At the Layton Center, we provide education about dementia treatment, research, and care to students, health care and social service professionals, the public and caregivers. Last year we provided more than 30 community presentations to over 1,000 people on topics like “What Is Normal Brain Aging” and “A Vision for the Future of Aging and Technology.” We also offer training opportunities, like the two-year Geriatric Neurology Fellowship Program in partnership with the Portland VA Medical Center.

The Geriatric Neurology Fellowship Program provides multidisciplinary training in geriatric neurology and dementia. The Layton Center offers research and clinical tracks with special areas of emphasis including healthy brain aging, cognitive and motor function, neuroimaging, biomarkers, clinical trials and use of in-home technologies for research and care. Our current fellows, Andrew Natonson, M.D., M.S., and Neil Thomas, M.D., M.S., joined us in July 2016 and will be here until June 2018.

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A demoralizing effect of Alzheimer’s disease and similar dementias is the gradual loss of ability to engage in enjoyable and meaningful activities. This loss affects the whole family and can lead to depressive symptoms in the care recipient with dementia. Overtaxed family caregivers know that activity engagement is important, but they often tell me they are exhausted and can’t think of another activity. To address this concern, Teri and Logsdon (1991) developed the Pleasant Events tool for caregivers with dementia. This tool offers caregivers a variety of pleasant events to engage their family member. Importantly, Teri and Logsdon advise caregivers to keep it simple. Reflect on how you feel when someone extends a kind word to you and know that that effect is similar for your family member. For example, a stranger on the tram complimented my dress the other day — it made me feel so good!

When you have a minute, write down a list of activities that you think your care recipient with dementia might enjoy. Keep this list handy for when you both need a boost. To get you started, Teri and Logsdon have started a list, and caregivers I’ve worked with have added their own ideas. I left a couple of lines for you to write in your ideas.

CAREGIVER CORNER

- Hug each other
- Apply hand lotion
- Go for a walk
- Look at a scrapbook together
- Talk with children/grandchildren on the phone
- Clean out an old toolbox or sewing kit
- Smile
- Wink
- Polish shoes
- Pop popcorn
- Sing a familiar song
- Play an instrument
- Apply nail polish
- Pet an animal (or a stuffed animal)
- Fly a kite
- Blow up a balloon
- Wrap a present
- Unwrap a present
Understanding frontotemporal dementia

Kathy Wild, Ph.D.

Dr. Kathy Wild has been providing neuropsychological evaluations at the Layton Aging and Alzheimer’s Disease Center for over 25 years.

For the past 10 years I have had the privilege of leading a support group for family caregivers of persons with frontotemporal dementia (FTD) and related disorders. The group’s creation was based on an observation among our clinicians at the OHSU Aging and Alzheimer’s Clinic that the typical Alzheimer’s Disease support group did not always meet the needs of families dealing with FTD. A closer look at the hallmark symptoms of frontotemporal degeneration will help explain why this may be so.

While much of the public is familiar with the symptoms of Alzheimer’s disease, there continues to be a general lack of knowledge concerning FTD, the second most commonly diagnosed degenerative dementia. FTD is a disease that typically affects adults in their 50s and 60s, and because of that it can affect work and family relationships in ways that are different from that of dementia in older adults. It is not unusual for people with FTD to be initially misdiagnosed as having a psychiatric disturbance due to their younger age of onset and unusual behaviors in the presence of generally preserved memory. While the symptoms may vary from one individual to the next, frequent early signs include changes in personality, poor judgment, language problems or trouble planning and organizing activities. The person’s behaviors may become inappropriate; for example, speaking to strangers openly or engaging in compulsive actions like overeating. FTD can lead to loss of judgment, inhibition and empathy, resulting in poor financial decisions or disrupted relationships. Often people with frontotemporal degeneration have little insight into their own deficits and thus become a caregiving challenge by engaging in risky activities and resisting offers of help.

For these and many other reasons, family members of persons with FTD and related disorders can experience stress, fatigue and despair. A caregivers’ group can offer not only emotional support in the face of the daily demands of caregiving, but can at times provide practical solutions to problems stemming from difficult behaviors. The expressions of recognition and empathy among group members as they share with each other challenges of the previous month attest to the fact that no one has to be alone on this most difficult of journeys.
The pilot project program of the NIH-funded Oregon Alzheimer’s Disease Center promotes basic and clinical biomedical, translational, epidemiological, caregiving, educational and behavioral research on Alzheimer’s disease, other dementias and normal brain aging. The funding provides modest support to allow an investigator to develop preliminary data sufficient to provide the basis for an application for independent research support. This year’s awards went to:

Erin Boespflug, Ph.D., postdoctoral research associate, Advanced Imaging Research Center and OHSU neurology, “High resolution characterization of the perivascular space in the setting of AD pathology”

Kirsten Wright, N.D., M.S., postdoctoral scholar, neurology, Oregon Center for Complementary and Alternative Medicine in Neurological Disorders, OHSU, “A pharmacokinetic study of Centella asiatica water extract in elderly adults.”

Raina Croff, Ph.D., assistant professor of neurology, OHSU Layton Aging and Alzheimer’s Disease Center, was awarded this two-year grant for her 2016 program, Sharing History through Active Reminiscence and Photo-imagery (SHARP). Dr. Croff will use these funds to extend the program to older African Americans experiencing mild cognitive impairment and test if regular walking and social engagement improves or maintains cognitive health. The overall goal is to develop a culturally celebratory social walking program with proven brain health benefits. According to Dr. Croff, “We hope to make the SHARP model adaptable to any area and ethnicity, and be of value to both cognitively healthy people and to those experiencing MCI.”
Starting in my research associate position at the Layton Aging and Alzheimer’s Disease Center last year felt rather like “coming home.”

I trained as a nurse in Cape Town, South Africa, in the early 1980s; a time when the ability to execute perfect “hospital corners” and scrub a bedpan with a smile on one’s face ranked equally with passing a nasogastric tube and dressing a surgical wound. After my training, I moved to the U.K., gaining invaluable clinical nursing experience in endocrinology, orthopaedics, ophthalmology and neurology; interspersed with a couple of extended return visits to Africa to carry out nutrition research in Ghana and initiate a blindness prevention program in Namibia. A blossoming interest in research led to completion of a Master of Public Health in 1996, followed by my first research nurse position in pediatric neurology in Cambridge, U.K.: surveillance of variant CJD (mad cow disease) in U.K. children.

After relocating to the U.S. in 2003, I worked on a variety of research studies — lung cancer, CJD, an HPV vaccine trial in Tanzania, and stroke. I moved to Portland to begin work at OHSU in early 2014, initially working as a research R.N. in hematologic malignancies, before transferring to the Layton Center in October 2016.

Providing holistic nursing support and care to our patients and their families/caregivers is of utmost importance to me in my role at the Center. I help coordinate the weekly clinic, manage the nurse phone line and facilitate the monthly Memory Disorders New Diagnosis Educational Workshop. Additionally, I support Layton’s vibrant research program. Working to advance our understanding of dementia and pursue the hope of finding a treatment, maybe even a cure, is incredibly motivating, and I get to spend my working days with colleagues as passionate about all this as I am. I love what I do and feel that I have come home to roost in my dream job!

Outside of my work day, I enjoy music, playing the piano, reading poignant literature, cheering on my daughter in her tennis matches, goats, baking and hiking (otherwise known as mitigating the fallout from aforementioned baking).
The purpose of the Anti-Amyloid Treatment in Asymptomatic Alzheimer’s study (the “A4 study” for short) is to test whether a new investigational treatment, called an anti-amyloid antibody, can slow memory loss caused by Alzheimer’s disease. Amyloid is a protein normally produced in the brain that can build up in older people, forming amyloid plaque deposits. Scientists believe this buildup of deposits may play a key role in the eventual development of Alzheimer’s disease-related memory loss. The overall goal of the A4 study is to test whether decreasing amyloid with antibody investigational treatment can help slow the memory loss associated with amyloid buildup in some people.

The A4 study invites older individuals (ages 65–85) who have normal thinking and memory function but who may be at risk for memory loss due to Alzheimer’s disease to participate in the study. We seek to enroll adults who have an elevated level of amyloid plaque in their brain. Physicians and researchers will use an imaging test called a PET scan to determine whether a potential participant has evidence of this plaque buildup. People who do not show evidence of elevated amyloid in their brains will not be able to participate.

The A4 study lasts for three years, and participants will be required to visit once a month. Participants will be assigned at random to receive either the investigational drug or a placebo and will be monitored over the course of the three years. All clinical studies, including the A4 study, may involve some risks associated with participation. If you are considering participating in A4, you will have detailed discussions with physicians and research staff regarding the investigational treatment and other aspects of the A4 study.

If you would like information about the A4 study and our current trials and research participation opportunities at the Layton Center, please call our research team at 503-494-7647 or email adresearch@ohsu.edu.
Welcome Andrew Natonson, M.D., M.S. and Neil Thomas, M.D., M.S.

Join us in welcoming our current fellows to our clinical and research team. Both fellows see patients in the memory clinics at OHSU and the VA Medical Center. They are also involved in teaching dementia-related topics to residents and medical students.

Andrew Natonson, M.D., M.S.

Andrew Natonson moved to Portland from Chicago via Boston, where he did the majority of his training at Tufts Medical Center. In addition to his clinical duties, he is actively engaged in the education of medical students and residents in the field of neurology. He has spent many years studying HIV and is interested in how viruses impact cognitive changes, among other things. He is contemplating ways to improve access to neurological care for patients in rural areas using telemedicine, and is otherwise trying to find ways to become acclimated to this wonderful city.

Neil Thomas, M.D., M.S.

Neil Thomas moved to Portland from Ottawa, Canada, where he completed medical school and his neurology residency at the University of Ottawa. In addition to his clinical duties, he is currently helping to coordinate a project that is using unobtrusive home-based technologies to detect changes in cognition and functional abilities of patients with cognitive impairment living with a caregiver. Within this project, he is also interested in using the home-based assessment system to evaluate time and effort related to caregiving activities and the impact this has on caregiver burden. His other research interests include how technology-based assessment methods could be used to examine cognitive impairment and recovery in patients after stroke.

Did you know? Medical students aren’t physicians or doctors until they graduate from medical school. When they graduate, they are called doctors, but training continues for several years. After graduation, physicians enter a residency program in a specific medical specialty and practice under supervision within their training program. Residency is three to seven years depending on the specialty, with the first year being labeled as internship. When residency is complete, physicians can continue their training as fellows to get more specific training. This is optional but required for subspecialties. An attending is a physician who has fulfilled their training and is now working in their specialty. At teaching hospitals like OHSU, the attending physician often works with residents and medical students and directs their education.
The Layton Aging and Alzheimer’s Disease Center

The Layton Aging and Alzheimer’s Disease Center is one of 30 NIA Alzheimer’s Disease Centers in the U.S. and the only one of its kind in Oregon. Our center is recognized as a national leader in dementia care and research, and is committed to serving the needs of people throughout the Northwest.

The Layton Center is part of the OHSU Brain Institute (OBI). OBI is a national leader in neuroscience patient care, research and education.

Jeffrey Kaye, M.D.
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Aging and Alzheimer’s Disease Center

The 2017 Walk to End Alzheimer’s in Portland, organized by the Oregon Chapter of the Alzheimer’s Association, is September 10 at the Portland International Raceway. As in previous years, the OHSU Layton Aging and Alzheimer’s Disease Center is rallying its team to help advance Alzheimer’s support, care, and research. We welcome you to join the “OHSU Layton Center Team” to support this very important cause.

www.alz.org/walk