FOR IMMEDIATE RELEASE

CONTACT: Alzheimer’s Association AAIC Press Office, 416-585-3701, media@alz.org
Niles Frantz, Alzheimer’s Association, 312-335-5777, niles.frantz@alz.org

NEW REPORTS FROM THE ALZHEIMER’S ASSOCIATION INTERNATIONAL CONFERENCE® 2016

- New clinical trial results –
- The protective effect of complex work and formal education on Alzheimer’s disease onset -
- Advances in early detection of dementia -
- New insights into how Alzheimer’s affects men and women –
- Billions in Medicare cost savings possible with better care -

TORONTO, JULY 27, 2016 – New research results presented at the Alzheimer’s Association International Conference 2016 (AAIC 2016) cover a wide range of Alzheimer’s and dementia studies. The data demonstrates a diversity of findings, covering advances in early detection, evidence around protection from the disease and clinical trial data.

AAIC is the premier annual conference for presentation and discussion of the latest Alzheimer's and dementia research. Bringing the world closer to breakthroughs in dementia science, AAIC 2016 brought together more than 5,000 leading experts and researchers from more than 70 countries around the world, and featured more than 2,200 scientific presentations.

“It is the goal of the Alzheimer's Association and AAIC - the world's largest forum for the dementia research community - to report on and reflect the state-of-the-art in all aspects of Alzheimer's disease and dementia research. Research represents hope, and it is our goal to lead the way to a world without Alzheimer’s disease,” said Maria C. Carrillo, PhD, Alzheimer’s Association chief science officer. “This is especially important as the global dementia epidemic continues to grow – affecting every society, race, gender and socioeconomic level.”

Alzheimer's is the most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Alzheimer's disease accounts for 60 to 80 percent of dementia cases. According to Alzheimer’s Association’s 2016 Alzheimer’s Disease Facts and Figures, of the estimated 5.4 million Americans with Alzheimer's, 5.2 million people are age 65 and older, and approximately 200,000 individuals are under age 65 (younger-onset Alzheimer's).

New Alzheimer’s Therapy Clinical Trial Results
Important clinical trial results in Alzheimer’s disease and dementia were reported today at AAIC, including the first completed Phase 3 trial of an anti-tau drug in Alzheimer’s. In a clinical trial of LMTM (TauRx Therapeutics), the drug failed to demonstrate a treatment benefit in the full study population. In a small subgroup of the study population that received LMTM as a monotherapy, there was a statistically significant benefit on cognitive and functional outcomes, and slowing of brain atrophy. The study drug is thought to reduce the accumulation of the protein tau, which normally stabilizes neurons, into potentially toxic tangles.
“It is a significant event in the history of Alzheimer’s and dementia research that this Phase 3 anti-tau trial has been completed and the results reported at the Alzheimer’s Association International Conference,” said Maria C. Carrillo, PhD, Alzheimer’s Association chief science officer. “In Alzheimer’s, the most likely scenario for successful future treatment is addressing the disease from multiple angles. Having a drug that targets tau complete a Phase 3 trial is a very hopeful sign.”

Carrillo said, “The results of this Phase 3 trial are interesting but also complex, and it will take time for the field to determine what they mean. The small number of participants receiving the study drug as monotherapy raises very important questions. Additional research is needed to help us understand these findings so that more and better Alzheimer’s therapies can be created and effectively tested.”

Cognitive Training May Protect Against the Onset of Dementia
A group of researchers funded by the National Institutes of Health found that speed-of-processing training may reduce the risk of developing cognitive decline or dementia over time. The Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) study examined the impact of particular types of cognitive training on healthy adults over 10 years. 2,785 participants at six trial sites were divided into four groups — 1) memory training, 2) reasoning training, 3) computerized speed-of-processing training, and 4) a control group. Speed-of-processing training was the only one that showed a statistically significant impact on cognitive decline; at ten years, the researchers observed a 33 percent reduction in risk of developing dementia over the time of the study. The scientists say this is the first time a cognitive training intervention has been shown to protect against dementia in a large, randomized, controlled trial.

Formal Education and Complex Work May Reduce the Negative Effects of Bad Diet and Cerebrovascular Disease on Cognition
Data presented at AAIC 2016 suggests that people whose work requires complex thinking or activities are better able to withstand the onset of Alzheimer’s disease and that working with people, rather than data or physical things, was the main reason for the protective effect. Three additional studies also presented at AAIC 2016 add to the current body of evidence that modifiable risk factors can help build resilience to age-related cognitive decline and dementia. According to these reports, formal education, complex work and newly-identified genes may increase resilience, even in people at highest risk for the disease because of unhealthy diet or blood vessel problems in the brain. And, resilience factors may vary between men and women.

Smell Tests One Step Closer For Detection of Memory Decline and Dementia
The potential of odor identification testing to detect cognitive impairment and Alzheimer’s disease at an early stage was bolstered by new evidence from two studies presented at AAIC 2016. Researchers evaluated changes in odor identification as an early predictor of cognitive decline, or of the transition to dementia, and compared it to two established biological markers for cognitive decline and dementia - brain amyloid PET imaging and thickness of the brain’s cortex in areas important to memory. Findings showed that odor identification impairment was as good or better than entorhinal cortical thickness, but not as good as amyloid PET scans, at detecting cognitive decline and dementia. However, PET scans are much more costly and challenging to administer than smell tests. With further research and confirmation, smell test may prove useful as an early screening test for dementia risk.

Proposed New Patient Status -- Mild Behavioral Impairment
Researchers presenting at AAIC 2016 in Toronto introduced and described a new condition or patient status, known as Mild Behavioral Impairment (MBI), that may be a forerunner of neurodegeneration and progression to dementia. They also proposed new MBI checklist (MBI-C) designed to be administered by physicians. It looks at five categories of behavioral symptoms, which may eventually help clinicians capture changes in behavior that signal the beginnings of neurodegeneration.

The proposed new checklist has the potential to represent a paradigm shift in formal neurodegeneration testing - away from a sole focus on the memory to also encompass behavior. This could help doctors reach a more efficient and accurate diagnosis sooner. The checklist was developed by an expert group participating in the NPS Professional Interest Area (PIA) under the auspices of the Alzheimer’s Association International Society to Advance Alzheimer’s Research and Treatment (ISTAART).
**Men Receive Dementia-Related Misdiagnosis More Often Than Women**
Among the estimated 5.2 million Americans age 65 or older with Alzheimer’s disease, nearly two-thirds (3.3 million) are women. However, new data from AAIC 2016 suggests a high number of men are not accurately diagnosed during their lifetime. Researchers from the Mayo Clinic in Jacksonville, Florida examined records for more than 1,600 individuals from the State of Florida brain bank. They found that women with Alzheimer’s in the study had lower education and older age at diagnosis and death; men in the study were younger at age of onset, had a shorter disease duration, and more commonly had an atypical clinical diagnosis (for example, corticobasal degeneration or aphasia rather than Alzheimer’s).

**Australian Researchers Demonstrate How to Reduce Systematic Sedation in Dementia Care**
Antipsychotic medications can blunt behaviors and cause sedation, and they carry serious safety concerns in people with dementia, such as increasing the risk of falls and death. Despite this, more than 25 percent of patients in residential care facilities in the U.S. receive antipsychotic medicines to treat the behavioral and psychological symptoms of dementia (BPSD). At AAIC 2016, Australian researchers presented results from an innovative project where they dramatically reduced the use of antipsychotic medicines to treat BPSD, successfully eliminating regular use from the treatment plan in 75 percent of study participants after six months. Deprescribing was achieved primarily through training long-term care facility nurses in non-pharmacological and person-centered approaches to managing BPSD. According to the Alzheimer’s Association, using antipsychotics to treat dementia symptoms should be a last resort. Challenging behaviors can be greatly reduced, and the need for drugs significantly decreased, with proper care and attention.

**Early Treatment Can Reduce Costs and Mortality**
Researchers presenting at AAIC 2016 revealed that there is an economic benefit of ensuring people diagnosed with Alzheimer’s receive the current standard of care for indicated medications. The study showed that treated patients cost the healthcare system less than those who do not receive medication for Alzheimer’s disease; they also had lower mortality rates during the study compared to untreated patients.

**Avoidable Hospitalizations of People with Alzheimer’s Cost Medicare $2.6 Billion**
At AAIC 2016, researchers from Boston and New York reported that more than 369,000 U.S. hospital admissions of people with Alzheimer’s in 2013 were potentially avoidable; these preventable hospital visits cost Medicare $2.6 billion. The great majority of people with Alzheimer’s are older adults and they often have multiple health problems, such as heart disease and diabetes, that require regular and specific medical management. Because of its impact on memory, thinking and behavior, Alzheimer’s disease can significantly complicate management of other diseases, putting people with dementia at high risk for hospitalizations that may be preventable with proactive care. According to the Alzheimer’s Association, the study suggests that management of co-existing diseases remains poor among many people with Alzheimer’s or another dementia. High quality health care can potentially prevent the need for these expensive hospitalizations.

**About Alzheimer’s Association International Conference (AAIC)**
The Alzheimer’s Association International Conference (AAIC) is the world’s largest gathering of researchers from around the world focused on Alzheimer’s and other dementias. As a part of the Alzheimer’s Association’s research program, AAIC serves as a catalyst for generating new knowledge about dementia and fostering a vital, collegial research community.
AAIC 2016 home page: [www.alz.org/aaic/](http://www.alz.org/aaic/)

**About the Alzheimer’s Association**
The Alzheimer’s Association is the leading voluntary health organization in Alzheimer's care, support and research. Our mission is to eliminate Alzheimer’s disease through the advancement of research, to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. Our vision is a world without Alzheimer’s. Visit alz.org or call 800.272.3900.

###