



Indiana Alzheimer Disease Center

# Reflections



INDIANA ALZHEIMER DISEASE CENTER NEWSLETTER  
INDIANA UNIVERSITY SCHOOL OF MEDICINE

2013  
Volume 22  
Issue 1



Andrew Saykin, PsyD

## From the Director's Desk

... Andrew Saykin, PsyD; Director, IADC

This is an exciting time for Alzheimer's disease research and for the IADC. I will mention just a few recent developments. First, we are looking forward to the 7<sup>th</sup> Annual Martin Family Symposium organized by Dr. Austrom and colleagues on September 20<sup>th</sup>. The symposium will address some of the timeliest developments in aging and dementia research and we hope to see many of you there. Second, in July, at the Alzheimer's Association International Conference in Boston (AAIC 2013) many faculty and trainees from the IADC attended the conference and presented platform talks and scientific posters. IADC members were authors or co-authors on

a total of 39 presentations. In addition, at the AAIC 2013 affiliated Alzheimer's Neuroimaging Consortium pre-conference there were 17 more presentations from our center. The topics addressed by IADC members at AAIC 2013 ranged from genetics, epidemiology, memory, neuropathology, and advanced imaging to health services and caregiver research and training. This was a highly stimulating conference with scientists from around the globe all working together to help address the causes and treatment of AD and related dementias. A major focus in the field remains earlier detection and diagnosis and better biomarkers including blood tests, CSF studies and neuroimaging methods.

A new international consortium, with representation from the IADC, is working to standardize the definition of subjective cognitive decline (SCD), a condition where an older adult perceives a decline over about 5 years but has normal performance of cognitive testing. While there is evidence that SCD may be a very early indication of AD or another dementing disorder, many people with SCD are stable for a decade or more and may never develop dementia. New studies at the IADC and other centers will help determine which individuals with SCD are at high risk of progression vs. low risk. This could inform future intervention studies. Also at the AAIC 2013, there was considerable excitement about new experimental PET tracers for early visualization of tau pathology, the "tangles" seen in brain tissue from patients with AD. This is expected to complement data from recently approved PET imaging that detects amyloid plaque deposits. Other major developments include the expected start of several Alzheimer's disease prevention trials employing anti-amyloid medications. There was also great interest in lifestyle interventions to help prevent cognitive decline, a rapidly growing area of research that will be addressed at the upcoming Annual Martin Family Symposium.

Finally, although a great many people have contributed to supporting the research of the IADC, I was tremendously impressed by the efforts of two young women, Sierra and Summer Ritz, who spontaneously were inspired to raise funds through a charity event for AD research and donated the proceeds to the IADC for dementia research. We are very grateful and further inspired in our efforts!

*Andrew J. Saykin*

### Inside this issue:

|                           |      |
|---------------------------|------|
| Estrogen Therapy          | 2    |
| IADC at AAIC              | 3    |
| Senior Moments vs AD      | 4    |
| Enjoy the Outdoors        | 5    |
| 10 Requests               | 5    |
| A Caregiver's Perspective | 6    |
| Care for the Caregiver    | 7    |
| Current Studies           | 8-10 |
| Save the Dates            | 11   |
| Martin Family Symposium   | 12   |
| In Memory of              | 13   |
| Memory University 2013    | 13   |
| Sisters With a Cause      | 14   |

## **Estrogen therapy has no long-term effect on cognition in younger postmenopausal women**

NIH-funded study finds neither benefit nor risk to cognitive function years after treatment.

A randomized clinical trial of estrogen therapy in younger postmenopausal women, aged 50–55, has found no long-term risk or benefit to cognitive function. The National Institutes of Health-supported study, reported in *JAMA Internal Medicine* on June 24, 2013, looked at women taking the most common type of postmenopausal hormone therapy in the United States (conjugated equine estrogens). The earlier Women's Health Initiative Memory Study (WHIMS) linked the same type of hormone therapy to cognitive decline and dementia in older postmenopausal women.

These new findings come from the Women's Health Initiative Memory Study of Younger Women (WHIMSY) trial and were reported by Dr. Espeland from Wake Forest School of Medicine, Winston-Salem, N.C. and his colleagues involved in the trial. The study was funded primarily by the National Institute on Aging (NIA), along with the National Heart, Lung, and Blood Institute (NHLBI), both components of the NIH.

"The WHIMS study found that estrogen-based postmenopausal hormone therapy produced deficits in cognitive function and increased risk for dementia when prescribed to women 65 and older," said NIA Director Richard J. Hodes, M.D. "Researchers leading the WHIMSY study wanted to expand on those results by exploring the possibility of a window of opportunity whereby hormone therapy might promote or preserve brain health when given to younger women."

"In contrast to findings in older postmenopausal women, this study tells women that taking these types of estrogen-based hormone therapies for a relatively short period of time in their early postmenopausal years may not put them at increased risk for cognitive decline over the long term," said Susan Resnick, Ph.D., chief of the Laboratory of Behavioral Neuroscience, in NIA's Intramural Research Program and a co-author of the study. "Further, it is important to note that we did not find any cognitive benefit after long-term follow-up."

WHIMSY is an extension of WHIMS, which was conducted as part of the Women's Health Initiative (WHI). WHI enrollment took place from 1993–1998 at 40 academic research centers. Participants were randomized to one of two groups: women who had had a hysterectomy received conjugated equine estrogens alone; women with a uterus received estrogens plus a synthetic progestin (medroxyprogesterone acetate). There were companion control groups which received placebos. WHIMSY enrolled 1,326 women who started WHI treatment when they were between 50 and 55 and continued it for an average of seven years. The women were approached to participate in a telephone assessment of cognition an average of seven years after that.

Phone interviews on cognitive function were conducted with 1,168 women. The primary outcome was global cognitive function, which includes measures of memory, problem-solving skills and other cognitive abilities. The

*(Continued on page 3)*

## Estrogen therapy has no long-term effect on cognition in younger postmenopausal women

*(Continued from page 2)*

researchers also measured specific cognitive functions—verbal memory, attention, executive function, verbal fluency and working memory. The first cognitive assessment was performed when participants' average age was 67.2 years and the second at an average age of 68.1 years.

The researchers found no meaningful difference in the average global cognitive function scores between women who had been assigned to hormone therapy vs. placebo. This finding applied to women regardless of whether their treatment included the synthetic progestin.

The WHIMSY research team will continue to follow the women in the study with annual telephone interviews to learn whether previous hormone therapy has longer term effects on how cognitive function changes over time.

Neither WHIMSY nor WHIMS was designed to assess the reasons that hormone treatments had

different effects on cognition in older and younger postmenopausal women.

**Brandy R. Matthews, MD**, clinician with the **Indiana Alzheimer Disease Center** encourages women to discuss the potential risks and benefits of hormone therapy with their primary care physicians and gynecologists. "There are alternatives to hormone therapy to target menopausal symptoms, and it is important to acknowledge that research has revealed both positive and negative consequences of hormone therapy, which may affect body systems beyond the brain," commented Dr. Matthews. In addition to NIH support for the study, the hormone therapy used in the WHI hormone trials was provided by Wyeth-Ayerst Laboratories, now part of Pfizer, Inc.

---

**Source URL:** <http://www.nia.nih.gov/newsroom/2013/06/estrogen-therapy-has-no-long-term-effect-cognition-younger-postmenopausal-women>

## IADC Researchers well represented at the AAIC in Boston

Congratulations to our IADC researchers who submitted their work to the annual Alzheimer's Association International Conference held in July in Boston--this is the premier international AD research conference held annually. Our faculty were involved in studies that resulted in 39 abstracts accepted for presentation as either posters (30) or oral presentations (9) at the meetings. Some of these were part of 17 abstracts presented at the Alzheimer's Neuroimaging Consortium preconference. We look forward to similar success at AAIC-2014.

## Senior Moments vs Alzheimer Disease ...Jill Murrell, PhD

Recently, scientists have found an exciting clue to what causes age-related memory problems, or what we affectionately call 'senior moments'. This memory problem is different than Alzheimer's disease (AD). Age-related memory affects a different part of the brain than AD and is considered a normal part of aging. The report, published on August 28, 2013, in Science Translational Medicine by researchers at the Columbia University Medical Center, described a gene that may be responsible for those senior moments and suggested that age-related memory loss may eventually be treatable.

The gene called RbAp48 was identified when researchers examined brains donated by young and old people who had died without signs of neurologic disease. They discovered that the gene quit working properly in the brain's memory center in the older people. This particular center of the brain is called the *dentate gyrus* and is different than the area affected by AD. Scientists found that there was less RbAp48 protein in this area of the brain in the older individuals. To prove if this was responsible for memory loss, the researchers studied this gene in mice. Believe it or not, mice become forgetful as they age, similar to the way older people do.

When the levels of RbAp48 was reduced in healthy young mice, these animals lost their way in mazes and performed worse on other memory tasks similar to older mice. More surprisingly was the finding that the memory loss was reversible. Increasing the amount of RbAp48 made forgetful old mice just as sharp as the youngsters.

"We can take an old mouse and now increase the levels of this protein in that very small area of the brain affected by aging and show that we can make an old mouse look like a young mouse." said

Dr. Scott Small, director of the Alzheimer's Disease Research Center at Columbia University.

"It's the best evidence so far" that age-related memory loss isn't the same as early AD, said Nobel laureate, Dr. Eric Kandel, who led the Columbia University team. In other words, those senior moments do not mean that AD is just around the corner. AD is not in everyone's future.

Added Dr. Small: "As we want to live longer and stay engaged in a cognitively complex world, I think even mild age-related memory decline is meaningful. It opens up a whole avenue of investigation to identify interventions."

So, are we ready for genetically modified senior citizens? Well no, this finding is still in the infant stages and will require years of additional work to confirm. For one thing, it is likely that this gene may not be the sole answer to our memory problems. For example, other scientists have found that connections between cells in other parts of the brain also weaken with normal aging, making it harder but not impossible to retrieve memories. In contrast, AD kills those cells, making treatment options more difficult to come by.

Not to worry, there is some good news. Scientists already know that exercise makes the *dentate gyrus* -- that age-targeted spot in the brain-- function better. It is even possible that diet may influence the function of this region of the brain. So put those walking shoes on and enjoy a healthy salad for lunch. Maybe that will help you to remember where you put that cell phone!

**Source: Molecular Mechanism for Age-Related Memory Loss: The Histone-Binding Protein RbAp48; Elias Pavlopoulos *et al.*; *Science Translational Medicine* 5, 200ra115 (2013); DOI: 10.1126/scitranslmed.3006373**

# Enjoying the Outdoors

...Mary Guerriero Austrom, PhD



With summer in full swing and autumn just around the corner, spending time outdoors is a great activity for people of all ages. If a family member or friend has Alzheimer's disease or a related dementia, it is wise to keep a few safety tips in mind when outside:

- Stay hydrated – keep water nearby and purposely drink more.
- Use sunscreen
- Avoid aches and pain – Warm up and cool down before doing any strenuous exercises or chores just like the athletes do.
- Avoid injuries – use proper tools and equipment if gardening. Keep dangerous tools locked up.
- Avoid poison ivy, bees - Wear loose fitting

cotton clothing with long sleeves. Have a first aid kit nearby, including an epi-pen if someone has serious allergies.

- Make sure the yard is fenced or has clearly marked boundaries.
- Tread or walk carefully to avoid falls.
- Enjoy public parks and gardens... locally, Garfield Park Conservatory and Sunken Gardens; White River Gardens/Indianapolis Zoo; Oldfields Gardens at Lilly House on the IMA grounds are a few suggestions.
- Visit a Farmer's Market or local orchard.



- Take a drive to see the changing fall colors or visit the local pumpkin patch;
- Enjoy a fall hay ride.



## *10 Requests From a Person with Alzheimer's Disease*

The following anonymous poem was shared recently on Facebook.  
It offers many suggestions for how to interact with a person with Alzheimer's disease or other dementia.

**Please be patient with me.  
I am the helpless victim of a brain disease.**

**Talk to me.  
Even though I cannot always answer.**

**Be kind to me.  
Each day of my life is a desperate struggle.**

**Consider my feelings.  
They are still very much alive within me.**

**Treat me with dignity and respect.  
As I would have gladly treated you.**

**Remember my past.  
For I was once a healthy vibrant person.**

**Remember my present.  
For I am still living.**

**Remember my future.  
Though it may seem bleak to you.**

**Pray for me.  
For I am a person who lingers in the mists of  
time and eternity.**

**Love me.  
And the gifts of love you give will be a blessing  
forever.....**

**~Anonymous**



## Nurturing Yourself as You Provide Care

**Renee Perkins, *Daughter, Wife, Mother,  
Grandmother, Pastor, Caregiver***

Caregiving is never easy. It's really such a self-sacrificing act, and most of us are not very good at that, especially if we are not receiving something in return. So that's what this article is about. As a caregiver, as that self-sacrificing individual, you have to intentionally look for the "bright spot" in order to nurture your own tired soul.

I am a part of that sandwich generation. While I am no longer caring for children at home I have a son whose recent new job takes him away from his wife and young son for several weeks at a time. He knows I am presently not working, so he frequently calls on me, "Mom, Heather is going to be alone for a few weeks, do you think you could come out for a few days and help with Eli?" And so I usually make the two flight trek and spend a few days with them. After all, what grandmother doesn't love seeing her grandchild!?

I watch Heather. She is so tired, and I remember those exhausting and tiring days of selflessly caring for babies and tiny tots... needy. But even in the exhaustion they smile at you and lift their tiny arms up to you and it really warms your heart. And you tell yourself, this sacrifice is 'ok', I am raising another human being, and it is such an important job.

My mother is in the late stages of Alzheimer's disease. You have to help her out of bed, undress her, shower her pee soaked body, diaper her, dress her, fix her breakfast, feed her and watch her as she wanders all over the place and you worry about falls, etc. Like a mother

## A Caregiver's Perspective

with a toddler or baby, I long for her to take a nap so that I can just sit and do nothing for a few moments. I am exhausted. Sometimes I wonder, "What is the purpose?" But I know the Creator of us all, has some sort of purpose. So I take a deep breath and try to focus on that nebulous, undefined purpose I am fulfilling, rather than my exhaustion and frustration.

But like the toddler who lifts his arms I relish and cling to the moments when there is somebody there within my mother's body. Those times when I say, "I love you mom." And she actually smiles back, that precious, sweet, beautiful smile of hers, and she says to me, "I love you too!" That is what I have to cling to, that is what I have to focus on. I cannot understand any purpose in the suffering of Alzheimer's disease. I know the suffering is so much deeper for the caregiver.

I recently read these words scribed by Jess Walter in his novel "Beautiful Ruins" as he describes a young man, Pasquale caring for his wife, Amedea, who has early-onset Alzheimer's disease: "...the worst is how he feels himself slipping away in her eyes, and he feels lost in the shimmery mist of identity (*would he cease to exist when his wife stops knowing him?*). Her last year is unbearable. Caring for someone who has no idea who you are is a ripe hell - the weight of responsibility, bathing and feeding and ...*everything*, that weight grows until her cognition fades, until she is like a *thing* he cares for, a *heavy thing* he pulls through the last part of their life together; and when his children finally talk him into moving her into a nursing facility near their home, Pasquale weeps with sorrow and guilt, but also with relief, and guilt for his relief..."

(Continued on page 7)

## A Caregiver's Perspective

(Continued from page 6)

It's a sad story; one that those of us who are caregivers know all too well. But my point is that we must nurture ourselves through this very difficult, self-sacrificing task. We must take the time to relish the sweetest moments of brief cognition, or even to laugh at our loved one's escapades. We must cherish the past and not dwell on what is the present 'hell' that Walter describes above. My stepfather has hospice come in to help with the bathing and dressing three times a week. Things like this provide for a much-needed break for those of us who are caregivers. Take time to look for the 'bright or light moments' and take care of yourself. In your quiet time do something that nourishes your soul, and do your best to not dwell in the depths of that constant self-sacrifice. I'll be praying for your moments of respite, may they be nurturing to your caregiving soul!

***"There are only four kinds of people in the world. Those who have been caregivers, those who currently are caregivers, those who will be caregivers and those who will need caregivers."***

***– Rosalynn Carter***

## Care for the Caregiver

Caregivers felt embraced, comforted and rejuvenated after spending time at Joy's House A Day Away Caregiver Retreats on April 13<sup>th</sup> and August 24<sup>th</sup>, 2013. The days were spent sharing and learning from other caregivers in the community, listening to speakers, great food, massages. The IADC Ed Core was at both events sharing important information about diagnosis, treatment, management and research for AD. Dr. Mary Guerriero Austrom was on the April 13<sup>th</sup> panel of speakers and handled many questions.

Here is what the caregivers had to say about A Day Away!

"I still have a purpose!" "Excellent tips and topics and great speakers!"

"It felt as if you all reached out and put your arms around me. Knowing that you understand, that you care and that you are here for help."

"Thank you for giving us permission and encouragement to take care of ourselves."

...Dr. Austrom says..."It is very important that caregivers take a regular break from their caregiving duties to recharge their batteries. We know that many caregivers get burned out and can become ill themselves. Take care of yourself first so that you can provide care to others."



## IADC Current Studies on AD and Related Disorders Research Enrolling Participants

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



# 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>                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Adult, aged 50 years of age +;</li> <li>• Diagnosis of mild cognitive impairment;</li> <li>• Supported by an adult family member;</li> <li>• Both able to read and speak English;</li> <li>• Both would participate in the study.</li> </ul>                                                                | <b>Daily Enhancement of Meaningful Activity (DEMA).</b>                                                                                             | <ul style="list-style-type: none"> <li>• 3-month skill-building and health promotion program;</li> <li>• 2 face-to-face sessions on the IUPUI campus;</li> <li>• 4 telephone sessions;</li> <li>• 3 telephone interviews;</li> <li>• Total time involvement will be a few hours per week for 6 months.</li> </ul> <b>Compensation:</b> <ul style="list-style-type: none"> <li>• Up to \$60 in gift cards and parking passes as needed</li> </ul> | Yvonne Lu, RN, PhD<br>317-278-2042<br>yuelu@iupui.edu<br>or<br>Katie Sundt,<br>project manager;<br>317-374-7739 |
| Participants need to: <ul style="list-style-type: none"> <li>• Have a first degree relative with Alzheimer disease caused by a known mutation;</li> <li>• Be at least 18 years of age;</li> <li>• Speak and read English;</li> <li>• Have someone who knows them well and be willing to answer questions about their memory and thinking.</li> </ul> | <b>Dominantly Inherited Alzheimer Network (DIAN)</b>                                                                                                | <ul style="list-style-type: none"> <li>• Longitudinally, visiting every 1-3 years, as long as the person is willing;</li> <li>• Visits include: neurological exam, cognitive evaluation, PET and MRI imaging, informant interview, blood draw and spinal tap.</li> </ul> <b>Compensation:</b> <ul style="list-style-type: none"> <li>• Travel, meals, accommodation, and completion of some procedures.</li> </ul>                               | Francine Epperson<br>317-274-1590<br>freppers@iupui.edu                                                         |
| <ul style="list-style-type: none"> <li>• Men and women in good health;</li> <li>• 55-90 years of age;</li> <li>• Diagnosis of probable AD;</li> <li>• MMSE score between 20-26;</li> <li>• Able to undergo MRI and PET scans;</li> <li>• Reliable caregiver or informant to accompany participant to study visits.</li> </ul>                        | <b>Biogen Idec Protocol Number 221AD103</b><br>A research study to assess the safety and effectiveness of a new drug (BIIB0237) for treatment of AD | <ul style="list-style-type: none"> <li>• Approximately 11 visits within 36 weeks;</li> <li>• Medication, testing, procedures, and exams provided at no cost.</li> </ul> <b>Compensation;</b> <ul style="list-style-type: none"> <li>• For time and travel.</li> </ul>                                                                                                                                                                            | Nancy McClaskey, RN<br>317-963-7429<br>or<br>Christina Brown<br>317-963-7426                                    |

## More 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>                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• 50-90 years of age;</li> <li>• AChEIs and/or memantine allowed if stable dose for at least 12 weeks prior to baseline;</li> <li>• BMI &lt; 35 at screening;</li> <li>• MMSE 22+.</li> </ul>                | <b>Eisai</b><br>A placebo-controlled, double-blind, parallel-group, dose regimen-finding study to evaluate safety, tolerability, and efficacy of BAN2401 in subjects with early Alzheimer's disease, defined as mild cognitive impairment due to AD. | <ul style="list-style-type: none"> <li>• Up to 41 months</li> </ul> <b>Compensation:</b> <ul style="list-style-type: none"> <li>• varies from \$50 to \$100 visit; up to \$2600 maximum.</li> </ul>                                                                                                                                                                                                 | Lyla Christner<br>317-963-7411<br>lychrist@iupui.edu<br>or<br>Christina Brown<br>317-963-7426 |
| <ul style="list-style-type: none"> <li>• 50+ years of age;</li> <li>• Diagnosed with mild AD or MCI;</li> <li>• MMSE 16-30;</li> <li>• CDE .5 to 1.0.</li> </ul>                                                                                    | <b>Medavante</b><br>Feasibility and procedural validity of face-to-face vs. telephone administration of the CDR, ADCS-ADL, and FAQ                                                                                                                   | <ul style="list-style-type: none"> <li>• 3 visits approximately 90 minutes each</li> </ul> <b>Compensation:</b> <ul style="list-style-type: none"> <li>• Up to \$150; \$40 for screening and visit 1, \$70 at visit 2;</li> <li>• Complimentary parking</li> </ul>                                                                                                                                  | Cyndy Hunt, RN<br>317-963-7431<br>cynhunt@iupui.edu<br>or<br>Christina Brown<br>317-963-7426  |
| <ul style="list-style-type: none"> <li>• 66-85 years of age;</li> <li>• Up to 90 years of age with medical monitor approval;</li> <li>• MMSE 14-26 (mild to moderate AD);</li> <li>• AChEIs, Namenda if stable 12 weeks prior to screen.</li> </ul> | <b>Nourish</b><br>Placebo-controlled study of effects of daily administration of AC-1204 in participants with mild to moderate AD                                                                                                                    | <ul style="list-style-type: none"> <li>• 26 weeks double blind and optional 26 weeks open label extension;</li> <li>• also includes a screening period of up to 28 days (to determine eligibility) followed by the treatment period.</li> </ul> <b>Compensation:</b> <ul style="list-style-type: none"> <li>• 5 Clinic visits - \$75.00 each;</li> <li>• phone interviews - \$25.00 each</li> </ul> | Scott Herring<br>317-963-7418;<br>sherring@iupui.edu<br>or<br>Christina Brown<br>317-963-7426 |

## Invitation to Dinner- AFTD's Food for Thought

The Indiana Alzheimer Disease Center's Frontotemporal Degeneration (FTD) Caregiver Support Group will be joining the Association for Frontotemporal Degeneration (AFTD) in their **Food for Thought** Campaign. You are invited to join us on Tuesday, October 8, 2013 anytime from 4 pm to 9 pm for "Food for Thought" at

Applebee's in Broad Ripple  
1072 Broad Ripple Avenue  
Indianapolis, Indiana 46220



A grassroots awareness building campaign has been designed to rally as many supporters of AFTD as possible during the first week of October (September 29 – October 6) across the U.S. and Canada. The goal of our collective effort to raise awareness will hopefully draw the media's attention and gain some important press for frontotemporal degeneration (FTD).

As you know, FTD is a life-altering disease for those affected as well as for their loved ones. Yet, these diseases are not well known and are poorly

understood. The goal of the campaign is to make more



The Association for  
Frontotemporal Degeneration  
Opening the gateway to help and a cure

people aware of FTD while enjoying some food and drink and a little education. Dr. Brandy Matthews will be available to answer your questions.

We hope to see you on October 8<sup>th</sup> at 6:30 pm at Applebee's in Broad Ripple in Indianapolis. If you cannot join us, but would like to support the cause check out <http://theaftd.givezooks.com/campaigns/aftd-s-food-for-thought-campaign>.

Please check our website <http://iadc.iupui.edu/current-events/> to confirm the event and print a copy of the flyer.



Applebee's 'Dining to Donate' will donate 15% of each guest check accompanied by the flyer.

## Save the Dates...

### 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 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.

Link to our Calendar:

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



### 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.**



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

**7th Annual Martin Family  
Alzheimer's Disease Symposium**  
*Mind Your Health and  
Exercise Your Brain*



**Registration  
now open** **WHEN: Friday,  
September 20, 2013  
7:45 am to 4:15 pm**

Designed for family caregivers and community-based health care providers, the symposium will include an optional tour of our neuroimaging facilities, along with the following speakers. 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/>;  
call 317-963-7297 or email [dwert@iupui.edu](mailto:dwert@iupui.edu).

**Meet the experts and providers.**

**Imaging, biomarkers and subjective cognitive decline: How early can we detect Alzheimer's disease?**

**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)

**Maintaining Cognitive Health as We Age**

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

**Physical Activity and Exercise: Implications for Healthy Brains and Minds**

**Arthur F. Kramer**, PhD, Director of the Beckman Institute for Advanced Science & Technology and the Swanlund Chair and Professor of Psychology and Neuroscience, University of Illinois

**The Creative Brain: In Sickness and in Health**

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

**Brain Health: What's the Heart Got to Do With It?**

**Michael LaMantia**, MD, Assistant Professor of Geriatric Medicine, Division of General Internal Medicine and Geriatrics, IUSM and IU - Center for Aging Research

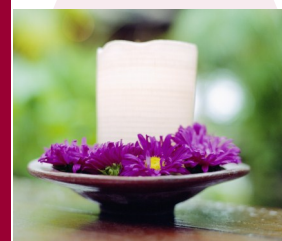
**Staying Engaged: Making the Most of Meaningful Activities**

**Yvonne Lu**, RN, PhD, Assistant Professor, Department of Adult Nursing, Indiana University School of Nursing and IADC Education Core

**Title Sponsors:**



**INDIANA UNIVERSITY**  
DEPARTMENT OF PSYCHIATRY  
School of Medicine



## ***In Memory....***

*The Indiana University Alzheimer Disease Research Fund gratefully thanks and acknowledges the following individuals for their generous contributions from February 1, 2013 to June 30, 2013.*

***In memory of Imogene Dolan  
Lewis & Sally Linke***

***In memory of David Firth  
Betty & John Davis  
Nancy Firth  
Stuart & Hazel Firth***

***In memory of Ruth S. Hardy  
Victoria Ann Mason***

***In memory of Douglas A. Triplett, MD  
Emma & Walter Dalsimer  
Mary J. Mays  
Denise & Harold Smith***

***In memory of John R. Williams  
Irene Albers  
Corda Moss  
KRS Quality Growers, LLC***

***In memory of James J. Sullivan, MD***

***Georgia Adams  
Pat Carroll IDEM  
Donahue Family  
Mike & Janet Flinn  
William & Peggy Frisbie  
John & Jane Goodrich  
Faye Gustafson  
Terry & Elizabeth Hudson  
IDEM Office of Air Quality  
John & Tracie Kosachook  
Marvin & Karen Melton  
Gerald & Martha Resler  
Annamae Stanley  
Luisa Sullivan  
Patricia L. Weimer***

***In honor of Mary G. Austrom, PhD  
Planned Giving Group of Indiana***

***Donor:  
William R. Graves***

Donations to this fund are a wonderful way to remember or honor a loved one and contributions are 100% tax deductible. Your contributions are appreciated and are used to further research and education on Alzheimer's disease.

**Please make checks payable to: Indiana Alzheimer Disease Center Fund  
Indiana University Foundation  
P. O Box 660245  
Indianapolis, IN 46266-0245**

**Call (317) 278-8480 for information on making a bequest or planned giving to this fund.**

## **Memory University 2013**

Thank you to all who attended the Indiana Alzheimer Disease Center's **5th Annual Memory University**. This is a unique program for students, professionals and families to learn more about Alzheimer disease and other neurodegenerative disorders from our renown clinicians and researchers. This year, participants learned the most up-to-date information and had the opportunity to ask the experts questions about how cognition impacts function; how speech is impacted by neurodegenerative disorders; problems with attention and mild cognitive impairment. Information about Memory University 2014 will be posted on the website soon.



# Sisters With a Cause

...Donna Wert

Sierra Ritz, a sophomore at IUP-Columbus, had a desire to honor her grandmother, Kristina Whipker, who died of Alzheimer's disease at the young age of 63 in 2011. After some brainstorming, and with the help of her sister, Summer, a sophomore in high school, a golf outing and raffle were organized. On August 10, 2013, at St. Annes Golf Course located in North Vernon, IN, the sisters raised over \$1,000 from the golf teams participating, donations from local business owners and family.



Summer and Sierra Ritz

As a freshman at IUPUI last year, Sierra had heard about the Indiana Alzheimer Disease Center and the AD research being conducted on campus, and she wanted to help support local research. Sierra and Summer recently met with Dr. Mary Guerriero Austrom, Director of the IADC Education Core and Brad Glazier, Administrator of the IADC Center, to deliver the funds and learn more about the Center. IADC gratefully acknowledges their efforts and gift.



Brad Glazier, Summer Ritz, Sierra Ritz, and Mary Guerriero Austrom

If you are interested in hosting a fundraiser or would like to make a donation to the IADC please contact the

**Indiana University Foundation**  
**P. O Box 660245**  
**Indianapolis, IN 46266-0245**  
**Call (317) 278-8480**

**Reflections** is published by the Indiana Alzheimer Disease Center

**Administrative Core Leader:**

Andrew Saykin, PsyD

**Clinical Core Leader:**

Martin R. Farlow, MD

**Neuropathology Core Leader:**

Bernardino Ghetti, MD

**Data Management Core Leader:**

Sujuan Gao, PhD

**Education & Information Core Leader:**

Mary G. Austrom, PhD

**Neuroimaging Core Leader:**

Andrew Saykin, PsyD

**EDITOR**

Mary Guerriero Austrom, PhD

**CO-EDITORS**

Brandy R. Matthews, MD

Andrew Saykin, PsyD

**EDITORIAL ASSISTANT**

Donna Wert

**Contributors in this issue:**

Mary Guerriero Austrom, PhD

Andrew Saykin, PsyD

Brandy Matthews, MD

Jill Murrell, PhD

Renee Perkins

Donna Wert

*The editor welcomes your comments and letters*  
**maustrom@iupui.edu**  
**dwert@iupui.edu**