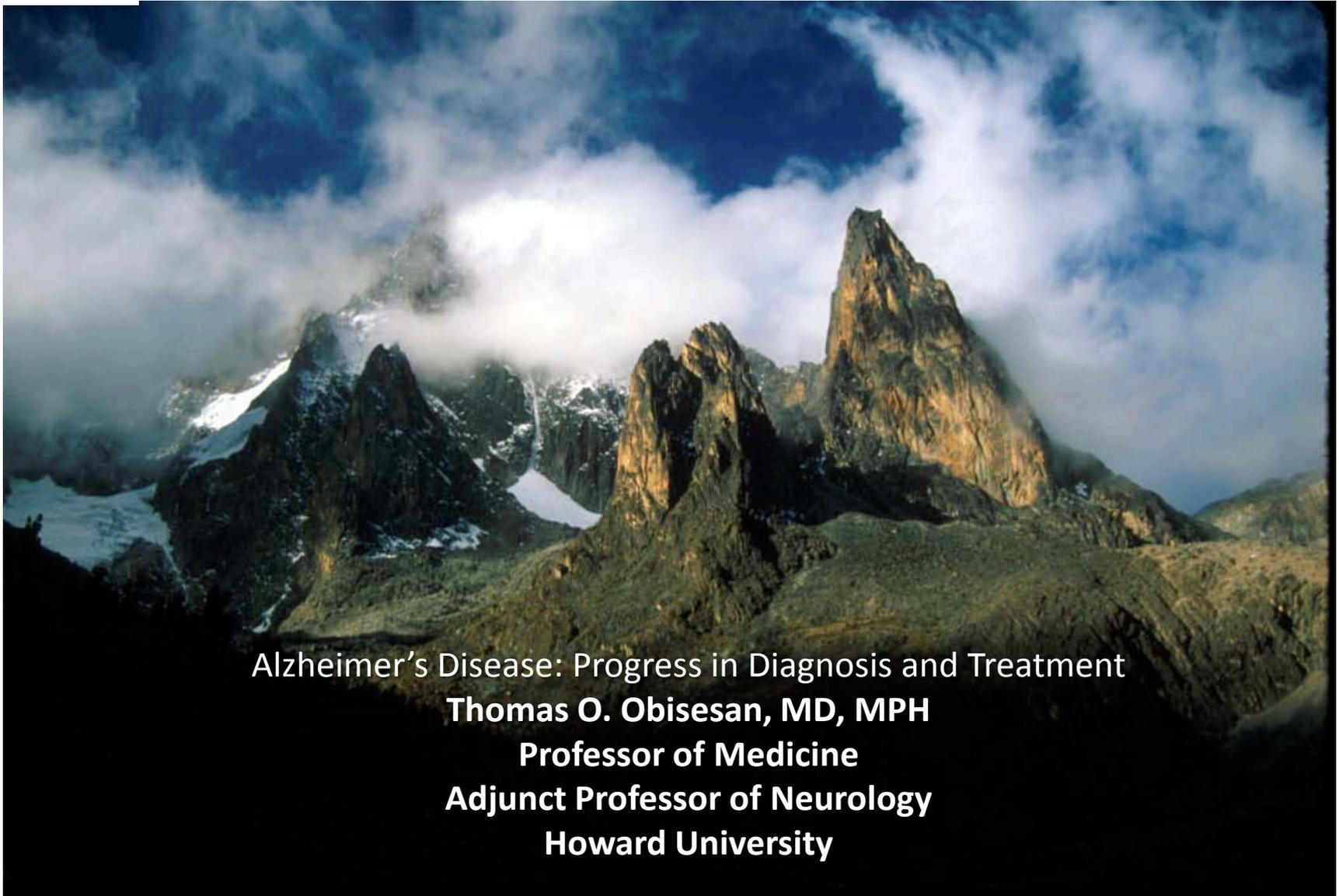




# Mount Kenya



Alzheimer's Disease: Progress in Diagnosis and Treatment  
**Thomas O. Obisesan, MD, MPH**  
Professor of Medicine  
Adjunct Professor of Neurology  
Howard University



# Dementia

- Acquired syndrome of gradual decline in memory, sufficient to affect daily life in a relatively well person.
  - At least deficiency in one other cognitive function:

Language

Visual spatial orientation or

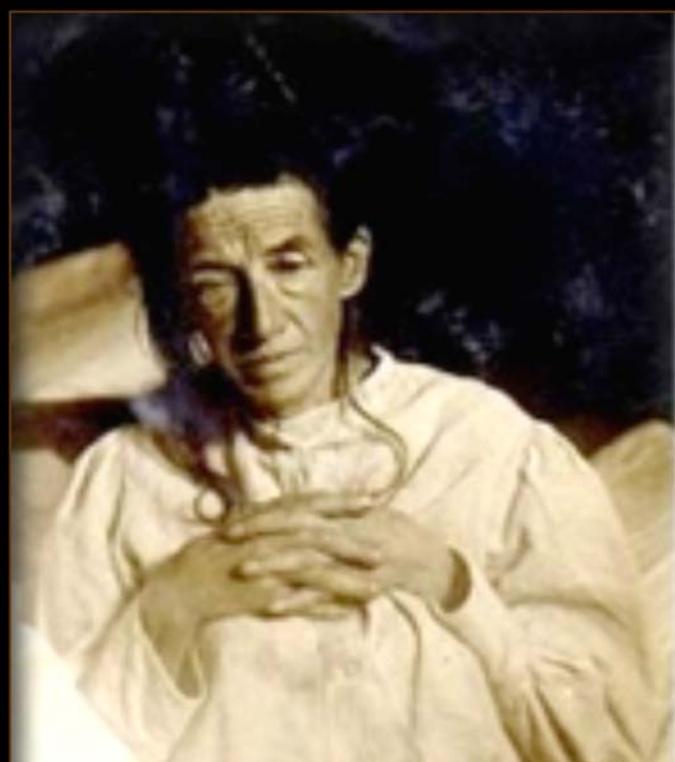
Executive function

- ❖ Deficit not due to delirium
- ❖ Not due to other medical, neurological, psychiatry condition or medication.





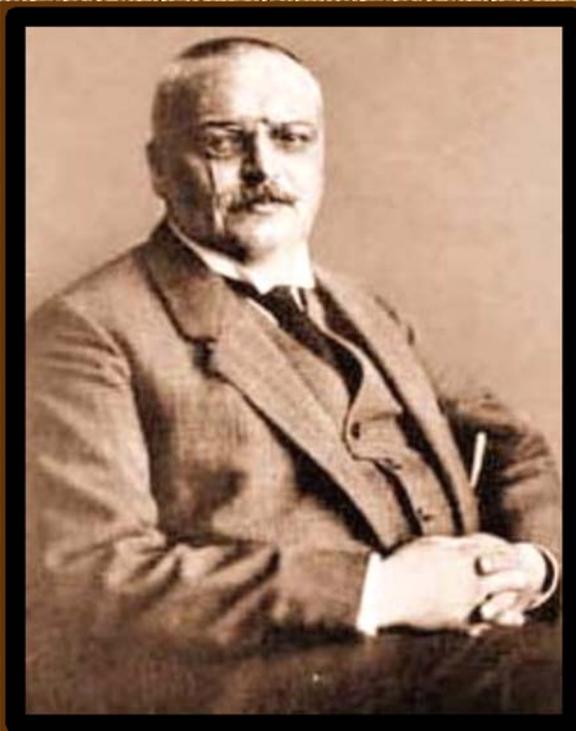
# First Case: 57-Year-Old Woman with Memory Loss



Augusta D (Nov 3, 1906)



# Alzheimer's Disease



Dr. Alois Alzheimer 1864–1915



Alois Alzheimer 1911

**1906: 1<sup>st</sup> Case presenile dementia described**

**1907: Entered medical literature**



Alzheimer

Kraepelin

Gaupp

Nissl



1910: Named Alzheimer's Disease





# Solomon Carter Fuller, MD (1872–1953)



Dr. Solomon Carter Fuller authored the first published paper on AD in the English Literature.

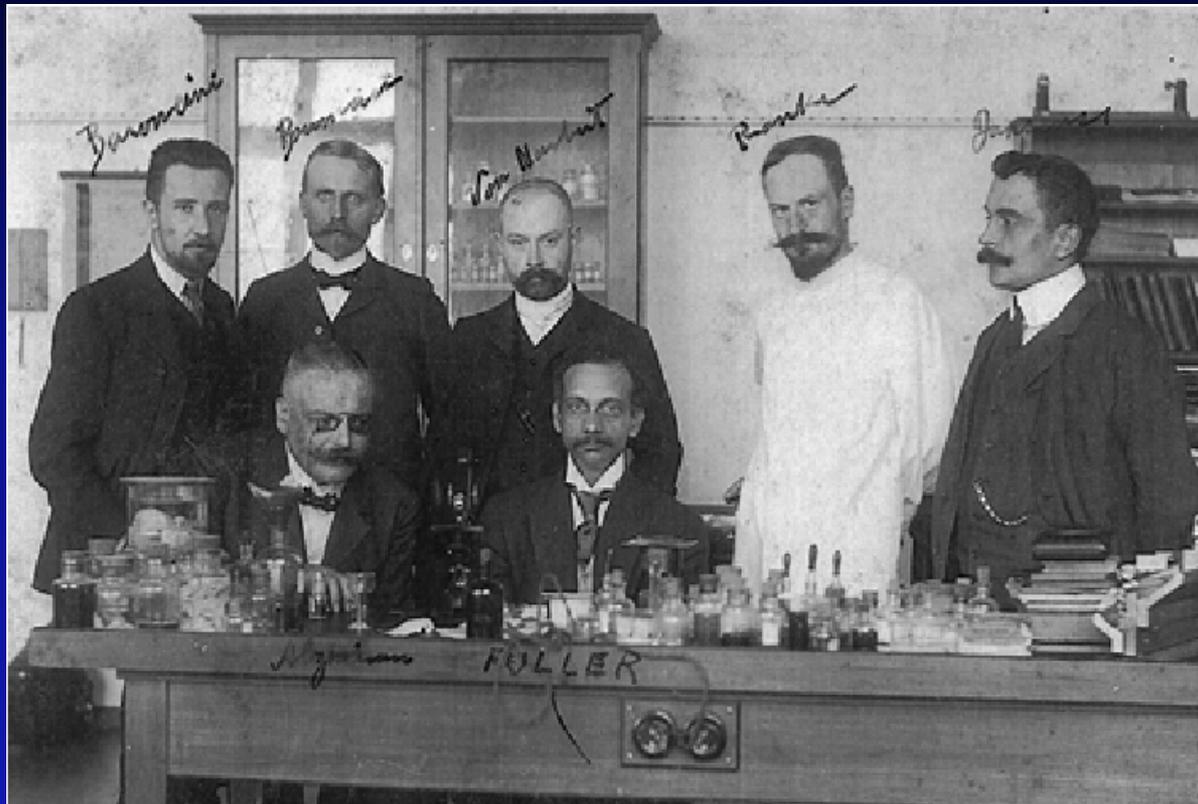
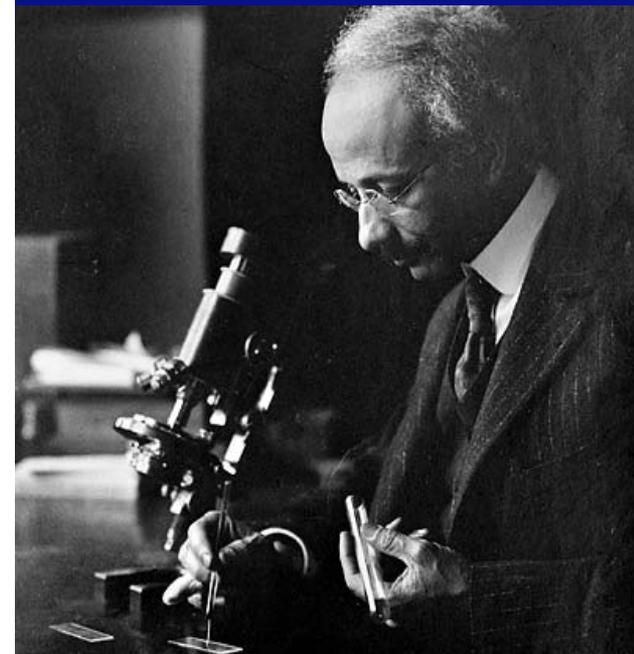


Fig. 2. Alzheimer's research group, 1904, at the Neuropathology Institute, University of Munich. Solomon Fuller is seated in the center next to Alzheimer. (Courtesy: Solomon Fuller, Jr.).



Kaplan: Solomon Carter Fuller: Where My Caravan Has Rested.  
Lanham, MD: University Press of America; 2005.  
Courtesy of Robert Friedland.



# Prevalence of Alzheimer's Disease (AD)



- ❖ **100+ years later: Alzheimer's "Epidemic"**
- ❖ **An estimated 5 million Americans are currently suffering from AD**
- ❖ **An estimated 14 million by the 2050**
- ❖ **Most common form of dementia (60-70%)**
- ❖ **4th leading cause of death due to disease for people >65 in US**
- ❖ **Treatment Costs: \$183 billion annually**

1. Murphy SL. National vital statistics reports, Vol. 48, No. 11 (<http://www.cdc.gov/nchs/fastats/alzheimer.htm>) Accessed Jun 2001.

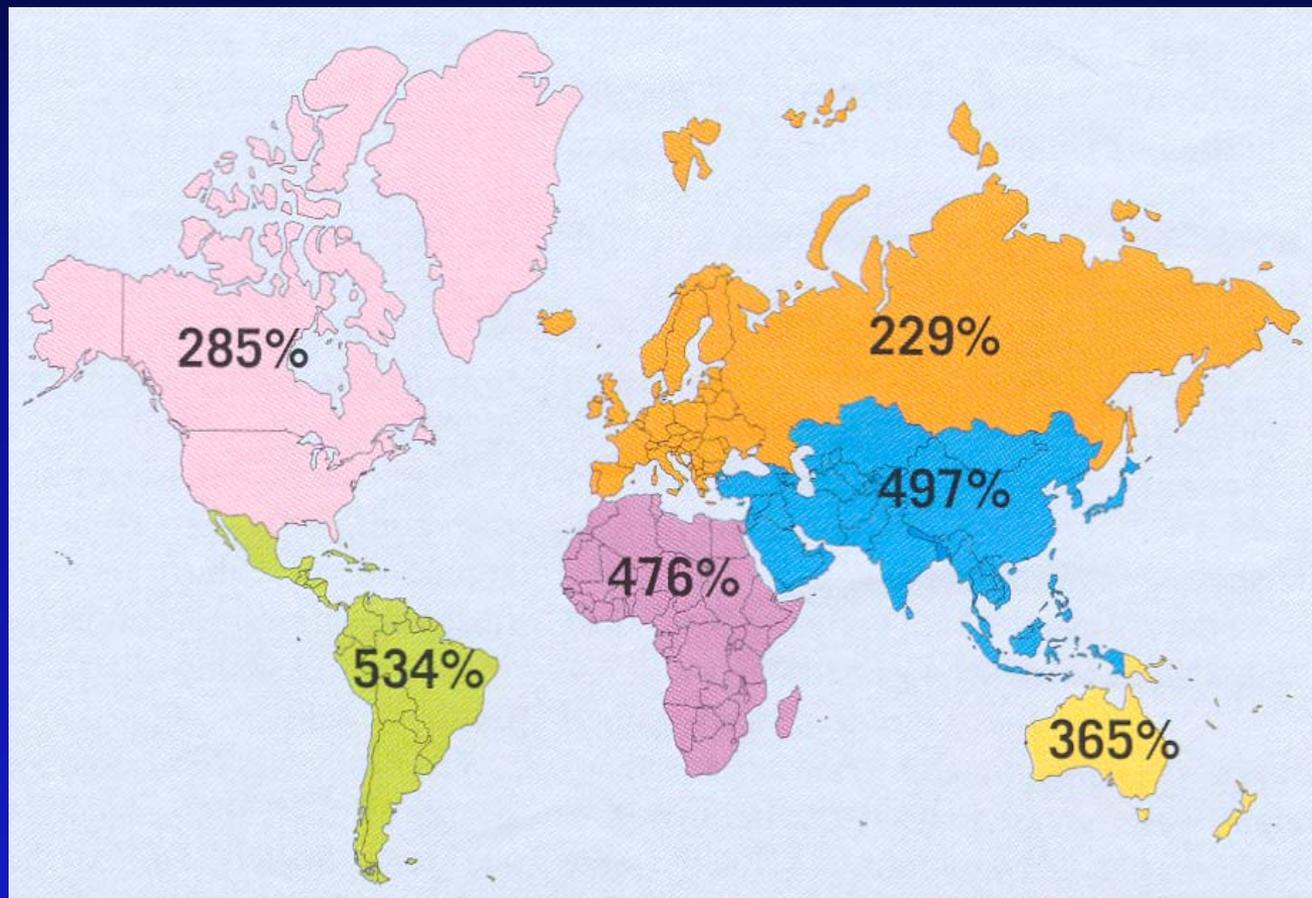
2. Guterman EM, Markowitz JS, Lewis B, Fillit H. Cost of Alzheimer's disease and related dementia in managed-Medicare. *J Am Geriatr Soc.* 1999; 47:1065-71.

3. Alzheimer's Disease and Related Disorders Association, Inc. (<http://www.alz.org/media/understanding/fact/stats.htm>) Accessed Jun 2001.

4. Brookmeyer R, Gray S, Kawas C. Projections of Alzheimer's disease in the United States and the public health impact of delaying disease onset. *Am J Public Health.* 1998;88:1337-42.



# Predicted Percent Increase in Alzheimer's Disease by Year 2050



## Lower rates in:

Asia  
Africa  
India

## Higher rates in:

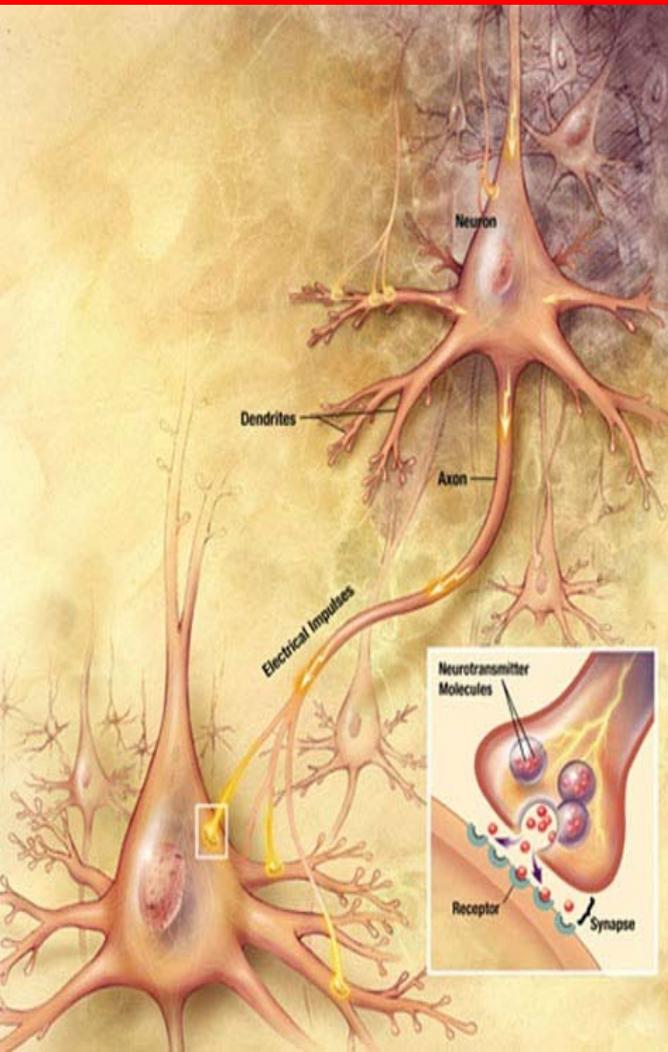
African  
Americans and  
Hispanics  
than in  
Caucasians or  
Africans

Note: Based on estimated data for 2006 and 2050.

Ziegler-Graham et al. *Alzheimers Dement.* 2007;3:S168-9.



# Alzheimer's Disease and the Brain



- ◆ The brain has billions of neurons.
- ◆ To stay healthy, neurons must communicate with each other, carry out metabolism, and repair themselves.
- ◆ AD disrupts all three of these essential jobs.





# AD and the Brain

What's the Difference Between Normal and MCI?

## Normal Aging

- Loss of memory for words and names
- Slowed processing speed
- Difficulty sustaining attention when faced with competing environmental stimuli
- **No functional impairment**

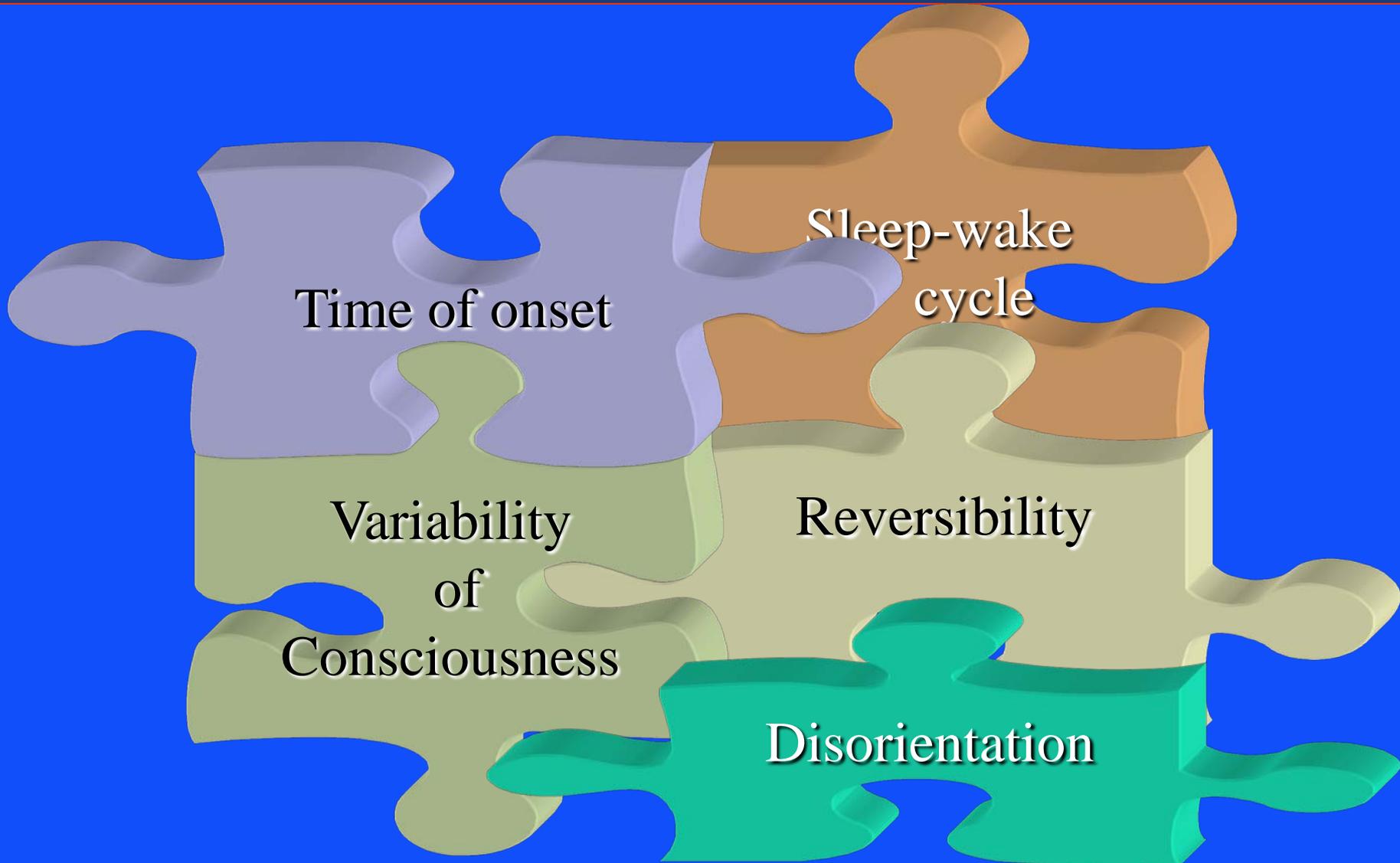
## Mild Memory Loss (MCI)

- Memory impairment beyond that expected for age, increasing over last **6 to 12 months**
- **Other cognitive functions generally unimpaired**
- **Daily function not significantly impaired**
- **Not dementia**

*Source: Dr. Pierre Tariot, Banner Alzheimer's Disease Institute, Phoenix, AZ.  
What is on The Horizon for Alzheimer's Disease Research?*

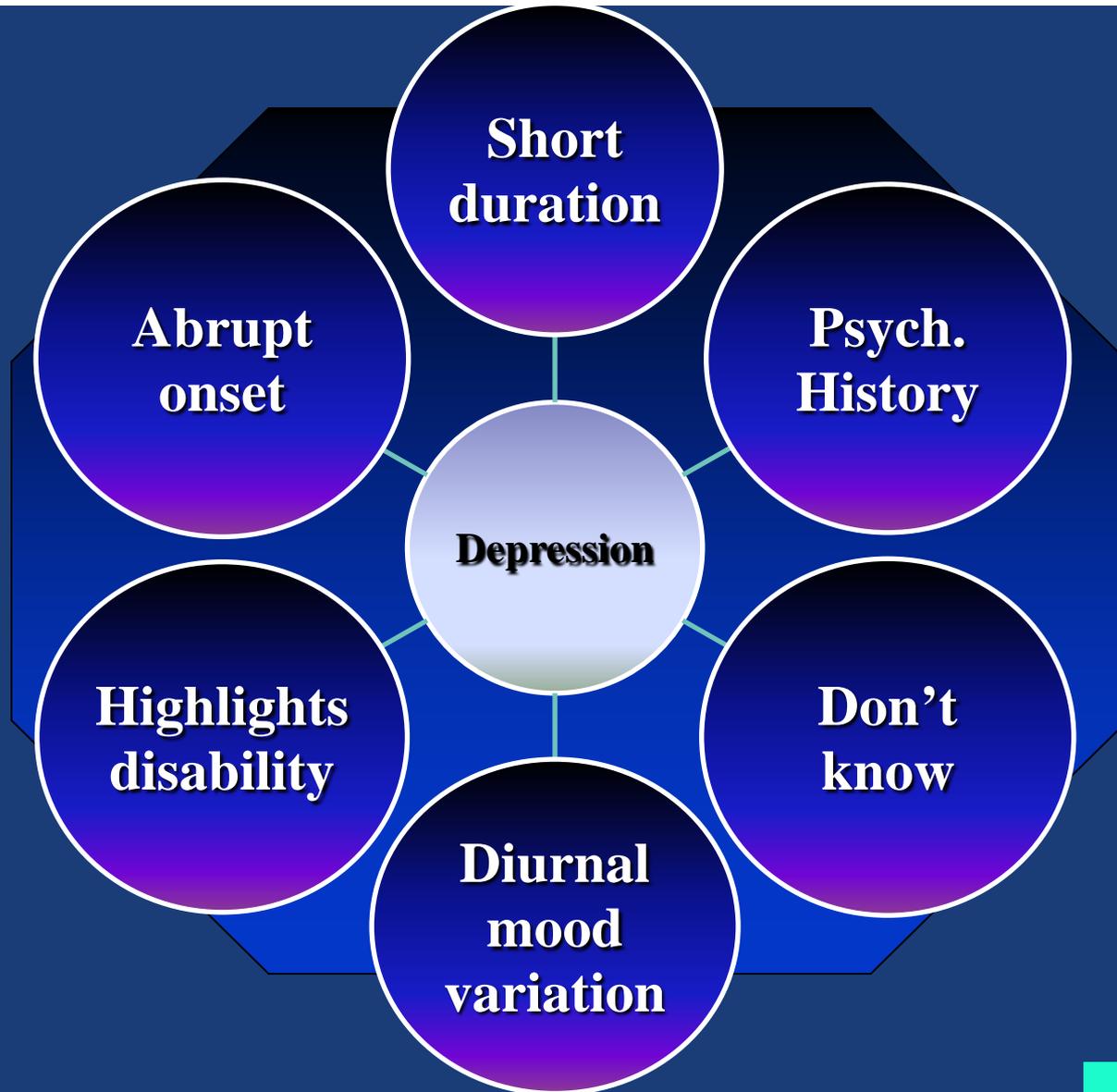


# Is It Dementia or Acute Confusion?



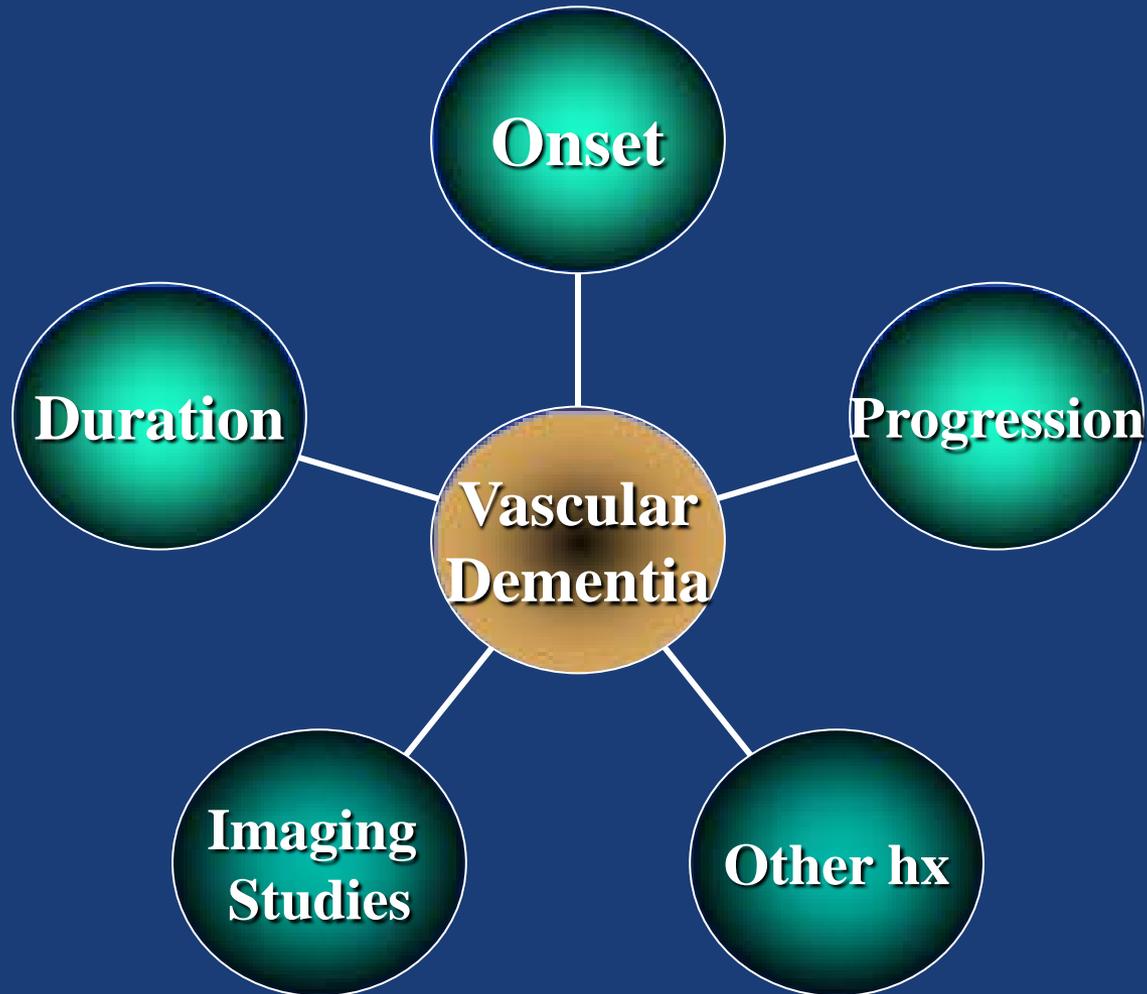


# Is It **Depression** or Dementia?



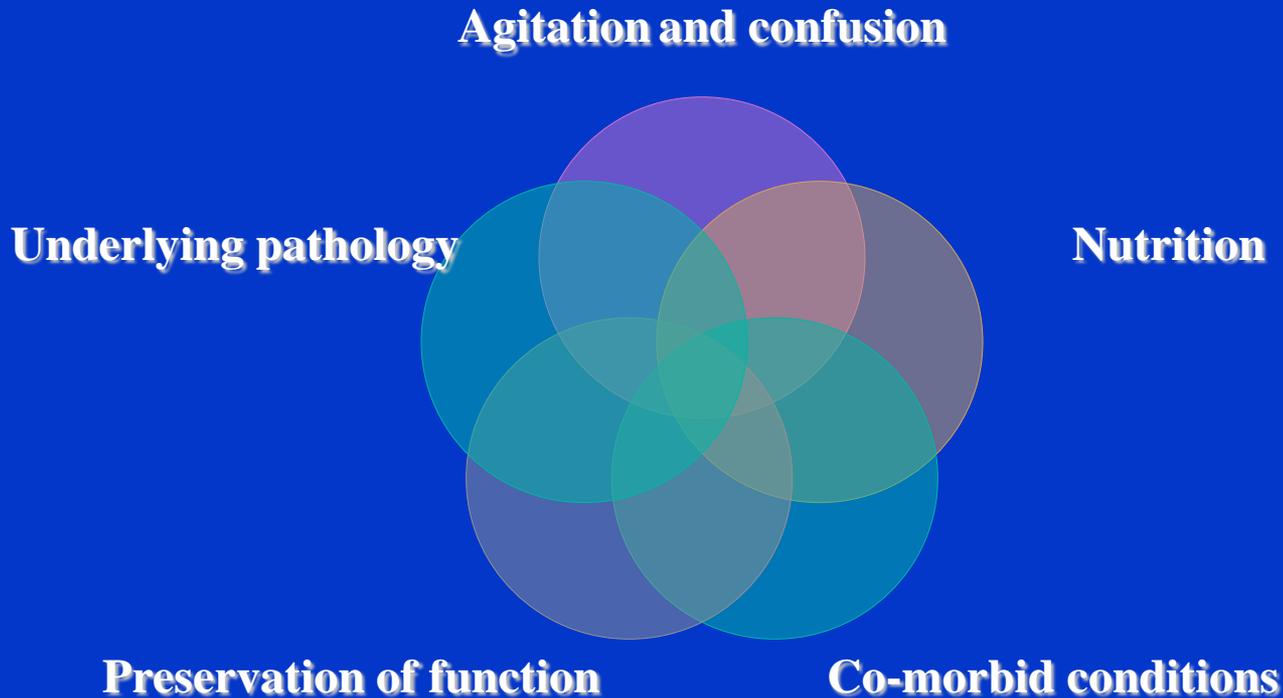


# Is It Vascular Dementia?





# Treatment Options/Focus





# Development of Alzheimer Therapy



1910-1980

1980s

1990s

2000s and Beyond

Compassion ○ Neurochemical Deficit (Cholinergic Hypothesis) ○ Systemic Deficiency (Amyloid / Inflammation) ○ Abnormal Folding of Protein (Refined Amyloid Hypothesis)



- 36 Hour Book
- Advanced Directives
- Holding

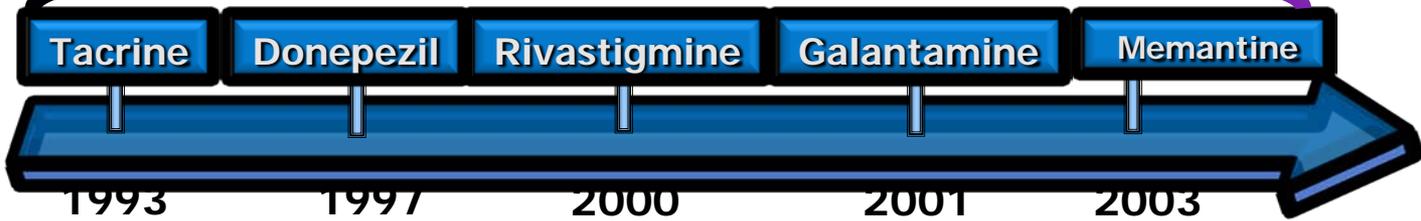
Anti-inflammatories

Immunotherapy

Hormone Replacement

HOPE Era: Prevention and CVD Risk

Anti-oxidants (e.g. Vit. E)



# Caregiver Directed Management?

## Concerns

### Behavioral

- Hypersexuality
- Paranoid accusation
- Sleeping problems
- Agitation

### Nutrition

- Reminders
- Community meal programs
- Soft food
- Gently massage throat
- Few choices
- NG-Tube

### Grooming and Hygiene

- Encourage independence
- Encourage normal routine
- Reduce choices
- Arrange for self-care
- Simplify task

### Legal Issues

- Guardianship
- Limited
- Full
- Finances/Estate

### Agitation

- Determine etiology
- Intervention based on etiology
- Gentle reassurance/re-orientation
- Never appear frustrated
- Medication treatment



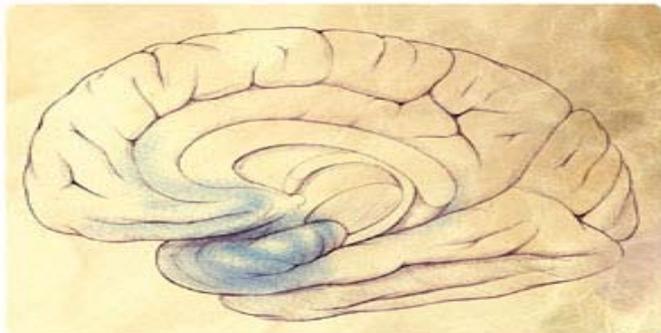
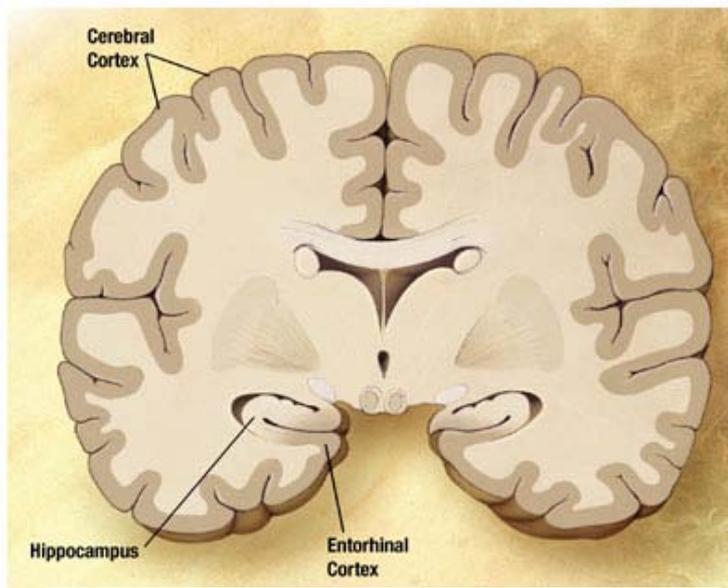
# Progress in Diagnosis (?Autopsy Vs Early Diagnosis)



# AD and the Brain: MCI



## Preclinical AD (MCI)



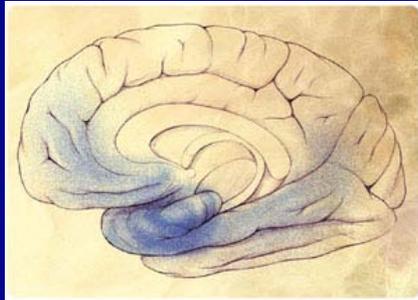
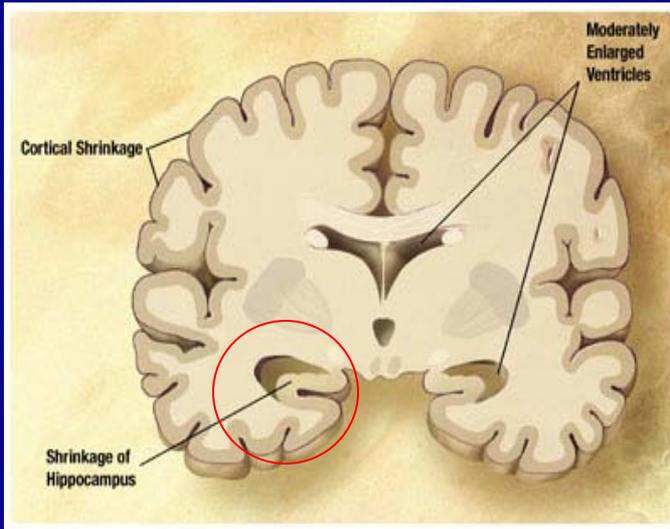
- Affected regions begin to shrink as nerve cells die.
- Changes can begin 10-20 years before symptoms appear.
- Memory loss, the first visible sign, is the main feature of mild cognitive impairment (MCI).



# Alzheimer's Disease and the Brain (Mild Stage)



## Mild AD



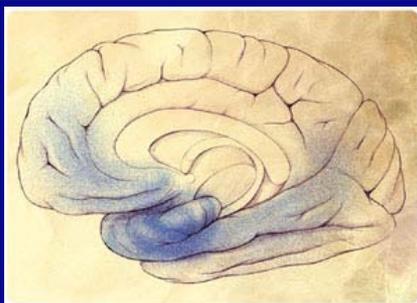
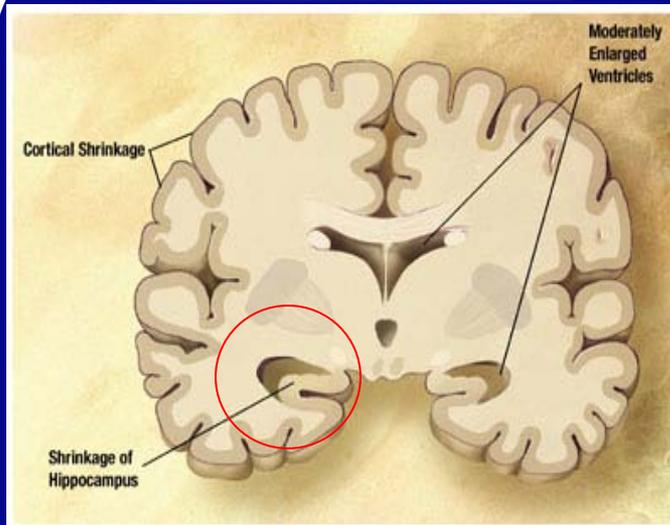
- AD spreads through the brain:
  - The cerebral cortex begins to shrink as more and more neurons stop working and die.
- Mild AD signs: can include memory loss, confusion, trouble handling money, poor judgment, mood changes, and increased anxiety.



# Alzheimer's Disease and the Brain (Moderate Stage)



## Moderate AD



- As the brain shrinks as more and more neurons die

### Moderate AD signs:

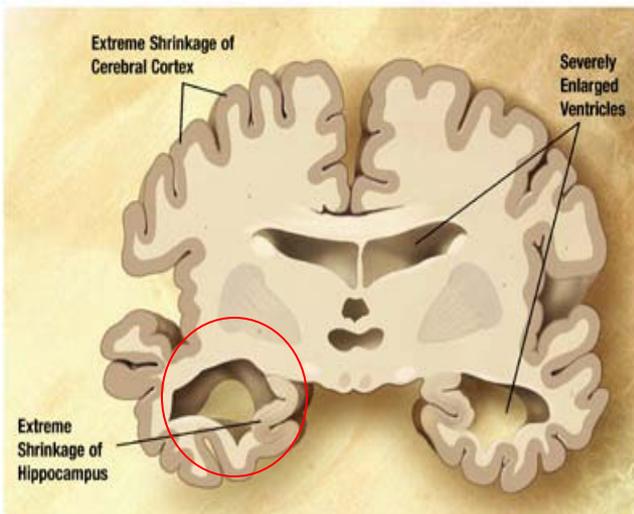
- Increased memory loss
- Confusion and problems recognizing people
- Language and thinking problems
- Restlessness and agitation
- Wandering and repetitive statements.



# Alzheimer's Disease and the Brain (Severe Stage)



## Severe AD



- In severe AD: extreme shrinkage occurs in the brain. Patients are completely dependent on others for care.
- Death usually occurs from aspiration pneumonia or other infections.

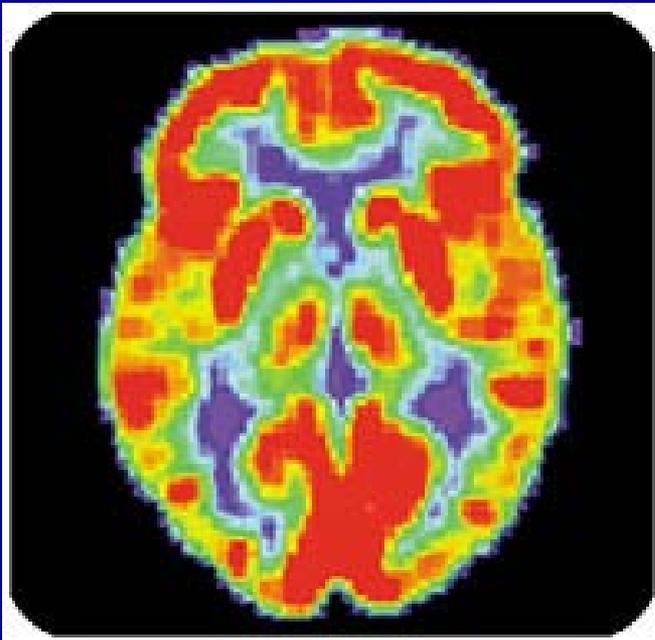


# AD and Brain PET Imaging

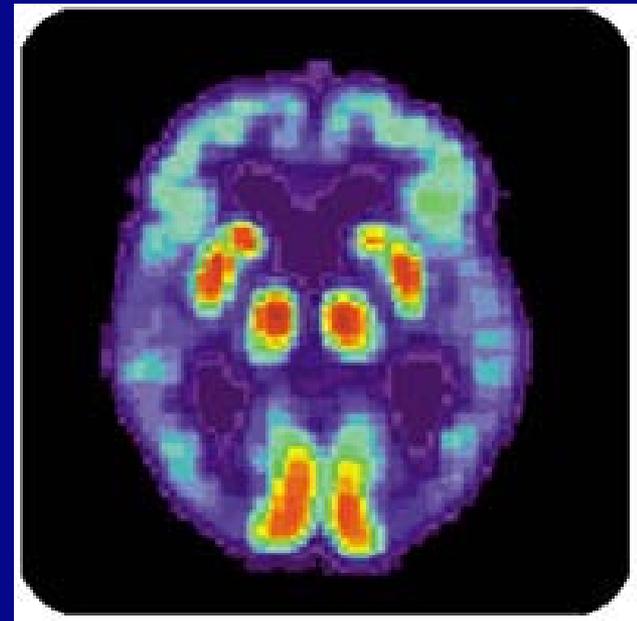
## Brain Glucose Use in Alzheimer's Disease



But, we now know a lot about what happens in the brain after AD begins.



Pet Scan of Normal Brain



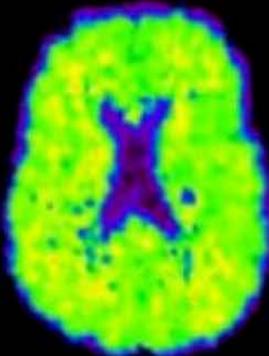
Pet Scan of Alzheimer's Disease Brain



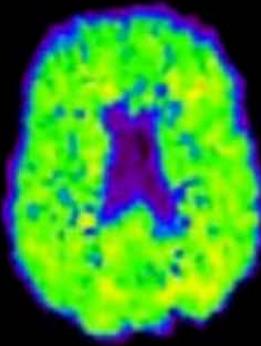
# Amyloid Imaging



**Control  
Subject**

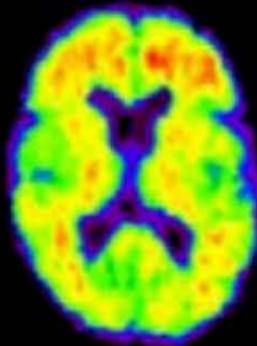


**MCI-1**

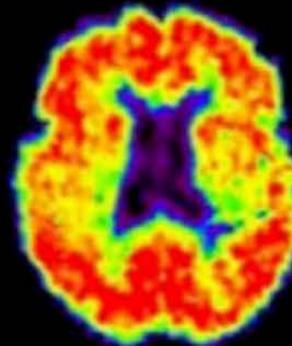


**MCI Patients**

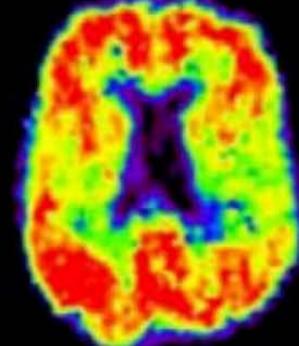
**MCI-2**



**MCI-3**



**AD  
Patient**



University of Pittsburgh  
*PET Amyloid Imaging Group*

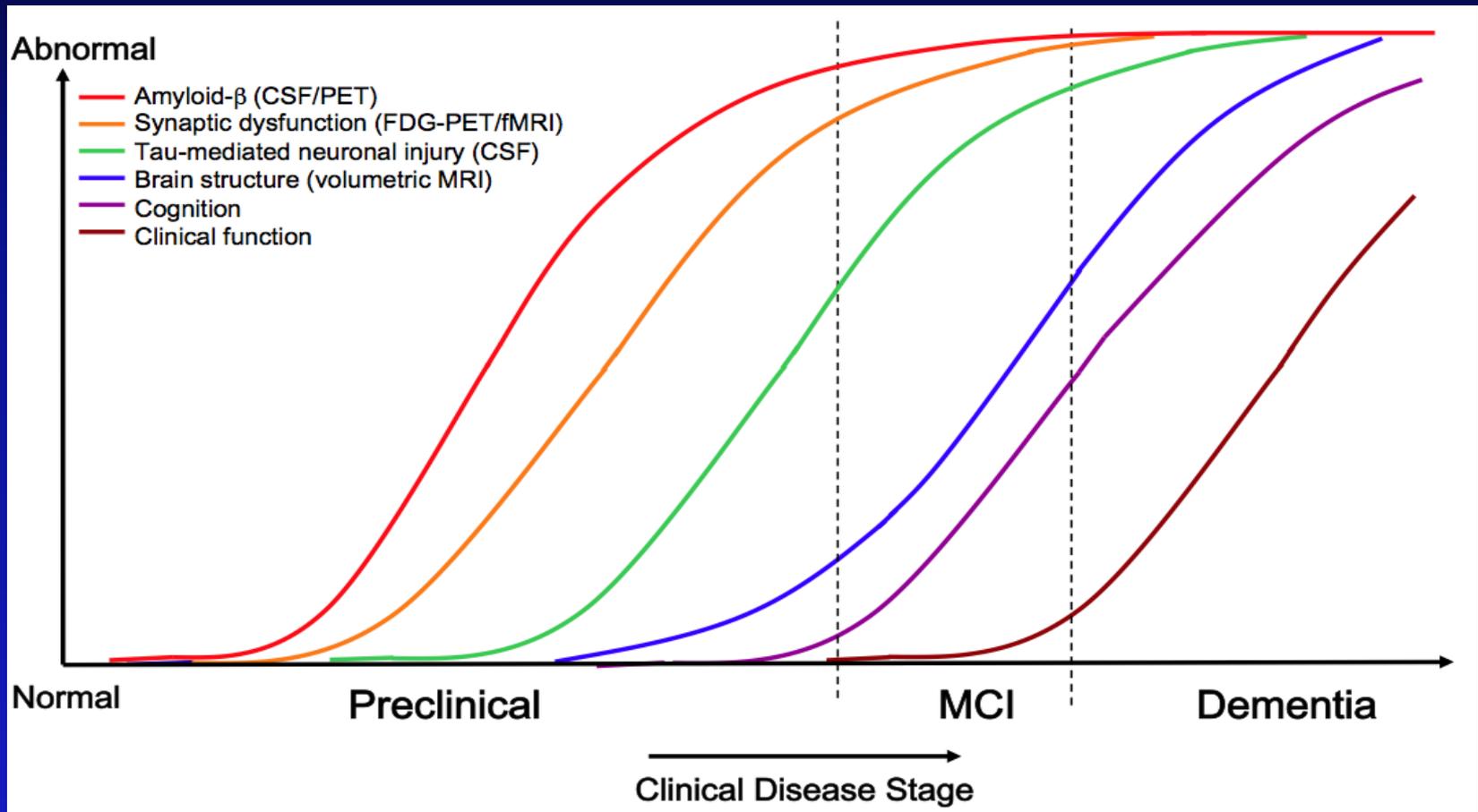
Min



Max

**[<sup>11</sup>C]PIB**

# Hypothetical model of dynamic biomarkers of the Alzheimer's pathological cascade, expanded in the preclinical phase



Curtsey: Cliff Jack, Mayo Clinic



# Progress in Treatment

Are current treatments are effective?



# Immunization Reduces Amyloid Deposition in Mice Brain and Prevents Memory Deficit



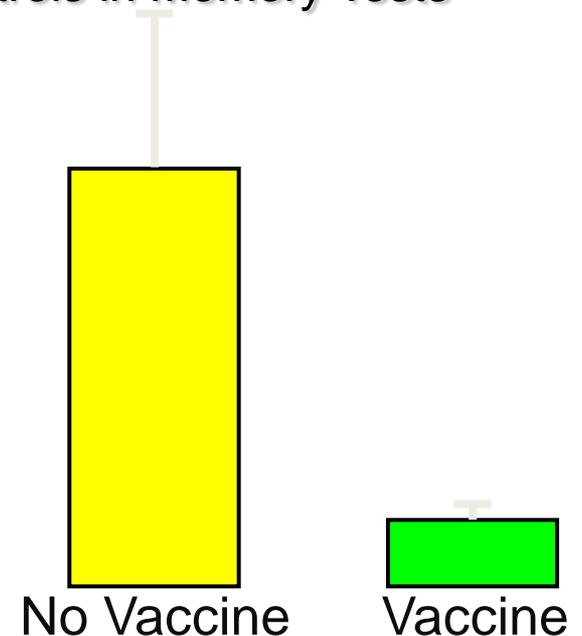
## Amyloid Burden



Schenk et.al, Nature, 400:173-177, 1999

## Amyloid Burden and Memory Performance

Immunized Mice Perform Better than Controls in Memory Tests



Morgan et.al, Nature, 408:932-935, 2000

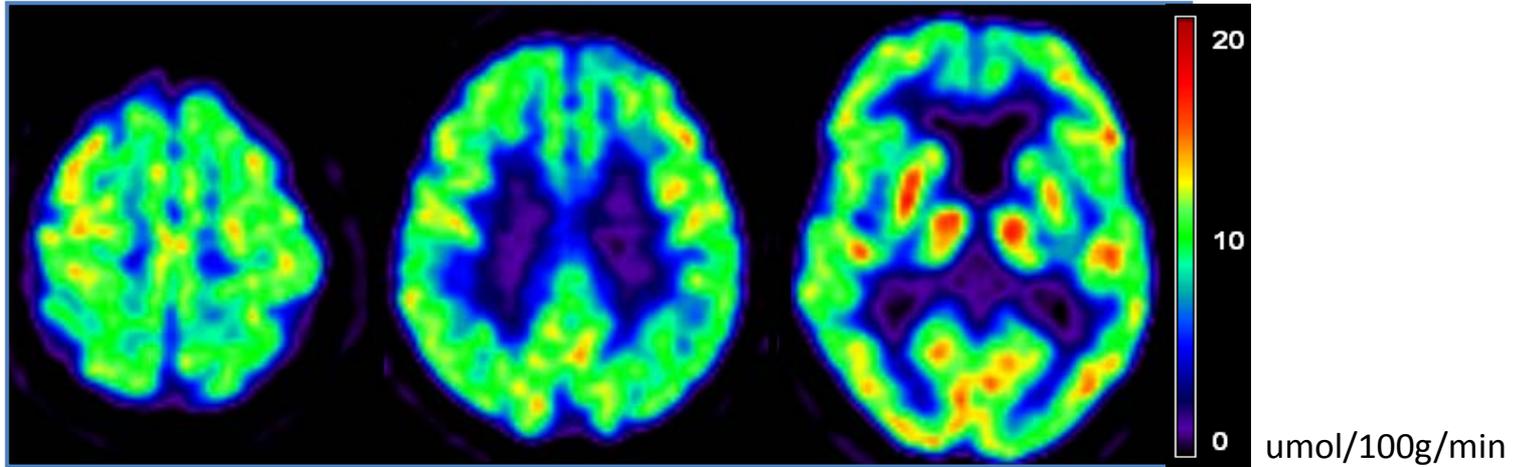


# The Effects of IgIV (Immunoglobulin) on Alzheimer's Brain Metabolism



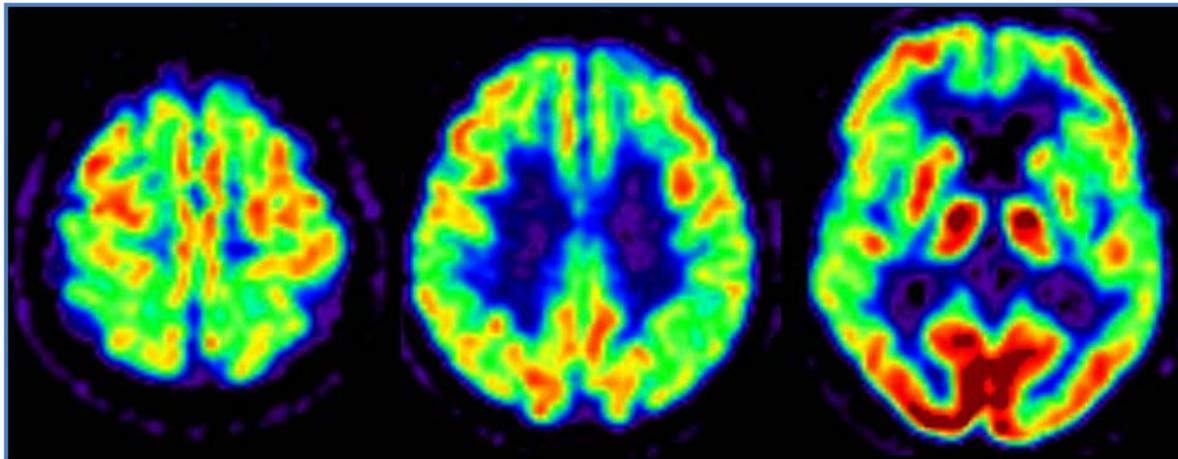
ADAScog = 21

Before IgIV treatment



ADAScog = 19, CGIC change = +1

After 6 months IgIV treatment





# Emerging Risk Factors

Implications for Prevention?



# Emerging Risk Factors for Alzheimer's Disease

Immutable Risk  
Unchangeable risk factors

Age

Family History

Genetic: APOE Gene

Female Gender

Ethnicity

## Mutable Risk

Scientists also believe that the following preventable risk factors contribute to Alzheimer's disease risk

Low levels of education

Elevated blood pressure

High cholesterol

Overweight and Obesity

Cigarette smoking

Diabetes

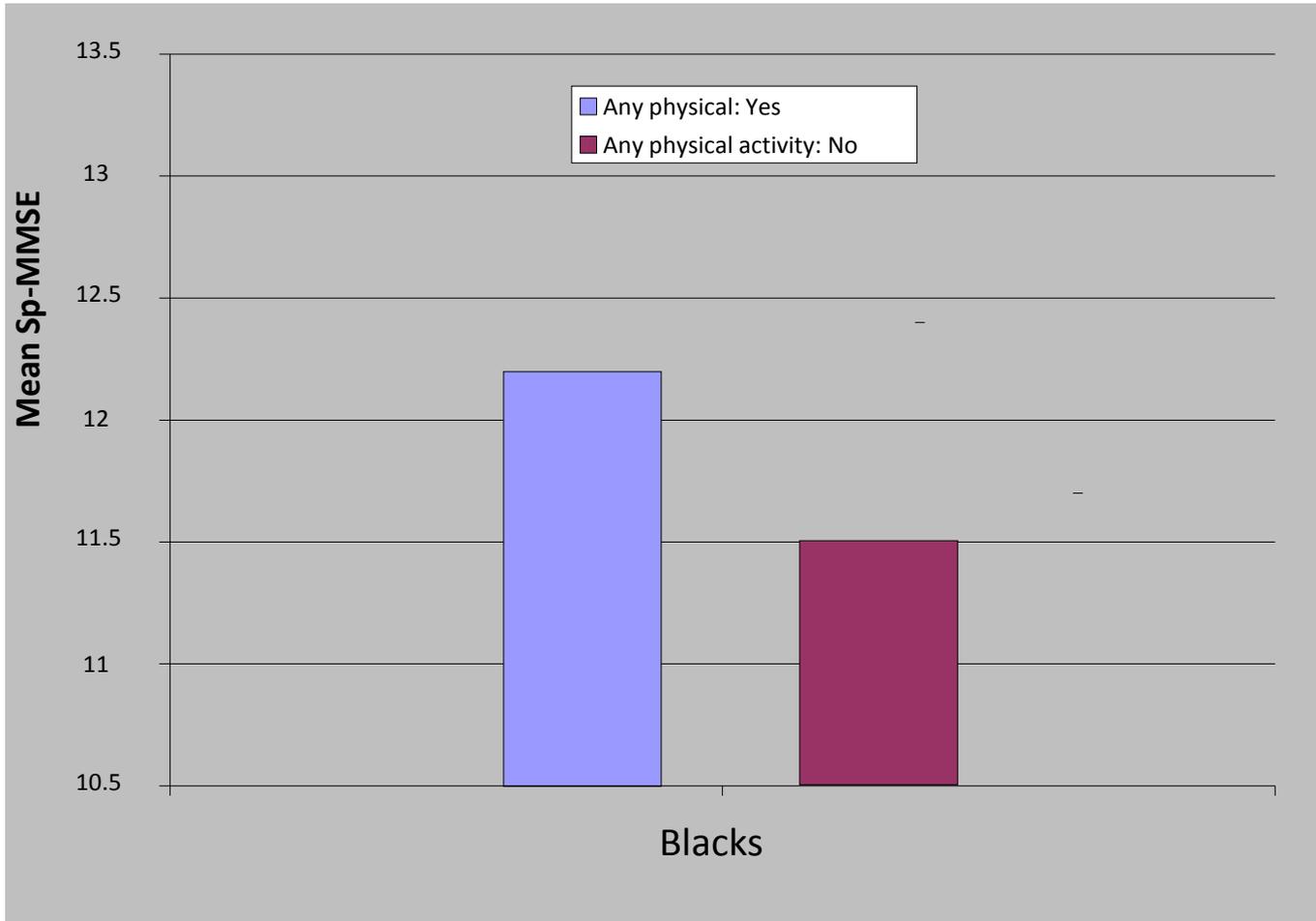
Lack of exercise (Sedentary Lifestyle)

C  
V  
D

Deposition of Abnormal Protein (Amyloid)  
Result in Alzheimer's Disease



# Relationship of Physical Activity to Performance on Test of Memory (NHANES III)







# Disability



“YOU”

Made all These  
Progress Possible



**An Important Way  
Forward is:**

**Clinical Trials**



# Importance of Research on Alzheimer's Research



- ❖ **Research is our only hope for defeating Alzheimer's**
- ❖ **Clinical studies are the way that promising new treatments are tested for safety and effectiveness**
- ❖ **By volunteering for clinical studies, you can make an important contribution to the fight against Alzheimer's**



# Imagine

- ❖ For a moment: let's put on our thinking caps and imagine
- ❖ Imagine a world without treatment for **HYPERTENSION AND STROKE**
- ❖ Imagine a world without treatment for **DIABETES**
- ❖ Imagine a world without treatment for **HEART DISEASES**
- ❖ Imagine a world without treatment for **CANCER**
- ❖ Imagine a world without treatment for **VISION LOSS AND EYE GLASSES**
- ❖ Imagine a world without antibiotics and treatment for **INFECTIONS**
- ❖ Imagine a world without treatment for **ARTHRITIS**
- ❖ Imagine a world without **PAIN MEDICATIONS**
- ❖ A world without treatment for **ALZHEIMER'S DISEASE** is unimaginable



# Memory!

"Memory....without it ... all life and thought were an unrelated succession. As gravity holds matter from flying off into space, so memory gives stability to knowledge; it is the cohesion which keeps things from falling into a lump or flowing in wave... Memory performs the impossible for man by the strength of his divine arms; holds together past and present, beholding both, existing in both, abides in the flowing, and gives continuity and dignity to human life. It holds us to our family, to our friends. Hereby a home is possible...."

Ralph Waldo Emerson(1803-1882)

11.12. 1879, age 76



Thank You





# Thank You!!!



## Ongoing Research Studies at HUH

- 1) Exercise and Memory
- 2) REVEAL
- 3) ADNI
- 4) ASPREE
- 5) Resveratrol (soon)
- 6) Intranasal Insulin (coming)

To Contact us, call:  
**202-865-3776**