New Gene Associated With Greater Amyloid Plaque Accumulation

A multi-institutional team has discovered an immune system gene associated with higher rates of amyloid plaque buildup in the brains of patients with and older adults at risk for Alzheimer’s disease. Researchers found that a variant in the IL1RAP gene was associated with greater amyloid plaque accumulation over 2 years and had an even stronger effect than the well-known APOE ε4 allele, which is notorious for its association with the development of Alzheimer’s disease.

The research was conducted using data from participants in the national Alzheimer’s Disease Neuroimaging Initiative, as well as the Indiana Memory and Aging Study, the Religious Orders Study, and the Rush Memory and Aging Project. Using positron emission tomography imaging in approximately 500 individuals, researchers assessed the levels of brain amyloid deposits at an initial visit and again 2 years later. A genome-wide analysis was then conducted to identify genetic variants associated with the rate of plaque accumulation during this 2-year window. As predicted, APOE ε4 was found to be associated with higher rates of plaque buildup. However, the investigators were surprised to find that IL1RAP showed an independent and even stronger influence on amyloid accumulation.


Edna Stilwell Writing Award Announced

Journal of Gerontological Nursing (JGN) authors Davina Porock, PhD, RN; Louanne Bakk, PhD; Suzanne S. Sullivan, MBA, BSN, RN, CHPN; Karen Love; Jackie Pinkowitz, MEd; and Sonya Barsness, MSG, were selected as the recipients of the 18th annual Edna Stilwell Writing Award for their article, “National Priorities for Dementia Care: Perspectives of Individuals Living with Dementia and Their Care Partners,” published in the August 2015 issue of JGN (Vol. 41, No. 8, pp. 9-16). The article reports the consensus recommendations from individuals living with dementia and their care partners on priorities for public policy and research funding, which were found using a nationwide, Delphi study.

The Award, which includes a plaque and a $500 cash prize, was established by SLACK Incorporated, publisher of JGN, in recognition of the contributions of Edna M. Stilwell, PhD, RN, C, as Editor of JGN from 1974 to 1997. The purpose of the Award is to continue Stilwell’s tradition of mentoring and recognizing authors in the field of gerontological nursing.

All authors published in JGN are eligible for this Award, given to the author or group of authors of the best article published each year. Entrants are nominated by Editorial Board and Review Panel members during blind peer review, and the winner is selected by a committee. JGN congratulates the authors on their outstanding contribution.

Determining Older Adults’ True Life Expectancy

Health care providers must have detailed discussions with their older adult patients to better determine their true life expectancy, according to a research letter in JAMA Internal Medicine.

Researchers drew a sample of 2,018 participants ages 64, 69, 74, 79, 84, and 89 from the 2000 wave of the Health and Retirement Study. Participants were asked the
change from the type of financial decisions made in younger years. AAFV is a condition different from age-related cognitive impairment, including dementia. Instead, the trouble can lie in the many ordinary changes brought about by aging. Other potential contributing factors may include cognitive changes, such as a lessened ability to discern an individual’s trustworthiness, and psychosocial problems, including loneliness or depression.


New Test Quickly and Effectively Diagnoses Lewy Body Disease

Although Lewy Body disease (LBD) is the second-most common degenerative disease after Alzheimer’s disease, it is not a household name. LBD affects >1.3 million Americans, is poorly recognized, and diagnosis is often significantly delayed. Patients with LBD simultaneously experience losses in cognitive function, mobility, and behavior. Until now, there has been no way to assess or operationalize many of the cognitive and behavioral symptoms of LBD in clinical practice.

A leading neuroscientist at Florida Atlantic University has developed the Lewy Body Composite Risk Score (LBCRS) to quickly and effectively diagnose LBD and Parkinson’s disease dementia (PDD) in approximately 3 minutes. This simple, one-page survey provides structured yes/no questions for six non-motor features present in patients with LBD, but that are much less commonly found in other forms of dementia.

The LBCRS study, published in Alzheimer’s & Dementia, involved 256 patients who were compared with the clinical dementia rating and gold standard measures of video conferencing to increase shared decision making between providers and family caregivers

Although there has been research on shared decision making between patients and providers, little research exists on how providers and family caregivers reach mutual decisions. Researchers have found that shared decision making, although beneficial, could be enhanced in hospice care and recommend that health care workers use measures, such as video conferencing, to help increase the likelihood of shared decision making between patients and family caregivers.

Although researchers found that including family caregivers through video conferencing is a useful tool for shared decision making, they say it does not guarantee shared decision making will occur.

The study shows the need for more research on shared decision making in hospice care, and the researchers believe that through more research, they can help hospice teams become more effective and engaged in more shared decision making with patients’ families.

cognition, motor symptoms, function, and behavior. The test was administered in a real-world clinic setting with patients who were referred from the community rather than in a research sample.

For the study, caregivers completed evaluations to determine the presence and severity of non-cognitive symptoms observed in the patient and their impact on the caregiver. Each patient was administered a 30-minute test battery at the time of the office visit to assess their cognitive status. The LBCRS was completed after all other rating scales were scored and the diagnosis was presented to the patient and family.

The LBCRS was able to discriminate between Alzheimer’s disease and LBD with 96.8% accuracy, and provided 90% sensitivity and 87% specificity.


Less Medications May Help Older Adults

Individuals who take medicine to lower their blood sugar or blood pressure know their physician prescribed it to help them. But what if stopping or cutting back on such drugs could help even more? In some older adults, that may be the safer route. Two new studies in *JAMA Internal Medicine* suggest doctors and patients should work together to backpedal this treatment more often.

To see if such efforts to encourage physicians to de-intensify treatment work, a team of researchers studied the issue from two sides: patient records and a survey of primary care providers. They focused on patients older than 70 with diabetes who had their blood sugar and pressure under control using medication.

Only one in four of approximately 400,000 older patients who could have been eligible to lessen their medicine doses actually had their dosage changed. Even those with the lowest readings, or the fewest years left to live, had only a slightly greater chance as other patients of having their treatment de-intensified.

Only approximately one half of ~600 physicians, nurse practitioners, and physician assistants surveyed said they would de-intensify treat-


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Moderately Vigorous Physical Activity May Help Reduce Risk of Falls

Moderately vigorous physical activity (MVPA) is good for all older men and, according to new research conducted at University College London, it also reduces the risk of falls in some men older than 70. One third of men ages 70 to 90 have trouble traveling outdoors. For them, 30 minutes of MVPA daily almost halves the risk of falling. However, among two thirds of older adult men with no mobility limitations, only the most active 10% increased their risk of falls by one half.

Overall, the benefits of exercise outweigh the risks for older men and some exercise is better than none.


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Overall, the benefits of exercise outweigh the risks for older men and some exercise is better than none.