Editor
Coordinator, Outreach, Recruitment, and Education Core

Oscar Lopez, MD
ADRC Director
Associate Director, Clinical Core

William Klunk, MD, PhD
ADRC Codirector

James Becker, PhD
ADRC Associate Director
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ADRC Administrator

ADRC PATHWAYS SUMMER 2016
Ask the Medical Professional

BY MEGHAN MATTOS, MSN, RN

Q: What is polypharmacy?

A: Polypharmacy is the practice of taking many medications—typically five or more—together for the treatment of the same disease. It also can mean the concurrent use of multiple medications by a patient to treat usually coexisting conditions, which may result in adverse drug interactions. Polypharmacy includes prescription medications as well as over-the-counter medications; dietary supplements; herbal remedies; and even certain foods, as they can amplify or reduce the intended effects of drugs. We know that about 90 percent of adults 65 years of age and older use at least one prescription medication and that about 40 percent of adults 65 years of age and older use five or more prescription drugs. Some of the most common medications taken are statins (e.g., atorvastatin) and blood pressure medications (e.g., lisinopril and metoprolol).

Polypharmacy is common among older adults, as the number of medications a person takes typically increases with age. However, older adults are especially susceptible to side effects or adverse events caused by medications due to age-related changes in how the body processes drugs. We also know that the more medications a person takes, the greater the risk of side effects and adverse events, making it even more important for older adults to try to take the fewest number of medications possible to achieve the desired health benefits. Many times people stop taking medications or don’t take them as often as prescribed due to side effects, and this also may affect the efficacy and success in providing the therapeutic properties of the medication.

In addition to the side effects of polypharmacy, inappropriate prescribing and insufficient monitoring by providers also can be problematic for older adults trying to maintain or improve their health. There also are a number of medications that are potentially inappropriate for use in older adults (known as the Beers Criteria) yet are still prescribed for as many as 20 percent of older adults.

Q: What can you do?

A: Make a list of all medications that you take and bring this list to your providers for a medication checkup at least once a year. Make sure to write down the dose you take and how often you take the medication. Communicate with your provider about all medications you are currently taking, including dietary supplements and herbal remedies, and make sure you know why you take each one. Determine with your provider if every medication is needed at the current dose/frequency, if there are possible drug interactions that can be avoided, and/or if dosage adjustments need to be made. Remember to never discontinue any medication without your provider’s direction.