Synergies between Alzheimer’s Research and Clinical Gerontology and Geriatrics

December 1 – 2, 2016
Bethesda, MD

Supported by an Administrative Supplement to P30 AG021332
Reception Jointly Sponsored by AFAR / AGS / GSA
Workshop Goals

• Identify areas of synergy between the Alzheimer’s and Geriatrics/Gerontology research communities
• Identify priorities for joint scientific inquiry
• Promote networking between the Alzheimer’s and Geriatrics/Gerontology Research Communities
• Produce a manuscript summarizing the workshop’s findings and priorities.
Getting to Today

• Leaders from the OAIC and Alzheimer’s Center programs participated in identifying key themes.
• A smaller joint committee refined the theme, topics and preferred speakers
• Coordinating Center invited speakers, moderators, early career faculty and other interested parties.
• Plan for the next two days.
MY PERSPECTIVE
Functional Gains Don’t seem to be Following Gains in Life Expectancy

Percentage of Medicare beneficiaries age 65 and over who have limitations in performing activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or who are in a long-term care facility, selected years 1992–2013

NOTE: A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; has three or more beds, is licensed as a nursing home or other long-term care facility, and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver. Limitations in performing activities of daily living (ADL) refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. Limitations in performing instrumental activities of daily living (IADL) refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: using the telephone, light housework, heavy housework, meal preparation, shopping, or managing money. Percentages are age adjusted using the 2000 standard population. Estimates may not sum to the totals because of rounding.

Reference population: These data refer to Medicare beneficiaries.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.
Percent of US Residents > 65 years of Age with at 1 “Basic ADL” Limitation

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Male</td>
<td>57.3</td>
</tr>
<tr>
<td>Female</td>
<td>62.9</td>
</tr>
<tr>
<td>White</td>
<td>57.5</td>
</tr>
<tr>
<td>Black</td>
<td>65.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>58.8</td>
</tr>
<tr>
<td>&lt;100%</td>
<td>73.9</td>
</tr>
<tr>
<td>100%-199%</td>
<td>67.2</td>
</tr>
<tr>
<td>200%-399%</td>
<td>60.9</td>
</tr>
<tr>
<td>&gt;400%</td>
<td>45.8</td>
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</tbody>
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National Health Interview Survey - 2014
Common Pathways to Physical and Cognitive Disability

- Excess Caloric Intake
- Sedentary Lifestyle
- Obesity

Dementia & Physical Disability

Stroke, Heart Disease, Diabetes, Hypertension, Arthritis
Risk Factors for Heart Disease

<table>
<thead>
<tr>
<th>Percent Increase</th>
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<tbody>
<tr>
<td>Hypertension</td>
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<tr>
<td>Smoking</td>
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<tr>
<td>Cholesterol</td>
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<tr>
<td>Diabetes</td>
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</tbody>
</table>

Courtesy Steve Austad
Risk Factors for Heart Disease

- Hypertension
- Smoking
- Cholesterol
- Diabetes
- Aging

Percent Increase

Courtesy Steve Austad
Age itself is the strongest risk factor for age related diseases.
Mouse Alzheimer’s disease

Caccamo, et al. (2010) JBC
Workshop Structure

• Short orienting presentations within theme areas trying to connect both sides of the neck.

• Discuss conceptual and operational challenges, opportunities and synergies.

• Last session tomorrow will collect these thoughts to gain a sense of priorities.