What Have we Learned from Brain Autopsies of Persons with and without Dementia

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Acknowledgments

Study Participants in: Religious Orders Study Memory and Aging Project

Faculty and Staff of the Rush Alzheimer's Disease Center, and collaborators across the USA, Canada, Europe, Israel, Brazil, India, and China

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Objectives

- · Two clinical-pathologic studies of aging and AD
- What's in an aging brain
- · Concept of neural reserve
- · Factors that increase or decrease brain vulnerability
- · How to build a better brain as we age

The Religious Orders Study



- Began in 1993
- ~ 1,350 older nuns, priests, and brothers without known dementia from across the U.S.
- All agreed to annual clinical evaluation, blood donation at baseline, and repeated on a subset
- All agreed to brain donation
- ~ 500 have developed MCI
- ~ 400 have developed dementia
- ~ 675 brain autopsies



The Memory and Aging Project ... because memories should last a lifetime



• Began in 1997

- >1,825 older persons without dementia from across northeastern Illinois
- All agreed to annual clinical evaluation and annual blood donation
- All agreed to donate brain, spinal cord, muscle, nerve
- ~ 450 have developed MCI
- ~ 325 have developed dementia
- > 650 autopsies



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Normal brain

Alzheimer's disease





By Age 85

➢Alzheimer's disease

- ➤Virtually every brain
- Cerebrovascular disease (stroke)
 More than half of brains
- Parkinson's disease (Lewy bodies)
 About 20% (1 in 5) brains
- Frontal-temporal lobar degeneration (TDP-43)
 About half of brains
- Hippocampal sclerosis
 About 10% (1 in 10) brains

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Concept of neural reserve:

• Individual brains differ in their ability to withstand the effects of brain pathology

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- The same amount of brain pathology does not result in the same amount of memory loss in different people



Which brain has more AD pathology?

Concept of neural reserve:

- Individual brains differ in their ability to withstand the effects of brain pathology
- The same amount of brain pathology does not result in the same amount of memory loss in different people
- Why do some people with pathologic AD have dementia whereas others do not?

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Increase Brain Vulnerability

- Coexisting pathologies
 - Cerebral infarctions (stroke)
 - Lewy bodies (Parkinson's disease)
 - TDP-43 (frontal-temporal lobar degeneration)
 - Hippocampal sclerosis

Medical factors

- Diabetes
- Hypertension
- Anemia
- Sleep fragmentation
- Surgical Menopause
- · Chronic kidney disease

Increase Brain Vulnerability

- Psychological factors
 - Emotional neglect in childhood
 - Depressive symptoms
 - Proneness to psychological distress (neuroticism)
 - Anxiety
 - Harm avoidance
 - Loneliness (perceived social isolation)
- Experiential factors
 - · Negative social interactions

Emotional neglect in childhood and cerebral infarction in older age

Childhood Adversity (Childhood Trauma Questionnaire) self-report of emotional and physical trauma during the first 18 years of life

Five domains emotional neglect parental intimidation parental violence family turmoil financial need

Wilson RS, et al. Neurology. 2012;79:1534-39.

Depressive symptoms, cognitive decline, and risk of AD in older persons

Depressive symptoms

I felt like everything I did was an effort My sleep was restless I felt sad I could not get going

Wilson RS, et al. Neurology. 2002;59:364-370.

Proneness to psychological distress is associated with risk of Alzheimer's disease

Neuroticism refers to the disposition to experience psychological distress

I am a worrier I often feel tense and jittery I often get angry at the way people treat me I often feel helpless and want someone else to

solve my problems

Wilson RS, et al. *Neurology*. 2003;61:1479-1485.

Chronic Distress, Age-Related Neuropathology, and Late-Life Dementia

Feelings of anxiety thought to be relatively stable over time

- I feel nervous and restless
- I wish I could be as happy as others seem to be
- I feel like a failure
- I get in a state of turmoil as I think over my concerns

Wilson RS, et al. Psychosomatic Med. 2007;69:47-53.

Harm Avoidance and Risk of Alzheimer's Disease

Harm avoidance is a trait associated with a tendency to avoid new situations and aversive stimuli

Four subscales: anticipatory worry

fear of uncertainty shyness fatigability

Wilson RS, et al. Pscyhosom Med. 2011;73:690-6

Loneliness and Risk of Alzheimer Disease

Loneliness is a measure of the feeling of social isolation

I experience a general sense of emptiness, I miss having people around, I feel like I don't have enough friends, I often feel abandoned, I miss having a really good friend

Wilson RS, et al. Arch Gen Psych. 2007;64:234-240.

Negative Social Interactions and Risk of Mild Cognitive Impairment in Old Age

Negative Social Interactions

Four domains

neglect or rejection by others others' unwanted intrusion or advice failure by others to provide help unsympathetic or insensitive behavior by others

Decrease Brain Vulnerability - Resilience

Medical factors

· MEDI, DASH, and MIND Diet

Seafood

- Psychological factors
 - Conscientiousness
 - Psychological well-being

Experiential factors

- Early-life socioeconomic status
- Formal education
- Early life cognitive activity, language, and music lessons
- · Late-life Cognitive, Physical, and Social Activity
- Life-space
- Social Networks

Wilson RS, et al. Neuropsychology. 2015;29:561-570.



DASH*		MedDiet [†]			
DASH components	Max score	Mediterranean diet components	Max score 5		
Total grains ≥7/d	1	Nonrefined Grains >4/d			
Vegetables ≥4/d	1	Vegetables >4/d	5		
		Potatoes >2/d	5		
Fruits $\geq 4/d$	1	Fruits >3/d	5		
Dairy $\geq 2/d$	1	Full-fat Dairy ≤10/wk	5		
Meat, poultry and fish $\leq 2/d$	1	Red meat ≤1/wk	5		
		Fish >6/wk	5		
		Poultry ≤3/wk	5		
Nuts, seeds & legumes $\geq 4/wk$	1	Legumes, nuts & beans >6/wk	5		
Total fat ≤27% of kcal	1				
Saturated fat ≤6% of kcal	1				
		Olive oil $\geq 1/d$	5		
Sweets <5/wk	1				
Sodium ≤2400 mg/d	1				
_ 0		Alcohol <300 mL/d but >0	5		
Total DASH Score	10	Total MedDiet Score	55		



	MIND			
	MIND components	Max score		
	Whole Grains ≥3/d	1		
	Green Leafy ≥6/wk	1		
	Other Vegetables $\geq 1/d$	1		
	Berries ≥2/wk	1		
	Red Meats and products <4/wk	1		
	Fish ≥1/wk	1		
	Poultry $\geq 2/wk$	1		
	Beans >3/wk	1		
	Nuts $\geq 5/wk$	1		
	Fast/fried food <1/wk	1		
	Olive Oil primary oil	1		
	Butter, margarine <1 T/d	1		
	Cheese <1/wk	i		
	Pastries, sweets <5/wk	i		
	Alcohol/wine 1/d	1		
Morris MC, et al. Alzs & Dement 2015;Epub.	Total MIND Score	15		



Early Life Socioeconomic Status and Late Life Risk of Alzheimer's Disease

Household and county level early life socioeconomic status

Household: parental education parental occupation number of children in family County level: Duncan socioeconomic status for head of household Literacy rate for those over age 6 Proportion of children age 6-13 in school

Wilson RS, et al. Neuroepidemiol. 2005;25:8-14.

Participation in Cognitively Stimulating Activities and Risk of Incident Alzheimer Disease

Time spent in 7 common activities that involve information processing

Viewing television Listening to the radio Reading newspapers Reading magazines Reading books Playing games Going to museums

Wilson RS, et al. JAMA. 2002;287:1742-48.

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Late-Life Social Activity and Cognitive Decline in Old Age

How often during the past year did you

Go to restaurants, sporting events, play bingo on day trips or overnight trips do unpaid community/volunteer work visit relatives or friends houses participate in groups, such as senior center, social club

ames BD, et al. J Int Neuropsych Soc. 2011;17:998-1005.



The effect of social networks on the relation between Alzheimer's disease pathology and level of cognitive function in old people: a longitudinal cohort study

Number of relatives (besides spouse and children) and other friends you see each month that you feel close to and at ease with and can talk to about private matters and could call upon for help.

Bennett DA, et al. Lancet Neurology. 2006;5:406-412.

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Building a Better Brain as we Age

- Pick your parents well
 - Get a good education including language and music, and don't be emotionally neglected, and make sure you have the right genes
- Chillax, be happy
- Get a good nights sleep
- Avoid people who are downers
- Control vascular disease and risk factors
- Eat a good diet, e.g., DASH, MEDI, MIND, and plenty of seafood
- Be diligent
- · Spend time engaged in meaningful, goal directed activities
- · Engage in regular cognitive, physical, and social activities
- Strengthen and maintain social ties
- · Get out more, explore new things
- And even if you do all of this...