

Autumn 2020

E-Newsletter

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The Mary S. Easton Center for Alzheimer's Disease Research 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.

Alzheimer's Research and Education for the L.A. Community



By: [Keith Vossel, MD, MSc](#)

The Los Angeles community was captivated as the Lakers and Dodgers pulled out long awaited and well-deserved championships. Outdoor socially distanced broadcasts of these events popped up around the city. In these unprecedented and uncertain times, our close bond with familiar sporting events helps promote a strong sense of community and connectedness. As Nelson Mandela noted, "Sport has the power to change the world. It has the power to inspire. It has the power to unite people in a way that little else does."

As we celebrate these victories, however, we must also acknowledge that our community continues to suffer from large disparities and inequalities, especially in our healthcare. With social and racial justice at the forefront of our mission, and recognizing L.A.'s painful history of racism and division, the UCLA Easton Center strives to foster connectedness and inclusivity within our community. The Easton Center was honored to be selected to receive a highly competitive award to accelerate recruitment from Black, Indigenous, and People of Color (BIPOC) populations into the Alzheimer's Disease Neuroimaging Initiative (ADNI). ADNI is a multi-center NIH-sponsored program that utilizes biomarkers and clinical measures to better understand dementia as well as healthy aging. We achieved this award due to the outstanding efforts of the Kagan Clinical Trials team including Dr. Sarah Kremen, Dr. Maryam Beigi, and Celine Ossinalde. This award reflects the high value the ADNI Diversity Taskforce places on serving Los Angeles' vibrant and diverse community and UCLA's commitment to our community. We are excited for this new initiative which will give us a deeper understanding of dementia in BIPOC populations.

Currently, we have several approaches to engaging with the community:

1) We partnered with OPICA Adult Day Services and Always Best Care South Bay to hold an inaugural session of Memory Matters. Memory Matters is an evidence-informed program for people with early memory loss and features expert speakers covering clinical research updates, legal/financial planning, lifestyle strategies to

maximize cognitive function and independence, and more. We aim to offer Memory Matters on a quarterly basis with the next session beginning early 2021.

2) We are joining with California State Dominguez Hills Osher Lifelong Learning Institute (OLLI) to provide three virtual educational sessions on Alzheimer’s Disease, brain health, and memory and aging to their members. OLLI is a network of institutes that provides intellectually stimulating educational courses to promote the joy of learning for adults 50 and over.

3) Monica Moore organizes several virtual support groups providing vital support to caregivers of patients suffering from dementia.

4) Monica Moore organized a webinar with Kensington Senior Living where Sarah Kremen and I provided a broad overview of the latest advances in Alzheimer’s research and care.

5) Dr. Mirella Díaz-Santos was a featured panelist on the Women’s Alzheimer’s Movement Summit, a virtual event moderated by Maria Shriver and Deborah Roberts, to discuss brain health, Alzheimer’s research and community outreach.

With all of these approaches, the switch to virtual formats has enhanced our accessibility to the community, and we have had greater interest and attendance at these events than ever before.

Lastly, the National Institutes of Health has begun several initiatives to promote diversity in health-related research and training. Dr. Richard T. Benson, Director of the Office of Global Health and Health Disparities at the National Institute of Neurological Disorders and Stroke, spoke to the UCLA Neurology Department at Grand Rounds and gave us a comprehensive overview, focusing on new programs to enhance scientific training and career opportunities in neuroscience research. We are excited to participate in these critically important initiatives.

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Telemedicine for Cognitive Care



By: [Sarah Kremen, MD](#)

The coronavirus pandemic has pushed telemedicine into the forefront of medical care. Within the field of neurology, stroke neurologists pioneered this technology starting in 1999, as a way to provide care to rural and smaller metropolitan communities where access to specialists was absent. There are now well-established tele-stroke networks throughout the country, and studies have shown that access to care has expanded, the critical time window for being able to reverse a stroke has decreased, and timely, successful treatment for stroke patients has increased. In addition, standardized stroke assessments performed by stroke specialists via telemedicine have been found to be equivalent to those done in person.

Tele-stroke care appears to be well accepted amongst patients of different cultural backgrounds. Lastly, even though it may require investment up front, in the long term, there appears to be a cost-savings; more intensive and time-sensitive care leads to less severe debilitation, less lost income, and decreased cost and time spent on rehabilitation.

It is against this backdrop that telemedicine for cognitive care has emerged. Why did it take a pandemic to bring this approach to the main stage? Up until this time, the Centers for Medicare & Medicaid Services did not include

cognitive care as a service covered by telemedicine. One silver lining of COVID has been the necessity to provide healthcare to patients, and as such, telemedicine has now been approved for cognitive care.

The American Academy of Neurology released a comprehensive review of telemedicine care in the neurological specialties, and its findings for cognitive care are very encouraging. Overall, the analysis found that access to care increased, and the ability to diagnose and monitor cognitive impairment, dementia, and behaviors is accurate and comparable to in-person visits. The cognitive evaluation easily converts to telemedicine, as do many elements of the general neurological examination (e.g. watching how a person walks). In addition, there are data to show that most patients and caregivers are satisfied with the care they receive via this modality.

The potential benefits of telemedicine are immediately identified: 1) less travel time for patients and their caregivers, as well as for medical providers; 2) more flexibility in clinic appointment availability, since there is no physical space that needs to be found in order to carry out an appointment; 3) decreased caregiver burden in regards to effort spent getting a loved one prepared and out of the home for the appointment; 4) ability to more accurately confirm medications being taken because they are immediately available for the patient and caregiver to check; 5) ability for the physician to observe a patient's home environment, allowing observation of how a patient operates in their own environment, what their living conditions are, and potentially identifying hazards; 6) ease of conversation (as opposed to a regular telephone visit), allowing visibility of facial expression and interpersonal connections; 7) reduction of feeling isolated from the medical support network. This is all in addition to the fact that in this moment, telemedicine can keep patients, caregivers and medical providers socially distanced to limit potential exposure to coronavirus.

There are also challenges with telemedicine. Only four in ten seniors own a smartphone, and less than half of seniors above age 80 use the internet. Internet accessibility, though improving, is not as available in more rural areas or low-income homes. Some of the technological gaps can be mitigated by the fact that many patients who present for cognitive care have a family member with them who can help manage the technology interface. However, it remains clear that barriers to care need to be surmounted.

In my clinic since March, the adaptation of telemedicine has been a positive experience. First, it has maintained a connection between me and my patients and provided us a sense of comfort and normalcy in a time that feels extraordinary and uncertain. Though it is not the same, I have found that most of the cognitive evaluations that I administer easily convert to the telemedicine environment. This includes comprehensive initial evaluations and specialized language testing. From a provider perspective, I feel that I am able to deliver similar care to my patients. Though by no means scientific, this experience appears to be shared amongst many of my cognitive care colleagues at UCLA and at other institutions across Los Angeles and the country. The view from the provider's perspective has been captured by my colleague, Lauren Moo, MD, Assistant Professor at Massachusetts General Hospital and director of the Bedford VA Geriatric Research Education and clinical Center (GRECC), in a podcast: The Geriatric 5M Approach to Telemedicine Assessment (<https://www.geripal.org/2020/10/the-geriatric-5m-approach-to.html>)

In closing, it goes without saying that we are living through a challenging time. Many of the important symptom-management tools we advise patients and their families to incorporate into their daily routines, such as meeting up with friends or going to exercise classes, have not been able to be sustained. However, even in this time where it is recommended that we stay physically separated from people, we can remain connected to patients seeking cognitive care, and their care partners who need support. We remain present and available to see our patients and their families, and we know we can do it effectively through telemedicine.

Citations:

1) Anderson M & Perrin A, 2017. Technology use among seniors. Pew Research Center. <https://www.pewresearch.org/internet/2017/05/17/technology-use-among-seniors/>.

2) Dahlke D & Ory M, 2020. Emerging issues of intelligent assistive technology use among people with dementia and their caregivers: A U.S. perspective. *Frontiers in Public Health*, <https://doi.org/10.3389/fpubh.2020.00191>.

3) Hatcher-Martin, et al 2020. Telemedicine in neurology: Work Group of the American Academy of Neurology. *Neurology*. DOI:10.1212/WNL.0000000000008708.

4) Moo L et al 2020. Home-based video telemedicine for dementia management. *Clinical Gerontologist*. DOI: 10.1080/07317115.2019.1655510.

5) Sharma R et al 2020. Telestroke: A New Paradigm, in *Ischemic Stroke*. DOI: 10.5772/intechopen.92831.

6) Tousi B 2020. Dementia Care in the Time of COVID-19 Pandemic. *Journal of Alzheimer's Disease*. DOI: 10.3233/JAD-200461.

For information regarding clinical evaluations, please call the **UCLA Neurology Clinic** at **(310) 794-1195**.

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Walk4Alz Sponsoring Alzheimer's Los Angeles

By: [Monica Moore, MSG](#)

For the 5th year in a row the Easton Center proudly participated in the annual Walk4Alz benefiting our long-time community partner, Alzheimer's Los Angeles. Due to COVID-19 restrictions the walk went virtual and members of the Easton Center participated in the walk (or bike or run) on October 10, to support the work of Alzheimer's Los Angeles as well as our patients and families while raising \$1,711. We are proud to be a part of this community and for playing an integral part in the fight against Alzheimer's!



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New Addition to the Easton Center

Please join us in welcoming a new staff member to the Easton Center.



Photo: [Diana Arellano, BA](#)

Diana has joined the Mary S. Easton Center as a Staff Research Associate I for the Kagan Alzheimer's Disease Treatment Development Program. She received her B.A. in Psychology, from California State University, Northridge. She has worked with trauma patients as a research assistant conducting interviews and coordinating day-to-day assessments with her former UCLA Principal Investigator, Vivek Shetty, DDS, DMD, housed at Los Angeles County USC Medical Center. She is excited to gain knowledge about Alzheimer's disease and work with the Easton Center team.

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Thank You for Making a Difference!



The prevalence of Alzheimer's disease doubles every five years beyond age 65 and more than 1/3 of people over 85 have Alzheimer's or a related dementia. This increase in Alzheimer's disease will substantially rise with the aging of the US population. Prevalence of Alzheimer's disease is expected to surge from around 6 million currently to 14 million by 2050. The total cost in healthcare for Alzheimer's disease in the US is \$305 billion currently and expected to exceed \$1 trillion in 2050. It is imperative that we come up with effective treatments immediately. At the Mary S. Easton Center at UCLA, the world's leading physician-scientists are vigorously working to combat this devastating disease.

Along with treating some of the most complicated cases of Alzheimer's and related dementias, we conduct genetic studies, basic research into disease pathways and progression, and rapid translation of discoveries and ideas into novel treatments from our drug discovery lab and clinical trials. The close teamwork of clinicians and basic scientists at UCLA greatly enhances our ability to solve Alzheimer's disease. Some of the research studies in Alzheimer's disease include:

- ***Developing effective treatments for silent seizures and associated memory loss in Alzheimer's disease:*** this investigation bridges exciting discoveries in scientific models with human clinical trials targeting seizures and silent seizure activity that occurs in up to 60% of Alzheimer's patients.
- ***Designing structure-based small molecule inhibitors of amyloid assembly to prevent the accumulation of amyloid (A β) and tau:*** these studies develop new drugs that inhibit the formation of toxic protein aggregates that cause Alzheimer's disease, including those of A β and tau.
- ***Developing new genetic approaches to study Alzheimer's disease.*** We are pioneering methods to determine genetic risk factors for Alzheimer's disease and using this information to develop treatments.

The generosity of our donors allows the Mary S. Easton Center for Alzheimer's Disease Research at UCLA to honor its commitment to:

- improve the quality of life for patients through compassionate care
- support psycho-social needs of Alzheimer's disease families and caregivers
- develop new medications and treatments for Alzheimer's disease and related conditions

- continue the relentless pursuit of a cure

We would like to express our gratitude to the supporters of the Mary S. Easton Center. Your philanthropy truly makes an impact on our progress and ongoing research.

Questions? Please contact:

Elizabeth Naito, Senior Director of Development, at **(310) 206-6749** or ENaito@mednet.ucla.edu or **Chantelle Eastman**, Development Coordinator, at **(310) 267-4094** or CEastman@mednet.ucla.edu.

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Clinical Research Opportunities

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

EASTON CENTER KAGAN CLINICAL TRIALS PROGRAM

- [Alzheimer's Disease Neuroimaging Initiative 3 \(ADNI3\) Protocol](#)
- [Confirm Safety and Efficacy of BAN2401 in Participants with Early Alzheimer's Disease \(Clarity AD\)](#)

BEHAVIORAL NEUROLOGY PROGRAM

- [Early-onset Alzheimer's Disease Phenotypes: Neuropsychology and Neural Networks](#)

OTHER PROGRAMS

- [Curcumin and Yoga Therapy for Those at Risk for Alzheimer's Disease](#)

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For more information on our upcoming lectures and events, please visit the Easton Center [Community Calendar](#).

Update on Alzheimer's Disease Research and Clinical Trials

Date: Monday, December 7, 2020

Time: 10:00 A.M. – 11:30 A.M. (PST)

Virtual Forum

This educational presentation is being offered in partnership with Alzheimer's Los Angeles and will be held virtually. Please register here

<https://uclahs.zoom.us/meeting/register/tJEtdeurqD0pH9BCCoX9PnUoxXU29nHIXfAR> or contact Monica Moore at MRMoore@mednet.ucla.edu for more information.

Memory Matters

Co-sponsored by OPICA and Always Best Care Senior Services

Memory Matters is an 8-week evidence- informed program for people with early memory loss resulting from Mild Cognitive Impairment, Alzheimer’s disease, or another dementia. Each meeting will feature an expert speaker on topics including:

Clinical research updates, strategies to maintain independence, legal/financial planning, memory boosters and other cognitive activities, diet, exercise, and lifestyle options and much more!!!

The next Memory Matters session will take place in early 2021 and is now enrolling. For more information please contact Monica Moore at mrmoore@mednet.ucla.edu.

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