



Volunteer News

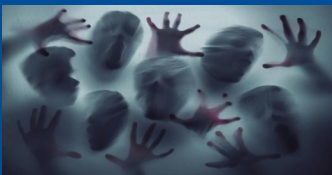
INSIDE THIS EDITION:



13th Annual
Markesbery
Symposium,
Community
Program on
November 18th, 2023 (pg 1)

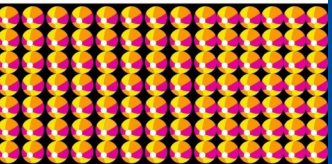


Anti-amyloid therapy receives
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"Seeing is believing", hallucina-
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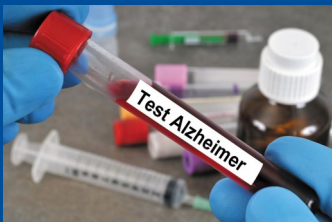
Find The Odd One



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Got an idea for the newslet-
ter? Call 859-323-5550

Join Us Live or Online for the 13th Annual Markesbery Symposium November 18, 2023, 8am to 12pm!

**Markesbery
Symposium**
on Aging and Dementia

**Understand the Latest Discoveries for Healthy Brain Aging and our
Efforts to Move Closer to Cures for all Types of Dementia!**

You won't want to miss this year's exciting program! We will once again be hosting the program live at the Central Bank Center in downtown Lexington and also providing an online hybrid option using ZOOM for those that do not feel comfortable attending in person. You can join us live for breakfast and the symposium or engage over your smartphone or any device connected to the internet.

Our Keynote Speakers this year include Dr. Malu Tansey, PhD, Professor, Neuroscience and Neurology and Director, Center for Translational Research in Neurodegenerative Disease, University of Florida and Dr. David Morgan, PhD, Professor, Translational Neuroscience, Michigan State University.



Dr. Tansey will explore the gut microbiome in her presentation on *Why Gut Health Matters for Brain Health?* And Dr. Morgan will take us on a historical tour of advances in the treatment of Alzheimer's in his talk *Immunotherapy for Alzheimer's Disease: 25 Years from Mouse Models to Approved Treatment in People Living with Alzheimer's*. Of course, these topics only scratch the surface, so please come hear them both at the symposium.

Also presenting will be our own Alaine Reschke-Hernandez, PhD, MT-BC, Assistant Professor, Music Education and Therapy speaking on *Harmonizing Music Therapy Research in Dementia Care*. (cont. on page 4)

First Disease Modifying Therapy Ever for Alzheimer's Disease Receives Full FDA Approval and Guaranteed Medicare Coverage: Find out if this treatment is right for you!

Its an exciting time as these new disease-modifying medicines move forward into our clinics at UK! Find out if this is an option for you!

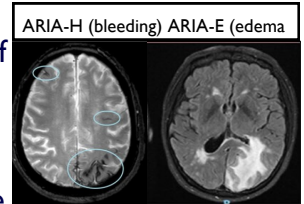
On July 6, 2023, Leqembi®, an antibody that removes Alzheimer plaques from the brain, was granted full FDA approval. Medicare has committed to covering this medicine for those that may benefit from it. This is welcome news for the millions in the U.S. who have MCI and/or early AD. While Leqembi® is not the cure we are looking for; it is a great start! The bad news is that this new medicine is not for everyone. Many may have to wait a little longer for other new medicines to be brought forward and (Cont. on page 2)



Amyloid Removing Medicines Here at Last in Our Clinic (cont. from pg 1)

may have to wait a little longer for other new medicines to be brought forward and used. Medicare is requiring a National Registration for all new prescriptions in order to ensure medicines are properly used. Coverage for Leqembi® is dependent on the review of the data entered. A recent analysis of the Mayo Clinic Study on Aging suggests that 5% - 17% of patients with MCI or Dementia may be eligible for Leqembi®. In Kentucky, where we have over 70,000 citizens diagnosed with Alzheimer's, we estimate that up to 12,000 Kentuckians may be eligible. So why the restrictions?

First, the current studies suggest that Leqembi® works best at the earliest stages of AD. Unfortunately, for those beyond the mild stage of Alzheimer's, the drug has questionable benefit and will not be covered by Medicare. Secondly, Leqembi® does come with some well-known risks for brain swelling and /or bleeding in the brain. This potential for brain bleeding will need to be monitored with MRI. Patients that cannot have MRIs for any reason are not eligible for the medicine. Thirdly, for folks with both the genetic risk for AD (ApoE e4 gene) and also taking blood thinners like Coumadin (Warfarin), Eliquis (Apixaban), Xarelto (Rivoroxaban), or other similar medications, have a high risk for bleeding in the brain that may make the risk for taking Leqembi® greater than its potential benefits.



If you would like to find out if you are eligible for this new medicine, contact us at (859) 323-5550. We will set up an appointment to explore your eligibility.

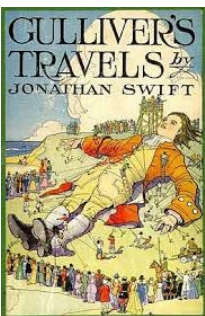
We promise to not stop looking for new medicines that might help everyone until we have the cures we are looking for. You can be part of that discovery and may be eligible for the next generation of experimental medicines for Alzheimer's disease! If you would like to learn more, contact us today at (859) 323-5550.



“Seeing is Believing” May Not Be so Easy for Those with Alzheimer's & Dementia with Lewy Bodies

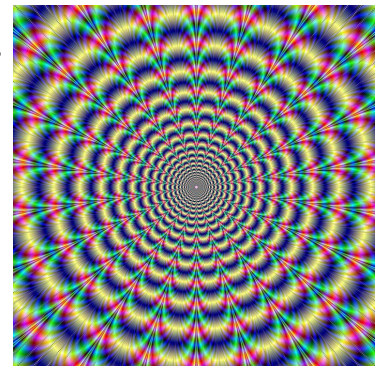


The human brain is hard wired to make sense out of light patterns that our eyes can detect. Making sense of such patterns requires complex brain wiring that often is disrupted in dementia. Indeed, many with the visual variants of Alzheimer's Disease and/or Dementia with Lewy Bodies also have prominent involvement of the visual pathways in the brain, rather than simply developing memory problems. The earliest symptoms may include hallucinations or an inability to see what is right in front of a person.



Humans have recognized the phenomena of hallucinations for thousands of years, often attributing the experience to religious phenomena or other causes. The neurologic explanation for visual hallucinations resulting from brain injury was first described by Charles Bonnet in 1760 after he studied one of his patients with a small stroke in the visual areas of the brain. His patient suffered a partial loss of vision, but incredibly began to see small people that weren't there. The patient frequently told stories of the small people to his grandson, Jonathan Swift, who later wrote Gulliver's Travels. The same phenomena is seen today in many persons with Alzheimer's with Lewy Body Disease and Stroke.

Visual hallucinations tend to be the most common type of hallucinations in dementia. Often these visual images make no sound, have no smell, and cannot be touched. They almost always take the form of people, especially small people, and/or animals. Why injury to certain brain regions leads to such specific images has been debated, but appears to be hard-wired into a human brain's ability to see faces. Those of you that have cuddled a newborn baby have experienced this occurrence. The baby's eyes are barraged by millions of new sights, yet they focus solely on the face in front of them. Indeed the most ancient forms of art, focused on depictions of people and animals. (Cont. on Page 3)



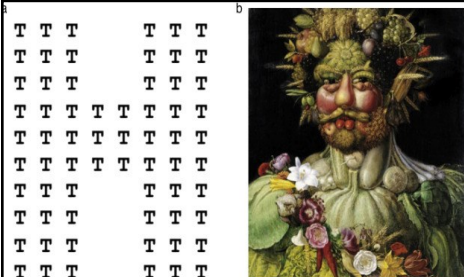
Understanding Visual Perception Problems in Dementia (cont. from pg 2)

Our understanding of the visual problems experienced by those with neurologic brain injury to the visual areas was further explored by Rezső (Rudolf) Bálint in 1909. His observations of these clinical symptoms became known as “Balint’s Syndrome”. He



Optic ataxia: cant find the spoon...

described patients with: 1) Optic Ataxia (the inability to accurately reach for objects), 2) Optic Apraxia (the inability to voluntarily guide eye movements/ change to a new location of visual fixation), and 3) Siimultagnosia (the inability to perceive more than one object at a time, even when in the same place).



Simultagnosia: a) can see “T”, can’t see the “H”; b) can see the vegetables, but can’t see the person.

These problems are common in the visual variant of Alzheimer’s Disease, most often affecting women more than men, and in younger rather than older persons. Often, a person’s memory is fine in the early stages of the disease, but persons with Balint Syndrome may not see objects

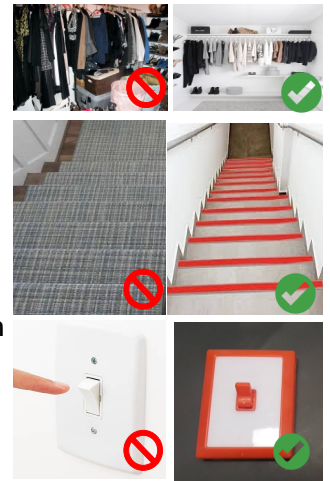
that are right in front of their eyes. They may not be able to find the fork on the table in front of them or the Ketchup bottle in the refrigerator even when it is right under their nose.

We’re all prone to tricks of the eye! Optical illusions hold much interest and we have all experienced them. While they can be fun from time to time, living in a world where we cannot trust our own eyes is a problem for those with visual perceptive disturbances.

So, how do we help? First, we need to understand that the more complex the visual scenery is, the more trouble it will be for a person with this issue to make sense of it. Secondly, we should understand that using light and color can help create the contrast needed to make sense of the images the eye is sending to the brain.

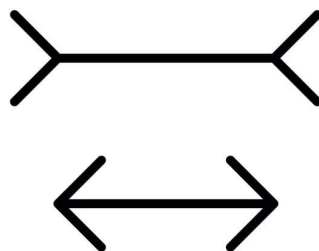
TIPS TO HELP YOUR LOVED ONE IF THEY HAVE VISUAL PROBLEMS...

- This means simplifying the visual environment. Remove knick-knacks and extraneous objects, pictures, and patterns.
- Look at the fabrics, rugs, shelves, and cabinets, and keep only what is essential. Use solid patterns rather than intricate patterns or weaves for upholstery and carpeting.
- Keep only tooth paste in front of the bathroom sink, and use only a single wash in the bath or shower that can serve as bath gel & shampoo.
- Think of this as “feng shui”...
- Red is the color that excites the brain most. Mark important objects like step edges & light switches, with bright red tape or vivid red nail polish!



Optical illusions for brain health! Put your mind to the test!

Can you spot the hidden baby in this picture?



Which line is longer, and which is shorter?
Your mind may be playing tricks on you...
Better measure to be sure!

Can you find the inverted 7 in less than 15 seconds?
It may help if you fixate in different areas as your eyes are always centering on the whole image preventing you from seeing everything!



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Dr. Fred Schmitt, PhD, Professor of Neurology and Director of Outreach, Recruitment and Engagement (ORE) Core, University of Kentucky ADRC will then take the stage to present on *Trisomy 21: Providing Insights into Dementia*. And last, but not least, Dr. Gregory Jicha, MD, PhD, Professor of Neurology and Director of Clinical Core, University of Kentucky ADRC will present on *Anti-Amyloid Therapy: Who's Benefitting and How Do We Move Forward?*



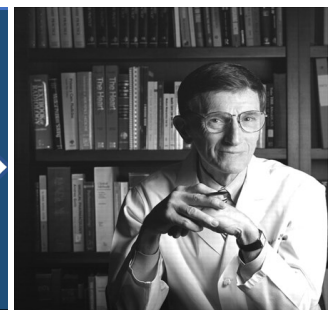
The presentations will be followed by an interactive panel discussion, moderated by our own Drs. Daniel C. Lee PhD and Steve Estus PhD. Panelists include Drs. Tansey, Morgan, Jicha, Reschke-Hernandez, Harp, King, and Ms. Parsons. **We hope to see you there to get YOUR questions answered directly by a panel of experts!**



Scan QR code to register to attend **in-person or via ZOOM**.

Or visit: <https://tinyurl.com/2023-register-community>

Need assistance? Call (859)323-5550 to register by phone.



In-Home Alzheimer Disease Blood Tests: What You Need to Know

Blood tests for Alzheimer's disease have received a lot of media attention. Marketing for these tests is on the rise. Many want to know their risk and/or challenge or verify previous diagnoses. These tests are being offered at affordable prices (~\$200), but there is much to understand about the science and how they might help or harm. The average blood test is at its very best only about 90% accurate. 1 out of 10 people will either be led to believe they have no risk for Alzheimer's Disease or that they do have it, even if they don't.

Being able to identify risk is remarkably important. We encourage further development of in-home AD tests because we think they will help in identifying who best to treat with the new medicines we are developing. But you should understand that these tests cannot yet provide a definitive diagnosis. We encourage you all to wait for FDA approval and to make sure you understand what a positive and a negative test really tells you. We're here to help you navigate your risk! Call us at (859) 323-5550 if you need us to help!