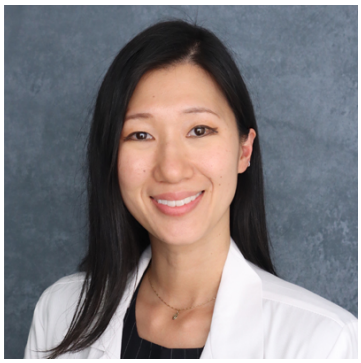
MARY S. EASTON CENTER for Alzheimer's Research and Care at UCLA
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA

David Geffen School of Medicine

Autumn 2024 Newsletter

The Mary S. Easton Center for Alzheimer's Research and Care at UCLA has very active teams working on basic research, drug discovery, biomarkers for early diagnosis, and clinical activity, including clinical trials, cognitive testing, and patient care.

Ask A Doctor



By: Marie Kim, MD, PhD, Assistant Clinical Professor of Neurology at UCLA

Donanemab and lecanemab are two new medications for the treatment of early Alzheimer's disease. In this newsletter's "Ask A Doctor" section, Dr. Marie Kim answers common questions we receive from patients about their differences.

1. What {DONANEMAB} and {LECANEMAB} are, and how they **work** to address Alzheimer's disease?

Donanemab, known by the brand name Kisunla™, and lecanemab, known by the brand name Leqembi®, are two FDA-approved anti-amyloid monoclonal antibody treatments for early-stage Alzheimer's disease. They work with the body's immune cells to target and remove amyloid from the brain, thereby slowing disease progression. As the accumulation of two proteins, amyloid-beta, and tau, are at the biological basis of Alzheimer's disease, both medications are categorized as disease-modifying therapies.

Lecanemab received accelerated approval from the FDA on January 6, 2023, with full approval granted on July 6, 2023, and donanemab received FDA approval more recently on July 2, 2024.

Watch the Video: *https://youtu.be/ZMHnJqS5vqw?si=9-_Xhln3IJ0aUWvA*

2. What are the main **differences** between {DONANEMAB} and {LECANEMAB}?

There are four key differences in target binding, administration, cost, and adverse events between donanemab and lecanemab, which are outlined briefly below and will be discussed in more detail under subsequent sections.

- **Target:** Donanemab and lecanemab target slightly different species of amyloid protein, lecanemab at the earlier protofibril stage and donanemab at the later aggregated plaque stage.
- **Administration:** Lecanemab is administered intravenously by weight every two weeks for 18 months, whereas donanemab is administered intravenously at predetermined doses once a month for *up to* 18 months. Upon reaching a threshold level of amyloid clearance, those on donanemab may be able to discontinue prior to 18 months.
- **Cost:** Per year, donanemab has a higher drug cost of $32,000 compared to $26,500 for lecanemab, of which 80% is covered under Medicare B contingent on enrollment in the Centers for Medicare and Medicaid Services (CMS) registry.
- **Adverse events:** For both drugs, the main side effects are infusion-related reactions and amyloid-related imaging abnormalities, also known as ARIA. In general, infusion-related reactions occur more frequently with lecanemab, and ARIA occurs more frequently with donanemab.

***Watch the Video**: https://youtu.be/Rp16967QbUU?si=lgVoJnXuQdIgg-eO*

3. How **effective** are {DONANEMAB} and {LECANEMAB} in slowing the progression of Alzheimer's disease?

Based on standardized rating scales designed to measure cognitive and functional outcomes in Alzheimer's disease trials, both donanemab and lecanemab demonstrated a reduction in decline while participants were on treatment. When comparing efficacy using the same Clinical Dementia Rating scale, lecanemab slowed decline by 27% and donanemab by 28.9% in their combined population. This effect translates to a delay in symptom progression by approximately 4.5-7.5 months with donanemab and 5-6 months with lecanemab.

***Watch the Video**: https://youtu.be/171SqNxZlFk?si=lcMkUlbE_c1zUZfZ*

4. What are the **primary benefits** that patients might experience with {DONANEMAB} versus {LECANEMAB}?

The primary benefits of donanemab over lecanemab stem from differences between the administration protocols. Donanemab is administered intravenously once a month compared to twice a month for lecanemab. With donanemab, patients may have the option to stop treatment upon reaching a threshold clearance of amyloid, whereas lecanemab requires a minimum of 18 months of treatment. Although this monthly infusion schedule affords patients more flexibility, it is important to note that the observed rate of ARIA is higher for donanemab, so patients will need to consider the specific risks and benefits of either option.

***Watch the Video**: https://youtu.be/171SqNxZlFk?si=lcMkUlbE_c1zUZfZ*

5. Eligibility: Are there **specific stages** of Alzheimer's where one medication might be preferred over the other?

Both medications are FDA-approved to treat patients diagnosed with mild cognitive impairment (MCI) or mild dementia due to Alzheimer's disease. Mild dementia and MCI are general terms defined as

objective cognitive decline beyond that expected from age and educational background, with or without interference in daily function, respectively. Although both drugs demonstrate similar efficacy, additional stratification of patients in the donanemab trial showed a possibly greater effect in those at the earliest stages of the disease.

Regarding types of Alzheimer's, the trials are historically designed around the typical amnestic profile – patients presenting primarily with memory complaints. Those with focal variants of Alzheimer's, such as posterior cortical atrophy or logopenic variant primary progressive aphasia, may not meet some of the eligibility criteria despite being in the correct stage, and we understand that this is a limitation in the field. Our ability to diagnose focal subtypes of Alzheimer's disease is improving, and with that, researchers are making intentional efforts to include these patients in future clinical studies.

Watch the Video: *https://youtu.be/MYXGkFIc8Rk?si=WJdaMthz9WlJNawH*

6. What are the common **side effects** associated with {DONANEMAB} and {LECANEMAB}? How do these compare between the two **treatments**?

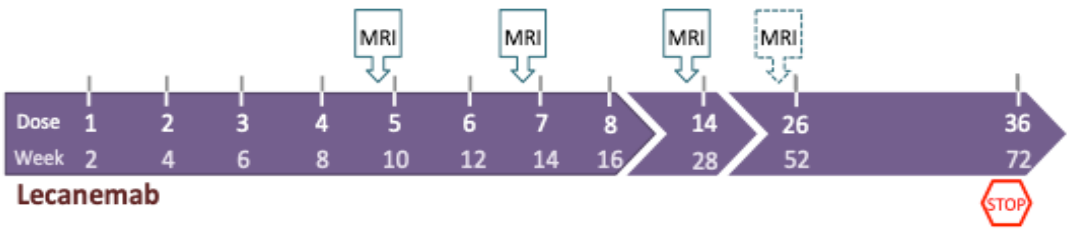
The most common adverse events for both drugs are infusion-related reactions and amyloid-related imaging abnormalities, or ARIA. In the trials, infusion reactions occurred more frequently in lecanemab: 26.4% of participants on lecanemab vs 8.7% in donanemab.

On a population scale, any ARIA (ARIA-E, edema or ARIA-H, hemorrhage) occurred more frequently in donanemab: 36.8% of participants on donanemab compared to 21.5% of those taking lecanemab, and an individual's risk increased with one or two copies of the ApoE **ε**4 allele. Most ARIA cases are asymptomatic, although 3.5% of patients on lecanemab and 6.1% of those on donanemab did experience symptoms, which included headache, dizziness, nausea/diarrhea, confusion, visual disturbance, imbalance, and/or seizures in severe cases.

Watch the Video: *https://youtu.be/kaMmavMM7MU?si=R9BByfFgLkwl3bHK*

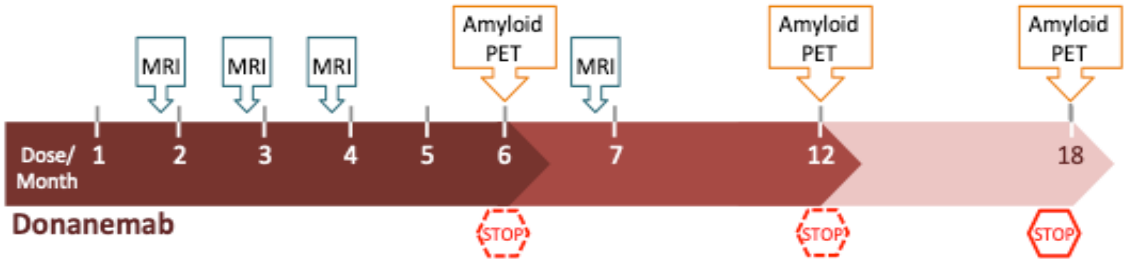
7. What does the **treatment regimen** and **administration** look like for each medication?

Lecanemab requires IV infusions every two weeks for 18 months, with three monitoring MRIs before the 5th, 7th, and 14th dose. An MRI prior to the 26th dose is also recommended. The dose is weight-based at 10mg/kg and infused over 1 hour with additional time required to remain in the infusion suite to monitor for infusion reactions when beginning treatment.



Donanameb requires IV infusions every month for up to 18 months of therapy, with a dose escalation from 700mg to 1400mg after the 3rd dose. It also requires post-infusion monitoring at the beginning of

therapy. Monitoring MRIs are required before the 2nd, 3rd, 4th, and 7th dose and may be performed after the 12th and 18th dose for those continuing therapy. Unlike lecanemab, patients may be able to stop therapy earlier in the treatment course, depending on the level of amyloid detected by an amyloid PET scan. In the donanemab trial, TRAILBLAZER-ALZ 2, three monitoring amyloid PET scans were performed after the 6th, 12th, and 18th doses to check for amyloid clearance and/or need to continue therapy. As obtaining multiple amyloid PET scans may not be feasible in clinical practice, a one-year treatment



course has been proposed as a reasonable duration based on two-thirds of trial participants showing amyloid clearance at the 12-month mark.

The above dosing schedules may be disrupted upon detection of ARIA. Standardized protocols to determine ARIA severity, including recommendations on further neuroimaging and drug administration schedules, will guide clinical decision-making in such cases.

Watch the Video: *https://youtu.be/gfgTuXv2J6s?si=y4gJzycCGMZ4NzS0*

8. What is the **cost** of {DONANEMAB} compared to {LECANEMAB}, and how might **insurance coverage** affect the decision for patients?

Per year, the estimated drug cost for donanemab is $32,000 compared to $26,500 for lecanemab. Medicare Part B will cover approximately 80% of the drug cost under certain conditions, such as enrollment in the CMS registry. The total cost will vary for patients depending on the length of treatment, insurance coverage for monitoring scans (MRI and amyloid PET), and indirect labor and facility costs required to administer the infusions. Patients with commercial insurance may want to communicate directly with their insurance provider as financial policies on anti-amyloid therapy and related services differ across plans. For patients in need of further assistance, both drug companies offer free or reduced-cost programs to eligible individuals.

Watch the Video: *https://youtu.be/5o-HZNwQrQs?si=N2SbqolLSsoP5gwK*

9. How should **patients** and **caregivers** approach the **decision** between these two medications? What **factors** should they consider?

Patients and caregivers interested in lecanemab or donanemab who undergo successful eligibility screening have several factors to consider.

The biggest differences between donanemab and lecanemab are the logistics of administration and the risk of adverse events, mainly ARIA. The overall efficacy is comparable between the two drugs, so it may come down to whether the individual prioritizes the higher convenience of donanemab or the lower ARIA occurrence of lecanemab. Individual factors such as ApoE status, distance from the infusion site,

concomitant use of blood thinning agents, and frequency of out-of-town travel all weigh into the final decision.

Although clinicians can present available treatment options and offer additional guidance, the decision to pursue disease-modifying therapy is a personal one, with no right or wrong answer. We encourage patients to carefully consider the factors involved while also consulting with family members who understand them and their values best.

Watch the Video: *https://youtu.be/d1yC26F1Otk?si=OgByEMIMK2SB73kw*

10. Are there any **new studies** or **upcoming research** that might provide further insights into the **effectiveness** or **safety** of {**DONANEMAB**} and {**LECANEMAB**}?

As lecanemab and donanemab are new drugs approved for use in the general public, data on their safety and efficacy will now be collected within the clinical setting. In this regard, the CMS registry data will be helpful in providing a centralized database with longitudinal clinical information on patients taking lecanemab or donanemab.

Both drugs continue to be studied in long-term extensions of the original trial, as well as in separate trials focusing on specific participant pools. Lecanemab is being investigated in cognitively unimpaired participants with a threshold level of amyloid in the AHEAD 3-45 Study to determine if intervention at this preclinical stage of the Alzheimer's disease continuum can slow biomarker changes or cognitive decline. Studies on improving the administration of lecanemab are also ongoing, such as a self-injectable version that can be administered at home or a combination technique with ultrasound to improve drug penetration into the central nervous system.

Lilly, the pharmaceutical company that developed donanemab, recently announced plans to conduct a clinical trial looking at donanemab in Down Syndrome participants, with discussions of a future trial that may include participants with autosomal dominant Alzheimer's disease.

Watch the Video: *https://youtu.be/wPCqgyTuhE4?si=muSbTZtcxVP6lrpb*

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To learn more about Alzheimer's disease treatment and care at UCLA, please speak with your primary care doctor or call the **UCLA Amyloid Immunotherapy Care Program** at **(310) 794-1195**.

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Overview: Alzheimer's Association 2024 Facts and Figures

By: Monica Moore, MSG, Community Health Program Manager

Since 2007, the annual Alzheimer's Association Facts and Figures report has provided a trusted source of information on Alzheimer's disease (AD) for families, the health care system, and governmental agencies. The report gives the most current information on this disease, which is crucial to the implementation of policy and much-needed support for individuals and people affected. This year's report shows that the prevalence of Alzheimer's disease continues to climb, currently at

an estimated 6.9 million, and discusses how these increased numbers will impact our society and medical system. One in three older adults dies with Alzheimer's or another form of dementia, and it kills more people than breast and prostate cancer combined. The emotional and financial cost of Alzheimer's is more than any other disease, with the report stating:

- The total cost of caring for people with Alzheimer's and other dementias in the United States is projected to reach $360 billion in 2024.
- In 2023, 11.475 million caregivers provided nearly 18.4 billion hours of unpaid care, a contribution to the nation valued at $346.6 billion.

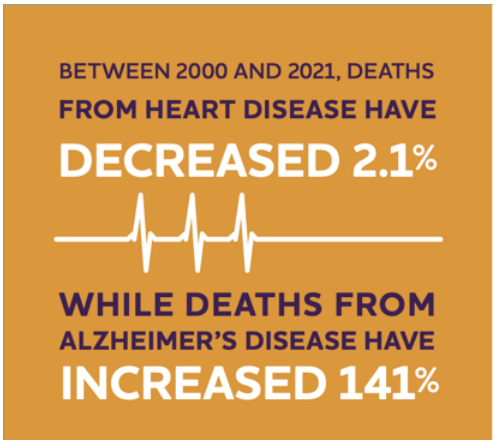

Image courtesy of Alzheimer's Association®.

With the FDA approval of the first disease-modifying drugs for Alzheimer's (lecanemab and donanemab), we are at a shift in the care and treatment of this disease. Previously, the medications approved for the treatment of AD only provided symptomatic relief, but now, these two medications aim to slow the progression. While these drugs are available for a very specific population of people with AD/Mild Cognitive Impairment (MCI) and do not come without controversy, the Alzheimer's Association is excited about what their approval means for future treatments and care of people with AD.

The 2024 report spends time addressing the recently released update on modifiable risk factors for dementia through *The Lancet Commission on Dementia Prevention, Intervention and Care 2024*. This report states that by addressing modifiable risk factors, one could reduce their personal risk of dementia by up to 40%. Some of the risk factors discussed are:

- Midlife obesity
- Hypertension
- High cholesterol
- Sleep
- Air pollution

Health factors present years and even decades earlier can influence the risk of developing dementia in later life. Research has shown that we can reduce our risk of heart disease, and by reducing that risk, we can reduce our dementia risk. The report emphasizes the role that everyday choices have and how we can alter our risk of developing dementia.

The Facts and Figures 2024 features a special report, "Mapping a Better Future for Dementia Care Navigation." In 2024, over 11 million Americans provide unpaid care for a person with dementia. Two-thirds of these caregivers are women, two-thirds are white, 10% are Black, 8% are Hispanic, and 5% are Asian Americans. About 30% of the caregivers are over the age of 65, approximately 10% are caring for a spouse, and over half of the caregivers are providing care to a parent or parent-in-law. The report states that these caregivers "provide nearly 31 hours of care per caregiver per week or 1,612 hours per caregiver per year." This time is spent on physical care, emotional care, and care coordination. Caregivers juggle navigating the health care system and social services, understanding medication, and often at the price of neglecting their own emotional and physical care needs. The worry of the cost of

care is the worry most often cited by caregivers (42%), followed by the stress of coordinating doctors (36%) and scheduling appointments (35%). 35% of Caregivers even express worry about finding the time to take a break. Providing proper care navigation through social services, community-based organizations, and medical systems can dramatically increase the quality of life and reduce the stress experienced by caregivers.

To help reduce the stress of care amongst caregivers, The Centers for Medicare and Medicaid Services (CMS) recently (July 2024) launched GUIDE, Guiding an Improved Dementia Experience (GUIDE) Model, which supports the development of Dementia Care Programs across the county. These programs aim to increase care coordination and improve access to services and support for people living with dementia and their caregivers. The UCLA Alzheimer's and Dementia Care Program is one of the three local sites that offer GUIDE to its patients and families in the hopes of easing the caregiver burden and improving quality and access to care.

Image courtesy of Alzheimer's Association®.

Caregivers need support to navigate complex healthcare systems to properly care for a person with dementia. For the special report, the Alzheimer's Association surveyed caregivers on their needs, and the survey revealed three recommendations for healthcare systems to advance dementia care navigation efforts:

- Formalize the dementia care navigator role and increase navigator proficiency in dementia care.
- Scale and expand access to dementia care navigation programs.
- Create direct lines to dementia care navigators, such as a 24/7 helpline.

Continued support and care for caregivers will not only increase the quality of life for people with dementia but also for their paid and unpaid caregivers.

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THE POWER OF PHILANTHROPY: Making a Difference Together

At the Mary S. Easton Center for Alzheimer's Research and Care at UCLA, philanthropy plays a crucial role in advancing our mission to provide world-class care, conduct groundbreaking research, and discover effective treatments for Alzheimer's disease and related dementias. The Center brings faculty and staff together across many departments in the School of Medicine, College of Letters and Sciences, and across campus. This collaboration sparks innovation in the discovery of new disease treatments, precision medicine in the care of patients, and engagement in our local and underserved communities in Los Angeles. With the support of our generous donors, we are making significant strides in understanding these complex diseases of brain aging and dementia and developing therapies that offer hope to countless individuals and families.

Philanthropy at the Heart of Our Mission

Every contribution to the Easton Center empowers us to:

- Deliver compassionate, cutting-edge care to patients and families affected by Alzheimer's disease.
- Conduct clinical trials that explore promising new treatments.
- Develop innovative tools for early diagnosis and intervention.
- Pursue genetic research that personalizes care based on individual risks.

These critical initiatives would not be possible without the dedication of our supporters, whose generosity fuels the research, treatment, and care efforts at the Easton Center.

A Collaborative Approach to Impact

The collaboration between our donors, clinicians, and scientists is making a transformative difference in the fight against Alzheimer's disease. Together, we are advancing breakthroughs and offering innovative therapies, including new systems of care for emerging treatments. In these activities, Center faculty and staff provide hope for a future free of this devastating disease. Every gift, large or small, makes a lasting impact on the lives of patients, their families, and the future of Alzheimer's research.

Your Support Makes a Difference

As the number of individuals affected by Alzheimer's disease continues to grow, your support has never been more important. With your help, we can continue pushing the boundaries of research and enhancing patient care, ensuring a brighter future for those touched by this disease. Recent gifts have developed new programs in precision medicine for Alzheimer's disease, genetics of Alzheimer's disease risk, and community partnership in education, clinical care, and clinical research.
We extend our heartfelt gratitude to all who contribute to this mission. Your generosity fuels progress and brings hope to countless lives.

To get involved and make a difference, contact **Jessica Vrazilek**, Director of Development, at **(310) 869-8611** or jvrazilek@mednet.ucla.edu.

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Clinical Research Opportunities

If you would like to advance Alzheimer's disease research, please consider participating in a study. Below are the current recruiting trials. For a complete list of enrolling studies, visit our website at https://eastonad.ucla.edu/.

OBSERVATIONAL STUDIES:

- Alzheimer's Disease Neuroimaging Initiative 4 (ADNI4) Protocol
- Alzheimer's Disease Research Center - Biomarkers in Neurodegenerative Disease (ADRC-BIND)
- ARTFL-LEFFTDS Longitudinal Frontotemporal Lobar Degeneration (ALLFTD)
- Dementia Research, Education, and Advancement in Los Angeles (DREAM-LA)
- The Harbor-UCLA and UCLA Medical Center Research Focus Group Study

- The Family History and Genetic Risk Factors for Dementia Focus Group Study
- Music Stimulation to Improve Cognition (MUSIC)
- National Institute on Aging Alzheimer's Disease Family Based Study (NIA-AD-FBS)

INTERVENTIONAL STUDIES:

- Brain Recovery And Individualized Neuromodulation (BRAIN Trial)
- Brain Tau PET Histopathological Study
- Modulating Memory with Low-Intensity Focused Ultrasound (LIFUP-MCIAD)
- Protocol for Maintaining and Improving Mental Status in Alzheimer's Disease (PROMIS-AD)
- SUVEN Study

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For more information on our upcoming lectures and events, please visit the Easton Center Community Calendar.

Mujeres de La Tierra 10th Annual Day of the Dead Community Festival

Date: Tuesday, October 22, 2024
Time: 6:00 PM – 9:00 PM (PDT)
Location: Los Angeles River Center & Gardens
570 W. Avenue 26, Los Angeles, CA 90065

The ELHA team is excited to return to this beautiful event alongside Mujeres de La Tierra! There will be a resource fair, free food for the first 200 attendees, a Best Dressed Catrín/a contest with cash prizes, and many family-friendly activities. Dress in your best Day of the Dead attire and celebrate with us at this free event for the whole family!

For more information, visit: https://www.mujeresdelatierra.org

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Alzheimer's Association Walk to End Alzheimer's - San Fernando Valley

Date: Sunday, October 20, 2024
Time: 9:00 AM – 12:00 PM (PDT)
Location: Los Angeles Pierce College
6201 Winnetka Avenue, San Fernando Valley, CA 91367

Held annually in more than 600 communities nationwide, Walk to End Alzheimer's is the world's largest event to raise awareness and funds for Alzheimer's care, support, and research. Join the Easton Center in supporting this important cause and community partner by supporting our team or walking with us! **Dr. Jason Hinman** will be available at the "Ask the Doctor" booth at the event, so bring your questions.

For more information:
https://act.alz.org/site/TR/Walk2024/CA-CaliforniaSouthland?fr_id=17458&pg=entry

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DREAM-LA Enrollment Day

Dementia Research, Education, and Advancement in Los Angeles

Date: Thursday, October 24, 2024
Time: 10:00 AM – 3:00 PM (PDT)
Location: Actively Caring Through Sharing (ACTS)
3764 W. 54th Street, Los Angeles, CA 90043

Join us for an opportunity to help advance the future of brain health research! In collaboration with our community partner, ACTS, we are hosting an Enrollment Day aimed at advancing memory research. We're seeking individuals both **with** and **without** memory concerns to participate in a brief questionnaire and other study procedures, helping researchers better understand the conditions that impact memory as we age. To learn more about the DREAM-LA study, please visit https://eastonad.ucla.edu/research/clinical-studies/observational-studies/dream-la

To **RSVP**, Email **Monica Moore** at mrmoore@mednet.ucla.edu.

Huntington Park Health and Education Commission Alzheimer's Presentation

Date: Saturday, November 2, 2024
Time: 10:00 AM – 12:00 PM (PDT)
Location: Salt Lake Park
3401 E. Florence Avenue, Huntington Park, CA 90255

Join us for an Alzheimer's Presentation at Salt Lake Park in Huntington Park on Saturday, November 2nd, from 10 a.m. to 12 p.m. This event, brought to you by the Health and Education Commission, will provide caregiving resources, video clips, a brief panel discussion, and valuable information on dementia research and Alzheimer's foundations. Don't miss this opportunity to learn more about Alzheimer's care and support!

To Register: https://shorturl.at/WeloR.

Alzheimer's Los Angeles 4th Annual Making Memories Festival

Date: Saturday, November 9, 2024
Time: 11:00 AM – 4:00 PM (PST)
Location: Los Angeles State Historic Park
1245 N. Spring Street, Los Angeles, CA 90012

Join the Easton Center and the ELHA lab at the 4th Annual Making Memories Festival. The Making Memories Festival is a multicultural music and food festival benefiting Alzheimer's Los Angeles. The event showcases performances by White Denim, Jackie Mendez & The Steady 45's, Boogaloo Assassins,

Circle The Earth, and DJ Monalisa. The festival also features food from LA's favorite food trucks, informational booths, and experiences that focus on brain health and other healthy lifestyle resources.

For more information, please visit: https://AlzheimersLA.org/MakingMemories

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Alzheimer's Association Walk to End Alzheimer's - Santa Monica

Date: Sunday, November 10, 2024
Time: 9:00 AM – 12:00 PM (PST)
Location: Crescent Bay Park
2000 Ocean Avenue, Santa Monica, CA 90405

Held annually in more than 600 communities nationwide, Walk to End Alzheimer's is the world's largest event to raise awareness and funds for Alzheimer's care, support, and research. Join the Easton Center in supporting this important cause and community partner by supporting our team or walking with us! **Dr. Timothy Chang** will be available at the "Ask the Doctor" booth at the event, so bring your questions.

Join the UCLA-Easton Center Team: http://act.alz.org/goto/UCLAEastonCenter

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Boost Your Brain Health: Alzheimer's Risk Reduction Workshops

Date: Thursday, November 14 & 21, 2024
Time: 10:00 AM – 11:30 AM (PST)
Location: Young Women Christian Association (YWCA)
4315 Union Pacific Avenue, Los Angeles, CA 90023

Join the ELHA Lab for an engaging two-part workshop at the YWCA on November 14th and 21st from 10:00 a.m. to 11:30 a.m. Learn simple, practical ways to boost your brain health and lower your risk of Alzheimer's disease. Discover helpful tips and tools you can use every day to keep your mind sharp and thriving. Let's take the journey toward better brain health together—don't miss out!

For more information, please visit: https://www.ywcagla.org/senior-services

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Update on Alzheimer's Disease Research

Date: Thursday, November 14, 2024
Time: 12:30 PM – 1:30 PM (PST)
Location: Santa Monica Public Library Main Branch
601 Santa Monica Blvd, Santa Monica, CA 90404

Hear from researchers about the latest findings related to the symptoms and causes of dementia and Alzheimer's disease. Learn about the latest treatments available and what research is currently being conducted to find a cure for this devastating disease.

No RSVP is required.

Care. Cure. Prevent IV

Date: Thursday, November 14, 2024
Time: 3:00 PM – 4:30 PM (PST)
Platform: Virtual/Zoom

In partnership with Kensington Senior Living, the Easton Center is proud to be a part of this annual event that brings together expert researchers and clinicians to share the latest breakthroughs in Alzheimer's research and treatment options.

Email Monica Moore at mrmoore@mednet.ucla.edu for additional information or to register.

Better Caregiving for All: Young Adult Caregivers

Date: Wednesday, November 20, 2024
Time: 1:00 PM – 2:00 PM (PST)
Platform: Virtual/Zoom

In partnership with the UCLA Alzheimer's and Dementia Care Program. Monica Moore, MSG, will be a content expert and will co-lead a discussion with Linda Ercoli, PhD, on the journey of caregiving from the perspective of young adult caregivers.

Send an e-mail to DementiaPM@mednet.ucla.edu or visit https://www.adcprogram.org/better-caregiving-for-all for more information.

Alzheimer's Los Angeles: Posada de La Salud

Date: Thursday, December 5, 2024
Time: 10:00 AM – 2:00 PM (PST)
Location: TBA

ELHA Lab is excited to join Alzheimer's Los Angeles for their 3rd Annual Posada de La Salud! This special event will feature traditional posada elements such as food, music, and dancing, along with engaging discussions on how staying connected to our cultural roots during the holidays supports brain health. Join us for an afternoon of community, celebration, and valuable insights on keeping our minds healthy and active. Don't miss this unique opportunity to celebrate and learn!

For more information, visit https://www.alzheimersla.org, or contact the ELHA Lab at (310) 206-8480.

Building Community Knowledge: Brain Health & Alzheimer's Awareness Together

Date: Tuesday, December 17, 2024 & Thursday, December 19, 2024
Time: 5:00 PM – 7:00 PM (PST)
Platform: Virtual/Zoom

Dr. Diaz-Santos from the ELHA Lab will be hosting an informative two-part evening Zoom presentation on brain health and understanding Alzheimer's for Vision y Compromiso's network of promotoras de salud. Join us on Tuesday, December 17th, and Thursday, December 19th, from 5-7 pm for an engaging

discussion on how to promote brain health within the community and increase awareness of Alzheimer's disease. This is a valuable opportunity for promotoras to expand their knowledge and continue supporting their communities with essential health information.

For more information, visit https://visionycompromiso.org, or contact the ELHA Lab at (310) 206-8480.

Better Caregiving for All: Sandwich Generation Caregivers

Date: Wednesday, December 18, 2024
Time: 1:00 PM – 2:00 PM (PST)
Platform: Virtual/Zoom

In partnership with the UCLA Alzheimer's and Dementia Care Program. Monica Moore, MSG, will be a content expert and will co-lead a discussion with Linda Ercoli, PhD, on the journey of caregiving from the perspective of the "sandwich generation" caregivers.

Send an e-mail to DementiaPM@mednet.ucla.edu or visit https://www.adcprogram.org/better-caregiving-for-all for more information.

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710 Westwood Plaza, Room C-224
Los Angeles, CA 90095-1769
| https://eastonad.ucla.edu/| Center: (310) 794-3665 / Clinic Appointments: (310) 794-1195 |

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