The past decade has seen many disappointments in hopeful clinical trials aimed at the treatment of Alzheimer’s disease (AD). It is easy to become discouraged or feel that science is advancing far too slowly. While many scientists and families affected by AD share in this impatience, it is also important to realize that each “failed” clinical trial adds to the body of knowledge essential to progress. Every clinical trial gleans important information and opportunities to advance knowledge and every person’s participation in these trials is of value regardless of the outcome. In this article, we provide an overview of some of the promising new directions of clinical trials. We hope to convey the renewed hope and optimism that are invigorating these efforts.

**Early Detection**

Continued progress in brain imaging, specifically Positron Emission Tomography (PET), is enabling early identification of AD changes in the brain. The ability of PET to detect the presence of amyloid plaques and neurofibrillary tangles (the hallmarks of AD) has led to earlier identification of pathology decades before the onset of symptoms.

In 2014, the FDA approved the third PET imaging tracer that detects amyloid plaques in the brain. Three compounds, Florbetaben, Florbetapir, and Flutemetamol, are currently approved. A negative amyloid PET scan essentially rules out AD. A positive scan provides evidence that AD changes are present, and in someone with progressive memory changes, they support the clinical diagnosis of AD. Clinical judgment is still required; for example, someone may have amyloid deposition associated with aging and an unrelated reason for memory changes, such as strokes, depression, etc. Researchers continue to gather data to show the meaning and usefulness of a positive amyloid scan in settings relevant to clinical practice.

Because amyloid deposits develop a decade or more before memory loss, evidence is building that people with positive amyloid PET scans have an increased risk to have subtle cognitive (thinking) decline in subsequent years and go on to develop changes in memory and cognition.

CONTINUED ON PAGE 2
An Update on Clinical Trials at UC San Diego – Reasons for Optimism

CONTINUED FROM COVER PAGE

“Every clinical trial gleans important information and opportunities to advance knowledge and every person’s participation in these trials is of value regardless of the outcome.”

Sharpening the Focus on Prevention
Alzheimer’s disease prevention trials aim to enroll participants with “preclinical” AD – that is, people with PET imaged amyloid in their brain without changes in thinking or functioning. The large-scale ongoing Anti-Amyloid in Asymptomatic Alzheimer’s disease (A4) clinical trial is testing the effectiveness of an anti-amyloid antibody, Solanezumab, on the prevention of AD. The study enrolls older individuals (ages 65-85) who have normal thinking and memory function but an elevated level of amyloid plaque in their brain on PET imaging. In earlier clinical trials of Solanezumab, there were small cognitive benefits, relative to placebo, in people with mild AD.

This project will also help answer questions about amyloid’s role in AD and when treatments should be administered. In 2015, we also anticipate much more work on blood–based tests for AD plaques, with some researchers focusing on amyloid changes in thinking abilities in study participants

Promising New Treatments Under Investigation
Due to the failure of many clinical trials aimed at improving thinking and functioning in people with more moderate-stage AD, there has been concern that attempting to provide treatment once dementia has significantly developed may be too late for providing improvement or disease stabilization. Much focus is now on the preclinical, Mild Cognitive Impairment (MCI), or earliest stages of AD in the hope that treatment may be more effective.

For example, BACE inhibitors are drugs that actually prevent production of beta-amyloid, the protein that comprises the hallmark plaques of AD. Studies of BACE inhibitors continue to move ahead in preclinical and mild AD and hold great promise.

One very active area of research and clinical trials has been in the development of an anti-amyloid antibody. An antibody is a kind of protein used by the immune system to identify and fight off foreign entities in the body. The body commonly produces antibodies to fight off viruses or infections. Pharmaceutical companies have been attempting to create an anti-amyloid antibody because abnormal amyloid protein accumulation in the brain (amyloid plaque) is thought to be a likely cause of AD. Previous hopeful studies of the antibodies Bapineuzumab and Gantenerumab ultimately did not prove to be effective treatment. Although they showed some ability to clear amyloid plaque from the brain, they did not result in improvement in thinking or functioning in persons with AD. Although Solanezumab did not generally benefit persons with AD, there was a trend towards effectiveness in a subset of the sample with very mild AD. Solanezumab is therefore still being studied in several clinical trials including the A4 prevention trial (previously mentioned); DIAN for persons with a familial form of AD due to a genetic mutation; and the EXPEDITION trial for persons with mild AD.

Despite these setbacks, one new antibody has recently received considerable press in the scientific community. Biogen Idec’s BIIB37, (also known as Aducanumab) is an anti-amyloid antibody that appears on initial study to both clear amyloid and improve cognition. In a Phase 1 trial (primarily evaluating safety and tolerability of the drug) in people with mild AD, Aducanumab was more effective at removing amyloid from multiple regions in the brain than the other previously studied antibodies. It also resulted in an improvement in thinking abilities in study participants and indicated a stabilization of further decline when given at the highest dose. These very encouraging results will need to be replicated in much larger clinical trials. Based on these exciting preliminary findings, the drug will skip from Phase 1 to Phase 3 in the clinical trial process with new trials likely to be announced later this year.

The Alzheimer’s Disease Cooperative Study, a nationwide consortium based at UC San Diego for NIA-funded clinical trials also has a number of ongoing promising clinical trials including gene therapy; intra-nasal insulin; the benefits of exercise; and a novel compound called T-817 aimed at protecting brain cells from the toxic effects of amyloid.
Hence, scientists are continuing to explore multiple pathways towards effective prevention and treatment of AD.

**Hopeful Medication for Managing Challenging Behavioral Symptoms**

While we often aim initially for non-pharmacological means of dealing with challenging behavior (adjusting the environment, caregiver training, or evaluating other complicating medical conditions), for some people with AD, persistent agitation or acts of aggression can be a very troubling symptom and currently prescribed antipsychotics can have dangerous side-effects. A compound, AVP-923 (Nuedexta) has shown promise in Phase 2 clinical trials for reducing agitation and aggression without the troubling side-effects of antipsychotics. Not surprisingly, reduction in challenging behavior also helped to reduce caregiver burden. The pharmaceutical company will announce important Phase 3 studies of Neudexta in this coming year.

“Although progress may feel slow, we are now witnessing an unprecedented collaboration among universities, pharmaceutical companies, philanthropists, and families affected by AD in advancing progress towards effective prevention and treatment of the disease.”

Although progress may feel slow, we are now witnessing an unprecedented collaboration among universities, pharmaceutical companies, philanthropists, and families affected by AD in advancing progress towards effective prevention and treatment of the disease. (See article on page 10 about San Diego County’s own comprehensive Alzheimer’s initiative). We look forward to keeping you updated on the world of Alzheimer’s research in the upcoming year and are optimistic that there will be great developments in 2015. Stay tuned!

For more information on clinical trials at our Shiley Marcos ADRC or the ADCS, contact Christina Gigliotti at 858-822-4800.

We are grateful to Drs. Paul Aisen, Douglas Galasko, and Michael Rafii for their contributions to this article.

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**FOCUS ON A UC SAN DIEGO RESEARCHER: Steve Wagner, PhD**

Steven Wagner joined UC San Diego's Department of Neurosciences in 2009 and is currently an associate professor and principal investigator. Dr. Wagner’s research focuses on the discovery, design, and development of therapeutic small molecules known as gamma-secretase modulators (GSMs). These drug-like small molecules are aimed at preventing and/or delaying the buildup of the hallmark amyloid beta plaques that are found in the brains of patients with Alzheimer’s disease (AD).

Many members of our scientific team are recognized internationally for their work and Dr. Wagner recently presented an update of his own laboratory research at the 12th International Conference on Alzheimer’s and Parkinson’s Disease held in France. During a symposium on treatments and translational strategies for AD targeting the amyloid beta protein, Dr. Wagner discussed his research aimed at developing these GSMs for Alzheimer’s disease. This research is carried out as part of an award from the National Institutes of Health (NIH) that Wagner and his team were given in 2011. This grant includes expertise from other members of the UC San Diego Department of Neurosciences such as Drs. Bill Mobley, Paul Aisen, Doug Galasko, and Kevin Rynearson. Others on the team include Dr. Rudolph Tanzi from Harvard/Massachusetts General Hospital; a large team of NIH program officers; consultants from a number of pharmaceutical companies; and a team of medicinal chemists from Albany Molecular Research Institute.

During his presentation in France, Dr. Wagner described how the team identified a very potent small molecule GSM that targets one of the two key enzymes (gamma-secretase) necessary for producing the amyloid-beta protein. When this new compound was administered orally to rats and mice at relatively low concentrations, it dramatically reduced the levels of the toxic protein in cerebrospinal fluid and in brains of the rodents, compared to placebo. This molecule has now begun the Investigational New Drug enabling studies which are required by the Food and Drug Administration (FDA) in order to commence clinical trials in humans. Wagner expects that this NIH-funded drug discovery and development program should result in early-stage clinical trials in humans to be carried out at UC San Diego in early 2016.

We applaud Dr. Wagner for his pioneering efforts and contributions to the exciting research underway at UC San Diego and we will keep you updated about advances as this drug development effort proceeds towards clinical trials.
Family caregivers often spend considerable time caring for their loved ones. As a result, they may feel fatigued, stressed, and emotionally and physically “run-down.” Since 1990, the UC San Diego Alzheimer’s Caregiver study has studied the health effects of caregiving and found caregivers may be at increased risk for a number of health concerns.

Investigators for the caregiver study found caregivers have stress levels that are 4-times higher than their non-caregiving peers, and caregivers are more than 12 times as likely to experience significant symptoms of depression. Specifically, increasing levels of stress seemed emotionally harmful in caregivers who felt least capable of coping well. However, stress had almost no impact on emotional health when caregivers felt confident in their coping skills. More confident caregivers also appeared to have lower blood pressure and lower IL-6 compared to less confident caregivers. It appears, then, that helping caregivers cope may have both emotional and physical benefits.

But the story is not all bad. There is evidence that developing the right coping skills may benefit caregivers both emotionally and physically. Physically, caregivers appear to have higher rates of hypertension and appear to be at higher risk of developing cardiovascular diseases.

What is involved if you participate?
Eligible caregivers will receive up to 5 in-home health evaluations over the course of 2 years, which include an assessment of blood pressure, clinical and molecular markers of cardiovascular risk, and an ultrasound evaluation of arterial health. Participants will be randomly assigned to one of two educational programs designed to improve coping skills. The first provides 6 in-home meetings where caregivers will receive support and information on how to manage challenging caregiver situations. All procedures will be provided at your home and are at no cost.

Who is eligible to participate?
If you are 55 years of age or older and provide in-home care for a loved one who has been diagnosed with dementia, you may qualify for this study.

Is there compensation for study participation?
Those who are eligible and choose to participate will be paid up to $500.

For more information
This program is sponsored by the National Institute on Aging (NIA), which is part of the National Institute of Health (NIH). For more information about the study, please contact our staff at (858) 534-9479.
Using Biomarkers to Improve Early Detection, Diagnosis, and Prevention of Alzheimer’s Disease

BY CHRISTINA WIERENGA, PhD

Scientists now know that a preclinical (before noticeable symptoms) phase of Alzheimer’s disease (AD) occurs years before the clinical symptoms of the disease emerge. This phase is characterized by early brain changes and subtle cognitive (thinking) decline. Biomarkers, including brain imaging and markers in blood and spinal fluid, can now be used to detect early changes that may predict the eventual onset of AD. Identifying biomarkers of AD during this preclinical phase offers the opportunity to detect and treat the disease in the earliest period, before clinical symptoms occur, and when treatments may be most effective.

Our research program examines cognitive and brain changes associated with AD risk. Our lab uses structural and functional magnetic resonance imaging (MRI) and neuropsychological testing to understand brain changes in preclinical AD. Specifically, we measure brain activation and cerebral blood flow (blood flow in the brain), both thought to reflect neural (brain cell) function. Several of our studies have revealed that adults at genetic risk for AD and adults with Mild Cognitive Impairment, a risk factor for AD, tend to over-activate brain regions during language or memory tasks. This over-activation suggests that the brain is having to work harder to maintain its usual cognitive abilities. We have also found that older adults have lower cerebral blood flow than younger adults, and adults with AD have even lower cerebral blood flow. However, adults at risk for AD show regions of increased cerebral blood flow that are associated with improved cognitive performance, again suggesting that the brain compensates or recruits additional resources in the face of impending decline.

With the advent of cerebrospinal fluid (CSF) biomarkers for AD, we have begun to examine the relationship between CSF biomarkers, vascular health, and exercise on brain function. For example, our preliminary data show greater AD risk, based on CSF biomarkers, is associated with lower cerebral blood flow in cognitively normal older adults. Longer sedentary time (more time spent sitting) was associated with higher AD risk, suggesting behavior can modify AD risk. Our lab is continuing to examine the contribution of CSF biomarkers and cerebral blood flow to cognitive decline, and is developing interventions designed to increase cerebral blood flow and slow cognitive decline.

Participating in our research
In addition, we are exploring vascular contributions to AD. The overarching goal is to use novel neuroimaging techniques to improve early detection, diagnosis, and intervention to delay or prevent AD onset. In collaboration with the Shiley-Marcos ADRC, we are currently recruiting participants to take part in one of these neuroimaging studies. Studies include a functional and structural MRI and cognitive testing with the option of physical activity measurement and blood draw. It is optimal if participants are willing to have a lumbar puncture at the Shiley-Marcos ADRC or have already had a lumbar puncture. Participants will receive a picture of their brain, report of cognitive performance, and may be compensated up to $250. If you are 65 or older and are interested in participating in one of our MRI studies, please contact Laura Campbell at (858) 552-8585 x3675.

Caring for Caregivers
In his article on the impact of educational programs on caregiver stress (see page 4), Dr. Mausbach discusses how feeling confident in one’s caregiving abilities and coping can reduce stress. There are many opportunities in San Diego County for becoming more educated about Alzheimer’s disease (AD) and for learning valuable coping and caregiving skills. We encourage families to make use of these regional resources. Many classes are offered free of charge through:

Southern Caregiver Resource Center – (858) 268-4432 • http://caregivercenter.org/
Alzheimer’s Association, San Diego/Imperial Chapter – (858) 492-4400 • http://www.alz.org/sandiego/

If it is difficult to get away to attend a class, you can also access much caregiving information at the National Institute on Aging’s Alzheimer’s Disease Education and Referral (ADEAR) by calling (800) 438-4380 or viewing their website at: http://www.nia.nih.gov/alzheimers/topics/caregiving
Staff and Volunteer Updates

New members of our team

Tracey Truscott, MSW LCSW, graduated from San Diego State University with an undergraduate degree in Psychology, and Master’s Degrees in Education and Social Work. Her 20-year career has been focused on working in the Alzheimer’s community and with older adults in direct clinical practice as well as Hospice Administration. Tracey comes to the ADRC team as a Clinical Social Worker. Her role includes facilitating support groups and talking to people about research opportunities at the ADRC. In her spare time she enjoys a private practice that provides clinical supervision and education to other social workers and marriage/family therapists to improve their practice.

Lauren Fujimora is a recent graduate from UC San Diego with a BS in Environmental Systems. She is currently working part time as an Administrative Assistant for the ADRC where she manages finances and assists nurse practitioners with various assignments. In addition to her work, Lauren is also interning for an Environmental, Health and Safety (EHS) consulting firm and taking extension classes online to further her career in environmental management. In her spare time, Lauren enjoys spending time with friends, going hiking, and playing basketball and tennis.

Claire J. Yang was born and raised in Cupertino, CA and moved to San Diego at the age of 18 for her undergraduate work at UC San Diego. She graduated from UC San Diego in 2014 with a BS in Neuroscience/Physiology. She participated in the Alzheimer’s Association’s Memories in the Making painting program throughout her college career and found a passion for working with Alzheimer’s patients. Her current goal is to go to medical school to become a neurologist so she can further help those with dementia. Claire has recently joined the ADRC as a volunteer to pursue her goal and to gain more experience in Alzheimer’s. She loves hiking, camping, watching TV shows, cooking, and spoiling her orange tabby, Charlie.

Jackie de Villiers Flanagan, MA was born in Johannesburg South Africa but moved to the United States when she was only two. She first lived in New Jersey then Connecticut and finally ended up in San Diego at the age of eight. She graduated from San Diego State University with a BA in Psychology and a Master of Arts degree in Communication. Jackie’s work experience began as a nanny, then as a certified nurse’s assistant at Scripps Mercy ICU and finally as a research assistant to Dr. Wayne Beach at SDSU. After receiving her MA, she began working as a study coordinator at the ADCS at UC San Diego. Recently, Jackie joined our Shiley-Marcos ADRC team as a Regulatory Affairs Coordinator, ensuring that all ADRC studies are in compliance with the University Institutional Review Board. Jackie loves to spend time with her family, including her husband, one-year old son, parents, siblings, and nephews, as well as spending time with her friends. A few of her other interests include yoga, watching movies, cooking, and traveling.

Volunteers

Claire J. Yang
Retired Staff

Janie Fay retired from the Shiley-Marcos ADRC after 30+ years of service at UC San Diego. During her time at the ADRC, Janie wore many administrative hats handling a variety of tasks including Institutional Review Board Submissions, regulatory duties for clinical trials and other ADRC research studies, organizing Dr. Galasko’s calendar, and assisting study coordinators wherever possible. Janie’s contagious smile and positive attitude is greatly missed at the ADRC, especially during the holidays when she was known for her festive décor and yummy treats. Janie is enjoying her retirement spending time with her husband, Ron, visiting with friends locally and around the country, gardening, and taking long walks on the beach with good friends and family.

Lilly Voon was born in San Bernardino, California, and spent 7 years at a young age in Malaysia. She is attending UC San Diego to pursue a degree in Interdisciplinary Computing & the Arts (Music), and is involved in studies of recording arts and sound design. She worked at the ADRC for three years doing administrative work, such as answering phone calls, scheduling, and making charts for psychometrists, nurses, and doctors. Sadly, due to her upcoming graduation at UC San Diego this quarter, she left the ADRC in order to pursue her goals in sound entertainment. Her hobbies include playing music and going outdoor rock climbing.

Evaluating the Benefits of Behavioral Interventions for Mild Cognitive Impairment

BY AMY JAK, PhD

We are conducting a new study, funded by the Alzheimer’s Association, to learn more about how non-pharmacological interventions can maintain or improve cognitive (thinking) functioning in older adults with mild cognitive impairment (MCI). MCI is a condition in which people have memory or other thinking problems greater than normal for their age and education, but their symptoms are not as severe as those seen in people with Alzheimer’s disease. Having MCI puts one at greater risk of developing Alzheimer’s. Both exercise and ‘brain fitness’ interventions have been shown to result in positive changes in cognition in people with MCI. This study, therefore, will compare three intervention groups: a walking group, a computer training group, and a combined group that does both walking and computer training.

We are looking for individuals with MCI who are 60-80 years old who are not regularly exercising or using computer based cognitive training programs to participate in this 12-week intervention. Participant placement into each intervention group will be chosen at random. For the walking group, a pedometer will be provided, and daily step counts will be recorded, tracked, and slowly but progressively increased over the 12-week period. For the computer training group, participants will spend 30 minutes a day, 5 days per week completing modules that target memory, attention, and higher level thinking. For the combined group, both the walking and computer training activities will be completed. The interventions are guided by study protocol, but are ultimately completed independently, according to each participant’s personal schedule, with no requirement to come to a lab to complete the walking or computer training. Study staff will be in weekly phone contact with participants to ensure participants’ safety, answer any questions, and help participants stay on track. Participants will undergo neuropsychological testing prior to the intervention (if not already recently completed), immediately after the 12-week intervention, and again 3 months later.

We are hoping to learn more about the cognitive functioning, daily functioning, and quality of life outcomes of these behavioral interventions carried out in everyday settings in persons with MCI. Participants can receive up to $100 for participating in this study. If you are interested in enrolling or if you have any questions, please contact Lauren Sakata, research associate, at: (858) 552-8585 x2670 or lr sakata@ucsd.edu.
Clinical Trials for Persons with Normal Cognition

**A4: Anti-Amyloid in Asymptomatic AD**

**PRINCIPAL INVESTIGATOR:** Douglas Galasko, MD  
**TIME INVOLVED:** 3 years  
**CONTACT:** Christina Gigliotti, PhD (858) 822-4800 or cgigliotti@ucsd.edu

This randomized, double-blind, placebo-controlled trial will assess solanezumab (a passive, monoclonal antibody that helps the body rid the brain of beta amyloid) on persons with no symptoms of AD. Solanezumab is administered via monthly infusions.

**REQUIREMENTS:**
- Age 65-85, with a study partner
- Normal cognition
- MRI and PET scans required
- Lumbar puncture optional

CIRM: California Institute of Regenerative Medicine

**PRINCIPAL INVESTIGATOR:** Douglas Galasko, MD  
**TIME INVOLVED:** 1 visit  
**CONTACT:** Christina Gigliotti, PhD (858) 822-4800 or cgigliotti@ucsd.edu

This study will obtain a blood sample and a skin sample, in some cases, from older adults with normal cognition to make pluripotent stem cells that can be reprogrammed into nerve or other cells to study Alzheimer’s disease mechanisms.

**REQUIREMENTS:**
- Age 65 and older, with a preference for persons 75 and older

Clinical Trial for Mild Cognitive Impairment

**MERCK 19: EPOCH - Prodromal AD to aMCI: MMSE > 24**

**PRINCIPAL INVESTIGATOR:** Michael Rafii, MD, PhD  
**TIME INVOLVED:** 12 visits over 24 months  
**CONTACT:** Derrick Hatfield, BS (858) 246-1303

BACE inhibitor designed to stop the action of an enzyme required to make beta amyloid.

**REQUIREMENTS:**
- Ages 50-85
- Stable on memory medication for 3 months or no memory medications.
- 5 MRIs, 6 Ocular exams, 1 PET scan

Clinical Trials for Alzheimer’s Disease

**LUNDBECK: LuAE58054**

**PRINCIPAL INVESTIGATOR:** Douglas Galasko, MD  
**TIME INVOLVED:** 28 weeks of treatment  
**CONTACT:** Deborah Fontaine, NP (858) 822-4800

Randomized, double-blind, parallel-group, placebo-controlled, fixed-dose study of Lu AE58054 in patients with mild-moderate Alzheimer’s disease treated with donepezil.

**REQUIREMENTS:**
- Age 50 and older, with study partner
- Diagnosed mild-moderate AD
- Stable dose of 10mg/day of donepezil for at least 6 months
- MMSE 12-22
- MRI required; Lumbar puncture optional
DIAN: Dominantly Inherited Alzheimer Network

**Principal Investigator:** Douglas Galasko, MD  
**Time Involved:** A 3-day visit every 2 years at UC San Diego and interviews via phone in between  
**Contact:** Deborah Fontaine, NP (858) 822-4800

The purpose of this study is to identify potential biomarkers that may predict the development of Alzheimer’s disease in people who carry an Alzheimer’s mutation.

**Requirements:**  
- Age 18 or older  
- Child of an individual with a known mutation in a pedigree with autosomal dominant Alzheimer’s disease  
- Cognitively normal or, if impaired, does not require nursing home level care  
- Fluent in English or Spanish at the 6th grade level  
- Has someone who is not a child of the affected parent who can serve as an informant for the study

Merck -17 EPOCH - Mild to Mod A: MMSE 15-26

**Principal Investigator:** Michael Rafii, MD, PhD  
**Time Involved:** 10 visits over 21 months  
**Contact:** Derrick Hatfield, BS (858) 246-1303

BACE inhibitor designed to stop the action of an enzyme required to make beta amyloid.

**Requirements:**  
- Ages 55-85  
- Stable on memory medication for 3 months  
- 4 MRIs, 5 Ocular exams, 2 optional lumbar punctures

Toyama Noble - Mild to Mod AD: MMSE 12-22

**Principal Investigator:** Shauna Yuan, MD  
**Time Involved:** 12 visits in 14 months  
**Contact:** Michelle Herman, BS (858) 246-1305

T-817 MA is a neuroprotective agent which has the potential to slow decline in memory and daily functioning in people with AD.

**Requirements:**  
- Ages 55-85  
- 2 MRIs or CTs, 2 optional lumbar punctures  
- Must be taking donepezil for at least 6 months

Clinical Trial for Parkinson’s Disease

**Michael J Fox Foundation: Parkinson’s Progression Markers Initiative Genetics**

**Principal Investigator:** Douglas Galasko, MD  
**Time Involved:** 3 years  
**Contact:** Deborah Fontaine, NP (858) 822-4800

The Parkinson’s Progression Markers Initiative (PPMI) is The Michael J. Fox Foundation’s flagship biomarkers study seeking to learn more about the genetics of Parkinson’s disease. PPMI is currently studying the connection between PD and having a mutation in the LRRK2 gene — the single most common genetic contributor to PD. Whether you have PD or not, you may be eligible to receive genetic counseling and testing at no cost to determine if you qualify to participate in PPMI.

For more information or to take an online survey to determine your potential eligibility for participation, please visit: [https://www.michaeljfox.org/get-involved/genetics-survey-screen.php](https://www.michaeljfox.org/get-involved/genetics-survey-screen.php)
UC San Diego Leaders in Dementia Contribute to San Diego County’s Alzheimer’s Action Plan

BY LISA SNYDER, LCSW

In 2012, an estimated 60,000 people in San Diego County aged 55 years and older were living with Alzheimer’s or a related dementia. This constitutes 8.3% of this population. The number could increase to nearly 94,000 by 2030, requiring an estimated 213,000 caregivers to provide care. The projected financial and emotional costs are enormous.

Last year, the San Diego County Board of Supervisors voted unanimously to approve The Alzheimer’s Project, a county-wide five-year regional initiative aimed at accelerating research in the treatment and cure of Alzheimer’s, while providing essential support and medical management to persons living with the disease and their caregivers. This initiative brings together diverse medical, scientific, and community-based organizations in a collaborative effort to enhance communication, work together, and share and distribute resources towards these common goals. Participants include healthcare organizations, scientists, county and city government representatives, advocacy groups, families affected by dementia, long-term care providers, law enforcement, philanthropists, community-based organizations serving caregivers and older adults, media representatives, and other concerned community members.

The Alzheimer’s Project sets goals in six major areas including cure; care; clinical; education and awareness; legislation; and funding. UC San Diego is widely represented in many of these medical and scientific initiatives including:

CURE
This roundtable includes researchers from UC San Diego, the Salk Institute for Biological Studies, the Sanford-Burnham Medical Research Institute, and The Scripps Research Institute. William Mobley, MD, Chair of UC San Diego’s Department of Neurosciences and Drs. Paul Aisen and Mike Rafii of the UC San Diego Alzheimer’s Disease Cooperative Study (focusing on development and implementation of nationwide clinical trials for AD) are consulting in this roundtable. The CURE group aims to enhance awareness, partnerships, and funding for Alzheimer’s research. Drug discovery is an important component of this teamwork and the collective efforts and resources of these esteemed scientific groups will help accelerate progress towards novel therapies. Screening for new drugs for Alzheimer’s will require understanding of genes, mechanisms, and pathways involved in Alzheimer’s, and this scientific understanding has been and remains at the heart of the Shiley-Marcos ADRC research efforts.

CARE
This roundtable aims to develop a countywide plan to improve the network of services for people afflicted with dementia and their caregivers. Douglas Galasko, MD, Director of the Shiley-Marcos ADRC and William Mobley, MD serve on this committee which is being crafted by the Alzheimer’s Association, Southern Caregiver Resource Center, G.G. Glenner Memory Care Centers and other community-based organizations dedicated to dementia care and services.

CLINICAL
Members of this roundtable are addressing the improvement of medical care for people with Alzheimer’s disease and other dementias. An ini-
Continued from page 10

Tional focus is to develop resources and recommendations to aid clinicians in screening for cognitive impairment, diagnosing Alzheimer’s disease, and developing treatment and care plans. Drs. Douglas Galasko, Michael Rafii, William Mobley, Clark Allen, Dan Sewell, Steve Koh, and Lisa Delano-Wood represent UC San Diego on this working group. The Shiley-Marcos ADRC, through a State of California-funded program, will also be working on developing a state-wide set of guidelines for dementia screening, diagnosis, and basic management that will harmonize with the efforts of the San Diego County Alzheimer’s Project’s efforts.

As an exciting part of the CURE initiative, UC San Diego, the Salk Institute, Sanford-Burnham Medical Research Institute, Scripps Research Institute, and the J. Craig Venter Institute have launched the San Diego Dementia Drug Discovery Program, “Collaboration 4 Cure” (C4C). This program will allow local scientists to apply for pilot funding to use the existing drug discovery infrastructures of Sanford Burnham and Scripps to perform an initial screen for whether a new target or pathway relevant to Alzheimer’s disease can be ‘hit’ by a small molecule or existing drug. Philanthropic funding is supporting the first wave of pilot funding, and the Alzheimer’s Association will oversee the flow of funds and help to coordinate scientific review to select the most promising projects. We hope to see exciting outcomes of these collaborative research efforts in the near future!

Educational Resources Available Through the NIH and NIA

The National Institute of Health’s Senior Health website makes aging-related health information easily accessible for seniors, family members, and friends seeking reliable, easy to understand online health information. This site was developed by the National Institute on Aging (NIA) and the National Library of Medicine (NLM) both part of the National Institutes of Health (NIH).

NIHSeniorHealth features authoritative and up-to-date health information with the American Geriatrics Society providing expert and independent review of some of the material found on this website. Health topics include general background information, videos, and frequently asked questions (FAQs). New topics are added to the site on a regular basis. http://nihseniorhealth.gov/

The National Institute on Aging (NIA) is one of the 27 Institutes and Centers of National Institutes of Health (NIH). The NIA leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. The NIA is the primary Federal agency supporting and conducting Alzheimer’s disease research, but it also provides a great deal of education to the public about a broad range of concerns related to aging and funds many clinical trials in a variety of health-related areas.

The NIA’s website is an excellent source for well over 100 free publications and fact sheets ranging from skin care, arthritis, and talking with your doctor, to legal planning, diet, and sleep. Many publications are available in Spanish. To access these educational resources, click onto publications at the top of the website’s home page. http://www.nia.nih.gov/
Shiley-Marcos Alzheimer’s Disease Research Center

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2015 SERIES

Memories at the Museums

**SANDIEGO MUSEUM OF ART**
January 9, May 8, September 11

**MINGEI INTERNATIONAL MUSEUM**
February 13, June 12, October 9

**TIMKEN MUSEUM OF ART**
March 13, July 10, November 13

**MUSEUM OF PHOTOGRAPHIC ARTS**
April 10, August 14, December 11

Join us on the second Friday of each month from 2:00 - 3:00 at one of these exceptional San Diego museums for a unique docent-led discussion and tour. Museum docents engage people with mild-to-moderate Alzheimer’s or a related disorder and an accompanying family member or friend in discussions about the artwork to stimulate visual and verbal abilities and to spark memory. Memories at the Museums alternates between the four co-sponsoring museums that are all located in central Balboa Park. Museum admission and tours are free of charge to participants.

Each monthly tour is limited to 8 pairs (16 participants total). Pre-registration is required. Please call Tracey Truscott, LCSW at the Shiley-Marcos Alzheimer’s Disease Research Center at (858) 822-4800 to register for a tour.