Our commitment and action toward diversity, equity, and inclusion

The racial inequities that have existed in our nation for hundreds of years have been brought to the surface again over the last few months. We at the Michigan Alzheimer’s Disease Center recognize this nationwide problem, and are deeply committed to contributing to the solutions.

Of our nearly 500-person cohort in the University of Michigan Memory & Aging Project (UM-MAP), 40% are Black. While we do a great deal of work to address the health disparities that exist across racial lines in dementia, we know we can do more. And while we already spend approximately 25-30 hours per week in Detroit bringing access to research to the local Black community that resides there, we know we can still do more.

Our Center resides at the intersection of research, community outreach and education, and support. We know that it is our duty to do all that we can to support the ongoing research toward better care for Black Americans, while also increasing access to dementia education and support in the Black community.

While we intend to incorporate this diversity, equity, and inclusion work into our ongoing conversations and priorities, we do have some concrete intentions that we’d like to share with our community at this time. Firstly, we commit to funding research projects that address racial and ethnic disparities in Alzheimer’s disease and related dementias. This includes understanding the causes of dementia in Black Americans and the reasons why care is inequitably delivered, and developing community-based participatory research toward caregiving and modifiable disease risk.

Secondly, we intend to increase our education and outreach activities in the Detroit community.

Thirdly, long term we hope to help fund students from underrepresented groups in summer research experiences.

There are many opportunities for us to make changes that support diversity, equity, and inclusion (DEI). While these are just a few, we are always open to your thoughts, feedback, and suggestions toward supporting these goals. Please do not hesitate to reach out to Erin Fox at eefox@med.umich.edu with any additional suggestions for how we can improve the DEI efforts at our Center.
Note from the Director

What a year 2020 has been. The last time our newsletter went out, I could not have envisioned the contents of today’s newsletter. But a pandemic intervened. Our research ground (temporarily) to a halt. The health disparities long present in America were laid bare by the heavy toll COVID-19 took on the elderly and persons of color. In our own state, the Black community of Detroit was hit especially hard. Finally, we all became acutely aware of the extent of racism in our country, which cries out for us to do what we can to make a difference.

I can’t say it any better than this newsletter’s opening statement, but it bears repeating: We are committed as a Center to doing what we can to fight the racial and socioeconomic disparities that exist, particularly as they affect persons experiencing dementia. We are eager to counter the racism that has made it harder for persons of color to receive care and treatment. And we are committed to providing more opportunities for persons of color to become scientists and health professionals, so that they join the quest to solve the vexing problem of dementia. I am thrilled that my own doctorate mentor, Antonio Claudio Lenstra, reached out to me in June and asked, “What can I do to help?” When she heard of our desire to make a difference, she chose to make a generous financial gift. That gift will help us carry out research to understand the causes of dementia in the Black community and recruit more young people from underrepresented groups into science and medicine. Thank you, Toni! I look forward to reporting next time on our efforts.

As we enter into autumn, I wish you all safety and good health!

Henry Paulson, MD, PhD
Lucile Groff Professor of Neurology
Director, Michigan Alzheimer’s Disease Center
Co-Director, U-M Protein Folding Diseases Initiative
Unforeseen opportunities arise out of COVID-19 pandemic

The COVID-19 pandemic brought about many unexpected changes this year. While in-person research visits, support groups, and wellness programs were all canceled to prevent the spread of the virus, our teams turned to technology to continue our work, as best as possible, virtually.

Below we summarize the adjustments we’ve made throughout the COVID-19 quarantine, and how, in some cases, the results were more positive than we could have anticipated.

Research visits transitioned to telephone “wellness checks”
While continuing research operations as usual was impossible during the initial months of quarantine, we turned to reaching out to each of our research participants by phone to check on their wellbeing during the pandemic. We called our nearly 500 research participants once or twice between March and April.

Holly Bunker, our Recruitment Coordinator who made many of these calls shared: “I had the pleasure of calling many of our Memory & Aging Project (UM-MAP) research participants following our country’s unprecedented lock down/quarantine. I think most people appreciated these calls, and often told me that they looked forward to hearing from me. A handful of our participants live alone and I was their only contact with the outside world. I loved that I was able to communicate to them that they weren’t forgotten and that we were here for them in some way.”

One research participant even shared that it was a “blessing” that our staff was reaching out during these trying times, stating “I am grateful to be part of an organization that reached beyond their needs and thought to check on us.” While this “wellness check” and telephone conversation sparked from the pandemic, we were happy to be able to connect with our research participants in a new and meaningful way.

Though in-person research visits have been canceled since March, some UM-MAP visits have taken place over the phone in an abbreviated format. We were pleased to be able to continue our work with the flexibility of many of our research participants.

We have also been hard at work addressing how we can continue our UM-MAP research visits in an adjusted virtual format for the future. See page 5 to see how these visits will take place in the coming months.

Rinne Lewy Body Dementia Initiative & Wellness Initiative programs moved online, fostering new tools, connections
Our Lewy body dementia support groups, monthly Catching Your Breath wellness program for caregivers, and Mindfulness-based Dementia Care course all moved online to continue to support our participants throughout the changing COVID-19 environment. While technology presented some barriers to our participants that would normally meet in person, the opportunity for caregivers in Wellness programs and Lewy body dementia support groups to connect was a solace during what can only be referred to as unprecedented times.

Following her participation in one of our Wellness Initiative meditation programs, one caregiver shared, “Over the span of the pandemic and all the related changes, I had lost my ability to self soothe. Any little thing frustrated me and sent me into a rage or sobs. (Good thing it is just me and the cats here). After the mindfulness meditation, I felt calmer, which has lead me to feel better than I have in weeks.”

Similarly, Marilyn, a Lewy body dementia support group member shared, “Thank you all for your efforts in connecting us. I actually found it interesting and informative to be [meet] all the Michigan groups. In these tough times it was a comfort in unity of purpose to our loved ones.”

New need sparks new program
Noticing the need for more frequent opportunities for connection, our Wellness team also utilized this time to launch a weekly mindfulness meditation practice on Thursdays. See page 4 for more information on the new Have a Seat program.
Two new Wellness Initiative programs launched this year

In our last issue, we shared about the expansion of our Wellness Initiative. Previously, this Initiative focused on supporting those caring for a loved one with memory loss. In its 2020 expansion, we expanded the Initiative to also support those living with a dementia or mild cognitive impairment. Despite the challenges of COVID-19, we are pleased to have launched two new wellness programs this year.

Have a Seat: A weekly mindfulness practice
First, and most unexpectedly, we launched Have a Seat, a weekly mindfulness meditation program taking place online. Each Thursday at noon we gather to practice a thirty-minute meditation. The program is led by Laura Rice-Oeschger, LMSW. Sparked from the necessity of connection and self-care during the early months of quarantine, this program has grown to not only include caregivers who have previously participated in our Wellness Initiative programs, but also Center faculty and staff who are interested in mindfulness. This program will continue indefinitely and grow again in the fall when we open attendance to nationwide graduates of Mindfulness-Based Dementia Care programs. If you are interested in participating, please sign up to receive a weekly reminder with the log-in details at alzheimers.med.umich.edu/subscribe.

Mitten Minds: A dementia education series and support group for those with a diagnosis
In August, we launched the first formal program extension of our Wellness Initiative. The program, called Mitten Minds, began with a dementia education series designed specifically for those who are newly diagnosed with mild cognitive impairment (MCI) or are in the early stages of a dementia. The program offers six educational sessions, all presented by one of our dementia experts and facilitated by Ashley Miller, MPH. The goal of the series is to provide important information to individuals who have been recently diagnosed, provide a space for questions to be answered, and connect participants to resources and support services available. This program will take place twice per year.

Beginning in October, the Mitten Minds support group will begin. This group will take place monthly, and be open to not only graduates of the educational series, but also the greater community. The group is also specifically for those recently diagnosed with MCI or in the early stages of dementia, and intended to provide support and connection throughout the dementia journey.

If you are interested in future sessions, please do not hesitate to contact Ashley Miller, MPH at acmil@med.umich.edu, or visit our website at alzheimers.med.umich.edu/wellness-initiative.

Announcing a new Research Center logo

We are pleased to announce a new logo representing our research center. The Michigan Alzheimer’s Disease Research Center (MADRC) is the research arm of our larger Center and is funded by the National Institute on Aging. This portion of the Center focuses specifically on interdisciplinary dementia research through formal collaborations between the University of Michigan, Michigan State University, and Wayne State University. A goal of the MADRC is to reach the entire state with dementia research opportunities. In our new logo, you’ll notice the colors of our three partner institutions represented in a fan-like design to represent our statewide research initiatives.

This logo is utilized wherever we speak to our research initiatives. You will see it utilized in presentations where we hope to spark research recruitment, and throughout this newsletter when we discuss the research of our three partner institutions. For more information about our research partnership, please visit alzheimers.med.umich.edu/aboutus.
New research targets caregiver experience with dementia symptoms and the pandemic

Melissa Harris is a PhD student at the University of Michigan School of Nursing. Ms. Harris’ career goal is to improve the quality of life and care for older adults with dementia and their family caregivers. Through her dissertation research, she is exploring the experiences of family caregivers living with older adults with dementia, and how some of the challenging symptoms of dementia and the COVID-19 pandemic impact their caregiving experience. She will also be exploring the use of weighted blankets as an in-home treatment option for older adults with dementia living with family caregivers.

Ms. Harris is looking for family caregivers who are willing to share their experiences of caring for a loved one with dementia in an individual interview. Interviews will last approximately 60 minutes and will require family caregivers to have access to a telephone, tablet, or computer. If you are interested, please contact Melissa Harris directly at 405-513-1271 or mharris1@umich.edu

I’m a research participant in the U-M Memory & Aging Project. How will my visit be different this year?

The U-M Memory & Aging Project (UM-MAP) research study is the bread and butter of our Center activities. The structure of our Center is built around supporting the work of UM-MAP. With the growth of COVID-19 earlier this year, our Center faced the challenge of continuing our important work in dementia research, without meeting research participants in person. With older adults and those with memory concerns as a population at great risk, our team, and the 31 other Alzheimer’s disease research centers across the country, went to work to develop a new approach to continue our work during these unprecedented times.

The result of several months of troubleshooting and hard work? We are happy to announce that beginning in July, our team began transitioning many of our UM-MAP research participants over to full telephone or video conference visits. With the use of Zoom and Blue Jeans video conferencing systems, which are both HIPAA-compliant, and a fully remote neuropsychological assessment compiled by the National Alzheimer’s Coordinating Center’s (NACC) Clinical Task Force, many of the components of the original UM-MAP visit are now able to take place virtually.

While some research visits continued to take place throughout the COVID-19 quarantine via phone in an abbreviated form, this shift to video will allow for a majority of the physical exam, including behavioral observations and motor functions, to resume.

Although the initial goal of shifting to virtual research visits was to continue our important work in dementia research, there are certainly unforeseen benefits that come with these adjustments. One of which includes alleviating travel burdens on our participants who reside across the state. Another is accommodating those who may have their research appointments scheduled in the winter and face the challenges of driving in the snow. Conducting our appointments by video conferencing software will make many appointments easier.

While there are benefits, there are also challenges to this new approach. We expect some of our research participants may face some difficulties with the new technology, or access to technology. In this case, we will graciously allow for telephone appointments or, when permitted by...
We asked participants in our Wellness Initiative programs to share how the COVID-19 pandemic has impacted their experience living with or caring for a loved one with memory loss.

**Libby Ford**
_Navigating the changes of quarantine while living with Alzheimer’s_

I stopped working in June 2019 due to my diagnosis of early onset Alzheimer’s disease at age 57. I was exercising between five and six days a week and was in line to receive electrical stimulation treatments. I was feeling good and strong physically and cognitively.

Then COVID-19 hit and lockdowns ensued. I am at high risk given my other health issues. I stayed at home for February through April. I stay connected by calling various people every day. I assumed the majority of the cleaning and laundry. I cook meals and baked treats which are things I enjoy. I walk every day with my dog, but this was not enough. I crave human interaction. I live with my husband, but he still works. My friends developed a weekly Zoom call to replace our weekly lunch together. I was getting depressed and eating more. My physical strength and cognition has declined.

I live in a rural area, so I suggested my friends come over, bring a chair and food and drink and we would picnic staying six or more feet away. We get caught up, enjoy the sun and fresh air, walk around to see the animals and developing garden and flower beds. We have done this three times since end of April. It has helped us all.

**Julie Piazza**
_Caring for her father in a retirement community during quarantine_

My 87-year-old father has been in independent living in a retirement community for five years. He has been on the dementia path for a while. We had seen gradual changes and lost cognitive functioning. However, when COVID hit Michigan and the lockdown of care facilities was enforced, we were no longer able to visit and care for our Dad. Our privately hired caregivers were also no longer able to come in for health reasons.

Dad became more and more dependent on his friends and neighbors who were seeing the changes and feeling overwhelmed. The retirement community promised to support what we and the other caregivers had been doing but they were challenged by increased needs of many residents as well as the restrictions in place to reduce the spread of the virus.

We were removed and feeling a lack of connection while watching our Dad’s decline. It was heart wrenching. Thankfully, we were able to navigate a move for him to increased assistive care in the memory care unit. While we weren’t able to physically be there to help with his move, the staff was supportive and helpful with providing FaceTime calls to help us feel more connected.

Window visits were part of our coping. Even though we couldn’t see him very well through the window and screen, we and he knew we were all trying to support one another through these challenging times. We are hopeful that Dad will begin to thrive again with more care and we look forward to hugging him in person. Grateful for the random acts of kindness, smiles and courage of each and every one.

**Window Pain**
_By Julie Piazza_

At the window
I gaze
Observing my dad
Grateful for the opportunity
To see him
In person...
Sort of
He looks over and sees me
And smiles
Thankfully the med tech
Is loving and kind
She helps him move to the window
We touch the glass pane
And speak through masks
It’s tough with a hearing loss
And a window in between
And lost hearing aids
But the smiles are worth it
The kiss blowing
Twinkling eyes
And the “I love you”
Makes it better
And so worth it
Despite the barriers and restrictions
The separation
In the midst of all this we find
Our peace and joy
The Center is Committed to Memory & Aging Research, Clinical Care, Education and Wellness

**Bobbie Tucker**

*New relationship dynamics during quarantine spark self reflection*

It had been very difficult to feel close to my husband since 2007, the year he refused medical attention over three days when he was having a stroke that he said was just a headache. He even fought the ambulance workers I finally called when I no longer trusted his ability to control his own medical decisions.

The stroke caused permanent cognitive damage; it was one month after we had become empty nesters, free to pursue our own interests. During his recovery it became clear he could no longer drive, or even make most of the daily decisions of life, like home finances or upkeep, or our schedule.

For the whole time since then, I have acquitted my responsibilities to him, while I harbored a resentment for what his stubbornness had taken from me and us. He had also become difficult, and could not acknowledge or face his losses. Our adult children couldn’t really understand the burden of caregiving, or the changed dynamics of our relationship; they could see that something was wrong, but I felt their beliefs were misplaced. I was working in a fulfilling profession, and maintained warm relationships with family and friends, mostly separately. My husband and I continued to have Friday “date night”, when we put on our best married couple attitude and went out to dinner.

Our family lived that way for years. Until this year, when we were forced to shelter at home, and stay close to one another. I was retired by then, but had found other things to nurture myself - gardening, sewing, happy hours with friends.

But now, in the absence of a lot of these distractions, I began to notice my own role in my strained relationship with my husband. I had always cared for him dutifully, on this awful, unwanted journey I was unfairly strapped with for the rest of my life. But without feeling. As I began to connect this to his behavior toward me, I realized my role in our difficult relationship, that he, too, felt trapped, not only by his limitations, but by the poor quality of the relationship he had to live. All this time, when I was so focused on my own feelings, when he didn’t have the ability to convey his own.

All of that has stopped, the distance, the mutual victimizing. In it’s place is a blissful closeness I never thought I would feel. It happened so quickly - my change of attitude, his immediate responsiveness. Thank goodness for his patience (sort of) with me. It has been transformational - each day bringing a new opportunity to not only know that we love each other, but to actually feel it, and to look forward to the endless potential for joy.

**Sharon Miller**

*Supporting her mother in a retirement community during quarantine while navigating her own feelings*

My 95-year-old mother lives in an apartment in a retirement community, and for more than eight weeks she and all her neighbors in the building have been unable to leave the building at all (under penalty of not being allowed to return). My sister (and occasionally I) can deliver groceries to her by leaving them in the vestibule between the front doors, ringing her apartment, and retreating to the outside when she comes downstairs to pick up the parcels. We can wave to her behind the glass, but we all want more — we want our regular Sunday dinners back. She hasn’t been able to go outdoors for over nine weeks now. She is normally very social, looking forward to the breakfast and luncheon meetings, and field trips that are a normal part of life in her retirement community. Now she can’t meet with any of her neighbors; they are all very strongly discouraged from leaving their own apartments. She rebels against this by taking her chair and her book out into the hall (properly masked and gloved) to read for a while every afternoon. But the worst of it, for her, is that she gets great joy out of gardening, and she is unable to go outside. So today, when I was outside pulling weeds and feeling sorry for myself, I switched over to feeling sad for her because she can’t do such a simple thing as step outside into the fresh air for a few minutes. Then I thought of all the people who have lost loved ones to this terrible virus and can’t even gather for funerals — I was ashamed when I reflected on how much more fortunate I am. All kinds of good people are risking themselves and their family members to care for the sick, and others are working day and night to find treatments and a cure, while I whine about what I can’t have and can’t do. Yet somehow, I still complain. I promise, I’m going to switch off the “complaint department” in my brain every time I catch it operating, and be grateful instead for what I still have and can still do.
Center kicks off new project targeting dementia in people living with HIV

This summer, leaders of our Center along with the Alzheimer’s Association Michigan Chapter received a grant from the Michigan Department of Health and Human Services to bring dementia awareness and education to those living with and caring for people living with HIV. The project is in the planning stages, and is expected to last at least three years.

Due to the tremendous breakthroughs in care and management of HIV, people with HIV are living longer. In fact, in Michigan, 76% of people living with HIV over the age of 40 have achieved viral suppression — that is, the HIV viral load is undetectable in their body. As a result, the disease progresses much more slowly and individuals are staying healthier for longer periods of time.

However, these successes introduce new challenges for people living with HIV. Firstly, because people living with HIV are living longer, and age is the primary risk factor associated with Alzheimer’s disease, this population faces a risk that it has not experienced before. That is coupled with the fact that people living with HIV tend to already face accelerated aging, which puts them at higher risk for cardiac and diabetes-related conditions. These conditions, in addition to higher age, significantly contribute to a profound risk of both Alzheimer’s disease and related dementias, as well as HIV-associated cognition changes, called HAND (HIV-associated neurocognitive dementia).

Given this changing landscape for people living with HIV, our Center and the Alzheimer’s Association thought it critical that health professionals and caregivers who support people living with HIV, as well as those living with HIV, increase their awareness of dementia.

Thus far this summer, the planning committee composed of Dr. Bruno Giordani and staff from our Center along with a Project Manager from the Alzheimer’s Association met to define goals and scope of the project. The team successfully recruited eight health professionals working within the HIV field, and seven doctors (internal medicine clinicians and infectious disease specialists) who manage the care of HIV patients to contribute to the project. Two board meetings took place in July that served to define the care environment and specific needs to educate both health professionals and reach people living with HIV.

From these meetings, our team gathered many outreach and educational tactics to begin working toward over the next several years. Initial projects include dementia education resources for infectious disease doctors and those living with HIV, incorporating dementia and brain health education into statewide conferences targeting HIV professionals, and generating brain health presentations in areas with a high population of people living with HIV.

We are eager to build this work to meet the needs of people living with HIV in Michigan. Stay tuned for further developments over the coming months.

If you know someone who may be interested in lending their knowledge of the HIV environment in Michigan, please do not hesitate to reach out to Erin Fox at eefox@med.umich.edu.

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We envision a day when fear is lost and memories remain

We couldn’t do what we do without your donations and support. Thank you to our donors for your contribution, and for helping us to achieve our mission.

INTERESTED IN MAKING A DONATION? Contact Michael Harders at 734-763-1402 or miharder@umich.edu
Would you or a family member be interested in brain donation?

Brain donation is one of the greatest gifts to further dementia research. Our staff work alongside families to ensure wishes are met, loved ones are thoughtfully cared for, and funeral arrangements are accommodated.

If you are interested in learning more, contact Matthew Perkins, Michigan Brain Bank Coordinator, at 734-647-7648 or UMHSbrainbank@med.umich.edu.

Families share stories of participating in brain donation program

In May, we held a virtual lecture addressing “Why is brain donation important for dementia research?” The event was led by Matthew Perkins, Michigan Brain Bank Coordinator and welcomed nearly sixty attendees online.

Perkins reviewed the primary motivators for research participants and patients at U-M for enrolling in the brain donation program. These primary motivators include:

1. Receiving a confirmation of the clinical and/or research diagnosis,
2. Contributing to the ongoing research toward finding a cure for Alzheimer’s disease or a related dementia, and
3. Finding closure by fulfilling the wishes of their family member.

While the primary intention of holding the event was to educate our audience on why brain donation was important, and how the process may look for families who participate, the event took an unexpected, though very positive, turn. Family members of those who previously participated in the program began to share their story via the virtual chat box. Stories flooded in about how Matthew Perkins, who coordinates all aspects of the brain donation program — from sign up to autopsy — touched these families’ lives. A few are listed below.

Tim shared, “My wife passed away in September at age 52. We didn’t get a chance to sign up before she passed away but she wanted to help others and she did end up having an autopsy at the U-M Brain Bank. I can’t say enough how much your fast response meant to our family! Want to say thanks!”

Similarly, Carol shared, “My mom was also diagnosed with Alzheimer’s at U-M and donated her brain just about a year ago. Everyone we dealt with was so kind and compassionate. My mom was determined to help people after she died and we are so hopeful that her brain will help you find a cure for this disease.”

While participating in brain donation may seem scary, our team is more than happy to answer your questions and guide you through the process. If you, or a loved one, may be interested in learning more about brain donation, the process to sign up, or its impact on dementia research, please reach out to Matthew Perkins at perkmd@med.umich.edu or 734-647-7648. You can also visit the Michigan Brain Bank website at brainbank.umich.edu.

Gifts to the U-M Brain Bank benefit science in many ways. The first and foremost is benefiting dementia research through investigator analysis. Another is sharing this incredible resource with youth in order to spark interest in future careers in science and dementia research. In February, AP Psychology students from Huron High School visited the Brain Bank to learn more about the many facets of dementia research.
What’s New in RESEARCH

Potential new blood test could advance treatment for Alzheimer’s disease

New research from the annual Alzheimer’s Association International Conference shows promising results for a blood biomarker. Our experts weigh in on how this year’s research compares to blood biomarker findings in the past, and what this could mean for the field.

Dementia has always posed many challenges for diagnosis. In our last issue, we shared about our bimonthly Clinical-Pathological Correlation Conferences which routinely bring to light the complexity of an accurate dementia diagnosis, and the necessity for a great deal more research to support both clinicians and patients.

Currently, testing for Alzheimer’s disease is conducted through brain imaging (such as an MRI) and behavioral tests. Both of these techniques are costly and leave room for error, especially if the disease is in its early stages.

However, recent research developments presented at the Alzheimer’s Association International Conference show a promising blood test that may detect Alzheimer’s disease before symptoms appear. Not only would this help for early detection, a blood test is also typically affordable, and easily accessible for patients.

To share what this could mean for the future of Alzheimer’s disease testing, our Center Director, Dr. Henry Paulson, and Dr. Nicholas Kanaan, Associate Professor of Translational Neuroscience at Michigan State University and Co-Lead of our Center’s new Biomarker Core came together to answer some key questions.

How is Alzheimer’s disease usually detected, and what are the challenges with these methods?

Paulson: Doctors usually make a clinical diagnosis of Alzheimer’s disease based on the history of the illness, a cognitive assessment, a neurological examination, and often standard brain imaging (such as MRI). It is an imperfect science and we are not always correct in concluding that the diagnosis is Alzheimer’s rather than another form of dementia.

Testing the cerebrospinal fluid for Alzheimer’s biomarkers can lead to a more precise diagnosis, but many patients are not eager to undergo the spinal tap procedure (lumbar puncture), and sometimes insurance companies won’t pay for the test.

New imaging methods such as PET allow us to visualize the key Alzheimer’s proteins in the brain, namely beta-amyloid and tau, but this imaging is expensive and not yet covered by insurance. As a result, this typically remains a research test.

A simple and sensitive blood test that could pinpoint the Alzheimer’s disease process well before any cognitive symptoms would allow us to give any potential disease-slowing therapy — anti-amyloid, anti-tau, anti-inflammatory — at a very early point in the disease process. Doing so likely will increase our chances of finding an effective therapy.

Continued on Page 11

Want to learn more about what took place at AAIC?

Many of our faculty presented their own research at the Alzheimer’s Association International Conference (AAIC) this summer. A few examples include Dr. Scott Roberts who presented a seminar on the Ethical and Practical Challenges in Disclosure of APOE Genotype and Dr. DeAnnah Byrd of Wayne State University who presented on the Interactive Effects of Chronic Health Conditions and Financial Hardship on Episodic Memory among Older Blacks. For a full list of our faculty presentations at AAIC, visit our website at alzheimers.med.umich.edu/news.

For a comprehensive summary of the latest research coming out of AAIC, visit alz.org/aaic/news_highlights.asp.

Drs. Bruno Giordani and Scott Counts will be presenting the latest research findings from AAIC in virtual events this September. More details on the events, including registration, is available at alzheimers.med.umich.edu/events.
The Center is Committed to Memory & Aging Research, Clinical Care, Education and Wellness

Blood Test continued...

What makes this new blood test different than previous attempts?
Paulson: Our ability to detect signals in blood of specific proteins linked to disease has gotten better over time. This success is due to the fact that the technology is now much better and the specific biomarker being detected is closely linked to the underlying pathology of Alzheimer’s disease. That is why it seems so promising.

Could this potential blood test help with accessibility to testing and treatment?
Kanaan: Yes, the emerging blood tests would be highly accessible in a clinical research setting, like our Center. (This is why we take a blood sample from each of our research participants!) Whether blood tests such as these become a component of standard clinical practice for dementia management will require additional development and testing, but this is certainly one of the main directions in which we and others are moving.

The continuing enrichment of the biomarker toolkit for clinicians and scientists will ultimately provide several useful advantages to clinical care for dementia. Among these advantages: it will facilitate better clinical trials, monitoring of therapeutic efficacy, and may even identify important biological processes involved in brain diseases.

How could an earlier diagnosis of Alzheimer’s disease affect the treatment and care of patients?
Kanaan: Early detection of Alzheimer’s disease and related dementias is a critical factor in furthering our understanding of disease etiology and progression. Indeed, identifying a disease like Alzheimer’s accurately and early, before significant cognitive decline occurs, could provide a therapeutic window in which administration of future therapeutics could slow or stop the disease.

It is important to note that currently treatments do not slow or stop the disease. But as part of a powerful and comprehensive management strategy we want to pursue early disease detection and novel therapeutics in parallel.

What should the public take away from these recent findings?
Kanaan: One of the most exciting takeaways from the recent development in blood tests is that we’re getting even closer to a highly accurate and reliable approach (blood biomarkers) to aid in diagnosing Alzheimer’s and excluding other dementias. Prior blood tests were not as robust as the newly identified tests.

Another exciting aspect of these tests is that they provide a route to assess biomarker and disease status in a highly accessible, less invasive and relatively inexpensive fashion. Any progress is exciting in the context of devastating diseases like Alzheimer’s and related dementias. At this point, the testing and validation of these new tests will expand dramatically as groups like ours work vigilantly to make progress towards the clinical implementation of these and other novel blood tests for Alzheimer’s disease.

COVID-19 continued...

In-person events move online allowing for ongoing viewing
Lastly, we are always pleased to meet and see many of you in the community at our educational events. Given that these in-person events may not resume for some time, we hope that you will join us online for our monthly community lecture. We transitioned these events to a virtual format in May and have been pleased with their new format. If you’d like to take a look at past lectures online, please see page 12 for more information.

Though times have changed, we hope you know that we are here to support you, and anyone in the community who may need access to memory care resources. (Remember, a list of COVID-19 resources specifically for older adults is available on our website at alzheimers.med.umich.edu/covid-19-resources). If you need anything, please do not hesitate to contact us.

UM-MAP continued...

the university, a hybrid in-person appointment in which participants come on site to conduct their visit using our video conferencing technology, while maintaining the mandated social distancing and safety protocols.

Also, for those participants who do agree to shift to the fully virtual research visit, a new signed consent form will be required. In order to make this as convenient as possible, our team adopted new ways to receive informed consent, including a service called SignNow that gathers consent remotely.

Please stay tuned as we continue to work through the many adjustments that come with shifting our work into a new format. We are happy that we will be able to accommodate our research participants safely, while continuing our work toward a dementia intervention.
Looking to explore dementia educational videos during quarantine? Visit our YouTube page

With our educational events transitioning to an online format, we want to bring your attention to the robust library of educational videos available on our YouTube page. If you may have missed one of our monthly presentations, or you are interested in reviewing presentations from the past for additional education on some of our key focus areas, such as Lewy body dementia, mindfulness, dementia research, or brain health, you can always find recordings online.

A few examples of videos available are listed below:

- **Understanding Lewy Body Dementia** presented by Dr. Bradley Boeve of the Mayo Clinic in 2018 as part of our annual Carl Rinne Lewy Body Dementia Lectures

- **Dementia & Brain Health** presented by Dr. Henry Paulson in 2020 to local high school students

- **Dementia Reimagined** by author Dr. Tia Powell in 2019 as she shares learnings from caring for her mother with dementia in her new book

- **When it’s Not Alzheimer’s Disease** presented by Dr. Sami Barmada at a regional conference in 2019

These topics and more are available online at the link below.

Find us on YouTube

You can find these presentations and more at [YouTube.com/c/MichiganAlzheimersDiseaseCenter](https://YouTube.com/c/MichiganAlzheimersDiseaseCenter)