

Cognitive Decline in African Americans with MCI... Please call for an assessment.

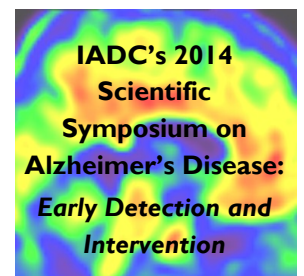
Research has shown that in many communities, African Americans have higher rates of chronic disease than Whites and this includes higher rates of age-related cognitive decline or mild cognitive impairment (MCI). Researchers at the Johns Hopkins University, Baltimore, studied the relationship between racial background and cognitive decline in a sample of 133 older people with MCI living in communities in Maryland.³ During the 3 years of the study, the average rate of cognitive decline among the African Americans with MCI was significantly higher than it was among the White Americans with MCI. While the reasons for this difference were unclear, the study stresses the importance of cognitive assessment and follow-up for African Americans who show early symptoms of cognitive decline.

Closer to home, the Indianapolis Study of Health and Aging found similar results. African Americans living in Indianapolis had higher rates of cognitive decline than did Africans living in Nigeria, Africa.²

It is very important that cognitive health is assessed routinely and treatments offered if necessary. As it is Black History Month, we at the IADC would like to encourage all older adults with any concerns about changes in thinking, memory and language to call for an assessment. Call 317-963-5500 and choose option 2.

References:

1. The National Institute on Aging, 2012-2013 Alzheimer's Disease Progress Report: Intensifying the Research Effort; Health Disparities and Alzheimer's Disease. nia.gov.
2. Baiyewu, O., Smith-Gamble, V, Lane, K.A., Gureje, O., Gao, S., Ogunniyi, A., Unverzagt, F.W., Hall, K.S., & Hendrie, H.C. (2007). Prevalence estimates of depression in elderly community-dwelling African Americans in Indianapolis and Yoruba in Ibadan, Nigeria. *International Psychogeriatrics*, 19 (4), 679-689. PMID: 2855127.
3. Lee HB, Richardson AK, Black BS, Shore AD, Kasper JD, Rabins PV. Race and cognitive decline among community-dwelling elders with mild cognitive impairment: findings from the Memory and Medical Care Study. *Aging and Mental Health* 2012;16(3):372-377. www.ncbi.nlm.nih.gov/pubmed/21999809



Goodman Hall Auditorium
Indianapolis, IN
Friday, March 21, 2014
7:45 am to 3:30 pm
See page 5 for
registration information

Winter
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Cognitive Training is Good for You and Can Last 10 Years in Older Adults

... Frederick W. Unverzagt, Ph.D.

In a study, recently published online, by the Journal of the American Geriatrics Society, a multi-institutional team of researchers reported that older adults who had participated in mental exercise programs reported less difficulty with activities of daily living than those people who had not participated, even after 10 years had passed.

The study, known as Advanced Cognitive Training for Independent and Vital Elderly, or ACTIVE, "is the first to link such cognitive training to benefits in everyday activities and not just to mental skills related to the exercises", said Frederick W. Unverzagt, Ph.D., professor in the Department of Psychiatry at the IU School of Medicine, one of the ACTIVE study investigators and Co-Leader of the Indiana Alzheimer Disease Center's Clinical Core.

"Previous data from this clinical trial demonstrated that the effects of the training lasted for five years," said Richard J. Hodes, M.D., director of the National Institute on Aging. "Now, these longer term results indicate that particular types of cognitive training can provide a lasting benefit a decade later. They suggest that we should continue to pursue cognitive training as an intervention that might help maintain the mental abilities of older people so that they may remain independent and in the community." Dr. Unverzagt [discusses his research in a video on Vital Signs](#).

The study involved 2,832 people living independently in Detroit, Baltimore and western Maryland, Birmingham, AL, Indianapolis, Boston and central Pennsylvania. The participants averaged 74 years old at the beginning of the study. About one-quarter of the participants were

African-Americans, and about three-quarters were women.

The participants were divided randomly into groups receiving either memory training, reasoning training or speed

training. A fourth, the control group, received no training. Meeting in small groups, the participants had 10 training sessions of 60 to 75 minutes each over a period of five to six weeks. Some participants received "booster" training one and three years after the initial sessions.

Memory training involved improving abilities to recall texts and lists. Reasoning training included solving problems that involved patterns. Speed training, conducted on touch screen computers, was designed to increase speed in identifying information in different screen locations. The types of training were selected because they appeared in previous testing to be applicable to such daily activities as using the phone, tracking medication use and taking care of finances.

After 10 years, participants in each of the training groups reported less difficulty in conducting activities of daily living than those in the control groups. Participants in all three treatment groups saw immediate improvements in the cognitive ability that was trained compared to participants in the control group who received no training. This cognitive improvement was maintained through 5 years for all three treatments and through 10 years



Frederick W. Unverzagt, PhD

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Cognitive Training is Good for You and Can Last 10 Years in Older Adults

... Frederick W. Unverzagt, Ph.D.

(Continued from page 2)

for the participants who received reasoning and speed training.

"The durability of this effect was remarkable," Dr. Unverzagt said. Dr. Unverzagt noted that overall, the training sessions produced clear but modest benefits, suggesting it would be worthwhile to study the potential benefits of combining cognitive training with other lifestyle and health interventions as exercise and improved diet.

The study was supported by grant numbers U01NR04507, U01NR04508, U01AG14260, U01AG14282, U01AG14263, U01AG14289, and U01AG14276 from the National Institute on Aging and the National Institute for Nursing Research of the National Institutes of Health.

Reference: Rebok, G.W., et al.: Ten-Year Effects of the Advanced Cognitive Training for Independent and Vital Elderly Cognitive Training Trial on Cognition and Everyday Functioning in Older Adults. *Journal of the American Geriatrics Society* 2014; DOI: 10.1111/jgs.12607.

The *Journal of the American Geriatrics Society* can be accessed at [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1532-5415](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1532-5415)

Dr. Unverzagt will be discussing the ACTIVE study and exercise as an intervention in maintaining health in later life at the IADC 2014 Scientific Symposium on March 21, 2014. See page 5 for details about the symposium and information on how to register.



Get Connected

Link to our Calendar:

<http://iadc.iupui.edu/current-events/I51/>

Caregiver Support Group Available:

Are you caring for a family member or friend with AD, dementia or related disorder? Do you have questions or concerns about providing care, about AD or other dementia? Our support group meeting may be your answer. The IADC together with the Healthy Aging Brain Center and the Alzheimer's Association, facilitates a monthly support for caregivers. All family members are welcome.

The meeting is normally held on **the 4th Friday of each month from 1:00—3:00 pm** at **Cottage Corner Health Center, 1434 S. Shelby St, Indianapolis, IN (317.655.3200)**. Feel free to join us for education and social support.

FTD Caregiver Support Group

Has a loved one been diagnosed with frontotemporal dementia (FTD)?

Do you have questions about the disease and how to manage it?

You are not alone.

IADC FTD Caregiver Support Group meets the **2nd Tuesday of each month from 6:30—8:30 pm** at **Indianapolis First Friends Church, 3030 Kessler Blvd. East Dr., Indianapolis, IN**.

Good News for Research and Care: \$122 million increase for Alzheimer's disease signed into law by President ...Mary Guerriero Austrom, PhD

President Obama recently signed a bill into law that included an unprecedented \$122 million increase for Alzheimer's disease (AD) research, education, outreach and caregiver support. The increased funding in the fiscal year 2014 budget will provide support to enable the continuing implementation of the National Plan to Address Alzheimer's Disease. The national plan has the lofty goal of finding a disease alternating treatment or cure for AD by 2025. This increased funding will undoubtedly help to strengthen care and support to people affected by AD and their caregivers while accelerating research toward interventions that can slow, stop and ultimately prevent this disease.

The new federal funding allocated for AD includes a \$100 million increase for the National Institute on

Aging for AD research, which will be added to what the National Institutes of Health (NIH) estimates will be \$484 million in AD research funding across NIH in fiscal year 2013. A further \$3.3 million has been provided to support AD caregivers, \$4 million to train health professionals on issues related to AD, \$10.5 million to expand home and community based caregiver services and \$4.2 million for outreach activities to raise awareness. Additionally, the National Institutes of Health's BRAIN Initiative will receive \$30 million to support brain research that could impact several diseases, including AD.

At the Indiana Alzheimer Disease Center, we are encouraged by the increase in funding and are committed to continuing our research and providing care to all those touched by AD in our community.

Link to our Calendar:

<http://iadc.iupui.edu/current-events/151/>



Save the Dates

Memory University 2014: “Research Updates...What You Have Helped Us Learn So Far.”

Learn about the latest findings from our research. Mark your calendar for the **6th Annual Memory University**, which is scheduled for three Friday afternoons in June — **6/13, 6/20 & 6/27.**

**Plans are underway for the
8th Annual Martin Family
Alzheimer’s Disease Caregiver
Symposium.**

**Mark your calendars now and
SAVE THE DATE
Friday, September 12, 2014.**

IADC's 2014 Scientific Symposium on Alzheimer's Disease: Early Detection and Intervention

Friday, March 21, 2014

7:45 am to 3:30 pm

Location:

**IU Health Neuroscience Center
Goodman Hall Auditorium
355 W. 16th Street
Indianapolis, IN 46202**

The IADC's 2014 Scientific Symposium on Alzheimer's Disease is designed for scientists and clinicians. Family members and the community are welcome. This year's symposium, *Alzheimer's Disease: Early Detection and Intervention*, will present updates on current research at the IADC and in the field, including neuroimaging using biomarkers, genetics, treatments including exercise, and promising early interventions. A special CME session on assessing elderly patients' vulnerability to fraud will also be offered.

The program is offered free of charge, however, registration is required. **Information and registration regarding this annual event can be found at: <http://www.iadc.iupui.edu/current-events/> or call 317-963-7297 or email dwert@iupui.edu.**

Program:

Early Detection: The Role of Neuroimaging and Biomarkers

Andrew Saykin, PsyD, Raymond C. Beeler Professor of Radiology and Imaging Sciences and Director of the Indiana Alzheimer Disease Center (IADC) Indiana University School of Medicine (IUSM).

Development of Promising Early Treatments and Interventions

Eric Siemers, MD, Senior Medical Director of the Alzheimer's Disease Team, Eli Lilly & Co.

Genetics and Early Diagnosis

Jill R. Murrell, PhD, Associate Professor, Department of Pathology & Laboratory Medicine and Medical & Molecular Genetics, IUSM.

Preventing Elder Investment Fraud: Assessing for Vulnerability

Special CME Program in Collaboration with IN Secretary of State and Houston Methodist Hospital.

Kelly Griese, Investor Education Coordinator, Indiana Secretary of State; and

Brandy Matthews, MD, Assistant Professor of Clinical Neurology, Neurology Residency Program Director, Department of Neurology; Associate Leader, IADC Education Core, IUSM.

CALL FOR POSTERS: Attendees are invited to submit poster abstracts highlighting their research related to the symposium theme. Space will be available to display posters throughout the day. Up to 10 authors will be invited to briefly present their poster during the morning break. Please submit a 250 word abstract to iadc@iupui.edu by February 28th.

Testing Interventions in the Home: The ADMIT Trial

Christopher Callahan, MD, FACP, Cornelius & Yvonne Pettinga Professor of Medicine, Department of Internal and Geriatric Medicine; Director, IU Center for Aging Research; Scientist, Regenstrief Institute, IUSM.

Mental Engagement and Physical Exercise: Recipe for Successful Aging?

Frederick W. Unverzagt, PhD, Professor of Psychiatry; Director, Clinical Neuropsychology Residency, Department of Psychiatry; Associate Leader, IADC Clinical Core, IUSM.

IADC Current Studies on AD and Related Disorders Research Enrolling Participants

| <u>Who is needed?</u> | <u>For which study?</u> | <u>Length of study?</u> | <u>Please contact...</u> |
|---|---|---|--|
| <p>To participate, volunteers must have a diagnosis of one of the following:</p> <ul style="list-style-type: none"> • Probable Alzheimer’s disease • Mixed Dementia • Mild Cognitive Impairment • Vascular Dementia • Lewy Body Disease • Parkinson Dementia • Frontotemporal Dementia | <p>Research Registry/ database used to capture data for self-referred volunteers and established clinic patients interested in participating in clinical research and drug studies, now and in the future.</p> | <ul style="list-style-type: none"> • Information regarding research projects will be disclosed prior to enrollment in specific research studies. • Length varies by individual study. | <p>Christina Brown 317-963-7426 chbrown@iupui.edu</p> |
| <p>Participants need to:</p> <ul style="list-style-type: none"> • Be a member of family with 3 or more living siblings diagnosed with probable AD. | <p>The Genetics of Late Onset Alzheimer’s Disease (LOAD) Study</p> | <ul style="list-style-type: none"> • Longitudinal; over a lifetime or as long as person is willing. • Visits include: neurological exam, cognitive evaluation, informant interview and a blood sample for DNA at first visit. | <p>National Cell Repository for AD 1-800-526-2839 alzstudy@iupui.edu</p> |
| <p>Participants need to:</p> <ul style="list-style-type: none"> • Have mild to moderate memory problems; • Be 60 years of age +; • Be right-handed; • Have completed at least 8th grade. | <p>Healthy Older Adults Study of Memory Study includes brain scans, blood draw, eye exam and cognitive testing</p> | <ul style="list-style-type: none"> • Longitudinal; over a lifetime or as long as person is willing; • Assessments are 18 months apart; • Each visit is 10.5 hours and will be scheduled over 2 days; • Compensation for time and effort provided. | <p>Eileen Tallman 317-278-3121 etallman@iupui.edu</p> |
| <p>Participants need to:</p> <ul style="list-style-type: none"> • Be part of a family with two or more living members with AD or symptoms of serious memory loss; • Be eager to involve new families from all locations. | <p>The National Cell Repository for Alzheimer's Disease (NCRAD)</p> | <ul style="list-style-type: none"> • Longitudinal; over a lifetime or as long as person is willing. • Visits are done by telephone or mail. | <p>National Cell Repository for AD 1-800-526-2839 alzstudy@iupui.edu</p> |

IADC Current Studies on AD and Related Disorders Research Enrolling Participants

(Continued from page 6)

| <u>Who is needed?</u> | <u>For which study?</u> | <u>Length of study?</u> | <u>Please contact...</u> |
|---|---|--|---|
| <p>Participants need to:</p> <ul style="list-style-type: none"> • Be aged 60 years of age +; • Have a diagnosis of mild cognitive impairment; • Have support by an adult family member or friend; • Both be able to read and speak English; • Both participate in the study. | <p>Daily Enhancement of Meaningful Activity (DEMA).</p> | <ul style="list-style-type: none"> • 3-month skill-building and health promotion program; • 6 biweekly nurse sessions; <ul style="list-style-type: none"> • First 2 are face-to-face sessions at the Neuroscience Center; • Last 4 are telephone sessions; • Sessions are 30-60 minutes for 3 months; • 3 telephone interviews before, after and 3 months after nurse sessions approximately 1.5 hours each. <p>Compensation:</p> <ul style="list-style-type: none"> • Up to \$60 in gift cards • Parking passes provided for face-to-face sessions. | <p>Katie Sundt, DEMA program manager; 317-274-7739 kalmcdan@iupui.edu</p> |
| <p>Participants need to:</p> <ul style="list-style-type: none"> • Have a first degree relative with Alzheimer's disease caused by a known mutation; • Be at least 18 years of age; • Speak and read English; • Have someone who knows them well and is willing to answer questions about their memory and thinking. | <p>Dominantly Inherited Alzheimer Network (DIAN)</p> | <ul style="list-style-type: none"> • Longitudinal, visits every 1 to 3 years, as long as the person is willing; • Visits include: neurological exam, cognitive evaluation, PET and MRI imaging, informant interview, blood draw and spinal tap. <p>Compensation:</p> <ul style="list-style-type: none"> • Travel, meals, completion of some procedures, and accommodations. | <p>Christina Brown 317-963-7426 chbrown@iupui.edu</p> |
| <p>Participants need to:</p> <ul style="list-style-type: none"> • Be 55-90 years of age; • Have Mild Alzheimer's Disease; • Have an MMSE score of 20-26; • Have amyloid pathology present at screening; • Be stable 12 weeks prior to screen if using AChEIs. | <p>Lilly: H8A-MC-LZAX A research study to assess the effects of passive immunization on the progression of mild AD; Solanezumab (LY2062430) versus Placebo.</p> | <ul style="list-style-type: none"> • Approx. 18 months; • Approx. 25 visits to center with caregiver; • Visits are 3-6 hours long; • You will receive monthly IV infusion if eligible for study. <p>Compensation:</p> <ul style="list-style-type: none"> • \$75 for 5 visits • \$50 for all other visits | <p>Lyla Christner, LPN 317-963-7411 lychrist@iupui.edu</p> |

(Continued from page 7)

IADC Current Studies on AD and Related Disorders Research Enrolling Participants

| <u>Who is needed?</u> | <u>For which study?</u> | <u>Length of study?</u> | <u>Please contact...</u> |
|---|--|---|--|
| <p>Participants need to:</p> <ul style="list-style-type: none"> • Be 66-85 years of age; or • Be up to 90 years of age with approval from medical monitor; • Have a MMSE 14-26 (mild to moderate AD); • Be stable 12 weeks prior to screen, if using AChEIs or Namenda. | <p>Nourish Placebo-controlled study of effects of daily administration of AC-1204 in participants with mild to moderate AD.</p> | <ul style="list-style-type: none"> • 26 weeks double blind and optional 26 weeks open label extension; <p>Compensation:</p> <ul style="list-style-type: none"> • \$75 each for 5 Clinic visits; • \$25 each for phone interviews. | <p>Scott Herring 317-963-7418; sherring@iupui.edu</p> <p>or</p> <p>Christina Brown 317-963-7426 chbrown@iupui.edu</p> |
| <p>Participants need to:</p> <ul style="list-style-type: none"> • Be 55-85 years of age; • Have an MMSE score of 20+. | <p>SNIFF Study of Nasal Insulin to Fight Forgetfulness A multi-center, double blind, placebo-controlled phase II/III study to evaluate impact of nasal inhaled insulin in participants with mild memory impairment and early AD.</p> | <ul style="list-style-type: none"> • Blind study for 12 months; • Followed by 6 months open label (all participants receive insulin). <p>Compensation:</p> <ul style="list-style-type: none"> • \$75 for each completed lumbar puncture; ; • Complimentary parking. | <p>Scott Herring, RN 317-963-7418 sherring@iupui.edu</p> |
| <p>Participants need to:</p> <ul style="list-style-type: none"> • Be 70 years of age or younger; • Have an MMSE score of 20+. | <p>Tau RX A double-blind, placebo-controlled, randomized, parallel-group, 12 month Safety and Efficacy trial of Leuco-methylthioninium bis (hydromethanesulfonate) in subjects with Behavior Variant Frontotemporal Dementia (bvFTD).</p> | <ul style="list-style-type: none"> • Approximately 62 weeks • Volunteer and their caregiver will need to complete 10 study visits at the IU Neuroscience Center • Average study visit 3 to 6 hours. <p>Compensation:</p> <ul style="list-style-type: none"> • \$100 for 5 certain visits; • \$50 for each other visit. | <p>Angie Secret 317-963-7533 secresta@iupui.edu</p> <p>or</p> <p>Christina Brown 317-963-7426 chbrown@iupui.edu</p> |
| <p>Participants need to:</p> <ul style="list-style-type: none"> • Be 65-85 years of age; • Have an MMSE score of 27-30 if more than high school education; • Have an MMSE score of 25-30 if only high school education; | <p>A4 A research study to assess the effects of Solanezumab(LY2062430) versus Placebo in slowing cognitive decline in preclinical AD.</p> | <ul style="list-style-type: none"> • Approx. 164 weeks; • Clinic visit every 4 weeks. <p>Compensation:</p> <ul style="list-style-type: none"> • \$50 for each completed clinic visit; • \$75 for optional lumbar puncture at visit #5; • \$125 for final visit of optional lumbar puncture; • Complimentary parking. | <p>Nancy McClaskey 317-963-7429; nmclclsk@iupui.edu</p> <p>or</p> <p>Christina Brown 317-963-7426 chbrown@iupui.edu</p> |

Keeping the Memory Alive....



Honor or remember a loved one this holiday season by making a gift in support of the Indiana Alzheimer Disease Center. All gifts are 100% tax-deductible and gratefully appreciated. Thank you for making a difference.

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Your gift will support ongoing research at IU on Alzheimer's disease and related disorders including:

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Indiana University School of Medicine
IU Health Neuroscience Center, Suite 4100
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Indianapolis, IN 46202

For more information on making a bequest or planned giving to the Indiana Alzheimer Disease Center you may also call 317-963-7599 or email bsglazie@iupui.edu
To use a credit card to make a gift, please go to our secure website at <http://iadc.iupui.edu/give-now/>

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