

ADRC *Moving Toward a Cure* PATHWAYS

ADRC Partners with Allegheny County Health Department to Address Dementia as a Public Health Problem

By C. Elizabeth Shaaban, PhD, MS, MPH, Assistant Professor of Epidemiology, University of Pittsburgh School of Public Health, and Associate Leader, ADRC Outreach, Recruitment, and Engagement Core

The Allegheny County Health Department has been awarded a five-year \$1.85 million Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act grant by the Centers for Disease Control and Prevention (CDC). The grant, which will help to build infrastructure in Allegheny County, is designed to promote 1) primary prevention, or preventing dementia from ever developing by reducing risk factors and promoting resilience factors across the whole life span; 2) secondary prevention, or early detection and diagnosis to find the disease at the earliest stage before noticeable symptoms occur; and 3) tertiary prevention, or preventing the dementia from progressing and promoting good care once someone has dementia.

The core partners on this BOLD grant are the Allegheny County Department of Human Services' Area Agency on Aging, Age-Friendly Greater Pittsburgh, Dementia-Friendly Greater Pittsburgh, the Alzheimer's Association Greater Pennsylvania Chapter, and the Jewish Healthcare Foundation's-Dementia Friends Pennsylvania. The University of Pittsburgh Alzheimer's Disease Research Center (ADRC) is a key contributor to the grant as well. One of the grant's first tasks is to create an Allegheny BOLD Coalition. Melita Terry, the ADRC's senior community engagement coordinator, and I are members of the coalition on behalf of the

ADRC, and we look forward to contributing to the county's brain health.

The coalition will first develop a strategic plan to address dementia as a public health problem and then will implement that plan. The plan will include input from grassroots community health and education organizations working in Allegheny County, including faith-based organizations. The strategic plan development and implementation processes will include a variety of activities, such as meeting with community organizations throughout the county, holding events to educate community members about dementia, empowering individuals and communities to engage in activities that reduce the risk of dementia, building the capacity for individuals and communities to respond

positively to changing and challenging circumstances, and creating relationships between communities and their health care providers. A primary goal of the grant is to enhance brain health equity. In service of that goal, the coalition will work specifically with Black/African American and low-income communities using a public health approach adopted from the CDC Healthy Brain Initiative Road Map. The BOLD grant builds upon the health department's existing goals related to reducing health disparities in chronic disease and life expectancy under its Plan for a Healthier Allegheny 2023-2027.

This article is adapted from: Allegheny County Department of Health. (2023, August 29). Fitzgerald Lauds \$1.85M BOLD Grant Awarded by the CDC: Funding to Build Capacity to Help Those with Alzheimer's Disease, Dementia [Press Release]. <https://alleghenycounty25048.activehosted.com/social/b7ee6f5f9aa5cd17ca1aea43ce848496.748>





Age Alone Does Not Predict Dementia

By Jennifer B. Seaman, PhD, RN, CHPN

Many people worry that with advancing age, their risk of developing dementia rises dramatically. However, a recent study shows that age alone does not predict who will develop dementia.

This study was conducted by Oscar Lopez, a University of Pittsburgh physician and director of Pitt's Alzheimer's Disease Research Center. Lopez and his team carried out a long-term study of 94 individuals who were at least 80 years old at the start of the study and were free of cognitive problems at that time. This 11-year study evaluated both participants' cognitive status and specific brain characteristics over the course of the investigation. One of the key characteristics they studied was a protein called beta-amyloid.

Beta-amyloid is a substance found in the brains of individuals who have Alzheimer's disease (AD). Beta-amyloid accumulates in the brains of these individuals over time, forming

clumps called plaques. Research now suggests that beta-amyloid is directly responsible for the problems with memory and thinking that are the hallmarks of AD. To measure beta-amyloid in the brain, researchers use specially enhanced MRI and PET scans. The investigators were able to review participants' scans for the presence of amyloid in their brains and evaluate amyloid accumulation over time. Changes in beta-amyloid and changes in cognition were examined to evaluate the relationship between these two factors. The researchers also were able to compare the results of this study to studies done with younger groups (65-70-year-olds) to see if patterns of beta-amyloid accumulation change as we age.

There are several important findings from this study. First, beta-amyloid accumulation appears to speed up somewhat as individuals enter their 80s, but that did not necessarily translate to AD development.

Study participants who already had evidence of beta-amyloid at the start of the study developed dementia on average almost two years earlier than those who had little or no beta-amyloid present at the start of the study. This supports the idea that beta-amyloid buildup is a slow process that occurs far before any difficulties with memory or thinking are noted. In addition to beta-amyloid plaques, those who developed dementia also had changes in the tiny vessels of the brain. In conclusion, while those in their 80s certainly are at risk for developing AD, the extent of beta-amyloid accumulation was a stronger predictor of AD than age alone. ■

Lopez, O.L., Villemagne, V.L., Chang, Y-F., Cohen, A.D., Klunk, W.E., Mathis, C.A., Pascoal, T., Ikonovic, M.D., Rwo, C., Dore, V., Snitz, B.E., Lopresti, B.J., Kamboh, M.I., Aizenstein, H.J., & Kuller, L.H. (2024). Association between β -amyloid accumulation and incident dementia in individuals 80 years or older without dementia. *Neurology*, 102(2), doi:10.1212/WNL.0000000000207920

Introducing the Fitbit Pilot Study

We have a new pilot study opportunity at the University of Pittsburgh Alzheimer's Disease Research Center (ADRC). This study will involve wearing a Fitbit activity tracker for one week. The purpose of the study is to examine how aspects of activity level, like walking, sitting, and sleeping, relate to risk for Alzheimer's disease. For example, we know that increased sitting is not good for your brain, but we aren't as sure about how much sitting is bad or why it could be harmful. This research will help us to understand what types of activity may be either helpful or harmful to brain health and thinking as we age. ADRC participants may be eligible to participate in the study if they have completed their visit with cognitive testing and have undergone a PET scan. Participants will be compensated \$50 for their time.

This study is being led by one of the new ADRC coinvestigators, Dr. Marissa Gogniat. If you are interested in participating in this study, please contact her at mag739@pitt.edu or 412-692-4123. ■



Outreach Happenings

By Melita Terry, BS, Senior Community Engagement Coordinator

The University of Pittsburgh Alzheimer's Disease Research Center (ADRC) continues its efforts to educate and bring awareness about Alzheimer's disease through community engagement and outreach.

One initiative that the ADRC has been committed to over the past 20 years is the Walter Allen Memorial Community Lecture series, named in honor of the prominent African American photographer at the Pittsburgh Courier in the 1950s and 1960s who later died of dementia. It offers a platform that brings researchers and clinical experts to community settings, creating interactive and educational programs on Alzheimer's disease and other related dementias relevant to the African American community.

In 2023, two distinguished speakers spoke to the community. Dr. Fayron Epps, associate professor and director of community research and engagement at Emory University's Nell Hodgson Woodruff School of Nursing, was the featured speaker in the spring, presenting "Understanding Dementia in the Black Community." In the fall, Dr. Thomas Karikari, assistant professor of psychiatry in Pitt's School of Medicine, presented "Can Blood Tests Improve Access to Early Alzheimer's Screening, Testing and Treatment for All?" This year, the series will present lectures in May and October.

The ADRC will continue participating and partnering with community organizations and faith-based communities. Creating these opportunities heightens awareness and education about Alzheimer's disease in marginalized and underrepresented communities.

Community engagement outreach activities play a pivotal role in empowering communities, fostering collaboration, and driving positive change. By providing platforms for dialogue, education, and action, these initiatives enable residents to address systemic challenges, celebrate their heritage, and build brighter futures for themselves and future generations. As the ADRC continues to prioritize community engagement, the center affirms its commitment to brain health equity within African American communities.

Please visit the ADRC website at adrc.pitt.edu for information about upcoming events. If you have interest in hosting a presentation by or an event with the ADRC, please contact Melita Terry, senior community engagement coordinator, at 412-692-2712 or met106@pitt.edu. ■



Cognitive Training May Improve Memory, Reasoning and More

There is evidence suggesting cognitive training may help delay or slow age-related cognitive decline. Cognitive training involves structured activities designed to enhance memory, reasoning, and speed of processing.

Studies, such as the Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) clinical trial, have shown that specific cognitive training can improve cognitive performance. ACTIVE was a large clinical trial which found that cognitive training improved the abilities of healthy older adults over age 65 (with an average age of 73 years at the start of the study), in the area in which they were trained: memory, reasoning, or speed of processing. Improvements remained in reasoning and speed of processing up to 10 years after the training was completed. It is still unknown whether the long-term benefits of cognitive training can help enable older people to live independently longer.

A separate analysis of 215 cognitive training clinical trials involving roughly 12,500 older adults showed that cognitive training improved cognition in cognitively healthy older adults and in those who have mild cognitive impairment (MCI). Additionally, participants who received training in multiple cognitive areas also improved in cognitive areas in which they had not received training. Cognitive training areas included memory, reasoning, speed of processing, executive functioning, everyday functioning, and general knowledge. Despite the promise of cognitive training, important questions remain around what types and aspects of trainings may be effective and how long the benefits last.

Be wary of claims that playing certain computer and online games can improve your memory and

other types of thinking. There is currently not enough evidence available to suggest that any of the commercially offered computer-based brain training applications have the same impact on cognitive abilities as those seen in clinical trials. The National Institute on Aging and other organizations are supporting research to determine whether different types of cognitive training may have lasting effects.

Informal or unstructured cognitively stimulating activities, such as reading, may offer cognitive benefits, as well, according to findings from long-term observational studies. For example, a study of nearly 2,000 cognitively normal adults 70 and older found that playing games and engaging in craft, computer, and social activities were associated with a lower risk of MCI. The same research group also found that playing games and engaging in social activities in both midlife and late life and having a higher number of mentally stimulating activities in late life were associated with reduced MCI risk.

Furthermore, an analysis of 19 cognitive leisure activity studies showed a link between participation in unstructured cognitively stimulating activities and a reduced risk of cognitive impairment and dementia.

Many studies are ongoing to explore cognitive training as a possible way to prevent cognitive decline and dementia. For now, experts encourage people to make healthy lifestyle choices for cognitive health. Learn more about keeping your mind active. ■

Source: nia.nih.gov/health/alzheimers-and-dementia/preventing-alzheimers-disease-what-do-we-know

Staff Spotlight

Brooke Balliet

Meet Brooke Balliet, our new administrative assistant, who is now greeting ADRC participants at our front office window. ■



Norwin Lady Knights Raise Funds for and Awareness of Alzheimer's Disease

The Norwin High School girls' basketball team in North Huntingdon, Pennsylvania, holds a charity game every season. Team members choose who they want to honor and where the funds are allocated. The Lady Knights hosted their rival, North Allegheny Senior High School, in this year's charity game on Jan. 25, 2024.

This year, the team decided to honor Marge Krauss, grandmother of junior Kendall Berger, and Mabel Snowberger, grandmother of senior Bailey Snowberger, both of whom are living with



Kendall Berger



Bailey Snowberger

dementia. Bailey and Kendall designed shirts with their grandmothers' names and images for both teams to wear during the charity part of the event. At the end of the night, not only did the Lady Knights win the game, but the event had raised a total of \$1,700, which was then donated to the University of Pittsburgh Alzheimer's Disease Research Center (ADRC).



The Lady Knights basketball team believes in family, faith and service, and the ADRC is extremely appreciative of the team, its values and the funds that it raised that evening. At the end of the evening, the game ball was given to another grandmother, Kathy Shaw, the grandmother to players Ava and Alexa Kobus, whose husband had passed away earlier that week. The Lady Knights team is very grateful to all who came to the game, not just to support the team, but to support those coping with Alzheimer's disease and other dementias. ■

This is the first in a series of four articles that will appear in upcoming issues of Pathways.

What Do We Know About Diet and Prevention of Alzheimer's Disease?



Part 1: Understanding the Mediterranean and MIND diets

Part 2: What do we know about individual foods?

Part 3: What about vitamins and supplements?

Part 4: Researchers continue to seek answers

Can eating a specific food or following a particular diet help prevent or delay dementia caused by Alzheimer's disease? Many studies suggest that what we eat affects the aging brain's ability to think and remember. These findings have led to research on general eating patterns and whether a person's diet might make a difference.

Healthy eating patterns have been associated with cognitive benefits in studies, but more research is needed — and is underway — to determine if what we eat can prevent or delay Alzheimer's or age-related cognitive decline.

How could what we eat affect our brains? It's possible that eating a certain diet affects biological mechanisms, such as oxidative stress (overproduction of substances that contain oxygen in the body) and inflammation, that underlie Alzheimer's. Eating a certain diet might increase

specific nutrients that may protect the brain through anti-inflammatory and antioxidant properties. It may inhibit beta-amyloid deposits, which are found in the brains of people with Alzheimer's, or improve cellular metabolism in ways that protect against the disease.

Or perhaps a person's diet works indirectly by affecting other Alzheimer's risk factors, such as diabetes, obesity, and heart disease. For example, the typical Western diet increases cardiovascular disease risk, possibly contributing to faster brain aging. A growing area of research focuses on the relationship between gut microbes — tiny organisms in the digestive system — and aging-related processes that lead to Alzheimer's. The important role of physical activity and exercise, and how this interacts with diet, cardiovascular health, and brain health must also be considered.



Part 1: Understanding the Mediterranean and MIND diets

Before starting any dietary change, it's important to talk with your health care provider. They can provide personalized advice that accounts for your health history and medical conditions.

With that in mind, there are two diets that research has shown may hold potential benefits for cognitive health, but the evidence is mixed.

- **The Mediterranean diet** emphasizes fruits, vegetables, whole grains, legumes, fish and other seafood, unsaturated fats such as olive oils, and low amounts of red meat, eggs, and sweets.
- **The MIND (Mediterranean-DASH Intervention for Neurodegenerative Delay) diet** is a hybrid of the Mediterranean and the DASH (Dietary Approaches to Stop Hypertension) diet. Several studies have shown that treating and reducing high blood pressure may help reduce the risk of dementia. Similar to the Mediterranean diet, the MIND diet features vegetables, especially green leafy vegetables; berries over other fruit; whole grains; beans; nuts; one or more weekly servings of fish; and olive oil. It also limits servings of red meat, sweets, cheese, butter/margarine, and fast/fried food.

Some, but not all observational studies have shown that the Mediterranean and MIND diets are associated with a lower risk for dementia compared to a Western-style diet, which typically contains more red meat, saturated fats, and sugar.

However, a recent clinical trial assigned 600 older adults with a family history of dementia to either a MIND-diet group or a control-diet group. Results showed that participants who followed the MIND diet had only small improvements in cognition that were similar to those who followed a control diet of mild caloric restriction.

Previous research on these diets points to their potential to slow cognitive decline, lower risk for dementia, and reduce related damage to the brain. Here's a look at the evidence:

Observational studies of more than 900 dementia-free older adults found that closely following the MIND diet was associated with a reduced risk of Alzheimer's and a slower rate of cognitive decline.

- In March 2023, scientists completed a study of the brains of about 600 older adults who died at an average age of 91. Brain autopsies found that people who had reported sticking to a Mediterranean or MIND diet showed less evidence of Alzheimer's pathologies, including tau tangles and amyloid plaques.
- In one observational study of 116 cognitively normal adults, those who followed a Mediterranean diet had thicker cortical brain regions than those who did not. These brain regions shrink in people with Alzheimer's, so having thicker regions could mean there's a cognitive benefit.
- A follow-up observational study showed lower glucose metabolism and higher levels of beta-amyloid protein — both seen in Alzheimer's — in people who did not follow the Mediterranean diet closely, compared to those who did.
- An analysis of diet and other factors found that, after an average of 4.5 years, people who adhered most closely to the MIND diet had a 53% reduced rate of Alzheimer's compared to those who did not follow the diet closely.
- In a similar study, following the MIND diet was associated with a substantial slowing of cognitive decline during an average of almost five years.
- The Age-Related Eye Disease Studies originally looked at diet and eye disease. Further analysis by the researchers showed that people who followed the Mediterranean-style diet had a lower risk of developing cognitive problems while maintaining a higher level of cognitive function. ■

Parts 2, 3, and 4 will be in upcoming issues.

12 MYTHS

About Alzheimer's Disease

Alzheimer's disease affects millions of Americans and is a leading cause of death in the United States.

It's important to distinguish the facts from the myths about Alzheimer's, especially when it comes to finding information online.

Read on to learn about common myths surrounding this disease.



MYTH 1

Alzheimer's disease and dementia are the same thing.

People often use the terms Alzheimer's and dementia interchangeably, but there is a difference. Dementia refers generally to conditions that lead to impaired memory, thinking, reasoning, and behavior, and Alzheimer's is just one type of dementia. The terms are likely confused because Alzheimer's is the most common cause of dementia and the most well-known.

Other types of dementia include Lewy body dementia, frontotemporal dementia, and vascular dementia.

MYTH 2

I will develop Alzheimer's disease if my parent has it.

If a parent or close relative has Alzheimer's, you may be worried about developing it as you get older. A person's chance of developing Alzheimer's is higher if they have certain genetic variants that can be passed down from a parent. However, in most cases, just because a biological parent has Alzheimer's does not mean their children will develop it.

MYTH 3

Only people in their 70s and older develop Alzheimer's disease.

While the greatest known risk factor for Alzheimer's is age, this does not mean that only older adults develop it. For most people with Alzheimer's, it's true that symptoms first appear in their mid-60s or beyond. However, some people experience symptoms earlier, even as young as in their 30s. When a person develops Alzheimer's between their 30s and mid-60s, it's called early-onset Alzheimer's. Early-onset Alzheimer's is rare—representing less than 10% of people with the disease.

MYTH 4

Alzheimer's disease symptoms are normal as we get older.

Many people become more forgetful as they age, and some forgetfulness, such as losing things from time to time, is normal. However, common signs and symptoms of Alzheimer's, such as making poor judgments and decisions a lot of the time, having problems recognizing friends and family, or losing track of the date or time of year are not a normal part of aging.

MYTH 5

There are no treatments available for people with Alzheimer's disease.

In recent years, significant progress has been made toward developing better treatments for people living with Alzheimer's. Several medications are now available to treat symptoms and slow the disease in some people. Coping strategies are also available to help manage behavioral symptoms.

While there is currently no cure for Alzheimer's, there have been many scientific advances. NIA is funding hundreds of clinical trials including both drug and nondrug interventions. These include testing treatments that target the underlying causes of the disease as well as behavior and lifestyle factors.

MYTH 6

If I'm frequently forgetting things, it must be Alzheimer's disease.

Even though memory problems are typically one of the first signs of Alzheimer's, not all memory problems mean a person has the disease. Some forgetfulness is normal as we age.

MYTH 7

You can buy supplements online to prevent or cure Alzheimer's disease.

There are many websites and advertisements that promise certain supplements can effectively prevent, delay, treat, or cure diseases such as Alzheimer's. In some cases, the information may seem reliable, offering advice on healthy aging and Alzheimer's to gain trust and promote their products. However, there is no scientific evidence backing these claims, and currently, no supplement has been proven to delay, prevent, treat, or cure Alzheimer's.

MYTH 8

You can prevent Alzheimer's disease.

There is no proven way to prevent Alzheimer's. However, there are steps you can take to help reduce your risk for this disease. Some risk factors can be controlled, while others, such as the genes you inherit, cannot.

In general, leading a healthy lifestyle may help reduce risk factors that have been associated with Alzheimer's and other age-related health problems.

MYTH 9

Doctors cannot definitively diagnose someone with Alzheimer's disease until after death.

Before researchers developed biomarker tests in the early 2000s, the only sure way to know whether a person had Alzheimer's was through autopsy, a procedure that is performed after death. Now, lab and imaging tests are available to help a doctor or researcher see the biological signs of the disease in a living person.

MYTH 10

An at-home genetic test can tell me if I have (or will have) Alzheimer's disease.

At-home genetic tests extract DNA from a person's saliva and provide reports of the genetic data. It's important to note that no genetic test can definitively diagnose Alzheimer's. Genetic tests can identify certain rare genetic variants that cause early-onset Alzheimer's,

as well as genetic variants that increase a person's risk for the disease. There is one FDA approved at-home test which shows if a person carries a form of the APOE gene, APOE ε4. People with this variant are at an increased risk for Alzheimer's, but it does not mean that they will definitely develop the disease.

MYTH 11

I'm not a scientist so I can't do anything to help fight Alzheimer's disease.

Even if you are not a scientist, there are many ways you can help advance Alzheimer's research! Volunteers participating in clinical trials and studies have led to meaningful advancements in the detection, diagnosis, and treatment of Alzheimer's.

MYTH 12

Aluminum causes Alzheimer's disease.

Scientists are still trying to understand if there is a link between aluminum and Alzheimer's. For example, autopsy studies have shown higher levels of aluminum in the brains of people with Alzheimer's than those without Alzheimer's, but it's unclear what role aluminum may play.

This content is provided by the National Institute on Aging (NIA). You can read the full article online at nia.nih.gov.



With Gratitude

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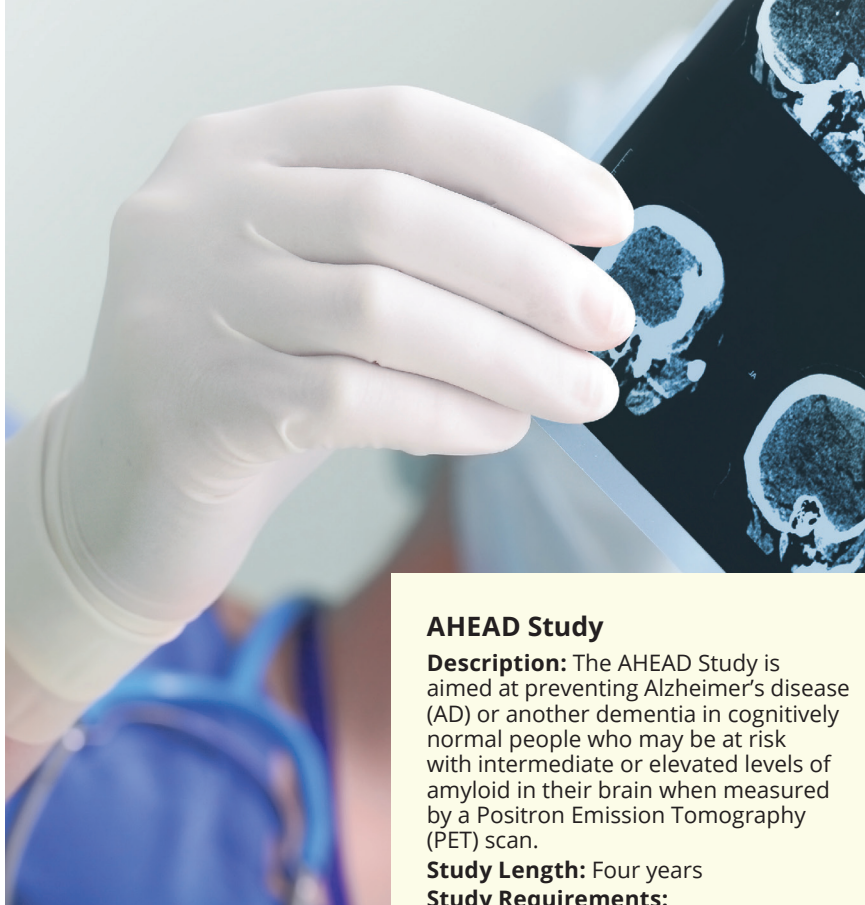
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Research Studies

Get Involved! We are in constant need of participants for important research studies. Contact the University of Pittsburgh Alzheimer's Disease Research Center at 412-692-2700 or oakley@upmc.edu.



ACE Study

Description: The main purpose of ACE is to determine if taking Equol, a plant-based supplement, could slow the progression of stiffening of the arteries, small blood vessel disease in the brain and memory decline.

Study Length: Two years

Study Requirements:

- 65 to 85 years of age
- African-American or Caucasian men and women

To learn more please call: 800-872-3653 or e-mail: ACETRIAL@pitt.edu

AHEAD Study

Description: The AHEAD Study is aimed at preventing Alzheimer's disease (AD) or another dementia in cognitively normal people who may be at risk with intermediate or elevated levels of amyloid in their brain when measured by a Positron Emission Tomography (PET) scan.

Study Length: Four years

Study Requirements:

- 55-80 years of age
- Normal thinking and memory abilities (without a diagnosis of MCI, AD or other dementia)
- Willing to learn your amyloid results (intermediate, elevated, or not elevated) which may relate to your risk of developing AD or another dementia
- Have a trusted family member or friend (a "study partner") who can accompany you to a few key study visits and be available by phone to answer questions about your memory and thinking.
- Willing and able to receive regular intravenous (IV) infusions (once or twice a month) of the investigational study drug (BAN2401) or a placebo for up to four years

Contact: Thomas Baumgartner at 412-692-2716 or baumgartnertc@upmc.edu or MaryAnn Oakley at 412-692-2721 or oakley@upmc.edu or call the ADRC at 412-692-2700.

Dementia with Lewy Bodies Consortium

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: up to 10 years

Study Requirements:

- Age 40-90
- Diagnosis of Lewy Body Dementia (DLB) or high likelihood
- A study partner who will accompany you to all study visits

Contact: Cary Zik at 412-692-2719 or zikcl@upmc.edu or MaryAnn Oakley at 412-692-2721 or oakley@upmc.edu

Facilitating Optimal Routines in Aging (ForAging)

Description: The purpose of this study is to help researchers find out if regular sessions with a rehabilitation specialist can help older adults improve their performance of daily activities. Researchers hope their findings will lead to better ways to support older adults and help them maintain independence for as long as possible.

Study Length: 15 months

Study Requirements:

- Age 60 or older
- Diagnosis of Mild Cognitive Impairment
- Have difficulty managing daily tasks, such as money management, medication management, technology use, preparing meals, or shopping

Contact: Josh Woolford at 412-383-6752 or jww49@pitt.edu or MaryAnn Oakley at 412-692-2721 or oakley@upmc.edu



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