Dear Friends and Colleagues:

Our Holiday issue is dedicated to our caregiver community and the many families who so selflessly take care of their loved ones and each other.

I began writing this note prepared to share with you study facts and statistics highlighting the disparities in federal funding between Alzheimer’s and other critical diseases and the tremendous financial burden the disease places on families and our society, but then I took a step back. Though these numbers are staggering and tell a story in and of themselves, the greatest cost of Alzheimer’s disease is the physical and emotional toll on families, caregivers, and friends — husbands and wives, sons and daughters, brothers and sisters — who each day, unconditionally and with devotion, care for their loved ones.

Caregiving for a loved one with Alzheimer’s is about truly knowing the person separate from the diagnosis and for appreciating and coming to peace with the ‘then and now.’ As a family member or caregiver of a person with Alzheimer’s, one of the most important actions you can take is to increase your knowledge of the disease and its management. Research shows that when family members and caregivers are educated about the disease and involved in the person’s care, the person who has Alzheimer’s benefits. When the family and caregiver of a person with Alzheimer’s understand the disease and learn how to communicate and interact with the person in ways appropriate to the disease stage, they are better able to reduce behavioral problems and improve the quality of life for all involved.*

*The Fisher Center for Alzheimer’s Research Foundation

When the family and caregiver understand Alzheimer’s... they are better able to improve the quality of life for all involved...

We, at the Comprehensive Center on Brain Aging and Silberstein Alzheimer’s Institute, view Alzheimer’s both as a clinical disease that needs to be eradicated, as well as one that has a very private side. As you’ll read in the pages to follow, our researchers, clinicians and social workers share with you their research, insight and advice to help you through your journey, as many of us are, or have been, caregivers ourselves.

As we end this year, I thank you for placing your trust and confidence in us. In a city such as ours and a country such as the U.S., we are mindful that you have many competent medical institutions to select from. Whether you live a few blocks away from us or travel far distances to come and see us, we appreciate you selecting us for your care and we thank you for resting your faith in us for answers, diagnoses, and treatments.

Warm wishes for a happy holiday season and healthy New Year,
Ralph A. Nixon, MD, PhD
Director, Comprehensive Center on Brain Aging and Silberstein Alzheimer’s Institute
Medication Treatment Combined with Comprehensive Individualized Patient Centered Management Results in Greater Efficacy than Memantine Alone

A new study, conducted at the Comprehensive Center on Brain Aging, shows that for persons with Alzheimer disease, in the moderately severe stage who are on the medication, memantine, an individualized patient management approach including teaching caregivers how to handle behavioral and other problems, helps to dramatically decrease the behavioral and functional impairment that is often prevalent in patients with Alzheimer’s disease (AD).

At present, pharmacologic treatment, although beneficial, only helps with alleviating symptoms in Alzheimer’s disease. Memantine works by decreasing abnormal activity in the brain. It can help people with Alzheimer’s to think more clearly and perform daily activities more easily, but it is not a cure and does not change the progression of the disease.

Reducing Stress

Various studies have shown that certain non-pharmacologic treatments have assisted caregivers of AD patients by reducing their stress and burden, and others have aided patients, by improving their mood and physical functioning. This study conducted at NYU by Principal Investigator, Barry Reisberg, MD, and Study Director, Sunnie Kenowsky, DVM, focused on mainly non-pharmacological interventions. Dr. Kenowsky developed and conducted the individualized, comprehensive management program for patients that consisted of caregiver training, patient home visits and caregiver support group sessions.

The caregiving training course incorporated Dr. Reisberg's staging information and theory of retrogenesis, as well as information from the National Institute on Aging/National Institutes of Health (NIA/NIH) on the nature of AD. Patients were randomly placed into one of two groups. Both groups received memantine and comprehensive evaluations at baseline, 4, 12, and 28 weeks. Additionally, Group 1 received an individualized management program.

The caregiver training sessions covered the nature and course of Alzheimer's; general management principles; how to recognize and manage caregiver stress; how to communicate with someone with Alzheimer's; how to recognize, manage and prevent behavioral disturbances; how to engage in activities; cognitive stimulation; and how to do exercises with someone with Alzheimer’s. Caregivers were taught how to recognize medical problems and how to obtain good medical care for persons with AD. Additionally, caregivers were taught how to use Memory Coaching — a technique Dr. Kenowsky developed to teach people with AD how to do various activities which they have forgotten. “It’s possible for persons with Alzheimer’s to re-learn basic functions using Memory Coaching. Dignity can be restored,” said Dr. Kenowsky.

Improving Outlook

“What we saw in the Comprehensive Management patients were tremendous changes in behavior and functionality. The individuals who were part of the management program plus memantine improved in their ability to dress and bathe and toilet properly. Those persons who did not receive the management program worsened functionally. Equally importantly, we also saw significant improvement in behavior. There was less aggression, distress, and agitation,” said Dr. Reisberg.

He added, “There was one man in the trial who was a clergyman. He was part of the group we studied that focused on the pharmacological and management intervention. As his disease advanced, he didn’t let it destroy him. Instead, he took up the harmonica for the first time. At about the same time, he began drawing and found a love for art. Rather than being frustrated or agitated he found a way to express himself. The management program had changed his skills and he derived great satisfaction from his new accomplishments.”

Dr. Kenowsky said, “Persons with Alzheimer’s still have all the needs, desires and emotions we as human beings share, but they gradually lose the ability to express and fulfill their needs. When persons with Alzheimer’s are loved, taught, guided, treated and supported appropriately they can learn new ways to express themselves, find joy, meet their needs and live meaningful lives.
Maximizing Your Memory

Stella Karantzoulis, PhD, ABPP-CN, Board Certified Clinical Neuropsychologist, Assistant Professor of Neurology, and Associate Director of the Pearl Barlow Center at the Silberstein Alzheimer’s Institute, leads a Cognitive Remediation Program. The sessions are designed to assist people interested in learning about memory changes that normally occur with age and in various disease states (such as Alzheimer’s disease), and new strategies to improve everyday memory performance. Emphasis is also placed on the importance of certain lifestyle changes that can be effective for maximizing optimal cognitive aging, especially those implemented earlier in life, such as engaging in physical exercise, minimizing stress, and maintaining a healthy diet.

Techniques to Help Improve Memory Include:

- Learn to Repeat New Information Over and Over Again. When you want to remember new information, perhaps something you’ve just heard or read, one of the simplest things you can do is to repeat that information out loud to yourself and/or write it down. This helps to move the new information more meaningfully to your brain, which will help the information “stick” in your brain. Writing things down also has the added motor component, which serves to make the information more recognizable to your brain.

- Make Mnemonics. Mnemonics can take any form of information and develop new brain pathways. The activity can be virtually anything, as long as it meets the following three criteria: it’s new; it’s challenging; and it’s fun!

- Be Organized. Take advantage of devices such as calendars and planners, maps, shopping lists, file folders, and address books to keep routine information accessible, efficient, and organized. Designate a special place for your everyday items. Tidy your office, work area, or home to minimize distractions.

- Give Your Brain a Workout. Memory is similar to muscular strength in that the more you work out your brain, the better you’ll be able to process and remember information. The best brain exercising activities are ones that reflect a break from your routine and challenge you to use and develop new brain pathways. The activity can be virtually anything, as long as it meets the following three criteria: it’s new; it’s challenging; and it’s fun!

- Pay Attention. In order to learn new information, you first have to pay attention to the to-be-remembered material. If you’re easily distracted, try and minimize distractions (e.g., turn off the television or radio, turn away from the computer screen).

- Make Associations. Making new associations between items will help you better retain the information. Connect new data to information you already remember, associating new material with previous knowledge. For example, “Sally lives on Appleby Lane, and so does my co-worker John.”

- Make a Mnemonic. Mnemonics (the initial “m” is silent) are clues of any kind that help us remember something, usually by helping us associate the information we want to remember with a visual image, a sentence, or a word. Mnemonics can take the form of acronyms (such as RICE to remember first-aid advice for injured limbs: Rest, Ice, Compression, and Elevation) or sentences (such as the classic “Every good boy deserves fudge” to remember the musical notes E, G, B, D, and F on the lines of the treble clef).

- Be Meditating. Meditation helps improve many different types of conditions, including depression, anxiety, chronic pain, diabetes, and high blood pressure. Also, meditation can improve focus, concentration, creativity, and learning and reasoning skills. Meditation has been shown to be associated with changes in brain activity, including encouraging more connections between brain cells — all of which increases mental sharpness and memory ability.

- Keep Your Mood Up. Depression takes a heavy toll on the brain. Symptoms of depression include difficulty concentrating, making decisions, and remembering things. If you are mentally sluggish because of depression, speak to your doctor as treatment may help to improve your overall level of cognitive functioning.

- Eat a Healthy Diet. A heart-healthy diet may be good for your brain as it is for your heart. Limit saturated and trans fats; increase your intake of whole grains, fruits and vegetables; select low-sodium foods, low-fat proteins (e.g., fish, lean cuts of meat), and enjoy smaller portions.

- Be Physically Active. Physical activity is paramount as we age. Regular exercise increases blood flow to your entire body, including your brain. According to the Alzheimer’s Research & Prevention Foundation, physical exercise may reduce your risk of developing Alzheimer’s disease by 50 percent. Regular exercise can also slow further deterioration in those who have already started to develop cognitive problems. For most healthy adults, 20 minutes of moderate aerobic activity, five times a week is recommended.

Did You Know?

A number of studies indicate that maintaining strong social connections and keeping mentally active as we age might lower the risk of cognitive decline and Alzheimer’s. Experts are not certain about the reason for this association. It may be due to direct mechanisms through which social and mental stimulation protect the brain. Alternatively, people who eventually develop Alzheimer’s may feel less inclined to engage in socially and intellectually stimulating activities years before current diagnostic methods can detect symptoms.

Source: Alzheimer’s Association
Els Fieremans, PhD, Receives Grant to Study Role of White Matter Damage and its Relevance to Alzheimer’s Disease

Els Fieremans, PhD, assistant professor, Department of Radiology, and researcher at NYU’s Center for Biomedical Imaging, was recently awarded a $200,000 grant from the Alzheimer’s Drug Discovery Foundation to investigate the role of white matter damage in the brain occurring in healthy brain aging and in individuals with early cognitive symptoms due to Alzheimer’s pathology. Results of the study will be used to determine whether early changes in the brain’s white matter can be used as a potential biomarker to screen for preclinical Alzheimer’s disease.

“While we are all familiar with the clinical manifestations of Alzheimer’s disease, such as memory loss, it is well-known that degeneration in the brain starts decades earlier. Therefore, current research has shifted to identify symptoms before they appear clinically, as the long preclinical phase of AD provides a critical opportunity for the development of new preventative treatment methods,” said Dr. Fieremans.

The revised diagnostic criteria now focus largely on AD-specific protein biomarkers (beta amyloid and/or tau via spinal fluid or PET imaging), or on imaging biomarkers via large-scale structural imaging paradigms. The NYU research team will focus on the brain’s white matter. While AD is typically considered a gray matter disease, postmortem studies have provided evidence of pathological changes in white matter occurring early in the course of AD, and MRI studies reported a good correlation between white matter damage and disease severity. Dr. Fieremans and colleagues will investigate whether early white matter pathological changes provide complementary information, in addition to established AD biomarkers including beta amyloid and structural MRI. Positive results will, for the first time, establish the role of white matter integrity measures as a biomarker for preclinical AD.

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Reflections From Our Counselors and Caregivers

“No amount of gentle touching and expression of love is ‘enough’ — with each frustration over distressing behavior by your partner, do not lose patience — but give him/her another loving hug with more words of gentle kindness.”
— Herman Shwide
An experienced caregiver

“You may not have chosen the path of a caregiver, but once on the path there are many choices you can make that will lead to growth, satisfaction and a deep appreciation for kindness and the support of others.”
— Cynthia Epstein, LCSW
Clinical Researcher

“It is important to find ways to connect with the person who has AD. If you feel frustrated give yourself some time out. It will benefit both of you in the long run.”
— June Aaronson, LCSW

“Remember that you can’t take good care of others, if you are not taking good care of yourself. Celebrate the welfare of others while celebrating your own.”
— Licet Valois, LMSW, MPS
Social Worker/Outreach Coordinator

“It is important for us both, caregiver and care receiver, to have fun every day. If you don’t have time to plan something fun why not just make what you are doing... (bathing, dressing, cooking or eating) fun?”
— Sunnie Kenowsky, DVM
Alzheimer’s Care Specialist
Clinical Instructor
Co-director, Fisher Alzheimer’s Program

Getting Help When It’s Needed

- Individual Psychotherapy
  Specifically designed to meet the individual needs of a person with early memory loss. Helps individuals regain confidence through the support of a counselor.

- Couples Counseling
  Focuses on supporting the positive elements of the relationship despite the memory decline.

- Group Psychotherapy
  Facilitated by a social worker, people with memory problems meet weekly to share their concerns, mishaps, and successes; and develop coping strategies in a stimulating, safe, and supportive environment.

For information about psychosocial therapy, contact Ursula Auclair, LCSW at 212.263.2245 or email: ursula.auclair@nyumc.org
Open Enrollment for Clinical Trials — Participants Needed

New treatments cannot be discovered without clinical trials, and many more participants are needed. The following studies are open for enrollment at the Silberstein Alzheimer’s Institute. All clinical trials require participants to have a study partner — a friend or relative who can accompany volunteers to clinic visits. The person should have regular contact with the volunteer and will be able to attend all study visits.

Current and Upcoming Clinical Trials:

BACE (β-secretase) Inhibitor as Treatment for Mild – Moderate Alzheimer’s Disease

The purpose of this Phase 2/3 study is to determine whether an oral, investigational medication will affect cognitive and behavioral functioning in individuals with mild to moderate Alzheimer’s disease who are 55–85 years of age. The BACE inhibitor works by blocking one of the ways that beta amyloid, a protein linked to the cognitive and behavioral problems associated with Alzheimer’s disease, is produced in the brain. There is hope that this drug will reduce amyloid plaque build-up in the brain, thus improving the negative symptoms and slowing the overall progression of the disease.

MAO-B Inhibitor as Treatment for Moderate Alzheimer’s Disease

This Phase 2 trial will study the safety and efficacy of an oral medication for those with moderate Alzheimer’s disease who are 50–90 years of age. Research shows that MAO-B levels are increased in those who have AD, something that can lead to various problems, including brain cell death. This drug is a MAO-B inhibitor, which means that it prevents the enzyme MAO-B from over-functioning. By decreasing MAO-B levels in the brain, it is hoped that this drug will improve some of the negative effects of Alzheimer’s disease.

Transcranial Magnetic Stimulation (TMS) as Treatment for Mild – Moderate Alzheimer’s Disease

This trial will involve a non-invasive procedure that uses a magnetic field to stimulate activity within the brain. Researchers believe that through repetitive treatments, TMS in combination with cognitive training may improve the cognitive (memory and thinking) abilities of patients with mild to moderate Alzheimer’s disease (AD). TMS has been successfully used in studies for a variety of psychiatric and neurocognitive conditions.

NourishAD for Individuals with Mild – Moderate Alzheimer’s Disease

This Phase 3 study is for individuals with mild to moderate Alzheimer’s disease who are 65–90 years of age. This more nutritionally based study will use a powdered medical food very similar to the marketed Axona® product. It has been shown that glucose, the brain’s main source of fuel, is used less efficiently in those with Alzheimer’s disease and this can lead to problems with memory and thinking abilities. This powdered drink will use an alternative source of energy for the brain, called ketones, to help increase the amount of energy the brain can use so it can work more efficiently.

Intravenous Infusions of a Monoclonal Antibody as Treatment for MCI and Mild Alzheimer’s Disease

This Phase 2 trial is a monoclonal antibody infusion study for those with either mild cognitive impairment (MCI) or early Alzheimer’s disease who are between the ages of 50 and 90. This will involve bi-monthly intravenous infusions of a monoclonal antibody that is believed to selectively target and destroy toxic amyloid aggregates in the brain. Researchers believe that by decreasing the amount of neurotoxic amyloid aggregates in the brain, this drug will reduce neural cell death and subsequently improve the negative cognitive and behavioral symptoms characteristic of Alzheimer’s disease.

Solanezumab as Treatment for Mild Alzheimer’s Disease

After promising findings in a recent study involving the anti-amyloid monoclonal antibody solanezumab, this fall we will be running another intravenous infusion trial with solanezumab in subjects with mild Alzheimer’s disease who are between the ages of 55 and 90.

Alzheimer’s Disease Prevention Study

We are exploring the use of currently FDA-approved medications that may help safeguard the memory region of the brain known as the hippocampus by promoting the growth of neurons. If you are between the ages of 60 and 80, in good general health, and worry about changes in your memory, you may be eligible for this study.

By participating in one of our studies, you will also receive comprehensive medical follow-up including a neurological/physical exam, memory testing, laboratory blood-work, an EKG and a MRI scan. All clinical trials require participants to have a study partner – a friend or relative who can accompany volunteers to clinic visits.

For more information on these trials, or for a free and quick memory screening, please contact the Clinical Trials Team at 212-263-5708. You may also contact Christina Michel at 212.263.0771, Christina.michel@nyumc.org or Brittany Carbone at 212.263.5845, Brittany.carbone@nyumc.org.

“Try to remember that the patient (person struggling with their memory) is not in the same time frame/reality as you are in. They may be thinking as though they are many years younger.” And “Try not to insist on having things done your way or when you want it to be done. This may make the patient object and fight. You may feel strong. Do not feel rebuffed, discouraged when/if you do not get the response you would like. Do not wait for offers. Instead, make clear, detailed requests which would be helpful to you.”

— Erika Levine, MS Family Counselor

“Remember yourself. Taking even a few moments each day, or even each week, to do something you find enjoyable or relaxing can be both rejuvenating and therapeutic.”

— Muriel Rosenberg An experienced caregiver

“Request help/support/companionship and do not feel weak for asking. Be proud of being able to ask for help. It shows you are strong. Do not feel rebuffed, discouraged when/if you do not get the response you would like. Do not wait for offers. Instead, make clear, detailed requests which would be helpful to you.”

— Ursula Auclair, LCFSW Family and Couples Counselor

“Give yourself moments of freedom. Allow yourself to step away, have fun, and learn when you need to connect and disconnect with others.”

— Ronit Notkin, LMSW Family Counselor

“As a caregiver, myself, on the top of my list, compassion, responsibility, kindness, empathy, and safety could be starters in filling the bill for caring for those afflicted with Alzheimer’s and dementia. Personally, I keep in mind that my husband is very sick, terminally so. So I consider appreciating the time I am allowed to have him with me. Also, relief is urgent. A few hours away from my husband is like a day in the country for me and very likely for him.”

— Anonymous Caregiver
Alzheimer’s Community Intervention Increases Early Detection, Improves Knowledge, and Reduces Burden

Dr. James Galvin

Alzheimer’s disease is relatively common among older adults and yet many individuals with the disease never receive a formal diagnosis. “And, when there is a diagnosis, it too often occurs after a health crisis or other emergency because symptoms of the disease were not recognized or treated earlier,” said James E. Galvin, MD, MPH, Director of the Pearl I. Barlow Center for Memory Evaluation and Treatment and Director of the Alzheimer Disease Assistance Center.

At the Alzheimer’s Association’s International Conference (AAIC) 2013, Dr. Galvin and colleagues reported on an innovative collaboration between New York University, the Missouri Department of Health and Senior Services, four Alzheimer’s Association chapters in Missouri, and ten Area Agencies on Aging (AAAs). Known as Project Learn MORE (Missouri Outreach and Referral Expanded), it was a two-year study to increase detection of new cases of dementia and refer persons with dementia (PWDs) and family caregivers to Alzheimer Association chapters to receive supportive services and increase coping skills.

Missouri AAA caseworkers used the AD8 Dementia Screen to detect incident cases; it was incorporated into their in-home geriatric assessments. People with cognitive impairment were then referred to the Alzheimer’s Association to participate in the Project Learn MORE intervention that included a care consultation; 3,960 older adults were assessed during the study, and 317 people with cognitive decline were detected.

Care consultation services help Alzheimer’s caregivers and other family members build a plan for the current and future care of their loved one. They receive one-to-one assistance to better understand Alzheimer’s disease, manage the dementia symptoms and cope better with the changes brought on by the progression of the disease.

According to Dr. Galvin, who was the lead investigator of the study, pre- and post-intervention surveys showed that Project Learn MORE:

- Reduced depression and increased knowledge in Persons with Dementia.
- Improved overall care confidence and knowledge of caregivers and reduced their feelings of burden.
- Increased the likelihood the Persons with Dementia would seek a formal diagnosis and treatment.

“Our study demonstrated that community-based interventions, such as care consultations offered by the Alzheimer’s Association, can significantly improve patient- and caregiver-centered outcomes,” Dr. Galvin said. ●
Helpful Tips to Make Your Holidays “Happy Days”

For many caregivers and other family members and friends of people with dementia, holidays can be bittersweet, with joy mixed with feelings of disappointment, frustration, and sadness. Mary S. Mittelman, Dr. PH, Director of the Psychosocial Research and Support Program at the Comprehensive Center on Brain Aging, and Research Professor in the Department of Psychiatry at NYU Langone Medical Center, and her colleague, Cynthia Epstein, LCSW, Psychiatry at NYU Langone Medical Center, Comprehensive Center on Brain Aging, Dr. PH, offer the following tips to help caregivers keep some of the stress related to the holiday season at bay.

’Tis the Season to... Simplify!

“My first bit of advice would be to try to figure out what the person with dementia can still do, and simplify the traditional celebrations so everyone can enjoy them. You should think about how much you yourself can do, how much you can delegate to others, and what you are willing to give up doing, to make it more likely that you won’t be exhausted and the person with dementia can participate,” says Dr. Mittelman. Keep it low key: “For instance, you don’t need to unpack and use every box of decorations. Maybe you can do without the fragile decorations, so that the person with dementia can help you decorate your home for the holiday. You also don’t have to spend hours shopping. You can shop on the Internet or give people gift cards. Try to simplify preparations and focus on the true meaning of this special time of year,” says Dr. Mittelman.

Out With the Old... In With the New

Out with the old, in with the new... create new traditions... Involve the person with dementia as you bake, cook and decorate. He/she can help you with a simple recipe or by setting the table. Wrap gifts together or make handmade decorations or greeting cards. Stay away from candles, bright colored lights, and large displays. If you are hosting the holiday meal with family and friends, keep it low-key, quiet and leisurely.

Simplify traditional celebrations so everyone can enjoy them. Think about how much you can do, how much you can delegate, and what you can give up. The result — you won’t be exhausted and the person with dementia can participate...

If your relative with dementia is in a nursing home or facility, plan to participate in some of the activities at the facility. “If you are attending one of the functions at a nursing home with other family members, be mindful of how many people you bring with you. It is best to keep the numbers low so as not to overwhelm the person with Alzheimer’s or cause undue anxiety or confusion to other residents. Sometimes morning or afternoon visits are more pleasurable than evening get-togethers, as many people with dementia function best earlier in the day,” says Ms. Epstein.

Plan Ahead

If the holidays necessitate traveling with your relative with dementia, plan well in advance. If you are driving, plan regular rest stops. Bring some activities for the person with Alzheimer’s to keep him/her occupied in the car, such as magazines, books on tape, a deck of cards, or a favorite CD and snacks. It may be helpful to have a friend or family member come with you — not only to aid with your care giving but to help drive. Sometimes, a person with Alzheimer’s can become irritable while traveling. If that occurs, don’t continue driving and expect the irritability to end. Stop the car and take a break. If your trip involves getting on a plane, inform the airlines in advance that you are traveling with a person with memory impairment. Again, bring some activities with you.

Don’t Be Afraid to Ask for Help

Lastly, and most importantly, try to remember to consider your own needs, as well as those of the person with dementia. If you are hosting the holiday meal, ask others to help by doing the grocery shopping, bringing prepared dishes, helping out with the cooking, setting the table, or cleaning up.

“The holidays are a time to appreciate the love and warmth of family and friends. To best enjoy this special time of year, try to make the event as enjoyable as possible for everyone involved, including the person with dementia and yourself,” adds Dr. Mittelman.

A Few Words Can Make a Big Impact

The Comprehensive Center on Brain Aging and Silberstein Alzheimer’s Institute depend greatly on private funding to support Alzheimer’s research and to sustain our various clinical programs and caregiver services. Gifts to our annual giving campaign provide crucial resources.

Please say “yes” and join our mission to eliminate Alzheimer’s and related diseases. Help bring us closer to our shared goal of effectively treating, preventing, and eventually curing AD.

- Make a Gift Online
  To make an online donation using a credit card, please visit our secure donation web page: giving.nyumc.org/sai

- Make a Gift Via Mail
  Please make checks payable to the Comprehensive Center on Brain Aging and send them to: NYU Comprehensive Center on Brain Aging Attn: Alie Freund 145 East 32nd Street, 5th Floor, New York, NY 10016

- Make a Matching Gift
  Many companies offer matching gift programs which can double or even triple your contribution. To find out if this program is available at your company, please contact your human resources professional.

- Make a Bequest
  By remembering the Comprehensive Center on Brain Aging in your or your loved one’s will, you can make an immediate impact on funding important research or expanding on our clinical program. Your bequest may have estate tax planning benefits as well.

- Make a Planned Gift
  You can combine your desire to give with your overall tax and estate planning goals. Gifts such as stocks or bonds may offer substantial tax advantages. You may name the Comprehensive Center on Brain Aging as the beneficiary of your life insurance policy or retirement plan, thereby eliminating income tax on retirement plan assets. You also have the option to create a charitable gift annuity or a charitable remainder annuity trust, allowing you to receive income for your lifetime and a charitable deduction.

For more information, please contact Alie Freund at 212.263.2615 alexandra.freund@nyumc.org

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What is the difference between a PET scan and an MRI? What are the advantages of each?

Each of these tests serves a different purpose. Magnetic resonance imaging, or MRI, is a procedure that uses a magnetic field and radio waves to take detailed images of a specific area of the body to detect abnormalities or disease processes. As part of a diagnostic work-up for dementia, an MRI of the brain is most often used to exclude the presence of tumors, evidence of a stroke, head trauma, or other disease processes unrelated to Alzheimer’s as a cause of the memory impairment.

These days, we hear often about PET scans. PET stands for positron emission tomography. In this test, a specific tracer that is radioactively tagged is introduced into the body intravenously. As the tracer travels through the bloodstream, a detector records the locations where it accumulates in the brain which, depending on the type of tracer, may indicate a region of high blood flow or metabolism or, alternatively, the amount of the particular molecule associated with the disease condition. PET provides information complementary to MRI in diagnosing memory impairment or dementia. Most often in this diagnostic context, PET is used to distinguish Alzheimer’s from some clinically-related conditions, especially frontotemporal dementia, by revealing a distinctive regional pattern of impaired brain metabolism.

More recently, a special PET tracer that detects β-amyloid in the brain has become clinically available for use in patients to help confirm the diagnosis of AD or more commonly to exclude the diagnosis of Alzheimer’s in a memory-impaired person by showing that brain amyloid is absent.