

# Cognitive Trajectories Associated with Amyloid- $\beta$ Deposition in Normal Aging and MCI

Presenter:

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*University of Pittsburgh – Amyloid Imaging Group*



- I have nothing relevant to disclose.

## *Taking the long view:*

# Cognitive-change correlates of amyloid-beta in non-demented older adults

- Outline

- Study 1: A $\beta$  & cognitive change in a non-demented oldest-old sample (85+)
- Study 2: A $\beta$  & cognitive change in a younger-old sample of normal aging (65+)
- Study 3: A $\beta$  & subjective ratings of memory change in normal aging

# Background

## VIEWS & REVIEWS

### Meta-analysis of amyloid-cognition relations in cognitively normal older adults

Trey Hedden, PhD  
Hwamee Oh, PhD  
Alayna P. Younger, BA  
Tanu A. Patel

#### ABSTRACT

**Objective:** We conducted a meta-analysis of relationships between amyloid burden and cognition in cognitively normal, older adult humans.

**Methods:** Methods of assessing amyloid burden included were CSF or plasma assays, histopa-

## Hedden et al. (2013) meta-analysis

- Small associations between A-beta & cognition in CN older adults
- Episodic memory,  $r = .12$  with PiB imaging (primary analysis)
- Executive fx & global cognition, only sig. in secondary analysis
  - ( $r = .08$  &  $r = .09$ )
- Visuospatial function, semantic memory (language), processing speed, working memory NS
- *5 / 34 datasets were longitudinal*

# Background

- Studies reporting *longitudinal cognition* & A-beta imaging in CN:
  - Storandt et al., 2009, *WU*
  - Resnick et al, 2010, *BLSA*
  - Ewers et al., 2012, *ADNI* (*PiB-PET*)
  - Landau et al., 2012, *ADNI* (*florbetapir*)
  - Lim et al., 2013, *AIBL*
  - Villemagne et al., 2013, *AIBL*
  - Wirth et al., 2013, *BAC*

# *Taking the long view:*

Cognitive-change correlates of amyloid-beta  
in non-demented older adults

## Study 1: A-beta in the oldest-old (85 + )

- GEMS Imaging Sub-Study (U01 AT000162, PI DeKosky)
- A-beta positivity *highly prevalent* (55 %)
- weakly associated with cognitive status concurrent with imaging
  - Matthis et al., *Annal of Neurol*, 73(6), 2012
- associated with retrospective cognitive decline?

# The Ginkgo Evaluation of Memory Study (GEMS)

- 2000- 2008: Randomized, double-blind, placebo-controlled 4-site trial
- n= 3072
- 240 mg of Ginkgo biloba daily
- No drug effect observed on incident dementia (DeKosky et al., 2008) or cognitive decline (Snitz et al., 2009)
- Mortality 12.4%; lost 6.4%; dementia 17.0% (= endpoint)

## The GEMS Imaging Sub-Study

- 2009: PiB-PET & MRI imaging
- n = 194 Pittsburgh participants, non-demented at GEMS close-out
- Mean age 85.5 (range 82-94); educ. 14.7 years (range 9-20); 59.3% ♂
- Neuropsychological assessment; consensus diagnosis
- Pittsburgh Compound B (PiB)-PET; SUVR summed 50-70 minutes, referenced to cerebellum
- Global cortical cutoff of 1.57 SUVR defined A $\beta$ -negative vs. A $\beta$ -positive groups

# GEMS Neuropsychological Test Battery

## Six evaluations over 8 years prior to PiB-PET imaging

Snitz et al., Neurology. 80(15):1378-1384, 2013

COGNITIVE DOMAIN	TESTS	
<i>Memory</i>	California Verbal Learning Test	Modified Rey-Osterrieth Figure recalls
<i>Visuospatial Reasoning</i>	Modified Block Design	Modified Rey-Osterrieth Figure copy
<i>Attention/psychomotor speed</i>	Trail Making part A	Digit span forward
<i>Executive function</i>	Trail Making part B	Digit span backward; Stroop color-word interference test
<i>Language</i>	Modified Boston Naming	Verbal fluency (category and initial letter)

### Analysis:

Linear mixed models, adjusting for age, sex, race & education

A $\beta$  status x Time interaction term reflects group difference in cognitive performance slopes over time



# A $\beta$ -status group characteristics at time of PiB imaging

	A $\beta$ –negative n = 87 (44.9%)	A $\beta$ –positive n =107 (55.1%)	<i>p</i>
Age, mean (SD), y	85.2 (2.5)	85.7 (3.0)	.18
Male sex, n (%)	55 (63.2%)	59 (55.1%)	.26
Non-white race, n (%)	3 (3.4%)	4 (3.7%)	.91
Education, mean (SD), y	14.7 (2.8)	14.7 (2.5)	.97
APOE*4 allele carrier, n (%)	5/82 (6.1%)	32/98 (32.7%)	<.01
Estimated premorbid verbal IQ	118.3 (8.3)	119.3 (7.1)	.35

# Neuropsychological test performance at imaging

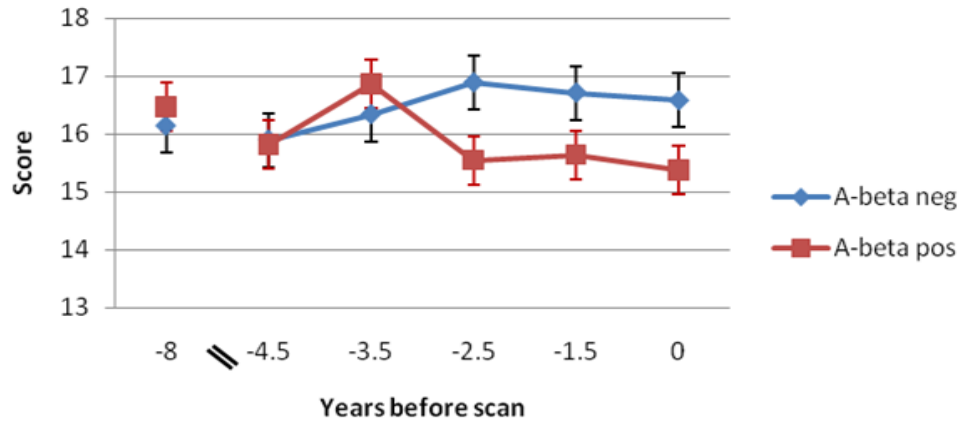
	A $\beta$ –negative n = 86	A $\beta$ –positive n =104	<i>p</i>
CVLT sum learning trial	44.9 (11.6)	41.5 (12.1)	.07
CVLT delayed recall	8.5 (3.7)	8.0 (3.7)	.37
Rey figure immediate recall	16.7 (3.8)	15.6 (4.0)	.08
Rey figure delayed recall	16.2 (4.1)	15.8 (4.1)	.74
Rey figure copy	20.7 (2.4)	20.2 (2.2)	.13
Trails A	42.3 (15.0)	48.5 (17.8)	<b>.05</b>
Trails B	106.7 (45.4)	123.3 (51.9)	.06
Semantic fluency (animals)	15.8 (3.7)	14.4 (4.0)	<b>.05</b>
Letter fluency (F, S)	27.3 (8.6)	28.3 (8.0)	.34

# Annual rates of change on NP tests over previous 8 years

	A $\beta$ –negative	A $\beta$ –positive	Group X Time <i>p</i>
<i>Memory</i>			
CVLT delayed recall	-0.03	-0.09	.22
R-O figure delayed recall (range 0-24)	+0.10	-0.10	<b>.02</b>
<i>Executive functions</i>			
Trails B (sec.) **	+1.56	+3.33	<b>.01</b>
Stroop color-word interference (no.)	-2.28	-2.07	.65
<i>Visuospatial construction</i>			
Block design (range 0-24)	-0.13	-0.06	.32
R-O figure copy (range 0-24)	-0.14	-0.24	.06
<i>Language</i>			
Semantic fluency	-0.01	-0.18	<b>.01</b>
Phonemic fluency	+0.35	+0.36	.99
Boston Naming Test (range 0-30)	+0.07	+0.06	.91
<i>Attention</i>			
Trails A (sec.) **	+0.39	+1.02	<b>.02</b>
Digit Span forward	+0.03	-0.02	.24

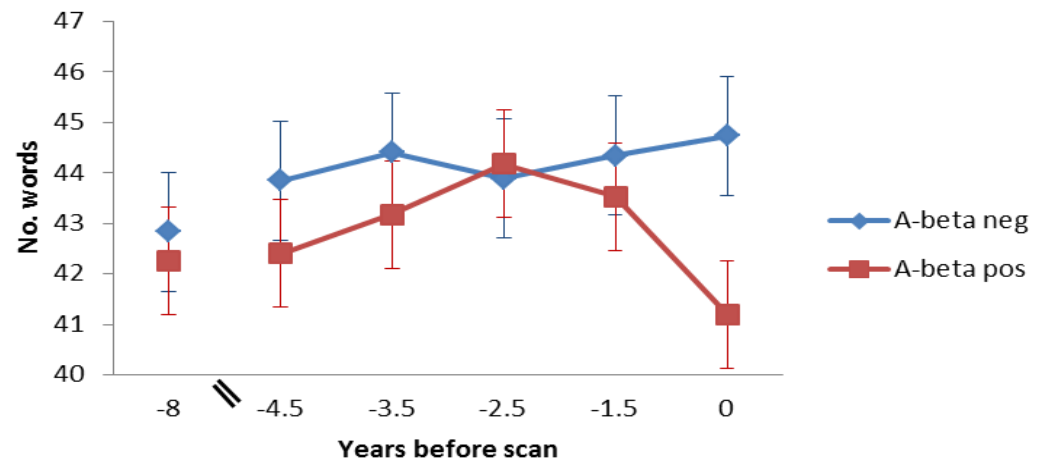
# Shape of cognitive trajectories: mixed model estimates of each group at each assessment

Rey figure immediate recall over time  
by A $\beta$  status



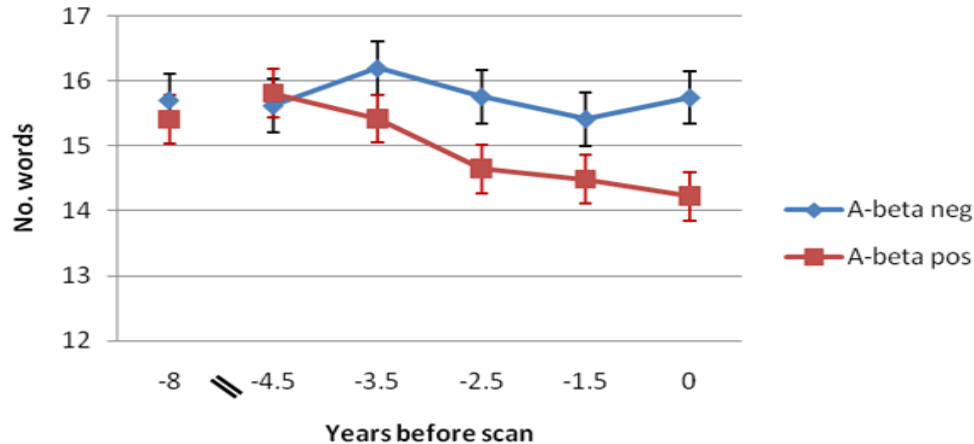
## *Learning & Recall*

CVLT learning trials over time



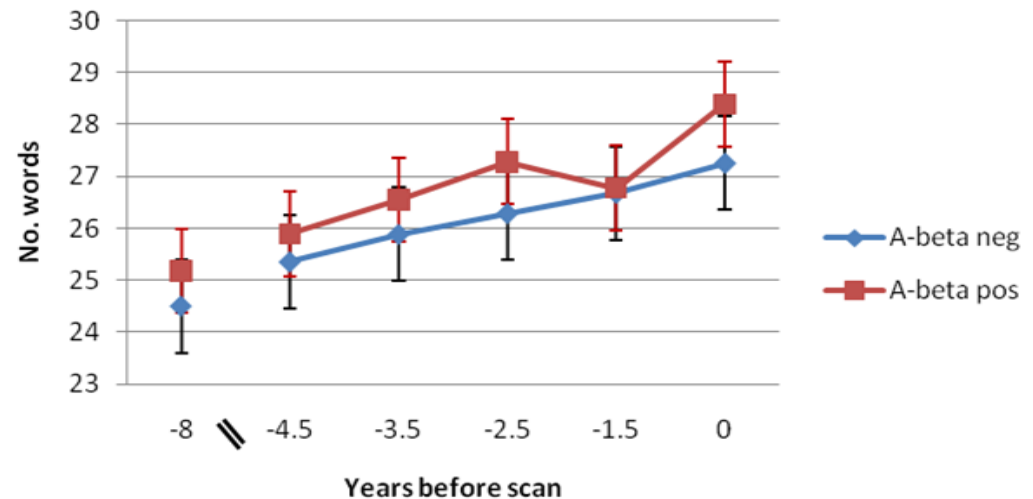
# Shape of cognitive trajectories: mixed model estimates of each group at each assessment

Animal fluency over time by A $\beta$  status



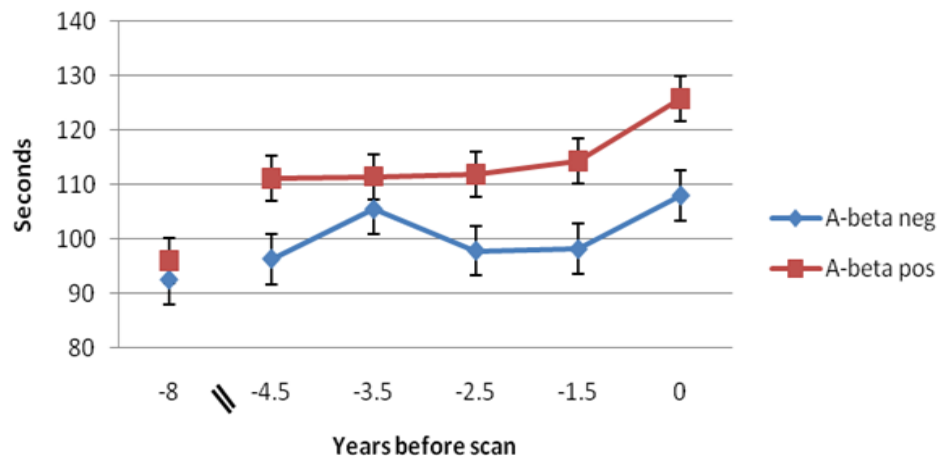
*Verbal fluency*

Letter fluency over time by A $\beta$  status



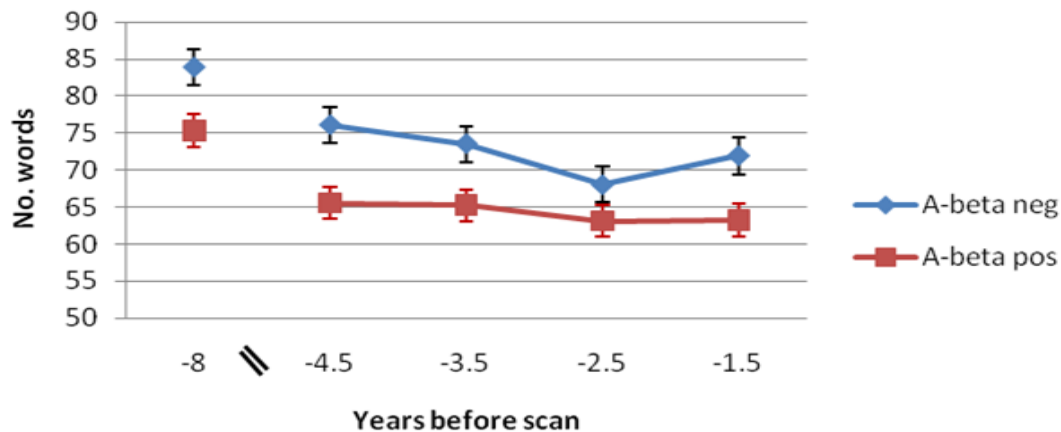
# Shape of cognitive trajectories: mixed model estimates of each group at each assessment

Trails B over time by A $\beta$  status



*Executive control*

Stroop interference over time by A $\beta$  status



# Baseline neuropsychological testing 8 years before PiB imaging

	A $\beta$ –negative	A $\beta$ –positive	<i>p</i>
<i>Memory</i>			
CVLT delayed recall	8.9 (3.3)	9.0 (3.1)	.90
R-O figure delayed recall (range 0-24)	15.6 (5.2)	16.2 (5.0)	.43
<i>Executive functions</i>			
Trails B (sec.) **	92.6 (37.2)	96.0 (38.8)	.54
Stroop color-word interference (no. in 120 sec.)	84.3 (20.5)	76.1 (21.5)	<b>&lt; .01</b>
Ravens Progressive Matrices	29.7 (3.9)	28.5 (4.6)	.07
<i>Visuospatial construction</i>			
Block design (range 0-24)	13.6 (4.4)	12.4 (4.3)	<b>.05</b>
R-O figure copy (range 0-24)	21.6 (2.5)	21.6 (3.3)	.99
<i>Language</i>			
Semantic fluency	15.7 (4.2)	15.4 (3.9)	.62
Phonemic fluency	24.5 (8.6)	25.2 (7.4)	.56
Boston Naming Test (range 0-30)	26.8 (2.6)	26.3 (2.6)	.16
<i>Attention</i>			
Trails A (sec.) **	39.1 (11.1)	40.4 (14.1)	.48
Digit Span forward	8.1 (2.2)	8.1 (2.2)	.98

\*\* higher = worse

# Conclusions from GEMS Imaging Sub-Study

- Highly prevalent  $A\beta$  in oldest-old associated with steeper cognitive decline, retrospectively
- But small effect sizes of change
  - implications for prevention trials
- 8 years before imaging:  $A\beta$ -status group differences on tests reflecting executive functions
  - unlikely due to age, education, premorbid IQ



# *Taking the long view:*

## Cognitive-change correlates of A $\beta$ in non-demented older adults

### Study 2: A $\beta$ in a younger sample

- Normal Aging Study (R37 AG025516; PI Klunk)
- $n = 80$
- mean age 74 (SD 5.9) years
- *prospective* study design
- carefully screened, cognitively normal at baseline
  - *MCI excluded*
- A $\beta$  positivity 29 % at baseline
  - *regional definition; 5 cortical regions & ventral striatum*
- associated with cognitive change over time ?

# Group characteristics at baseline

Aizenstein et al., *Arch Neurol* 2008; Nebes et al., *Neuropsychologia*, 2013

	<b><u>A-beta negative</u></b> <b>(n=57)</b>	<b><u>A-beta positive</u></b> <b>(n=23)</b>	<b><i>p</i></b>
<b>Age, y</b>	73.3 (5.4)	76.2 (6.4)	<b>.04</b>
<b>Sex, female</b>	42 (72 %)	11 (48 %)	<b>.04</b>
<b>Education</b>	14.9 (2.5)	14.9 (2.8)	.80
<b>Estimated IQ</b>	109.7 (12.1)	109.2 (13.2)	.92
<b>Race (white)</b>	51 (8 %)	19 (83 %)	.13
<b>APOE*4</b>	5 (9.4 %)	9 (45.0 %)	<b>.002</b>
<b>MMSE</b>	28.5 (1.5)	28.7 (1.7)	.71
<b>GDS</b>	2.0 (2.1)	1.7 (1.9)	.75
<b>Follow-up time, y</b>	2.9 (1.9) (range 0 – 7.4)	2.9 (2.0) (range 0 – 5.5)	.97

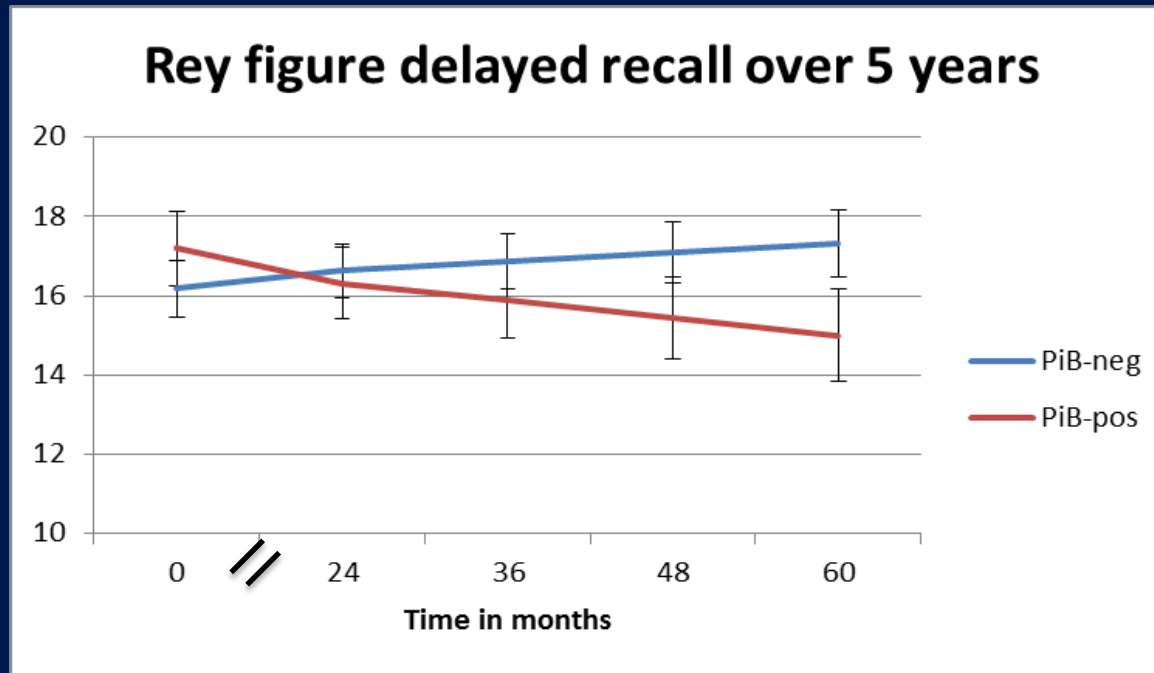
# Cognitive test performance at baseline

	<b><u>A-beta negative</u></b> <b>(n=57)</b>	<b><u>A-beta positive</u></b> <b>(n=23)</b>	<b><i>P</i></b> <b>(adjusted)</b>
<b><i>Episodic Memory</i></b>			
CERAD WLL delayed recall	6.90 (1.73)	7.35 (1.54)	<i>ns</i>
Rey figure delayed recall	15.74 (3.49)	16.75 (3.56)	<i>ns</i>
<b><i>Language</i></b>			
30-item Boston Naming Test	28.25 (2.16)	28.17 (2.21)	<i>ns</i>
Verbal fluency – animals	19.96 (4.79)	19.43 (4.73)	<i>ns</i>
Verbal fluency – initial letter	41.44 (14.28)	39.96 (12.78)	<i>ns</i>
<b><i>Visuospatial Construction</i></b>			
Rey figure copy	20.38 (1.71)	20.39 (2.63)	<i>ns</i>
Block design	11.92 (4.08)	11.82 (5.49)	<i>ns</i>
<b><i>Attention / Broad Executive Functions</i></b>			
Trail Making Test Part A	30.13 (11.21)	30.31(9.90)	<i>ns</i>
Trail Making Test Part B	71.46 (31.26)	89.05 (38.23)	<i>ns</i>
Digit Symbol	53.04 (10.86)	47.50 (10.68)	<i>ns</i>

# Cognitive test performance at baseline

	<u>A-beta negative</u> (n=57)	<u>A-beta positive</u> (n=23)	<i>P</i> (adjusted)
<b><i>Information Processing speed</i></b>			
Simple RT, ms	266.59 (45.15)	267.96 (49.09)	<i>ns</i>
Choice RT – perceptual, ms	745.40 (168.70)	786.06 (177.36)	<i>ns</i>
Choice RT – conceptual, ms	759.68 (160.71)	802.79 (163.02)	<i>ns</i>
<b><i>Working Memory</i></b>			<i>ns</i>
N-back	32.86 (11.80)	33.87 (13.91)	<i>ns</i>
Letter-number sequencing	9.98 (2.88)	9.13 (2.91)	<i>ns</i>
<b><i>Inhibitory Control</i></b>			<i>ns</i>
Stroop RT – incongruent, ms	830.95 (138.43)	943.15 (195.57)	<b>.03</b>
Hayling, RT – incongruent, ms	2288.11 (1658.55)	2321.04 (1414.61)	<i>ns</i>

# Longitudinal cognitive slopes



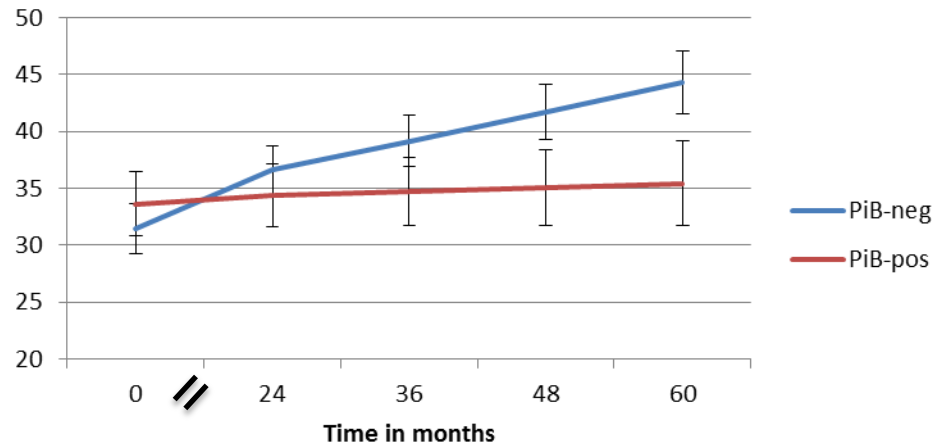
## Analysis:

Linear mixed models, adjusting for age, sex, race & education

$A\beta$  status x Time interaction term reflects group difference in cognitive performance slopes over time

# Longitudinal cognitive slopes

## N-Back task over 5 years

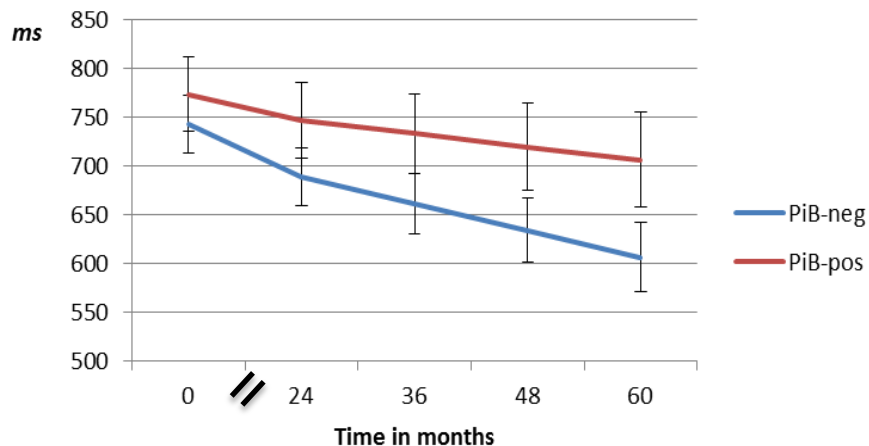


## Analysis:

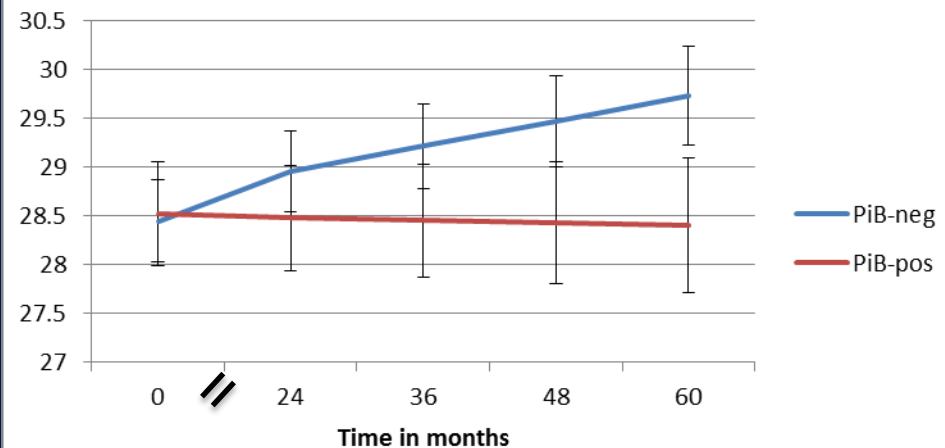
Linear mixed models, adjusting for age, sex, race & education

$A\beta$  status x Time interaction term reflects group difference in cognitive performance slopes over time

## Choice RT task over 5 years



## Boston Naming Test over 5 years



# Conclusions from the Normal Aging study

- A $\beta$  in younger-old carefully screened, cognitively normal (baseline) associated with *very little cognitive decline*
  - memory
- Significant slope differences between A $\beta$ -groups reflect *lack of improvement* in A $\beta$  (+) vs. A $\beta$  (-)
  - processing speed task
  - working memory task
  - confrontation naming task

# Practice (re-test) effects

- Learning of test content
  - *episodic memory*
- Familiarization with task procedures
  - *procedural (non-declarative) learning*
- Anxiety reduction
  - *affective processes (desensitization)*

*Cognitive aging research: “nuisance” effect ?*



# Practice (re-test) effects: Perspectives from the literature

- Biologic relevance

## Terminal decline and practice effects in older adults without dementia

The MoVIES project

Hiroko H. Dodge, PhD  
Chia-Ning Wang, MS  
Chung-Chou H. Chang,  
PhD  
Mary Ganguli, MD,  
MPH

### ABSTRACT

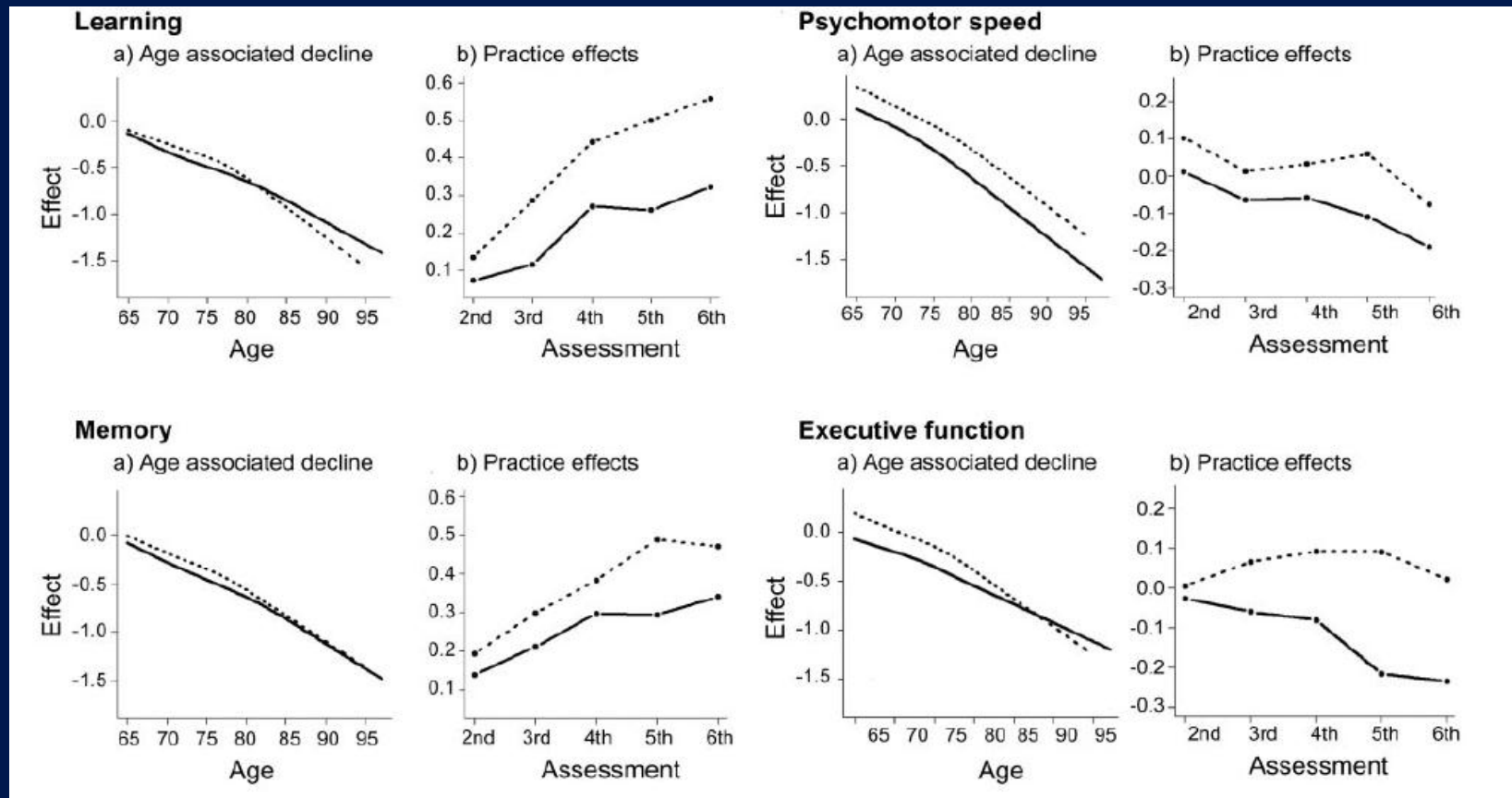
**Objective:** To track cognitive change over time in dementia-free older adults and to examine terminal cognitive decline.

**Methods:** A total of 1,230 subjects who remained free from dementia over 14 years of follow-up were included in a population-based epidemiologic cohort study. First, we compared survivors and decedents on their trajectories of 5 cognitive functions (learning, memory, language, psy-

Dodge et al., Neurology, 2011

# Practice (re-test) effects: Perspectives from the literature

- Biologic relevance: decedents vs. survivors



# Practice (re-test) effects: Perspectives from the literature

- Biologic relevance

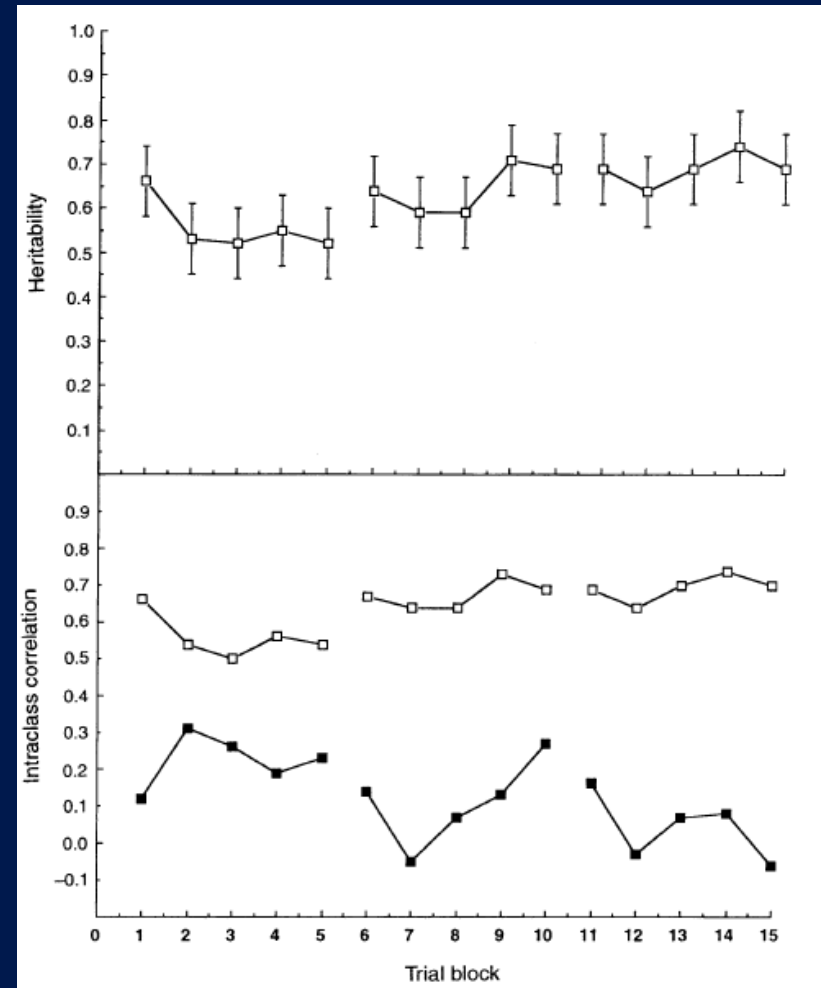
## LETTERS TO NATURE

### Genetic and environmental contributions to the acquisition of a motor skill

Paul W. Fox\*, Scott L. Hershberger†  
& Thomas J. Bouchard Jr\*‡

Nature, 384(6607), 1996

- Twin study: MZ vs. DZ
- Rotary pursuit task
  - 3 consecutive days, 25 trials per session



# Practice (re-test) effects: Perspectives from the literature

- Relevance to MCI / AD risk:

## Predictors of Preclinical Alzheimer Disease and Dementia

*A Clinicopathologic Study*

James E. Galvin, MD, MPH; Kimberly K. Powlishta, PhD; Kenneth Wilkins, MD; Daniel W. McKeel, Jr, MD;  
Chengjie Xiong, PhD; Elizabeth Grant, PhD; Martha Storandt, PhD; John C. Morris, MD

Arch Neurol, 62(5), 2005

- Neuropathologic preclinical AD (CDR 0 at time of death) vs. controls
  - Less improvement over 6 years on:
    - *memory test (WMS Associate Memory)*
    - *Boston Naming Test*

# Practice (re-test) effects: Perspectives from the literature

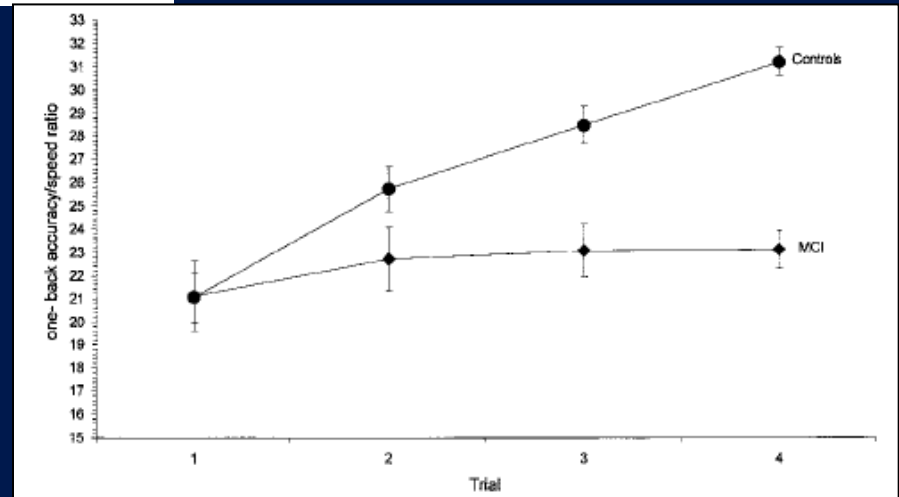
- Relevance to MCI / AD risk:

## Mild cognitive impairment can be detected by multiple assessments in a single day

D. Darby, MD, PhD; P. Maruff, PhD; A. Collie, PhD; and M. McStephen, BSc

NEUROLOGY 2002;59:1042-1046

- CogState RT tasks
  - Repeated 4 x in a day
  - MCI attenuated benefit



Neurobiology of Aging 28 (2007) 885-893

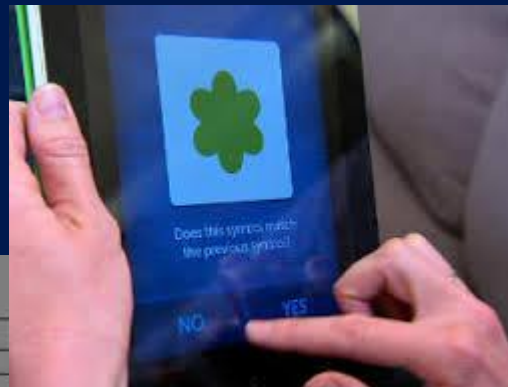
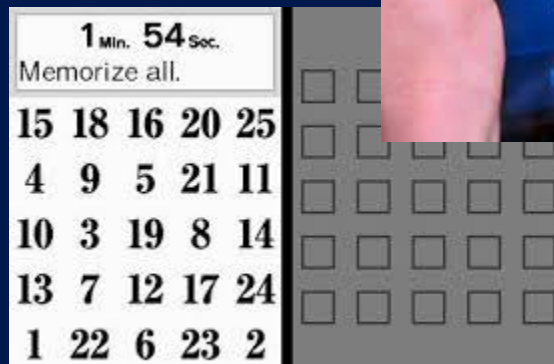
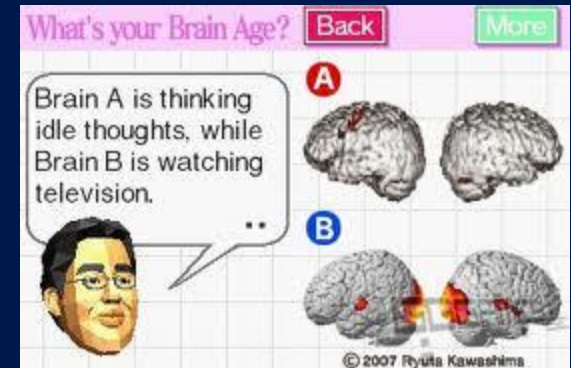
## Effects of ApoE genotype and mild cognitive impairment on implicit learning

Selam Negash<sup>a,\*</sup>, Lindsay E. Petersen<sup>a</sup>, Yonas E. Geda<sup>b</sup>, David S. Knopman<sup>a</sup>,  
Bradley F. Boeve<sup>a</sup>, Glenn E. Smith<sup>a</sup>, Robert J. Ivnik<sup>a</sup>, Darlene V. Howard<sup>c</sup>,  
James H. Howard Jr.<sup>c,d</sup>, Ronald C. Petersen<sup>a</sup>

- Implicit learning tasks
  - APOE4 carriers: deficits on visual contextual cueing task

# “Practice effects” are now ubiquitous

## lumosity

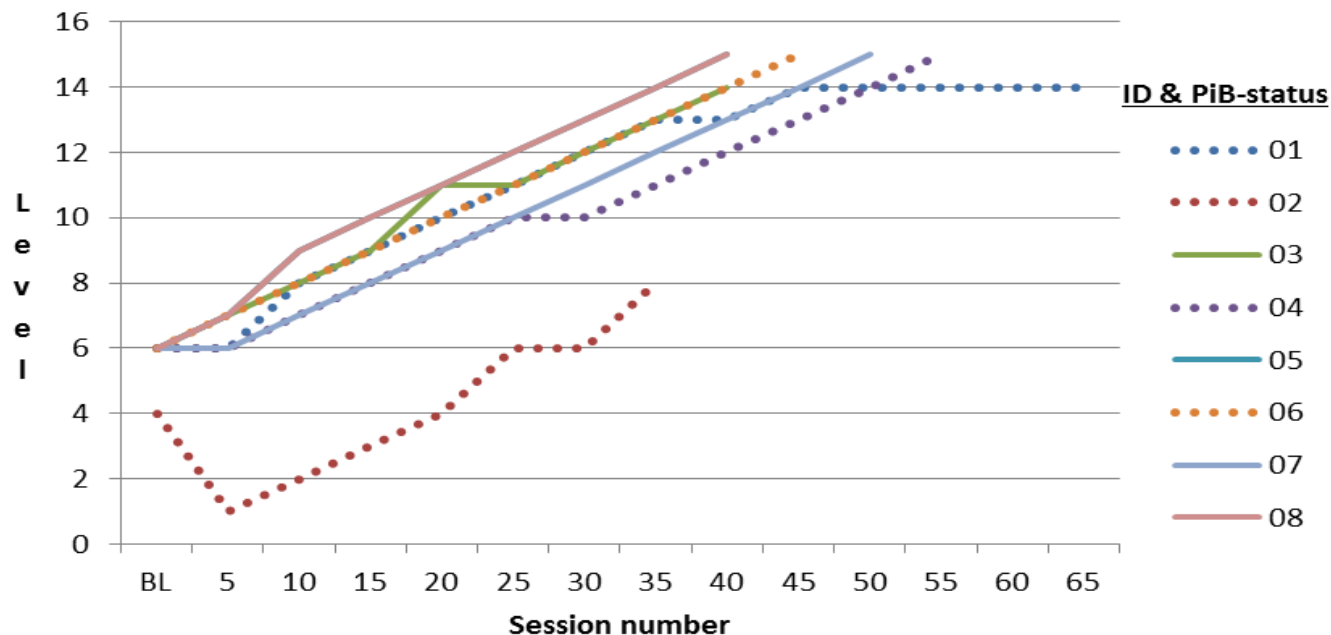


# Practice (re-test) effects: 'Brain-training' paradigms



- n = 8 MCI patients, all with **PIB-PET** imaging close to time of SmartBrain use

## SmartBrain: Completing a Series of Items





*Taking the long view:*  
Cognitive-change correlates of A $\beta$   
in non-demented older adults

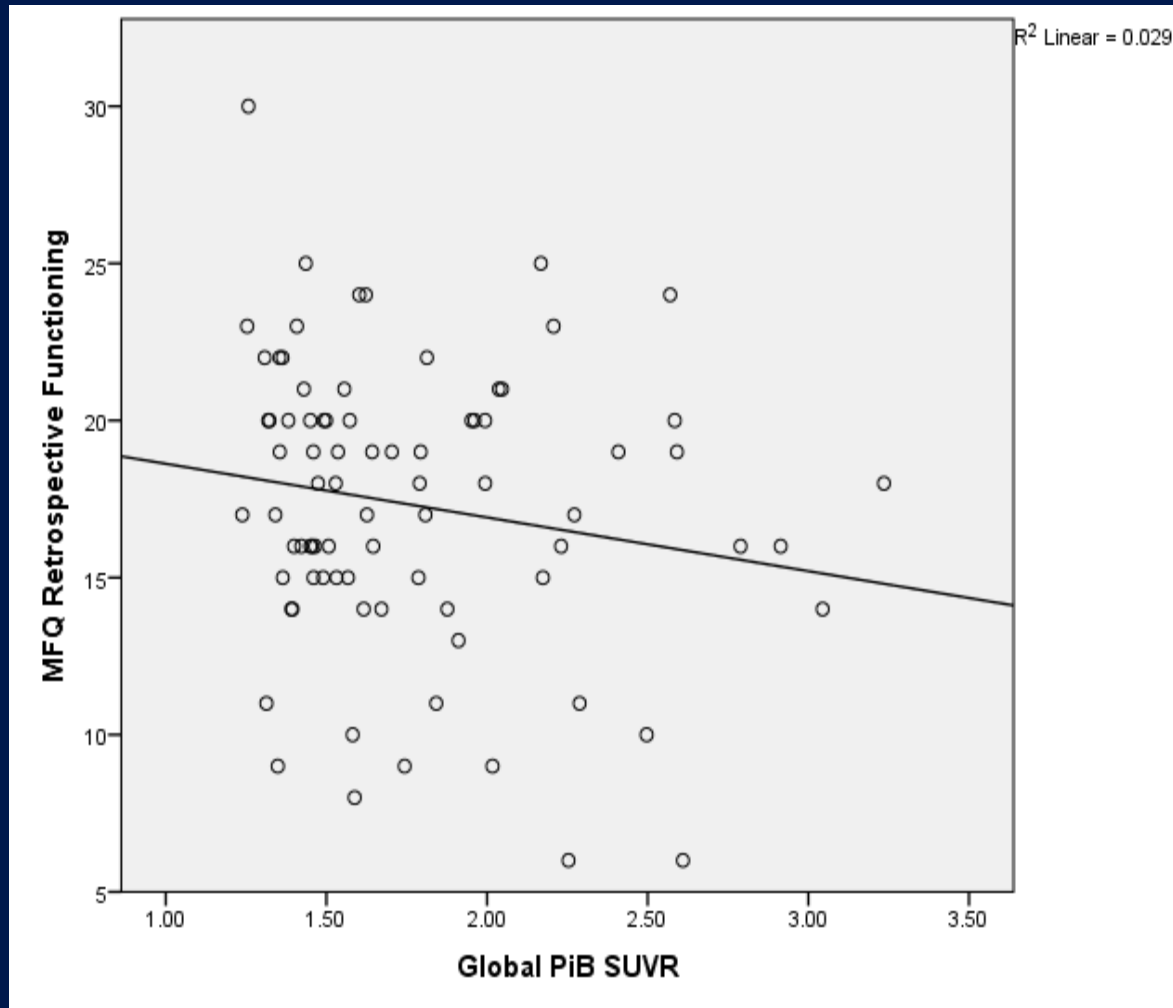
Study 3: Subjective cognitive change over time  
– associated with A $\beta$  in normal aging?



# Subjective Cognitive Complaint (SCC) questionnaire study

- Add-on to two ongoing PiB-imaging studies
  - (Klunk, PI; P01 AG025204; Klunk R37 AG025516)
- Sample description
  - **n = 89** cognitively normal (CN) participants
  - mean age 80.8 (SD 8.4) years; IQR = 74 to 86 years
  - mean educ. 16.6 (SD 9.6) years
  - 48% female; 90% white
- Memory Functioning Questionnaire (*Gilewski et al., 1990*; 64 items)
  - General Frequency of Forgetting (33 items)
  - Serious of Forgetting (18 items)
  - **Retrospective Functioning (5 items)**
  - Mnemonics Usage (8 items)

# Subjective memory change & PiB retention



*“How is your memory compared to the way it was ...”*

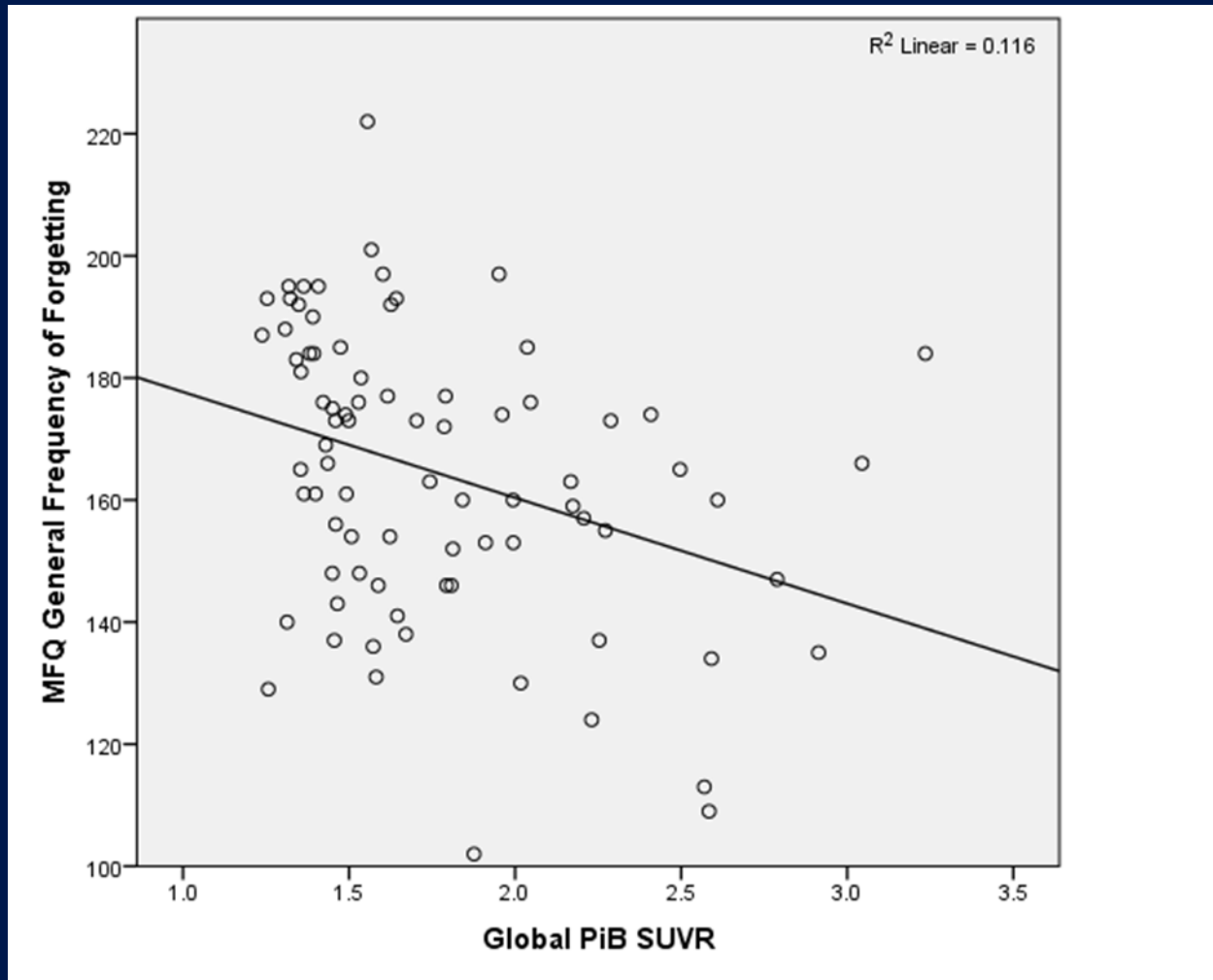
- 1 year ago
- 5 years ago
- 10 years ago
- 20 years ago
- when you were 18

Response scale: 1 – 7

*“much worse” to “same” to “better”*)

- 5 items
- higher = better functioning

# Subjective memory failures & PiB retention



*“How often do these present a problem for you...”*

- names
- faces
- appts.
- where put things
- words
- dates
- phone numbers
- etc.

(1 – 7, “*always*” to “*never*”)

- 33 items
- higher = better functioning

$$r = .34, p < .05$$

*Replication of MFQ-factor pattern – amyloid findings from Amariglio et al. 2012 , and Merrill et al., 2012 (FDDNP)*

# Conclusions:

- A $\beta$  in oldest-old: associated with steeper cognitive decline
  - Longitudinal associations stronger than cross-sectional
- A $\beta$  in younger-old: associated with attenuated improvement in test performance
  - Implications for different study designs / cognitive outcomes ?
- A $\beta$  in normal aging (broad age range) not associated with subjective ratings of memory decline

# Acknowledgments

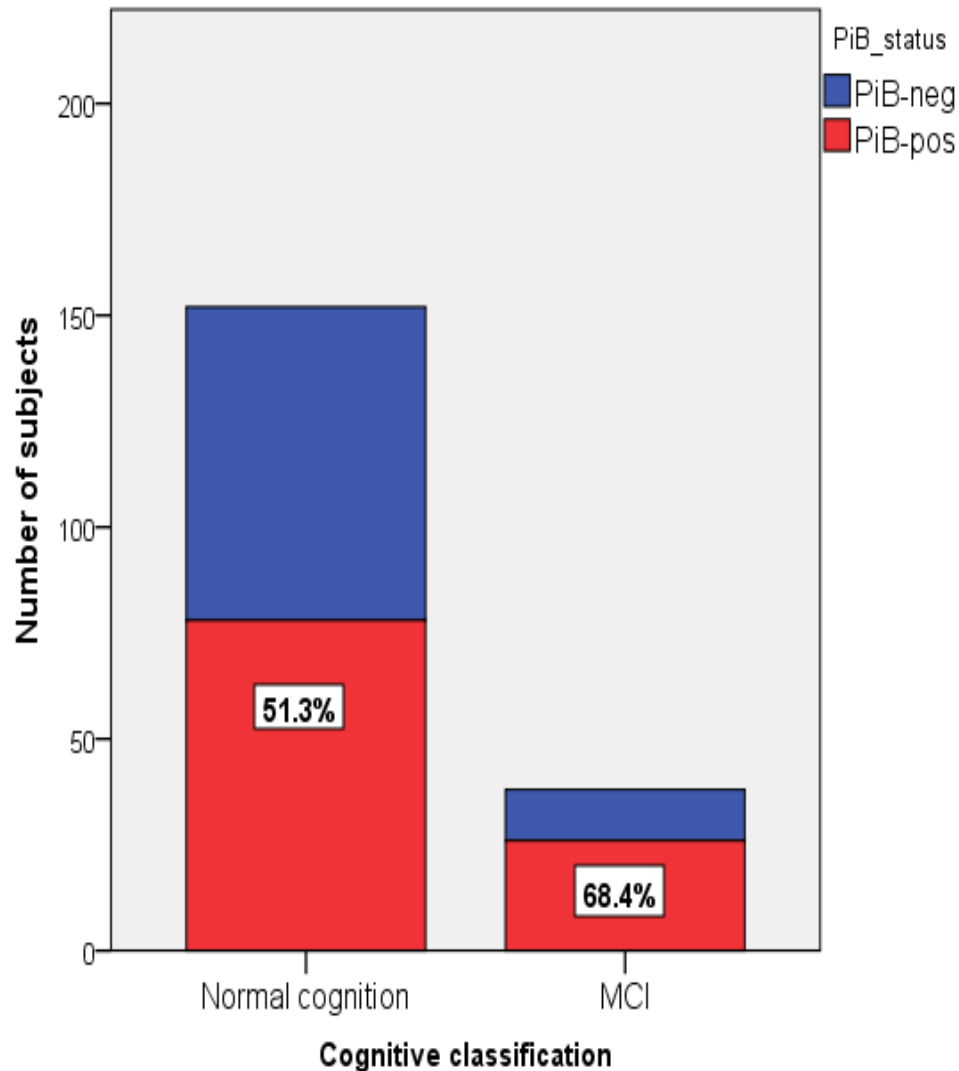
- Funding sources
  - K23 AG038479; P01 AG025204; R37 AG025516
  - U01 AT000162 from the National Center for Complementary and Alternative Medicine, Office of Dietary Supplements; National Institute on Aging; National Heart, Lung and Blood Institute
- Amyloid Imaging Group and PET Research Center, University of Pittsburgh
- Ginkgo Evaluation of Memory Study investigators, staff, study participants and their study proxies
- Amyloid Pathology and Cognition in Normal Elderly Study (Klunk PI) investigators, staff and study participants
- PiB Program Project Grant (Klunk PI) investigators, staff and study participants
- Univ. Pittsburgh ADRC
- Mary Ganguli, Bill Klunk, Judy Saxton, Bob Nebes, Jim Becker



# Extra slides



# The Ginkgo Evaluation of Memory (GEM) Imaging Sub-Study



- Diagnostic breakdown (n=194 usable scans):
  - Normal cognition, n=152
  - Amnestic MCI, n=27
  - Non-amnestic MCI, n=11
  - Dementia, n=3; Unclassifiable, n=1

*Total sample:  
55.2% PiB-pos*

# In vivo assessment of amyloid- $\beta$ deposition in nondemented very elderly subjects

Matthis et al., *Annals of Neurology*, 2012; 73 (6)

