Working to Improve Health Disparities in Alzheimer’s Research

Certain populations of Alzheimer’s disease (AD) sufferers appear to have higher incidence rates of the disease and it is not clear why this may be the case. The University of Pittsburgh Alzheimer Disease Research Center (ADRC) has become especially interested in understanding why African Americans are two to three times more likely to develop AD than other individuals. It may be that the increased risk can be attributed to genetics, socioeconomic status, access to care, late diagnosis, or the presence of other diseases that are known to increase the risk factors of AD.

At this stage, researchers are testing all of these possibilities—and others—as they work to better understand why AD affects people of different racial and ethnic backgrounds differently. One of the biggest barriers to researchers’ getting a better understanding of this phenomenon is access to research participants and clinical samples from individuals who belong to this disproportionately affected Alzheimer’s group. Across the nation, African Americans have been particularly underrepresented in AD research. The ADRC has worked diligently over the past decade to increase research participation among African Americans and has a steady participation rate of about 11 percent. While this number is greater than the proportion of older adults in the greater Pittsburgh area who are African Americans (~8 percent), it still needs to grow. When one looks at the actual number of participants, the ADRC has fewer than 20 new participants annually from African American or other underrepresented groups compared to more than 100 new Caucasian participants each year.

Continued on page 2
If you follow the news on Alzheimer’s disease research, you may have noticed that various findings on the relationship between nutrition and cognition seem to be reported every day. Food for Thought is designed to help you keep pace with this rapidly expanding area of research.


WHAT THEY DID: Previous research has shown that certain food processing and cooking methods contribute to the formation of compounds associated with both cognitive decline and the development of diabetes. These compounds, called advanced glycation end products (AGEs), are formed when using dry-heat methods such as frying, smoking, grilling, broiling, roasting, and searing animal-derived foods. This association recently received further support from a study by Dr. Helen Vlassara and her team at Icahn School of Medicine at Mount Sinai in New York. The researchers raised mice on diets containing AGEs and compared them to mice raised on a regular rodent diet.

WHAT THEY FOUND: As both groups of mice aged, the researchers discovered that the AGEs diet-fed mice developed diabetes and symptoms typical of dementia, including cognitive and motor deficits, as well as abnormal deposits of proteins called amyloid plaques. The mice that were fed a regular rodent diet did not develop any of these symptoms, nor did they develop amyloid plaques. The researchers then extended their findings in a study of 93 healthy humans aged 60 and older. Over nine months of the study, they found that the human research subjects with higher levels of AGEs in their bloodstream experienced greater levels of cognitive decline as well as insulin resistance.

WHY IT MIGHT WORK: This research study suggests that reducing the use of dry-heat cooking methods might lower the risk of both diabetes and dementia. Dr. Vlassara commented to The Guardian, “People will grill bacon and fry eggs for breakfast, or have a toasted bagel or muffin. But they could boil or poach the eggs, and have fresh bread. With meat, we recommend stewing and boiling, making sauces instead of exposing meat to very high dry heat.”

THE BOTTOM LINE: It is possible that reducing the amount of dry-heat cooking methods and therefore limiting AGE buildup could lower one’s chances of developing dementia or diabetes, but it is too soon to draw firm conclusions about these research findings until additional, larger human studies confirm them.

By Uchenna J. Mbawuike, BS, University of Pittsburgh School of Nursing, Department of Health and Community Systems

Working to Improve Health Disparities

Continued from page 1

The ADRC is extremely glad that it is becoming a part of the solution to eliminate health disparities among underrepresented populations, especially African Americans, and would like to share with you some of the progress that is happening in the center.

First, we say goodbye and welcome to two key research team members: Renã Robinson, PhD, and Melita Terry, BS, respectively. In 2017, Robinson was appointed to the position of associate director of outreach, recruitment, and education. Through this position, she has helped to bridge basic science research in a chemistry laboratory with clinical relevance by conducting proteomics analysis of proteins in human postmortem brain and plasma tissue. Her analyses of samples from individuals of different racial backgrounds, including African Americans, are helping us to understand what the contributions of genetics may be to health disparities in AD. The work that she initiated was initially funded by a pilot grant from the ADRC, and, more recently, she received an award from the Alzheimer’s Association to continue these studies.

Recruitment Innovations to Enhance Diversity in Alzheimer’s Research will develop and evaluate a novel strategy that is inspired by the tradition of storytelling yet uses state-of-the-art technology to help increase AD awareness in the African American community.
Vanderbilt University. We express our sincere thanks for the lasting impact she has made at the center and say goodbye to her as a formal member of our team but not as a fellow research collaborator and colleague.

The biggest limiting factor for studies such as Robinson’s has been the small number of clinical samples that are available at the ADRC from African American participants. This limitation is not exclusive to the ADRC; It is a nationally recognized problem across the 32 Alzheimer’s disease research centers in the United States. While there are many reasons for this, we would like to focus on how we are helping to improve AD research participation locally. In July 2017, we welcomed Melita Terry to our team as our new outreach coordinator. Terry brings to our team a strong background in sales, marketing, and event planning and has been able to effectively utilize her skill set to make connections and build relationships within Pittsburgh communities. Over the last six months, she has made more than a dozen presentations at local events, participated in community health fairs, and met one on one with key community members and leaders to broaden the awareness of the ADRC’s mission to fight AD. Her efforts thus far have helped the ADRC to improve research participation among African Americans. In addition to the community discussions, Terry researched and identified potential partners in a plan to bring the play Forget Me Not to Pittsburgh this coming July.

One of the most profound accomplishments that the ADRC has made in the last year is landing a $2 million award from the National Institutes of Health for a study headed by Jennifer Lingler, PhD, in the University’s School of Nursing. The study is titled Recruitment Innovations to Enhance Diversity in Alzheimer’s Research and will develop and evaluate a novel strategy that is inspired by the tradition of storytelling yet uses state-of-the-art technology to help increase AD awareness in the African American community and promote increased research participation. Lingler is joined by several experts on her team, including Judy Cameron, PhD, at the University of Pittsburgh, Robinson at Vanderbilt, and Ishan Williams, PhD, at the University of Virginia.

Most notable at the ADRC is the Alzheimer’s Advisory Council, which is representative of community members from Pittsburgh who are concerned about health disparities and improving them. This council consists of eight members who have a personal connection to AD, work with older adults, or are just interested in the fight against AD. We call on these individuals periodically to advise the ADRC on our policies and work in the community and to give feedback on our progress. Through several one-on-one discussions with community members this year, we have learned more about the types of educational programming people would like to see us deliver.

Through several one-on-one discussions with community members this year, we have learned more about the types of educational programming people would like to see us deliver.
Lithium as a Treatment to prevent Impairment of Cognition in Elders (or LATTICE for short) is a newly funded study in which Ariel Gildengers, MD, associate professor of psychiatry at the University of Pittsburgh, and his colleagues are trying to learn whether lithium can slow down memory loss or help to prevent Alzheimer’s disease (AD) in people with mild memory problems, specifically those with mild cognitive impairment.

Lithium is a medicine that has been used for decades for the treatment of bipolar disorder (also known as manic-depressive illness). Recently, there has been considerable interest in “repurposing” lithium for AD prevention. This interest is based on a number of studies that suggest it could protect against dementia:

• In 2017, researchers in Denmark found that rates of dementia were lower in areas where the water had more naturally occurring lithium.

• In 2015, researchers examined Medicare recipients with bipolar disorder and found significantly reduced dementia risk in those who took lithium compared to other mood stabilizers.

• In 2011, researchers in Brazil conducted a small clinical trial comparing lithium to a placebo and found that lithium was related to better cognition over 12 months.

In short, these studies and a number of other reports suggest that lithium could be useful for AD prevention. However, while these reports are suggestive, they are not conclusive or definitive, so there is a need to carefully examine whether lithium can protect against dementia in a trial designed exactly for that purpose, and that is the goal of this new study.

LATTICE is the first clinical trial to prospectively examine the effects of lithium on memory and brain imaging. Gildengers is looking to enroll 80 adults with mild cognitive impairment who are 60 years of age or older. The participants will take lithium (or a placebo) for two years and will undergo memory testing and brain imaging at the start of the study and one and two years later. After an initial screening involving a review of current medical problems and medications, medical history, lab work to check kidney and thyroid functions, an electrocardiogram, and memory testing, study participants will undergo brain scans to look at brain structure and function and the amount of amyloid proteins in the brain. Amyloid proteins are found in higher levels in the brains of people with AD.

Participants will then be randomly assigned to take lithium or a placebo and will be monitored closely for safety with weekly study assessments for the first four to six weeks. They will then have quarterly study visits, along with monthly telephone contacts, and annual cognitive testing and MRIs. Some visits can be done over the phone. At the end of the two years, participants can find out whether they have been taking lithium or a placebo. The benefits of the study include careful assessment of cognitive function that is monitored over two years.

As with any drug—even those used for many years—lithium has some risks. While lithium is considered to be safe within the dosage ranges used in the study, it can be associated with some side effects (e.g., dry mouth, diarrhea, nausea, tremors, and increased urination).

Total compensation for study participation over two years is $820. If you are interested in learning more about the study or in being screened, please call 412-246-6004 or e-mail LATTICE@upmc.edu.
How Amyloid Buildup in the Brain and Shrinkage of the Hippocampus Relate to Cognitive Performance

While many studies have tracked cognitive abilities of healthy people who test positive for Alzheimer’s Disease (AD) biomarkers, few have examined the very elderly population over the long term. Now, a group of investigators from the University of Pittsburgh Alzheimer Disease Research Center (ADRC) have published a report showing how amyloid buildup in the brain and shrinkage of the hippocampus (the brain’s memory center) relate to cognitive performance over an average of 12 years in people with an average age of 86.

Amyloid buildup refers to the accumulation of protein abnormalities that have been linked to AD. Led by Beth Snitz, PhD, associate director of the clinical core, the ADRC researchers showed that while amyloid-positive people were more likely to experience decline in many cognitive areas such as memory, language, and problem-solving, those who lost only hippocampal brain tissue tended to experience only memory loss. The findings, published in the January 2018 issue of JAMA Neurology, show how different brain pathologies affect different cognitive abilities and shed light on the importance of amyloid to what looks like very early AD, even in the oldest old without dementia.

To read the article, visit www.jamanetwork.com and search “Snitz.”

Of Note

The first issue of the journal NeuroRehabilitation of 2017 featured an article listing the 100 most-cited papers on neurorehabilitation published between 2005 and 2016. Among those papers was one coauthored by Alzheimer Disease Research Center Director Oscar Lopez, MD. “Depressive Symptoms, Vascular Disease, and Mild Cognitive Impairment: Findings from the Cardiovascular Health Study” was published in 2006 in the Archives of General Psychiatry and was ranked the 84th most-cited paper during the studied time period. Congratulations, Dr. Lopez!

New Study Focuses on Dementia Caregivers and Sleep

By Stephen F. Smagula, PhD

It’s no secret that caring for a family member who has dementia can be very stressful. There are countless caregivers with stories about how the stress of caregiving affects their mood. But what is the best approach to prevent depression in stressed caregivers? Why do so many, but not all, caregivers experience increases in their depressive symptoms over time?

With these questions in mind, I recently began a project studying caregiving. We already know that inadequate sleep affects mood and other aspects of mental well-being, but it is not clear what caregivers should do about it. We need to generate specific, practical advice that goes beyond blanket statements like “You need to get better sleep.” Therefore, my project aims to systematically map out which factors are associated with caregivers’ feeling better or worse. Our goal is to identify which sleep patterns are, and are not, working for caregivers.

To do so, I am inviting caregivers with all sorts of sleep patterns to participate in my study, which includes two office visits spread across a year and a half. Each visit consists of interviews, an MRI scan, and discussion of the results of the participant wearing a sleep tracker wristwatch at home for two weeks. If you are a caregiver for a loved one with dementia and are interested in learning more about this study, please contact me at 412-246-5537 or smagulasf@upmc.edu. I would be happy to explain more and to answer any questions you may have about the study.

Thank you for considering helping with this study. With your partnership, I am confident we can better understand how—even when faced with stress—caregivers can sleep better and feel better.
Ten Ways to Love Your Brain
Here are some tips that may reduce the risk of cognitive decline.

1. **Break a sweat.** Engage in regular cardiovascular exercise that elevates your heart rate and increases blood flow to the brain and body. Several studies have found an association between physical activity and reduced risk of cognitive decline.

2. **Hit the books.** Formal education in any stage of life will help to reduce your risk of cognitive decline and dementia. For example, take a class at a local college, community center, or online.

3. **Butt out.** Evidence shows that smoking increases your risk of cognitive decline. Quitting smoking can reduce that risk to levels comparable to those who have not smoked.

4. **Follow your heart.** Evidence shows that risk factors for cardiovascular disease and stroke—obesity, high blood pressure, and diabetes—negatively impact your cognitive health. Take care of your heart and your brain just might follow.

5. **Heads up!** Brain injury can raise your risk of cognitive decline and dementia. Wear a seat belt, use a helmet when playing contact sports or riding a bike, and take steps to prevent falls.

6. **Fuel up right.** Eat a healthy and balanced diet that is lower in fat and higher in vegetables and fruit to help reduce the risk of cognitive decline. Although research on diet and cognitive function is limited, certain diets, including Mediterranean and Mediterranean-DASH (Dietary Approaches to Stop Hypertension), may contribute to risk reduction.

7. **Catch some Zzzs.** Not getting enough sleep due to conditions like insomnia or sleep apnea may result in problems with memory and thinking.

8. **Take care of your mental health.** Some studies link a history of depression with increased risk of cognitive decline. Seek medical treatment if you have symptoms of depression, anxiety, or other mental health concerns. Also, try to manage stress.

9. **Buddy up.** Staying socially engaged may support brain health. Pursue social activities that are meaningful to you. Find ways to be part of your local community. If you love animals, consider volunteering at a local shelter. If you enjoy singing, join a local choir or help at an afterschool program. Or just share activities with friends and family.

10. **Stump yourself.** Challenge and activate your mind. Build a piece of furniture. Complete a jigsaw puzzle. Do something artistic. Play games, such as bridge, that make you think strategically. Learn something new. Challenging your mind may have short- and long-term benefits for your brain.

Information provided by the Alzheimer’s Association

---

**UPMC Senior Services Honors ADRC Physician**

By Patricia Henderson, MS, LPC, CRC

University of Pittsburgh Alzheimer Disease Research Center (ADRC) physician Eric G. Rodriguez, MD, was honored with the 2017 Caregiver Champion award at the ninth annual Celebrating Senior Champions dinner at the Omni William Penn Hotel on October 19, 2017. This event was hosted by the Aging Institute of UPMC Senior Services and the University of Pittsburgh to recognize individuals who are outstanding in serving seniors and caregivers in their community. More than 550 people attended the event to support the UPMC Senior Communities Benevolent Care Fund, which provides financial assistance and support services to eligible seniors. This year’s other honorees were Arthur S. Levine, senior vice chancellor for the health sciences and John and Gertrude Petersen Dean of the School of Medicine at the University of Pittsburgh, and Karen Wolk Feinstein, president and CEO of the Jewish Healthcare Foundation.

Rodriguez is an associate professor of medicine within the University of Pittsburgh Division of Geriatric Medicine, and in addition to seeing patients at the ADRC, he also serves as a geriatrics medical consultant at the UPMC Senior Care Benedum Geriatric Center. He was recently named one of Pittsburgh’s best doctors by Pittsburgh Magazine and among the best doctors in America by Best Doctors, Inc. Additionally, he serves as medical director for UPMC’s Living-at-Home and Staying-at-Home programs.

The ADRC faculty and staff are proud to recognize Dr. Rodriguez’s contributions to research as well as his responsiveness to patients and caregivers as they attempt to navigate the senior service delivery system and battle the challenges of daily caregiving. Please join us in congratulating Rodriguez on this well-deserved honor.
A Fond Farewell and Best Wishes

By William Klunk, MD, PhD

November 2017 marked the end of an era for one of the fundamental research pillars of the University of Pittsburgh Alzheimer Disease Research Center: PET amyloid imaging with Pittsburgh Compound-B (PiB). No, we haven’t stopped pursuing this groundbreaking area of research. However, it will never seem the same because November marked the retirement of Claire McConaha, RN, BSN, after 12 years of service at the ADRC and more than 30 years with the University of Pittsburgh and UPMC.

Pretty much all of our wonderful PiB PET research volunteers have gotten to know Claire quite well over the past dozen years, and many of them have continued to return for additional studies in no small part because of the terrific experience that Claire orchestrated for them. We called Claire our “PiB queen” because she was the lead PET coordinator and handled all of the scheduling. I would always tell our junior investigators to work closely with Claire because “no one gets a PiB scan unless Claire says they get a PiB scan.” But as our volunteers well know, she was much more than that.

It was Claire who would often arrange for a car service to pick up our volunteers at their homes and drive them to and from Oakland if necessary. It was Claire who would meet them at the car and be their escort throughout a long day of procedures—always making sure that drinks, lunches, and snacks were available whenever such things were allowed. And it was Claire who would see our volunteers back to their ride home knowing that they certainly didn’t want to end a tiring day of research procedures by fighting Oakland traffic. What’s even more amazing is that Claire often would do this for more than one volunteer on the same day.

When there was downtime, Claire was always eager to chat with our volunteers and get to know them on a personal level. She always seemed to know who could do what procedure and for how long because of special health conditions that she always seemed to remember. Perhaps my favorite thing about Claire was her explanations of what the research procedures would be like. Every volunteer signs a consent form describing the procedures and their risks. However, Claire went beyond these rather intimidating forms to take a person through what he or she would actually experience in such a vivid manner that I doubt that there were many surprises for our volunteers. If there were surprises, Claire would be there to again explain what was happening, how it might feel, and how long it would take.

The bottom line is that Claire cared for our research volunteers as if they were her own family. She put their interests, comfort, and well-being first. Every queen should be as beneficent! We wish Claire well as she ends her era as our full-time PiB coordinator and begins new adventures in retirement. But all is not lost: Claire will continue to work with some of our research programs on a part-time basis. Even more importantly, Claire has left a legacy and culture of smart and caring coordinators who have worked with her and learned from her for up to a decade. We expect to see Claire’s legacy of care continue long into the future and across all of our research programs.

Farewell, PiB queen. You will be greatly missed by all.

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.
With Gratitude

The University of Pittsburgh Alzheimer Disease Research Center thanks the following individuals and organizations for their generous donations received between June 7, 2017, and January 4, 2018.

In Memory of

Barbara Jean Baker
Mary E. Barringer
Brenda Bayorek
Wendy Bennett and David Coulson
Beaver G. Dodge
Kenneth and Mary Frances Dutine
Patricia C. Friberg
William Jr. and Susan Guertin
Matthew B. Hart
Jim and Nancy Molitoris
South Hills Middle School Staff

Mary E. Barringer
Brenda Bayorek
Wendy Bennett and David Coulson
Beaver G. Dodge
Kenneth and Mary Frances Dutine
Patricia C. Friberg
William Jr. and Susan Guertin
Matthew B. Hart
Jim and Nancy Molitoris
South Hills Middle School Staff

Michael A. Benedict
Steve and Donna Gulas

Frances Bodnar –
(PSP Research Fund)
Progressive Supranuclear Palsy Research
John and Sandy Cognetti
Drew and Jacqueline Patrick

Robert “Bob” Frankel
The Honorable Timothy Briggs
Alan and Paula Dunn
Edith Fisher
Pat Glosser
Elinor Gold
Alex Weissselberg and Susan Gumbiner
Dr. Richard G. Katz and
Michelle H. Herwald
William Caroselli and Dusty Elias Kirk
Elliot and Barbara Kramer
Catherine Loewner
(Mark Loewner Family Foundation)
Michael J. Malone
The Honorable Stephen McCarter
Milt and Sheila Fine
(Milton Fine Revocable Trust)
Maurice Nernberg
Robert and Liane Ellison Norman
Ruth Rubenstein
Dr. C. Paul and Nancy Scott
Ralph and Audrey Silverman

Vivian Lloyd
Robert Rubsne

Barbara Loy
Velma Vasbinder

Sylvia G. Michaels
Pamela A. Michaels
Charitable Foundation

Dorothy J. Moore
Dr. and Mrs. James A. Mellol

Caroline L. Neal
Alexander Neal

Lynn Rayvid
Mark and Myrna Mason

Alan John Riding
Anne Aungier
Rosalie Blehar
Victoria A. Butchko
Arthur and Sheila Caramella
Beverly J. Forsyth
Charles Moore and Janet Fowler
Thomas J. Geis
Ronald and Hilary Hurst
Harry Jr. and Kathleen Hutchinson
Wayne and Doris Kebe
Larry and Ann Mackey
John and Denise Maher
Eugene Maselli
Charles Jr. and Barbara McAnany
Charles E. Moore
Marjorie Oelsner
Drs. Kenneth and Kerry Patton
Gary and Marilyn Rich
Janet A. Riding
Jim Rombach
Alvin Sanfilippo
Gerald Sherbondy
Robert Tupper

Neil Seaman
David and Andrea Aloe
William and Sophea Chapas

Joan “Josie” Kramer Shames
Mark and Anne Faigen
Audrey Lazar
Lydia Weller
Norman J. Zabusky

Robert S. Bowman
Alice K. Bowman

Leona Briski
Matthew Garland

Libe Czonstkowsky
Alan and Paula Dunn

Darlene Dascenzo
Jamie Typovsky

Bob DeCook
Tom and Linda Keeling

Mary Ann Farrie
Peters Township Sanitary Authority

H. David Fleming
Kathy L. Fleming
James and Joyce Phillis

Donald J. Geibel
Helena M. Regal

Frank Gottlieb
Alan and Paula Dunn

Colleen Graham
Joyce B. Graham

Ruth D. Grant
Alexander Neal

Emily M. Helzlsouer
Richard J. Sabol

Patricia La Mantia
Scott and Dorothy Boring

Cecilia A. “Dolly” Leonidas
Joan M. Reese-Giesman
Heather Fitzgerald
Emery and Anastasia Huber
Ronald and Carole Lapinsky
Frank and Judith Tidikis

Vivian Lloyd
Robert Rubsne

Barbara Loy
Velma Vasbinder

Sylvia G. Michaels
Pamela A. Michaels
Charitable Foundation

Dorothy J. Moore
Dr. and Mrs. James A. Mellol

Caroline L. Neal
Alexander Neal

Lynn Rayvid
Mark and Myrna Mason

Alan John Riding
Anne Aungier
Rosalie Blehar
Victoria A. Butchko
Arthur and Sheila Caramella
Beverly J. Forsyth
Charles Moore and Janet Fowler
Thomas J. Geis
Ronald and Hilary Hurst
Harry Jr. and Kathleen Hutchinson
Wayne and Doris Kebe
Larry and Ann Mackey
John and Denise Maher
Eugene Maselli
Charles Jr. and Barbara McAnany
Charles E. Moore
Marjorie Oelsner
Drs. Kenneth and Kerry Patton
Gary and Marilyn Rich
Janet A. Riding
Jim Rombach
Alvin Sanfilippo
Gerald Sherbondy
Robert Tupper

Neil Seaman
David and Andrea Aloe
William and Sophea Chapas

Joan “Josie” Kramer Shames
Mark and Anne Faigen
Audrey Lazar
Lydia Weller
Norman J. Zabusky
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 sending your donation to:

University of Pittsburgh
Alzheimer Disease Research Center
UPMC Montefiore, Suite 421 West
200 Lothrop Street
Pittsburgh, PA 15213-2582

If you no longer wish to receive issues of *Pathways*, please contact MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu.
Volunteer!

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

Alzheimer’s Disease Neuroimaging Initiative 3 (ADNI3) Study

Description: The overall goal is to determine the relationships among the clinical, cognitive, imaging, genetic and biochemical biomarker characteristics of the entire spectrum of Alzheimer’s disease (AD) from its earliest stages. Subjects will undergo longitudinal clinical and cognitive assessments, computerized cognitive batteries, biomarker and genetic tests, PET (FDG, amyloid and tau) and MRI scans and cerebral spinal fluid (CSF) collection.

Study Length: Up to five years

Study Requirements:
• 55–90 years of age
• Normal cognition or a diagnosis of mild cognitive impairment or AD
• A study partner who will accompany you to all study visits

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

Dementia with Lewy Bodies Consortium Study

Description: The purpose of this study is to collect clinical information, brain imaging scans, and biological samples from people who have dementia with Lewy bodies. This information will help researchers improve the diagnosis, care, and treatment of patients with this disease.

Study Length: Five years

Study Requirements:
• 40–90 years of age
• Diagnosis of Lewy body dementia (DLB) or high likelihood
• A study partner who will accompany you to all study visits

Contact: Donna Simpson at 412-692-2717 or simpsondm@upmc.edu or MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu
Biogen (Engage-Emerge) Study

**Description:** This study will evaluate the efficacy and safety of an investigational drug (aducanumab) in individuals with mild AD and 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 MCI or mild AD
- A study partner who will accompany you to all study visits (once a month)

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

Connectomes in Brain Aging Study

**Description:** This study will determine how different parts of the brain are connected and how these connections allow people to think, behave and feel. The study will involve two to three days of scanning and tests. Some people will be asked to return after two years.

**Study Length:** Two to three days for all participants; two years for some participants

**Study Requirements:**
- 50–89 years of age
- Normal cognition or a diagnosis of mild cognitive impairment or AD

**Contact:** MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu or Rebecca Roush at 412-586-9860 or roushre2@upmc.edu

Staff Spotlight

**Ann Arlene Malia**

We extend a warm welcome to one of our newest employees, Ann Arlene Malia.

In her position as a medical research assistant, Malia’s main duties are taking blood, processing specimens, administering electrocardiogram tests, taking physical measurements and vital signs, and entering data.

Before joining the ADRC, Malia worked in the University of Pittsburgh Department of Epidemiology for 15 years, where she gained valuable experience working in a clinical setting and recruiting, scheduling, interviewing, and examining “so many wonderful participants.” Prior to that position, she completed the phlebotomy program and graduated from the Community College of Allegheny County.

“To me, the most rewarding part of my job is interacting with the participants, meeting new people, and contributing to a tremendously important cause,” says Malia.

In her spare time, Malia likes to read, spend time with her family, and take long walks with her two dogs.

Heads Up: Telephone Survey

If you are an active participant or study partner at the University of Pittsburgh Alzheimer Disease Research Center (ADRC) and you’ve agreed to be contacted about other studies, you may be invited via telephone to participate in a brief survey. This survey is part of a multicenter project that aims to learn more about participants’ and study partners’ feelings about participating in an ongoing research study.

Up to 170 individuals will complete the survey from the ADRC.