

THE MENTAL NOTE

FROM THE HARVARD AGING BRAIN STUDY STAFF

Dear HABS participants and study partners:

Over the last few weeks, we have had the opportunity to speak with you and it is reassuring to know that you are staying safe and healthy. As we have mentioned before, our highest priority is the wellbeing and safety of our study participants and research team. Our terrific research staff team has been working from home, and is available to answer any questions you may have by phone (617-643-5200) or by email (LMANNING6@mgh.harvard.edu).

During this time, we continue make progress in our fight against Alzheimer's disease with the data that you have already contributed with. In an effort to maintain a sense of normalcy, we would like to invite you to our first virtual Food for Thought. Dr. Dorene Rentz has accepted the opportunity to present a live Zoom talk for our research participants and their study partners. More information about this can be found on the last page of the Mental Note.

We greatly appreciate your dedication to the Harvard Aging Brain Study. We are thinking of all of you in this time of uncertainty and hoping that everyone is staying well and comfortable at home!

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Clinical Core Leader

STAFF AT THE HARVARD AGING BRAIN STUDY

Care about you!



Massachusetts General Hospital - Harvard Medical School - Brigham and Women's Hospital

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When memory changes are not Alzheimer's disease: HOW TO TELL THE DIFFERENCE

For many people, the most feared consequence of aging is Alzheimer's disease dementia. While one of the first symptoms of Alzheimer's disease is forgetfulness, not all memory changes are related to this disease. Medical problems, including urinary tract infections, vitamin deficiencies, hormonal dysfunction, tumors, and alcohol use disorder may temporarily cause serious memory problems that could be mistaken for dementia. When these conditions are accurately diagnosed and treated, memory typically improves and often returns to normal. Other causes for memory problems include mood changes, medication side effects, and normal aging. Mood changes in particular, such as stress, grief, anxiety, and depression can affect memory function and behavior. Most individuals experience occasional stress and periods of sadness, but if these episodes last longer than two weeks, it is important to consult a physician. Doctors can prescribe medications and/or therapy to improve mood symptoms and ultimately restore memory function.

As we and our loved ones age, we are likely to experience normal changes in our memory, including more word-finding difficulty, slower processing speed, and more difficulty learning new things. While these changes can be frustrating, the good news is they are not always signs of a serious memory problem.

One of the goals of the Harvard Aging Brain Study (HABS) is to identify what memory changes are related to Alzheimer's disease, and what memory changes are not. We are also learning what factors may play an important role in increasing the risk to develop Alzheimer's disease and other dementias in the future.

Dementia is an umbrella term for diseases and conditions characterized by a decline in memory, language, problem-solving, and/or other thinking skills that affect a person's ability to perform everyday activities. Other common dementias include Vascular dementia, Lewy Body dementia, Frontotemporal dementia, and Parkinson's disease.



VASCULAR DEMENTIA (VD)

This usually occurs after a stroke (though not all strokes) blocks an artery to your brain causing reduced blood flow. VD can result in problems with reasoning, judgement, planning, and memory.

LEWY BODY DEMENTIA (LBD)

This is the third most common type of dementia after Alzheimer's disease and vascular dementia. LBD causes a decline in memory, thinking, and reasoning abilities. Patients may have delusions, visual hallucinations, and trouble understanding visual information.

FRONTOTEMPORAL DEMENTIA (FTD)

This type of dementia is the most common early-onset dementia. Deterioration of fronto-temporal lobe areas causes changes in behavior, personality, and ability to produce and/or comprehend language.

PARKINSON'S DISEASE DEMENTIA (PDD)

Parkinson's affects the movement centers of the brain, but as the disease progresses, degeneration can spread to regions implicated in mental functions such as paying attention and making judgements.

Dorene Rentz, PsyD, is a Professor of Neurology at Harvard Medical School and a clinical neuropsychologist with dual appointments in the Departments of Neurology at Brigham and Women's Hospital and Massachusetts General Hospital. She serves as the Co-Director of the Center for Alzheimer Research and Treatment and the Director of the Outreach, Retention and Engagement Core at the Massachusetts Alzheimer's Disease Research Center. She is also the Clinical Core Leader of the Harvard Aging Brain study and Co-Leader of the Clinical Outcome Instrument Unit of the Alzheimer Clinical Trial Consortium.



Her Research focus has been on the early detection of preclinical Alzheimer's disease, particularly in high functioning individuals. Her recent work involves exploring early cognitive changes using PET amyloid and tau imaging. More recently, she is a leader in cognitive outcome assessments for secondary prevention trials in Preclinical Alzheimer's disease and has explored the feasibility of using technology to do cognitive assessments in the clinic and home environment.

Join us from the comfort of your own home,
as we host the first virtual

FOOD FOR THOUGHT

Where Dorene Rentz, PsyD, will talk about
Alzheimer's disease and other dementias.

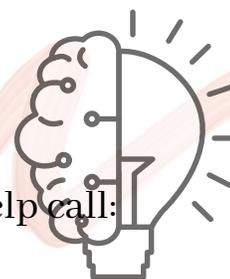
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