Wellness Initiative expands programs in 2020

We are pleased to announce that our Wellness Initiative is expanding. The Wellness Initiative, currently led by Laura Rice-Oeschger, LMSW, focuses on creating a community of resilient caregivers in the greater Ann Arbor area. Laura leads several groups for family caregivers of persons living with a dementia, including: Catching Your Breath, a free monthly program for learning and practicing stress resilience skills for continued health, balance and well-being, Caregiver Wellness Days, half-day wellness, creativity and social retreats for care partners of adults living with memory loss at the Matthaei Botanical Gardens, and Mindfulness Based Dementia Care, an 8-week program designed for family caregivers of adults living with memory loss that teaches how the practice of mindfulness can help cope with the challenges and stresses of dementia care.

As our Center grows, we want to expand our vision of the Wellness Initiative to include individuals living with a dementia, as well as brain health, wellness, and dementia education for youth and students interested in careers in dementia care. In order to accomplish these goals, we hired Ashley Miller, MPH. As Wellness Coordinator, Ashley’s main focus is to expand Center programs to individuals living with a dementia. She is passionate about using the arts as a means for social engagement, coping, and enjoyment and hopes to incorporate creative and expressive arts within this programming.

We strive to build a community of resilient caregivers, and a warm and welcoming community for people living with memory loss. We hope this programming will provide support to all of our research participants living with memory loss who give their time each year to participate in our research studies and to support dementia research. For more information about this expansion, visit alzheimers.med.umich.edu/wellness-initiative or contact Ashley Miller at 734-615-8293.

Ashley Miller facilitates an art project at Caregiver Wellness Day

Caregivers participating in Ashley’s art project at Caregiver Wellness Day
Note from the Director

As we enter the new year, what am I thinking about? Therapies!

We need new therapies, more therapies, and better therapies for Alzheimer’s and related dementias. To get there, we need to broaden our horizon as we search for strategies to treat Alzheimer’s, Lewy body dementia, Parkinson’s disease dementia, frontotemporal dementia, and vascular dementia. While we must continue along the traditional route of testing pharmacologically active compounds, we also need to look “outside the pharmacological box” for nontraditional approaches to reduce symptoms or modify the course of disease.

Actually, it’s been a fairly good year for the traditional pharmacological approach. The Clinical Trials on Alzheimer’s Disease (CTAD) conference that took place late in 2019 generated more excitement than in recent years. Why? Not one but two major clinical trials showed a positive outcome: one for pimavanserin as a treatment for agitation in dementia, and the other for aducanumab, an anti-amyloid treatment that slowed cognitive and functional decline in persons with early features of Alzheimer’s disease. Pimavanserin is an existing, approved medication, and FDA approval is now being sought for aducanumab. Far too many trials have failed in the past, so we hope this bubble of success is a harbinger of things to come. The results with aducanumab confirm that amyloid itself remains a viable therapeutic target. And as our knowledge of other pathways “beyond amyloid” (our Center’s research theme!) continues to grow, I am optimistic that drugs targeting, for example, tau or the immune system will prove beneficial. Only time – and more clinical trials – will tell. Interested in participating? You might want to check out the enclosed piece on clinical trials on page 4.

We also need to push on the non-pharmacological front. This fall we invited two professors who underscored the importance of thinking beyond medicine when we treat and care for those with dementia. Melissa Armstrong from the University of Florida spoke about Lewy body dementia and the many ways we can help patients beyond pills. Tia Powell from the Albert Einstein College of Medicine highlighted her thinking about care, outlined in her beautiful new book “Dementia Reimagined: Building a life of Joy and Dignity from Beginning to End.” I encourage you to read more about their visits on pages 8 and 11 respectively. And that book by Dr. Powell? I’ve read it and heartily endorse it!

I consider our efforts in the Wellness Initiative to be a vital part of our approach to therapy. I’m thrilled that we are expanding our Wellness activities this year, as described on our cover page. Wellness applies to the full spectrum of life, both the young and the old, both those with and without dementia. Stay tuned as we roll out innovative new programs this year.

New, more, and better therapies – that’s our goal this year. Help us stick to it, and we hope you’ll get involved!

Henry Paulson, MD, PhD
Lucile Groff Professor of Neurology
Director, Michigan Alzheimer’s Disease Center
What’s new in research?

Recent research coming out of the University of Michigan has caught press headlines across the nation. The finding? Almost half of the 1,000 older adults surveyed, aged 50-64, in a 2018 study believed that they were likely to develop dementia. These findings stem from the University of Michigan National Poll on Healthy Aging, led by Dr. Donovan Maust and suggest that many don’t understand the connection between physical health and brain health. Even further, these findings indicate that many don’t understand how racial differences can affect dementia risk. Substantial numbers of people who rated their health as fair or poor thought their dementia chances were low. At the same time, many who said they were in excellent health said they were likely to develop dementia.

“We really haven’t done a good job of getting the word out that there really are things you can do to lower your risk,” said Maust. Center Director, Dr. Henry Paulson commented on this study’s discovery saying that “We at the Michigan Alzheimer’s Disease Center are thrilled to see folks take notice of this important work by Dr. Maust and his team. Healthcare providers must do a better job educating ALL folks about strategies to reduce dementia risk.” As a Center, we must continue to educate and inform the state of Michigan and beyond about what they can do now to prevent this disease.

Interested in learning more about this study? It’s available online in JAMA Neurology.

Michigan State University grows dementia research infrastructure in west Michigan

Our partners at Michigan State University in Grand Rapids are making great strides in the field. Dr. Dave Morgan, Professor of Translational Neuroscience at Michigan State University, was recruited two years ago to initiate a dementia clinical research operation in west Michigan. In doing so, he created the Alzheimer’s Alliance, a collaboration of faculty and volunteers united in this goal. His work has grown tremendously in just two years, and the future potential is exciting for our state.

Dr. Morgan’s efforts began with a community-based memory screening program. This program brings trained individuals to various sites in the region to test concerned individuals’ memory and cognition. The purpose is to address the concern that only 40% of adults living with dementia actually receive a formal diagnosis. Memory screening can also be helpful in identifying those at risk at an early stage of the disease when medications are most effective, and when clinical trials are most commonly targeted. There are now 26 sites in the greater Grand Rapids area that are conducting memory screenings.

A second component to Dr. Morgan’s work is a new prevention trial based on the understanding that brain games help with cognition, attention, and overall health. This trial, the Preventing Alzheimer’s with Cognitive Training (PACT) trial, tests if certain computer games can prevent or even delay onset of mild cognitive impairment (a precursor to dementia) or dementia. If you or a family member resides in the Grand Rapids area and are interested in participating, please contact the PACT team at msupact@gmail.com or 616-234-0952.

The third, and currently in progress, project is the recruitment of clinical trials to west Michigan. Grand Rapids is the second largest city in Michigan and the 50th largest city in the country, and yet does not offer a single dementia-related clinical trial. Dr. Morgan and his team are working diligently with consultants from national groups including Us Against Alzheimer’s and Global Alzheimer’s Platform Foundation to build the infrastructure to support clinical trials.

Dementia resources have already grown tremendously in Grand Rapids in the last two years, thanks to the work of Dr. Morgan and his colleagues. When asked about his ultimate goal, he shared, “I would love to see a full facility dedicated to this work. It would be called the Center for Aging Brain Care.”

To read more about Dr. Morgan’s work, please visit alzheimersalliance.msu.edu.

Donovan Maust, MD

Dave Morgan, PhD
What should I know about clinical trials?

It’s been over 15 years since a new drug for Alzheimer’s disease hit the market (Memantine, also known by the brand name Namenda, in 2003). The race is on amongst researchers to find the next big discovery and ease the burden of this disease for patients and their families. New research findings are made every day, and hundreds of research studies are taking place across the country – so why is it taking so long for a promising clinical intervention to surface?

Bringing a single drug to the market is a laborious process. For any single drug approved by the FDA, there was at one point thousands of compounds researched in the laboratory. This is defined as Phase 1: Drug Discovery. A mere several hundred successful compounds are then tested for effectiveness and safety with animal models as part of the second phase: Pre-Clinical Development. Each one of these phases can involve many labs across the country, teams of several people, and can last many years.

Once biological effectiveness and animal safety is established, a select handful of potential compounds will enter into the third, Clinical Trial, phase where compounds are analyzed for effectiveness, safety, and long term safety on humans. It is also at this point when the trial will move to analyzing larger scale numbers of people and potential risks versus benefits. This phase will ultimately identify the exact dosage given to patients, side effects, and more.

Throughout this lifecycle of drug development, potential compounds are regularly cancelled based on research findings of ineffectiveness – perhaps the compound was effective biologically among mouse models but not in humans, or perhaps the drug was tested on the wrong population or at the wrong stage of the disease. This is what funnels the first phase of thousands of compounds down to one safe, effective drug that enters the market. Generally, if these cancellations take place in the laboratory during the pre-clinical phase or prior, these cancellations go unnoticed. However, once the compounds under consideration enter the clinical phase and are tested on humans, these cancellations can become more disappointing, and even devastating.

Getting involved in a clinical trial is a big step for patients and their families. There are many factors that should be taken into consideration before volunteering. Dr. Judy Heidebrink, the University of Michigan’s principal investigator on Alzheimer’s disease-specific clinical trials, weighs in on what is important for patients and families to know: “It’s important to understand the goal of the study. Are researchers testing for the agent’s safety in humans or are they expecting to see an intervention-worthy benefit?” Understanding this ensures expectations are in the correct place when getting started in the study. “It’s also important to understand that there is a possibility that the study could end for any number of reasons.” But there are things you can do to prepare yourself, should that happen. “Be sure to understand the wrap-up process if the study were to come to a close. Would you be brought back in for a wrap-up visit? Would you receive a phone call? Would you receive any of the data of the trial, or your testing scores (if applicable)? This procedure often varies.”

Many patients and their families get involved in a clinical trial in hopes of receiving a potential drug therapy before it hits the market. There are many conditions to take into account with this approach. Clinical trials are typically broken down into groups that receive the active drug compound, and those that receive the placebo. It can be valuable to understand how these groups are determined when getting involved, and maintain reasonable expectations that you may receive the placebo rather than any experimental drug. It’s also important to understand that participating in any clinical trial could impact future eligibility to participate in other trials. Because of the nature of drug development, it’s also often difficult or impossible to be aware of which future studies may have this condition when getting involved in a current study.

Getting involved in a clinical trial is a big decision. While there are many risks, there are also many rewards. Patients that participate in a clinical trial are giving the gift of knowledge to the entire healthcare community. So much information is gathered from a clinical trial. Participants also have the possibility of being part of the discovery of disease intervention for themselves and future generations.

Several clinical trials are taking place in Michigan. If you or someone you know are interested in participating, we hope you’ll visit our website at alzheimers.med.umich.edu/research. Nationwide clinical trials information is also available at clinicaltrials.gov.
Rare patient case presents new opportunity for Alzheimer’s treatment

A recent research article in *Nature Medicine* highlights a promising approach to Alzheimer’s treatments: genetics. Nicely summarized by the *New York Times* and other press outlets, the article shares the story of a 70-year-old woman who is just beginning to show symptoms of Alzheimer’s disease. The surprise? She should have shown symptoms nearly three decades earlier due to a mutation in the Presenilin 1 gene that virtually assured she would develop early-onset Alzheimer’s.

So, what delayed her fated course with the disease? A large collaboration, led by investigators at the Banner Alzheimer’s Institute in Phoenix and Massachusetts General Hospital in Boston, discovered that the woman also carried an extremely rare genetic mutation, called the Christchurch mutation, in the APOE gene that delayed her course of Alzheimer’s. Although her brain was riddled with amyloid plaques (one of two key pathological hallmarks for Alzheimer’s), she hadn’t yet begun the journey into mild cognitive impairment – the symptomatic precursor to Alzheimer’s disease.

What was especially unique with her case? This rare Christchurch mutation was present on both of her copies of the APOE gene. If this mutation had been present on just one APOE copy, her prognosis for early-onset Alzheimer’s disease would remain unchanged. But the presence of two copies of this rare mutation in the APOE gene essentially protected her from early-onset disease.

Upon further analysis, the study team learned that the woman’s double dose of the Christchurch mutation prevented the APOE protein from binding a sugar-protein compound that is involved in spreading tau, the key protein in neurofibrillary tangles (the other pathological hallmark for Alzheimer’s). In experiments, the researchers found that the less a variant of APOE binds to that sugar-protein compound, the less it is linked to Alzheimer’s. With the Christchurch mutation, there was barely any binding. That finding suggests that treatments could be developed to give other people that same protective mechanism.

Dr. Scott Roberts, a Center faculty member who has done extensive research on the impact of disclosing APOE genotype information to at-risk individuals, commented on the discovery: “When we talk about genetics in Alzheimer’s disease, we typically refer to genetic variants that cause or confer risk for the disease. But this case shows that some genes can have a profound protective effect, even when an individual is experiencing a build-up of amyloid plaques in the brain that would usually mean considerable cognitive impairment. This is a very exciting finding, especially in this age of emerging gene-based therapies for a variety of conditions once thought to be incurable.”

Study highlight: ELECTRA Study

New research at the Institute of Gerontology at Wayne State University is testing whether brainwaves could be the clue that helps distinguish serious memory loss from the occasional forgetful lapse. These brainwaves can be measured through a non-invasive skull cap that produces an electroencephalogram, or EEG. This research is led by Dr. Voyko Kavcic and is done in partnership with our Center and a $3.3 million grant from the National Institutes of Health.

“If this approach works, we will have developed a low-cost, easy-to-administer method for early identification of persons whose memory concerns may be the earliest signs of a continued decline in memory or other cognitive areas,” Dr. Kavcic said. Such an advance could buy extra years of interventions for persons at high risk of dementia.

The study team hopes to recruit 500 African American men and women, age 65 years and older, who have memory complaints but have not yet received any formal diagnosis. The tests include four to six hours of paper and pencil tests, followed by computerized testing and an EEG at a second visit three months later. Participants are evaluated annually for their lifetime, or as long as they choose to participate in the study. This study co-enrolls with our Center’s longitudinal Memory & Aging Project.

If you are interested in volunteering for this study, please contact Dr. Kavcic’s research team at 313-577-1692 or voyko@wayne.edu. For a full list of recruiting studies, visit alzheimers.med.umich.edu/research.
Bill and I married on the island of St. John in February 1999. A second marriage for both with seven adult children between us. Bill was a lawyer by schooling and a banker by profession. We loved our new blended family and together enjoyed many seasonal activities afforded us in northern Michigan. We shared and savored quiet times, dreamt what retirement would look like – board games with the family, movies, times with friends enjoying a good meal or bottle of wine. We were happy.

And then it happened. In January 2012 unknown intruders took up residence in my husband’s brain for six years. During the nine months preceding the Lewy body disease diagnosis, I had no idea what we were dealing with. Hallucinations, paranoia, Capgras Syndrome (the belief that one’s spouse is an imposter) were the new normal. And then the words “Your husband has probable Lewy body disease.” What? I thought, in shock. Though, it was a relief to finally have a clear diagnosis from Dr. Paulson at the University of Michigan.

As the disease progressed, Bill willingly accepted assistance and care without complaint while maintaining his sense of humor. Each day was different during the next three years, with some more difficult than others. Travel ceased. I depended on my faith while learning to do improv and roll with the symptoms. I soon modified my routine and began getting up one hour earlier to accommodate and ready myself for new challenges.

In 2016, I acknowledged my family and friends were right. I needed help and hired a caregiver to help us as the Parkinson symptoms worsened.

In 2017, year six in our LBD journey, we brought in hospice and Bill passed nine months later: August 10, 2018. The autopsy, performed at the University of Michigan with Dr. Paulson attending, proved that the original diagnosis was correct. I threw myself into my watercolor painting after Bill’s passing and painted my way out of the initial grief. With each brushstroke and mixing of colors I was able to reflect upon the most ancillary details of our twenty-year marriage. Each stroke represented a memory and allowed me to feel once again the loving and happy memories instrumental in the grief process.

I will move forward and take this experience with me into the next chapter because it played a vital role in who I am today. I carry Lewy in tow now and he cannot escape. He has written himself into this chapter of my life. However, this is not the epilogue.

Last January, I called Dr. Paulson and chatted about organizing a support group in Boyne City and he put me in contact with Renee Gadwa, Community Outreach Manager of the Rinne Lewy Body Dementia Initiative. This Initiative is part of the Michigan Alzheimers Disease Center. I had no idea the materials Renee provided even existed and was eager to get involved.

Last May we began two LBD support groups in northern Michigan. Each continues to draw new caregivers. My goal is to provide credible information to build caregiver confidence in managing the day-to-day symptoms of LBD.

I believe caregiving is a gift from our loved one. For me, the greatest gift of all was the privilege to care for someone I love. I consider that the ultimate opportunity to give back.
**What is it like to live with Lewy body dementia?**
Comments from our Lewy body dementia support group members

Oftentimes, we find that dementia can be scary or intimidating for the friends and family of those living with this disease. People may be unsure of what to say or how to be helpful, so they shy away. Many times this leaves their family member with dementia isolated or lonely. Instead of shying away, we encourage you to take a look at the infographic below for some insight about what may be helpful for your friend or family member living with dementia.

These replies were taken directly from our monthly support group members living with Lewy body dementia. For additional resources on LBD, please visit our website at alzheimers.med.umich.edu/lbd.

### What have you found challenging in living with Lewy body dementia?

- Watching people distance themselves from me.
- Being patient with myself when I’m not able to do things as quickly.
- Getting up in the morning because the tremors are worse.
- Buttoning shirts (fine motor tasks like these can be challenging for folks living with LBD as they may experience tremors of the hand).
- Feeling my speech going away and losing the ability to have conversations with my loved ones.
- Feeling anxiety and depression set in.
- Walking (shuffling gate is common in LBD, as it is in Parkinson’s disease).
- Constantly having to educate others about why I’m not the same person I used to be.

### What brings you joy in your journey with Lewy body dementia?

- Participating in research. It helps me contribute something positive with this experience.
- Tennis & ice cream
- Adopting a cat. It feels good to have something to take care of.
- My grandson offering to help me button my coat when I’m having troubles.
- Painting. It gives me something to think about and focus on.
- Having a sense of humor with my hallucinations.
Lewy body dementia support groups

Lewy body dementia (LBD) is a brain disease that impairs thinking and often mobility. Common symptoms include hallucinations, sleep disturbances, stiffness, and fluctuating levels of awareness.

Our support groups are available for those with an early diagnosis of LBD and for caregivers or family members of those with LBD. *Northern Michigan groups are currently only available for caregivers or family members.

**Ann Arbor**
2nd Tuesday of the month  
2:00 - 3:30pm  
StoryPoint Senior Living  
6230 S. State Road

**Boyne City**
2nd Tuesday of the month  
2:00 - 3:30pm  
Sommerset Pointe Yacht Club  
00970 Marina Drive

**Harbor Springs**
2nd Tuesday of the month  
6:00 - 7:30pm  
Pineview Cottage  
3498 Harbor-Petoskey Road

**Brighton**
2nd Wednesday of the month  
6:00 - 7:30pm  
Caretel Inns of Brighton  
1014 E. Grand River Avenue

**Lansing**
4th Thursday of the month  
10:00 - 11:30am  
Senior COMMUNITY Care of MI PACE  
1921 E. Miller Road

**West Bloomfield**
4th Thursday of the month  
2:00 - 3:30pm  
Jewish Family Service of Metro Detroit  
6555 W. Maple Road

Newcomers and for more information, please contact Renee Gadwa at rgadwa@med.umich.edu or 734-764-5137.

---

Dr. Melissa Armstrong presents annual Carl Rinne Lewy Body Dementia Initiative lectures

We were thrilled to host Dr. Melissa Armstrong in October as this year’s Carl Rinne Lewy Body Dementia Initiative guest lecturer. This Initiative was created by Tamara Real to honor her husband, Carl Rinne, who lived with Lewy body dementia. This was the fourth annual series of Rinne Lewy Body Dementia Initiative lectures. Dr. Armstrong followed Drs. Galvin, Leverenz, and Boeve, all leaders in the field of Lewy body dementia (LBD). Dr. Armstrong came to us from the University of Florida, where she directs the Mangurian Clinical-Research Headquarters for Lewy body dementia. She also serves on the national Lewy Body Dementia Association’s Scientific Advisory Council.

While here, Dr. Armstrong met with four of our LBD support group facilitators and select support group members for lunch before presenting an incredibly well-received lecture to community members.

The following day, Dr. Armstrong presented a second lecture to medical students at Michigan Medicine as part of the Department of Neurology’s Grand Rounds. Dr. Armstrong addressed the confusing terminology around the Lewy body dementias and why knowing the difference is important. She also presented current research on hospitalizations in LBD, medication suggestions and ones to avoid, and helpful information about in-home resources for physicians to share with families in the clinic setting. Inspired by Dr. Armstrong’s presentation, U-M’s Dr. Praveen Dayalu shared a collection of online resources with his movement disorders colleagues to assist in helping patients and families find appropriate home safety equipment. In his closing remarks, Dr. Henry Paulson stated, “I can’t imagine a better discussion of Lewy body dementia in honor of Carl Rinne. So much of what we do as doctors is not giving medication and this presentation was about just that.” It is clear that this talk was incredibly helpful to all in attendance, and we thank Dr. Armstrong for joining us.

Both presentations can be found on our website at alzheimers.med.umich.edu/lbd.
How can we improve dementia diagnoses?

Every other month, our Center hosts a case conference called the Clinical-Pathological Correlation conference focused on educating young clinicians and researchers on the complexity of diagnosing the dementias. Many may know that while clinicians can estimate a dementia diagnosis closely, the ultimate diagnosis must come from autopsy reports after death. While the dementia field has made great strides in understanding the diversity of dementias and how each varies from the other symptomatically, dementia itself is quite complex and there is still much we do not understand about this class of diseases. This conference reinforces the necessity for brain donors to truly expound our knowledge of the disease.

What makes accurately diagnosing a dementia so complex? In many cases, a person living with dementia may have multiple age-related syndromes manifesting at once. For example, hypertension and vascular dementia commonly occur together. In addition, it’s common for an older adult to experience more than one type of dementia. Because of this, differentiating between the “mixed bag” of symptomatic culprits can be challenging.

Each month, we see this complexity in action at the Clinical-Pathological Correlation conference. This conference shares the dementia journey of a previous patient at the University of Michigan Cognitive Disorders Clinic or a previous research participant at our Center who not only underwent clinical observation, but also opted to participate in our brain donation program. The conference begins with a summary of the deceased patient’s clinical history from the overseeing physician. The physician shares common concerns the patient or their family may have voiced during their time visiting the clinic or our research Center. Because our research participants and clinic patients are seen every year, the physician will report on health changes over time, changes in medications, imaging results such as MRI or PET scans, and more.

Neuropsychology measures are also captured in the dementia diagnosis process. Neuropsychology is the connection between the brain, cognitive function (thinking), and behavior. Neuropsychological assessments for dementia include the mini-mental status exam (MMSE) and the Montreal cognitive assessment (MoCA). During this conference, a neuropsychologist will share the results of these tests and how they may have changed over time. These measures, in tandem with the clinical history and imaging results, compose the full picture a physician utilizes to determine a dementia diagnosis while the patient is living.

As is the case in many instances of clinical diagnoses, these results may lead the physician down a path of one diagnosis, and then, after death, the patient’s pathology may resemble something different. This isn’t always the case, however. There are many instances when the physician’s clinical diagnosis directly mirrors the pathological diagnosis. This variance speaks to the necessity for continued research and understanding. There is still so much work that needs to be done to ensure that every patient receives an accurate diagnosis, in the clinic, while alive, so that interventions, life planning, and more can be carried out appropriately. This is only possible with the generous contribution of brain donations.

Brain donations allow physicians and pathologists to study how a clinical diagnosis may resemble or correlate with the pathological diagnosis. It is through this research that additional clinical criteria can be developed, and physicians can improve their accuracy in diagnosing patients. Brain donation is the ultimate gift to research, as it is the gift of knowledge that gives for decades to come. If you or a family member may be interested in participating in our brain donation program, please contact our Brain Bank Coordinator, Matthew Perkins, below.

Would you or a family member be interested in brain donation?

Brain donation is one of the greatest gifts to further dementia research.

If you are interested in learning more, contact Matthew Perkins at 734-647-7648 or UMHSbrainbank@med.umich.edu.
Grant builds upon THRIVE Network in partnership with Michigan Department of Health and Human Services

We are pleased to announce that our Center, in collaboration with the Michigan Department of Health and Human Services, has received a one-year planning grant from the Michigan Health Endowment Fund to develop The Caregiver Resource Collaborative. This Collaborative will further the work of the THRIVE Network, a program created two years ago by Laura Rice-Oeschger, LMSW in collaboration with Michigan State University Extension and Wayne State University Institute of Gerontology.

The THRIVE Network aims to make the pathway as a family caregiver easier by providing an online network of resources and programs for family caregivers of older adults living with dementia or other chronic disabling conditions. The goal is to connect caregivers to local resources at the appropriate time in order to foster supportive connections and continual learning throughout the caregiving journey.

This new Caregiver Resource Collaborative will continue the work of THRIVE by expanding the online network to improve access to resources and information. It will also build a web-based assessment that will help our experts develop programs to prevent caregiver burnout and will be implemented in four Area Agencies on Aging in Michigan. This will be a step forward in connecting caregivers to the resources they need, when they need it. Stay tuned for more information on the development of the Caregiver Resource Collaborative.

Bowling for Bernie fundraiser enters its tenth year

In many capacities, our Center runs on the dedicated efforts of donors. Colleen Greene is one of those donors. For years, Colleen has hosted fundraising events throughout the Ann Arbor area to support our Center and the Alzheimer’s Association. Her annual fundraiser, Bowling for Bernie, is in its tenth year and honors her mother who lived with Alzheimer’s disease.

Bowling for Bernie was held in November at Revel & Roll in Ann Arbor. Our Center Administrators, Nancy Laracey and Arijit Bhauumik attended the event on behalf of our Center.

Thank you to everyone who contributes to our Center! Every gift, large and small, helps us to do the work we set out to do.
We were delighted to host Dr. Tia Powell in November for a unique collection of professional and community events. Dr. Tia Powell, Professor of Epidemiology and Psychiatry at the Albert Einstein College of Medicine, recently published her book “Dementia Reimagined: Building a Life of Joy and Dignity from Beginning to End.” Dr. Powell wrote her book after caring for both her grandmother and mother with dementia and realizing the challenges that exist in today’s society related to care and what we can do for those who are living with dementia, right now, to keep life meaningful and joyful.

Dr. Powell began her visit with a stimulating standing-room only presentation to medical students, clinicians, and researchers at the University of Michigan Department of Neurology’s Grand Rounds, where she shared her thoughts about how so much of what they do goes far beyond providing medications. Following this presentation, she held a book reading at Literati Bookstore in downtown Ann Arbor. Dr. Powell closed with a visit to the Center’s Wellness Initiative’s Caregiver Wellness Day at Matthaei Botanical Gardens, where she led an interactive discussion with family caregivers before signing a copy of her book for all in attendance.

We certainly learned a lot from Dr. Powell while she was here, and very much look forward to hosting more events like this in the future. Dr. Powell’s presentation can be found on the Michigan Alzheimer’s Disease Center’s YouTube channel for those who are interested.

Dr. Lenette M. Jones of the University of Michigan School of Nursing and a current junior investigator mentee of our Center was recently honored with the 2020 Harriet H. Werley New Investigator Award by the Midwest Nursing Research Society (MNRS). The award was established to recognize the contribution of a new investigator who has conducted nursing research that has the potential to enhance the science and practice of nursing. Dr. Jones’ research focuses on the mechanisms – biological, psychological, social, and physical – of self-management interventions surrounding hypertension in older African American women.

Dr. Henry Paulson, Center Director, shared, “We are thrilled that one of our own trainees, Dr. Lenette M. Jones, received this year’s award from the MNRS. We are not the least bit surprised to see this talented young investigator land this award. We are always deeply impressed with Dr. Jones’ work, and are fortunate to have her involved in our Center.”

Cindy Anderson, President of the MNRS shared, “Congratulations on achieving this great honor. You have clearly distinguished yourself in the field of nursing research, and MNRS is very pleased to be able to recognize you in this manner.” The award will be presented at the organization’s annual meeting in Illinois in April 2020.
We invite you to our monthly lecture series...

This past August, we launched a monthly dementia lecture series. This series brings our experts into the community to share about a variety of dementia topics. We host the series in both Ann Arbor and Detroit to serve the breadth of our research communities.

Thus far, we’ve hosted events on the following topics: “Understanding Dementia,” with Dr. Henry Paulson, “Alzheimer’s Disease in the News,” with Dr. Navid Seraji-Bozorgzad, and “Diet, Exercise, & Dementia” with Dr. Edna Rose. We are thrilled to kick off the 2020 season of the series in January. Dates, locations, and topics are listed to the right. We hope you’ll join us! Please visit our website for ongoing lecture dates at alzheimers.med.umich.edu/events.

Save the date:

**Non-Pharmacological Approaches to Memory Loss**
January 30, 2020
10:00am – Noon
U-M Detroit Center, 3663 Woodward Ave, Detroit

**Brain Health & The Pocketbook: New Findings & Directions**
February 25, 2020
Noon – 2:00pm
U-M Detroit Center, 3663 Woodward Ave, Detroit

**Risks & Protective Factors of Dementia**
March 25, 2020
6:00pm – 8:00pm
Ann Arbor District Library
Pittsfield Branch, 2359 Oak Valley Drive, Ann Arbor

Registration is free but required to Erin Fox at eefox@med.umich.edu or 734-232-2459.