

Early cognitive changes of non-AD pathways

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Acknowledgements

- **Funded in part by Grant R13 AG030995 from the National Institute on Aging**
- **The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention by trade names, commercial practices, or organizations imply endorsement by the U.S. Government.**

Financial disclosures

- **NIH**
- **Hillblom Foundation Network Grant**
- **Tau Consortium**

- **Pearson, Inc.**

Acknowledgements

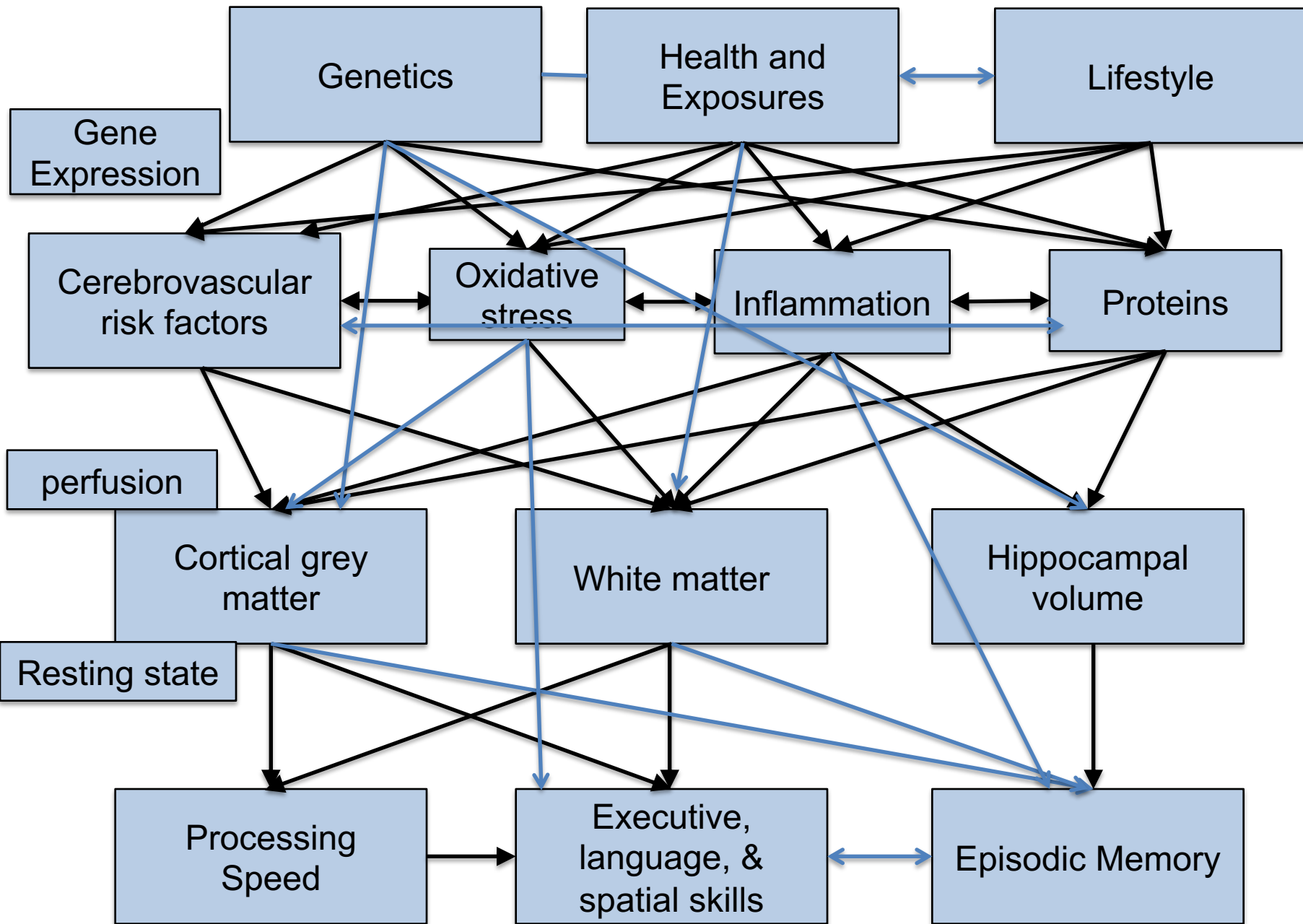


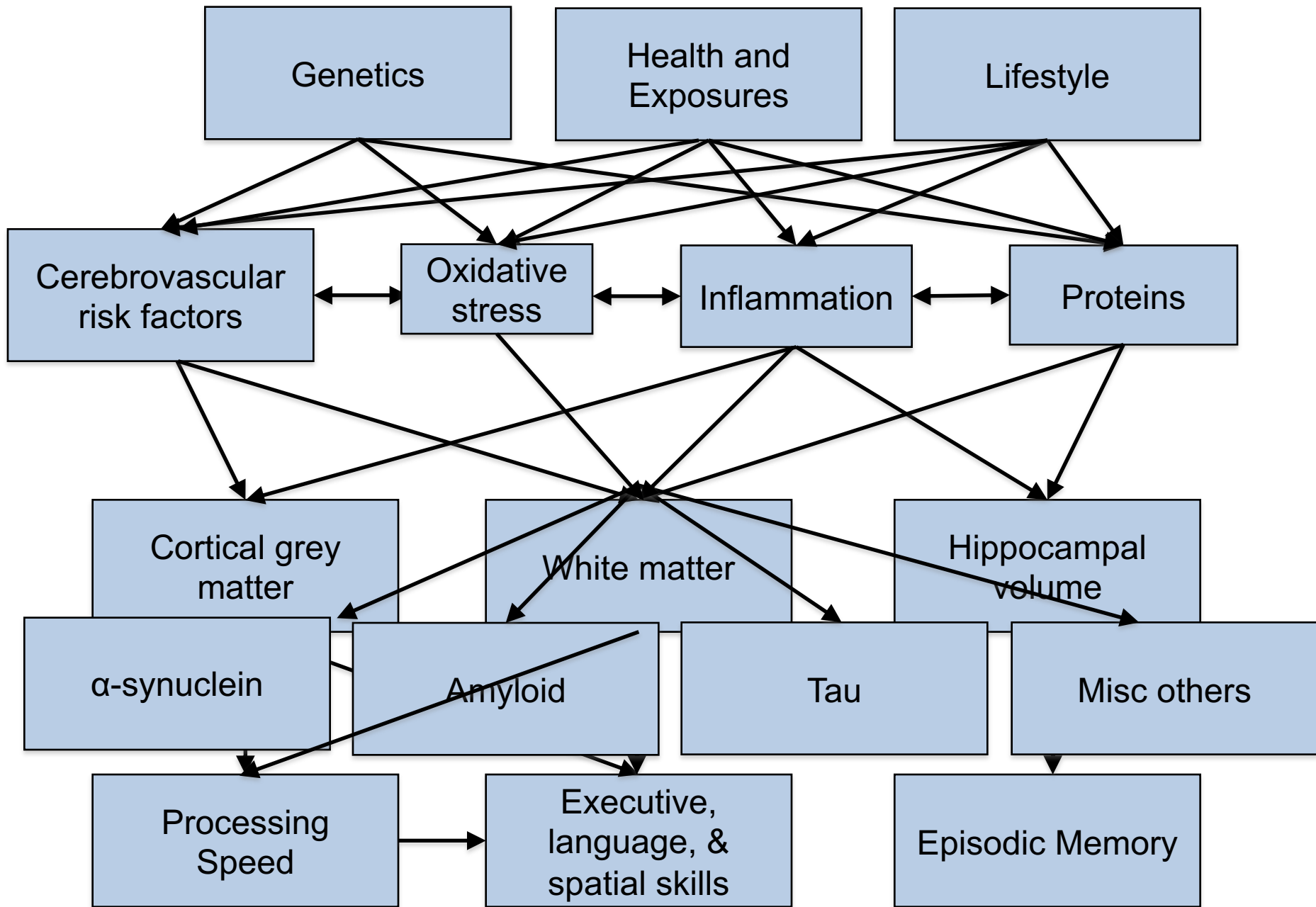
Starting point

- **Decline in cognition with age and brain is not inevitable; there is considerable variability in how much and how fast**
- **Age-related declines in cognition and brain structure and function are the result of pathological processes**
- **The better we understand these processes, the better equipped we are do something about it**

UCSF cohort

- **Over 635 functionally intact, community dwelling older subjects**
- **365 active in longitudinal studies**
- **Comprehensive evaluations:**
 - All with cog, neuro, med hx, CDR
 - DNA
 - Banked serum, plasma, whole blood, lymphocytes
 - MRI: structural, DTI, resting state, ASL
 - 100+ with amyloid-PET; plans for 100 tau-PET
 - 75+ with CSF







Klotho



- **KLOTHO (KL)**
 - Transmembrane protein throughout body and brain
 - AMPA and NMDA receptors; insulin response
- ***KLOTHO* (KL): F352V and C370S (“KL-VS”)**
 - 20-25% heterozygosity
 - 1.6x increase in protein levels
 - Longevity; protection against age-related disease
 - Cognitive enhancement in aging humans

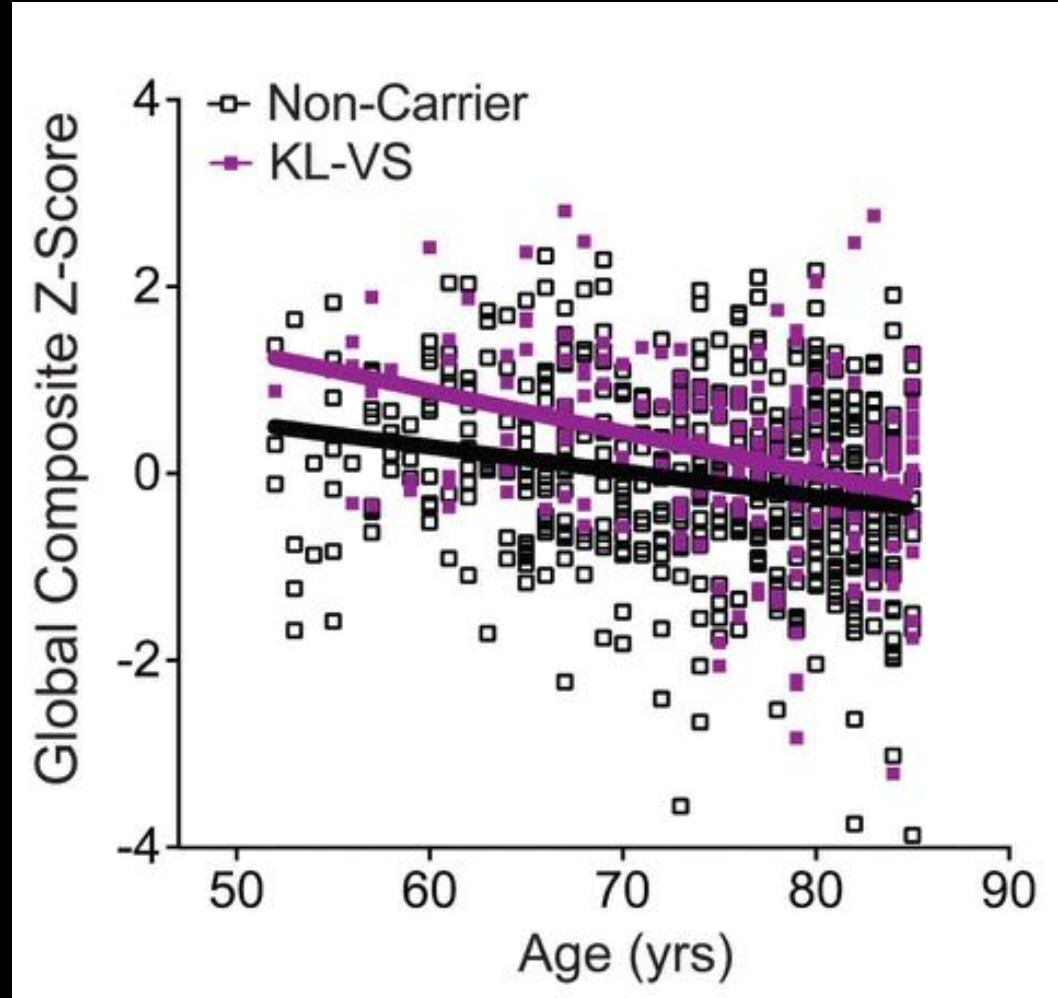
Protective KL-VS genotype

- Greater volume in a relevant brain region
- Carrying 1 copy of KL-VS is associated with greater volume in right DLPFC



Protective KL-VS genotype

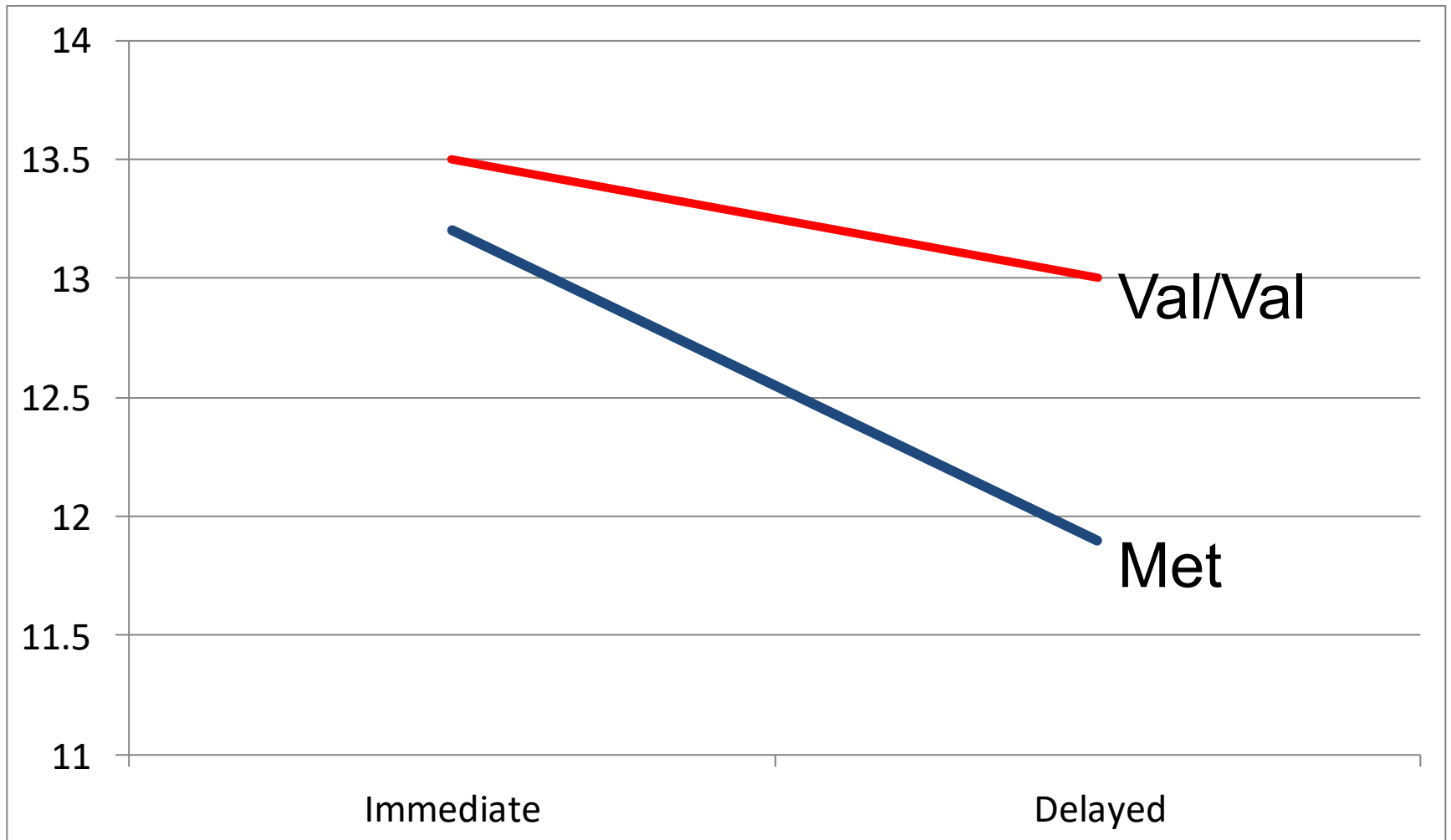
- Carrying 1 copy of KL-VS is associated with better executive function in two healthy aging cohorts



Brain derived neurotrophic factor (BDNF)

- **Neurotrophic factors support the health and functioning of neurons**
- **Heavily expressed in hippocampus and cortex**
- **Involved in neurogenesis**
- **Normal genetic variability (methionine versus valine in codon 66) influences activity-dependent secretion**
 - 65% are Val/Val; 30% Val/Met; 5% Met/Met
 - Met allele increases risk of cognitive and psychiatric problems; lower hippocampal activation on memory tasks during fMRI

BDNF and verbal memory

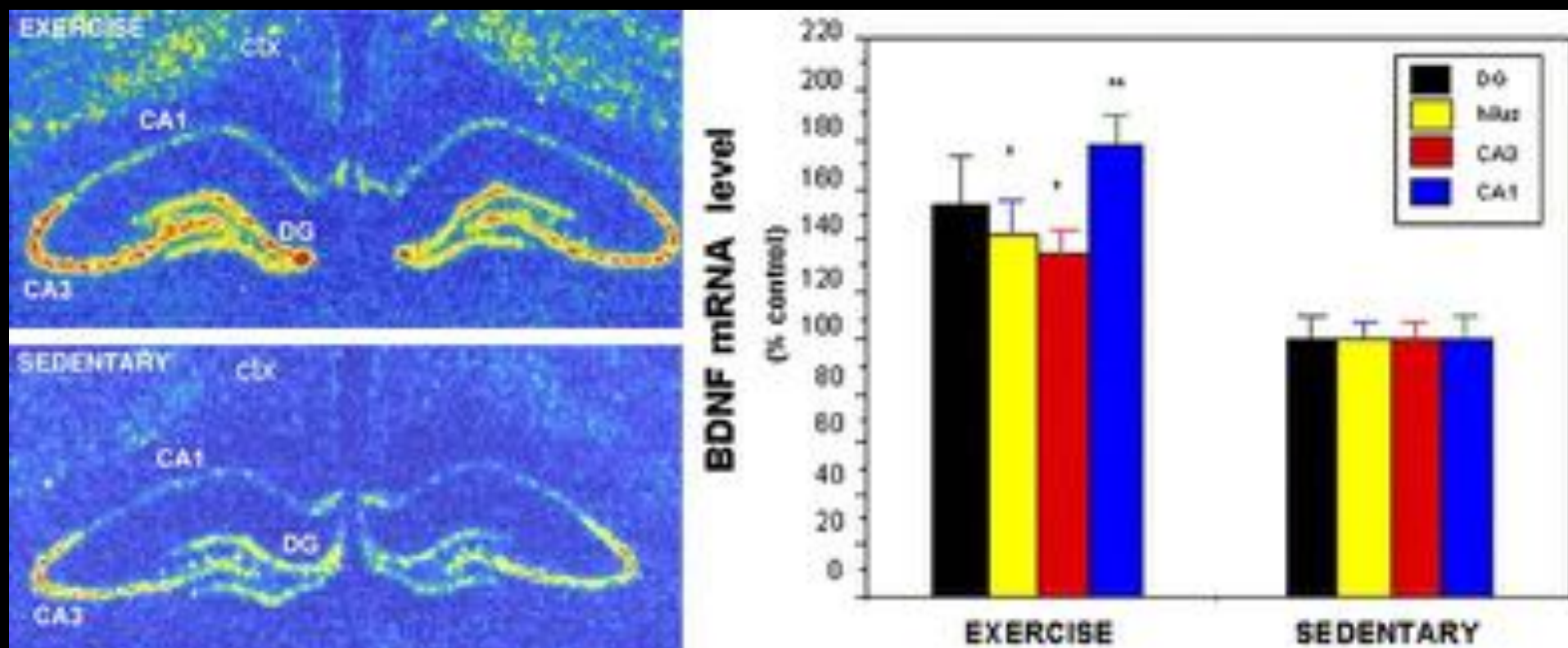


Carl Cotman and colleagues



Physical Exercise and BDNF

Voluntary running in rats associated with 20% increase in BDNF mRNA



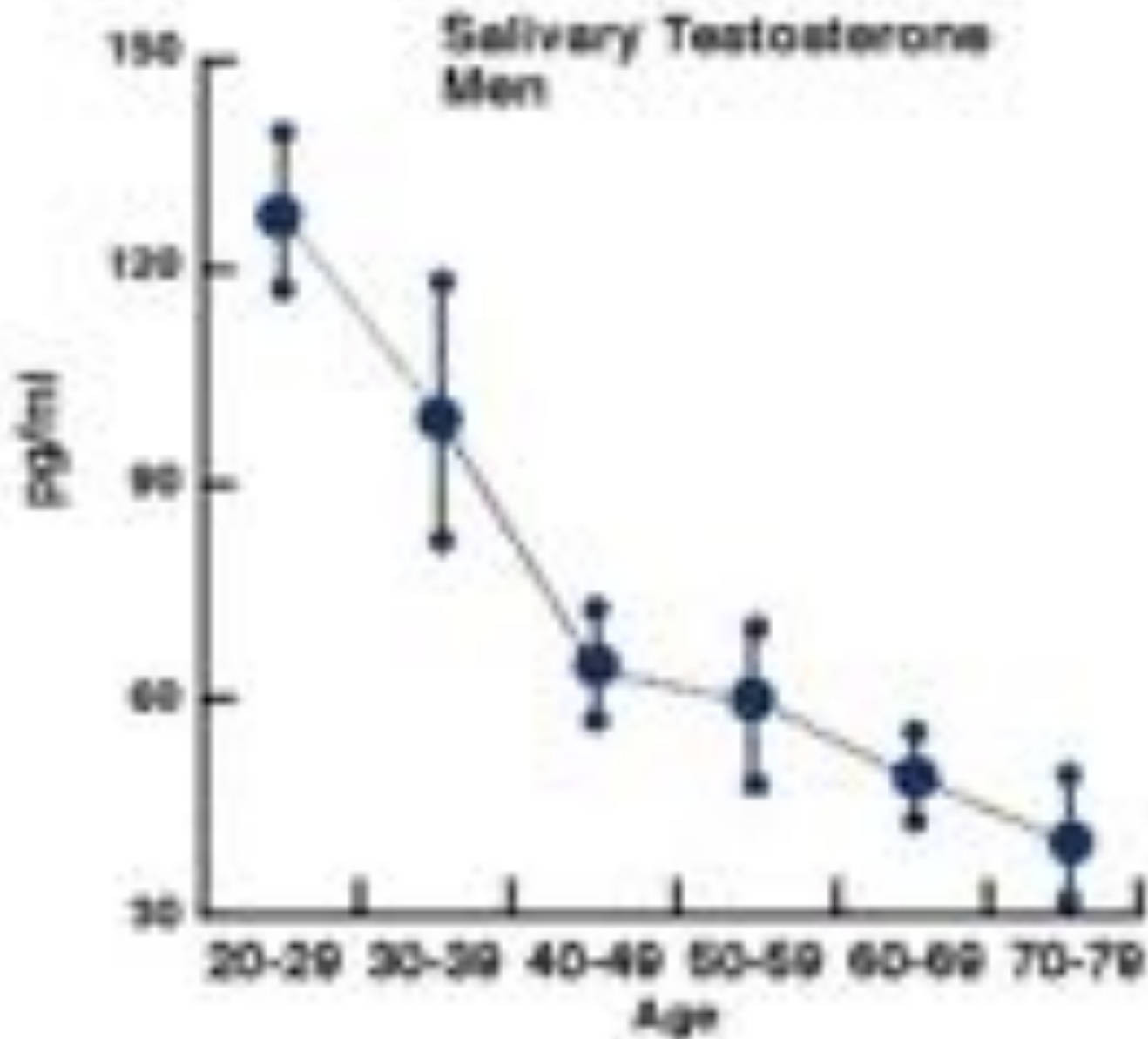
Improvements in function?

- **Exercise is associated with improved memory performance in older rats**
- **If exercise is begun early in life, mice genetically predisposed to developing AD have fewer cognitive deficits**
- **Older transgenic mice exposed to 3 weeks of running improved memory performance, whereas sedentary transgenic mice showed a decline**

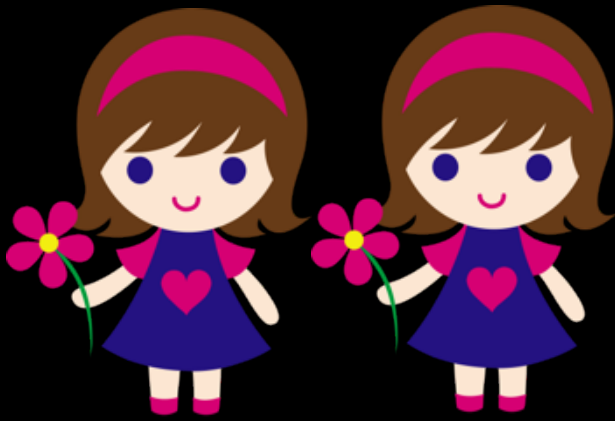
Physical exercise: Trial

- **Art Kramer lab**
- **Randomized study with 120 older adults**
- **One-year trial of aerobic exercise vs stretching**
- **Aerobic exercise led to increase in size of anterior hippocampus and better spatial memory**
 - Associated with serum levels of BDNF

Testosterone



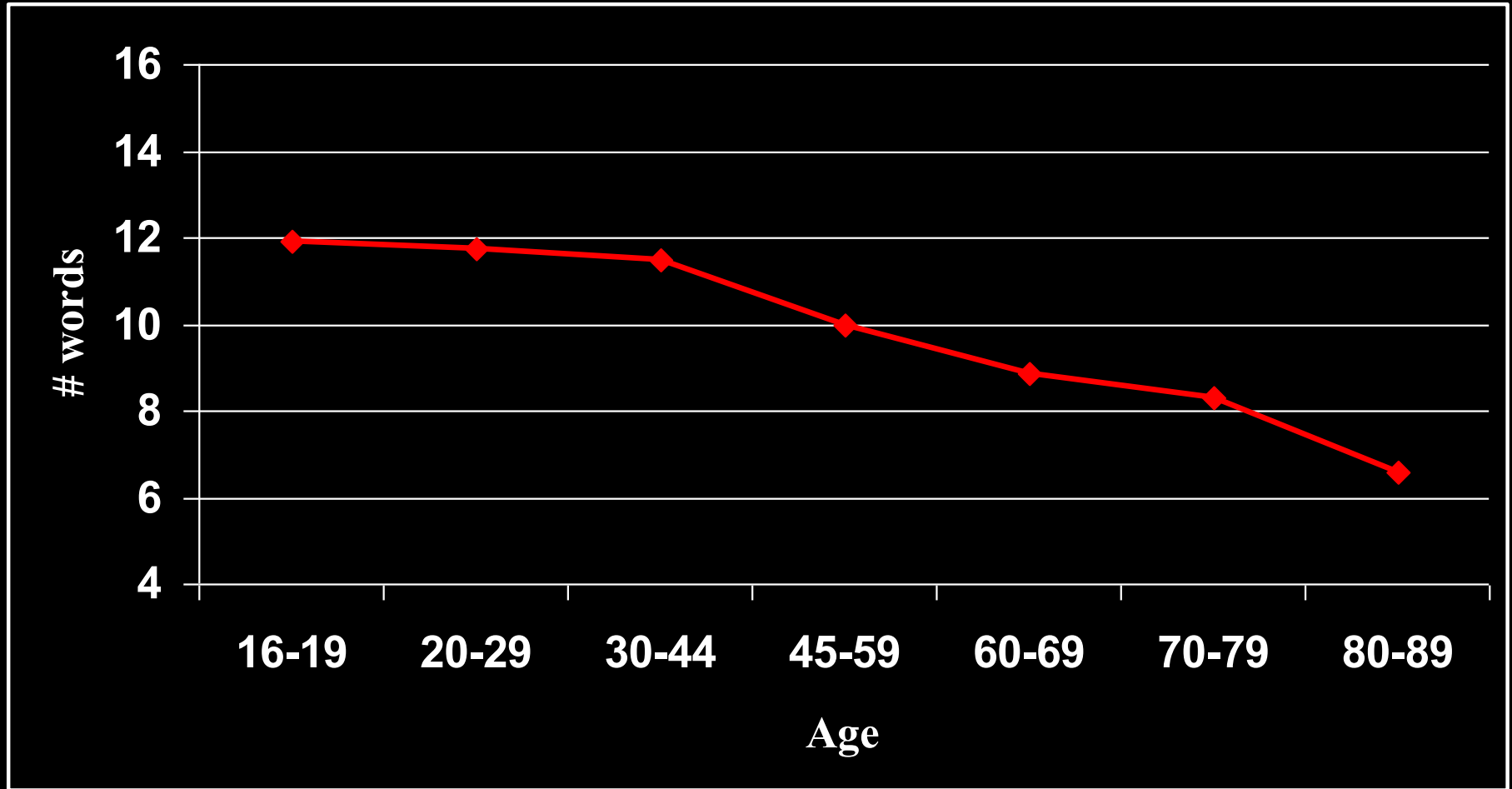
Estrogen



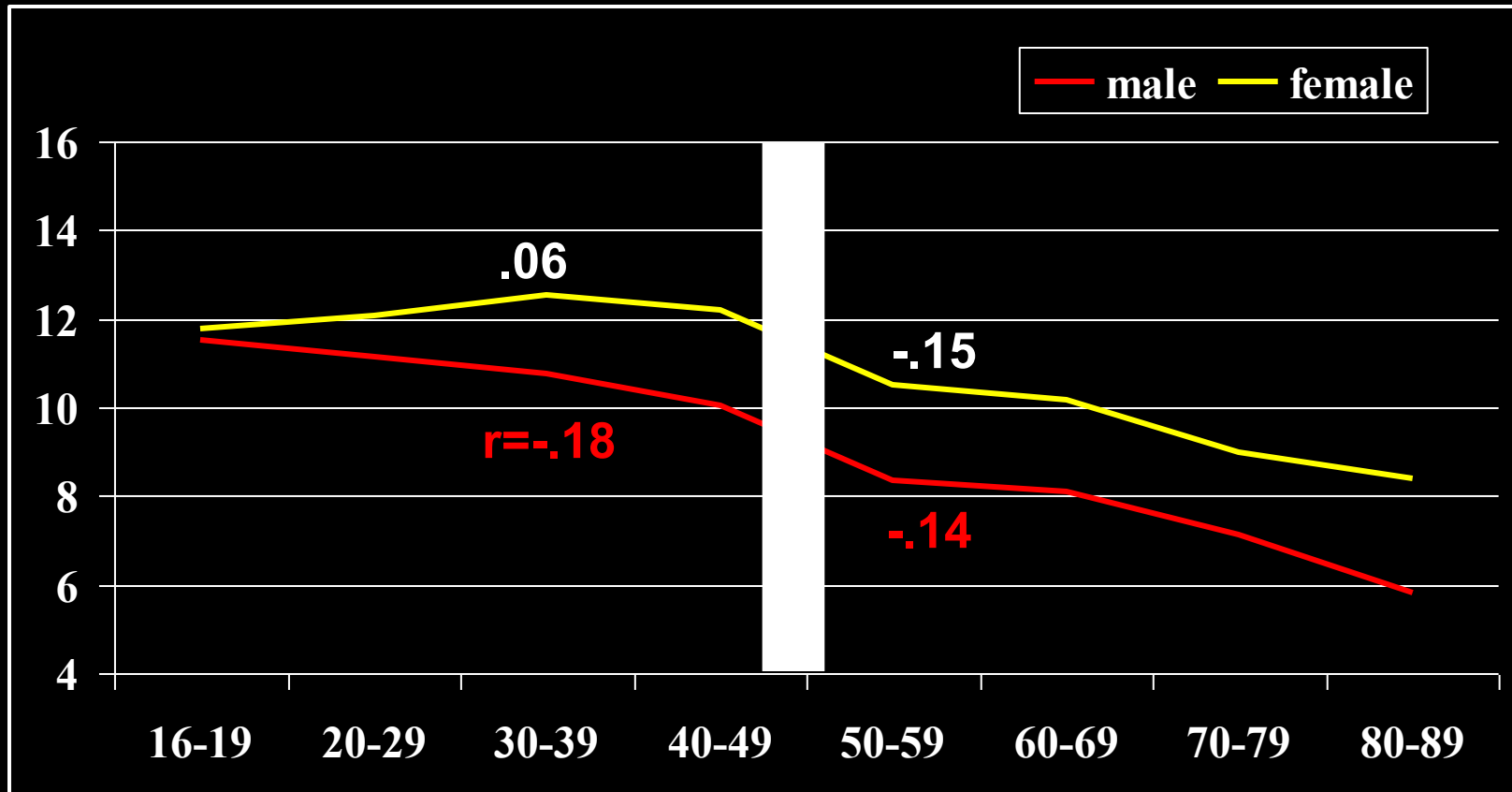
Estrogen & neuroprotection

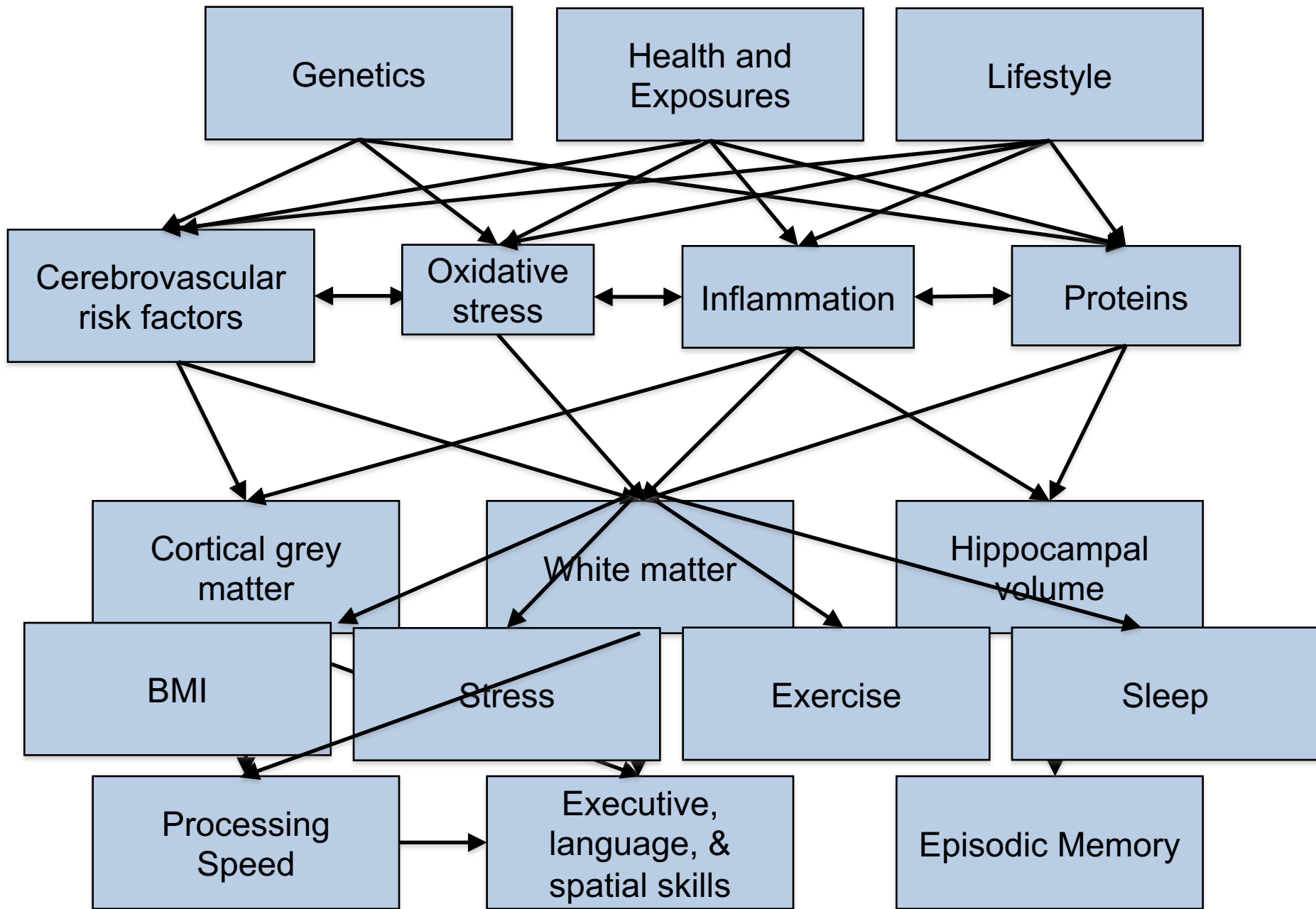
- **Female rodents and pre-menopausal women are more resilient to stroke and ischemia.**
- **Specific protective role in the CA1 region of the hippocampus**
 - Correlation with dendritic spine and synaptic density
- **Significantly lower levels of reactive oxygen species following neuronal injury**
- **Impact on human condition**
 - Verbal working memory and midluteal stage
 - Verbal memory and HRT

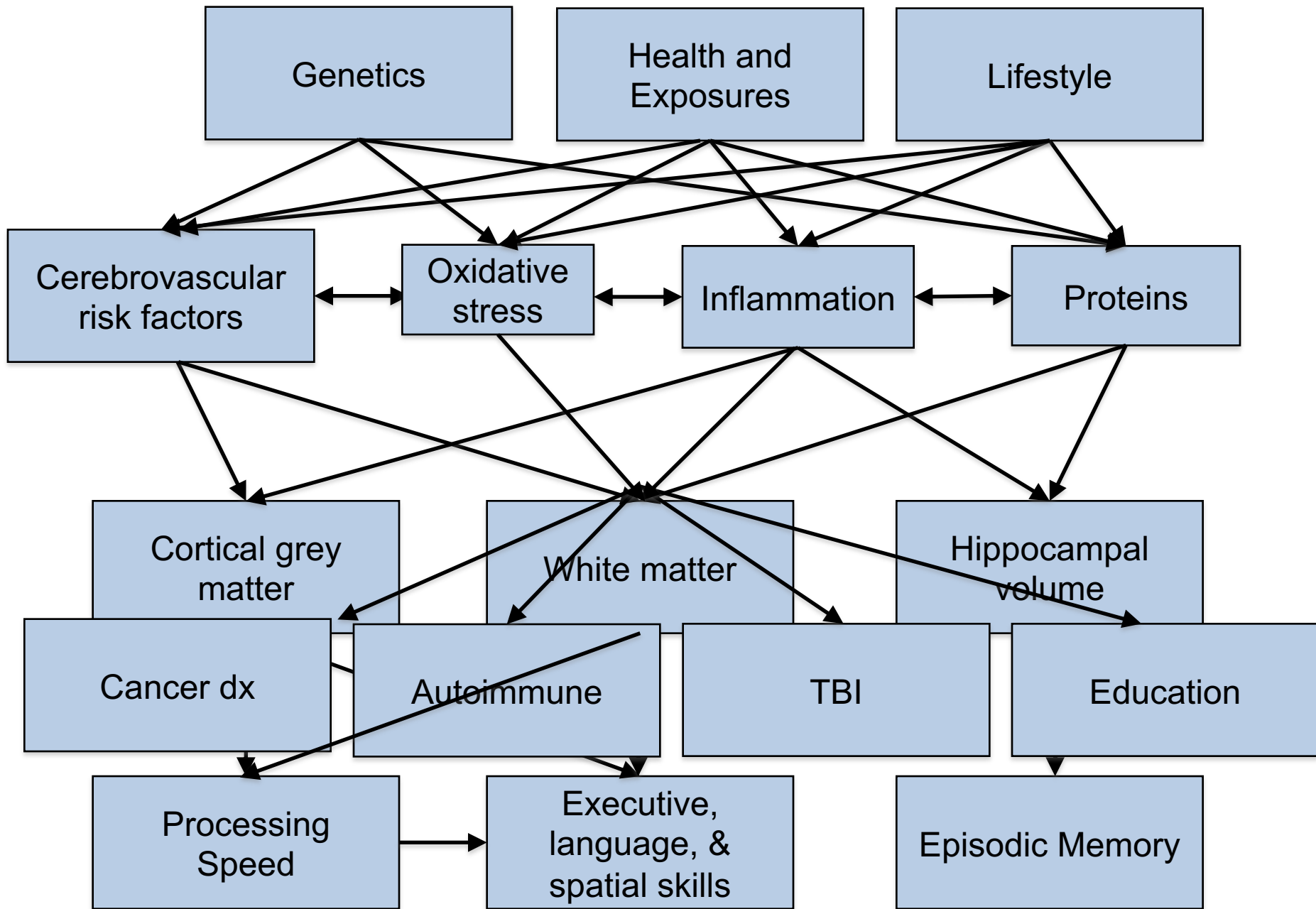
Delayed Free Recall



Delayed Free Recall







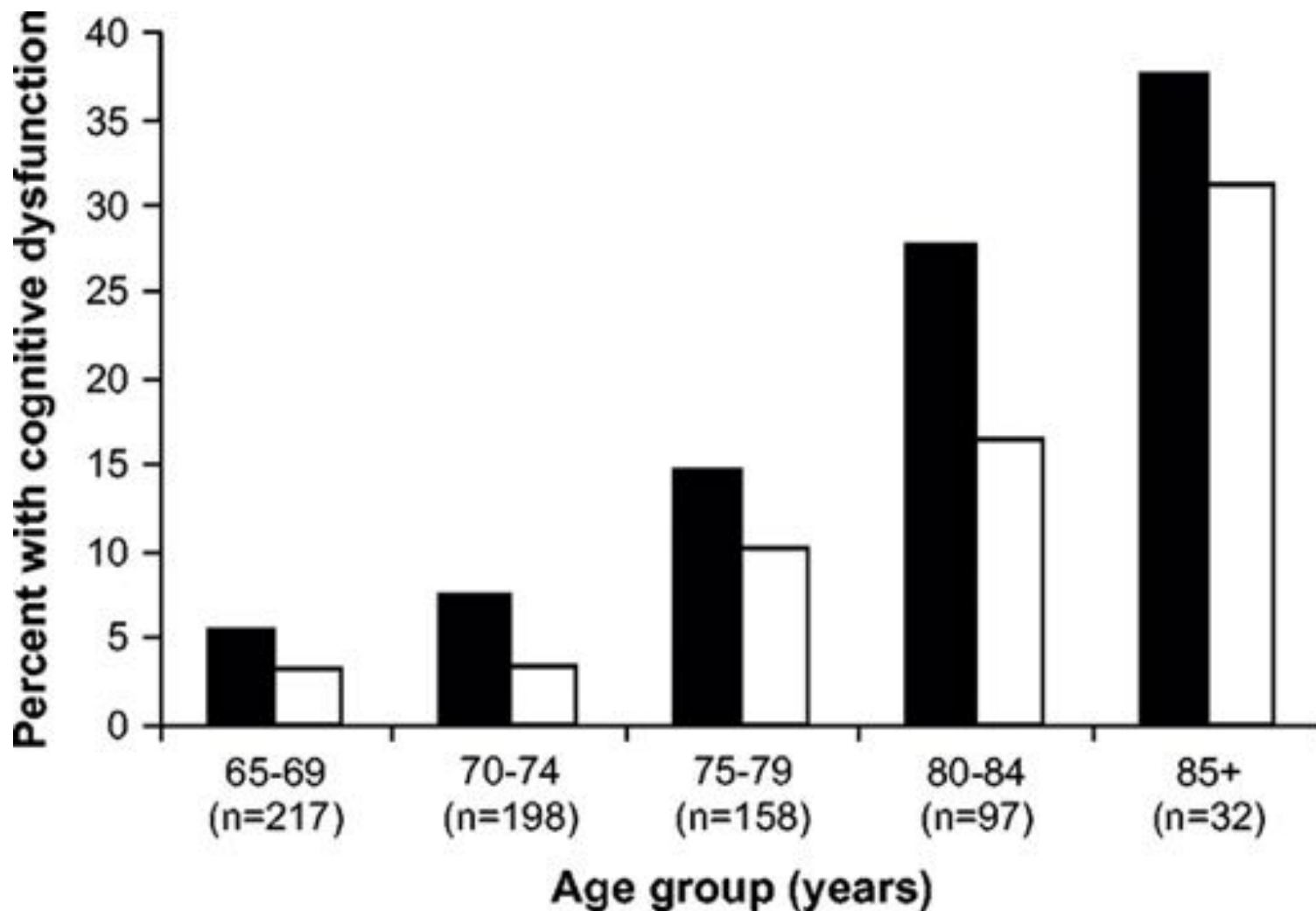


Impact of a cancer dx

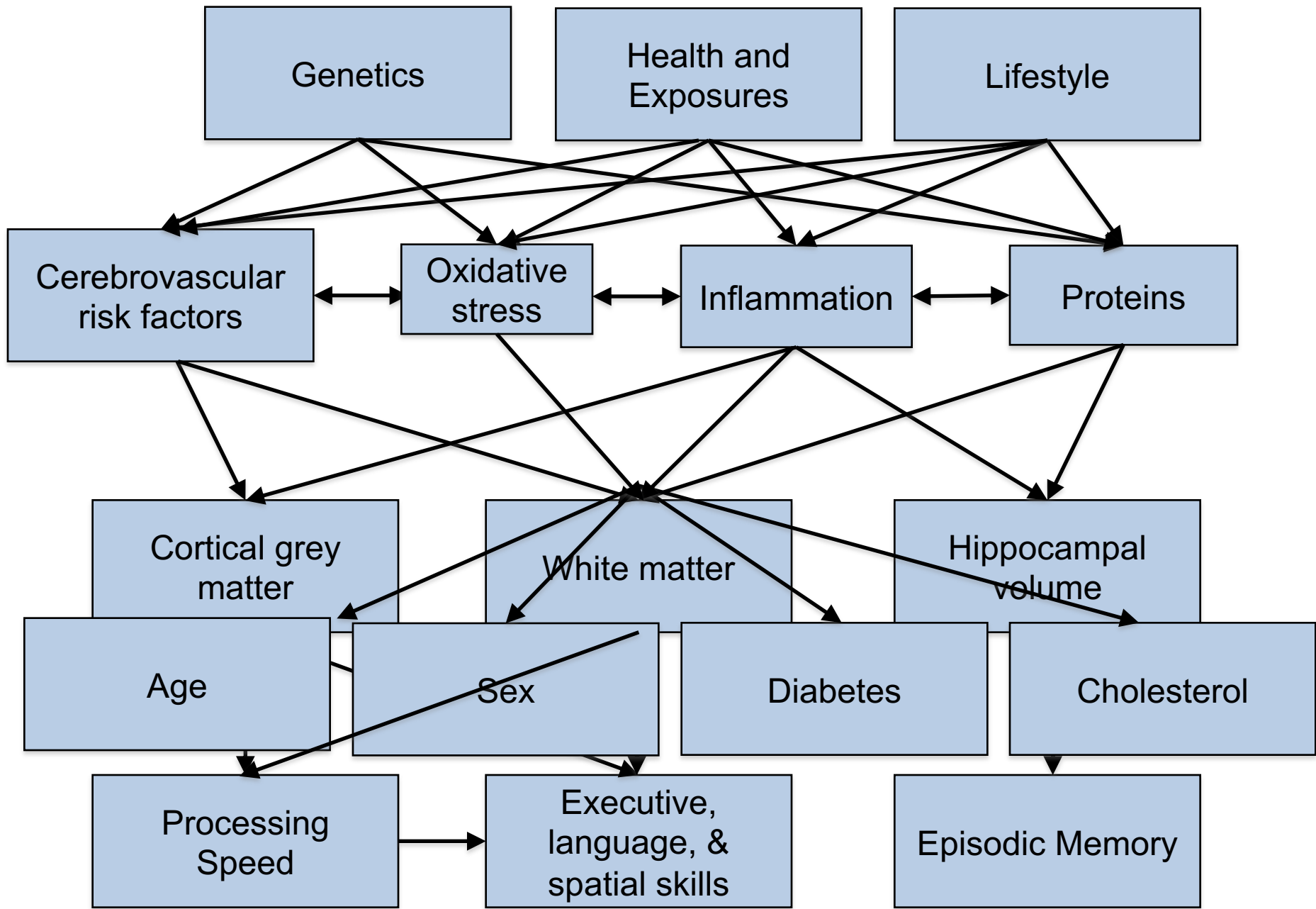
- Retrospective study
- Swedish Twin Registry & Swedish Cancer Registry
- Aged ≥ 65 years
- Co-twin control design
- N=486 twin pairs discordant for cancer



Percentage of cancer-surviving and cancer-free twins classified by cognitive screening as having cognitive dysfunction.



Lara H. Heflin et al. JNCI J Natl Cancer Inst 2005;97:854-856



Predicting executive functioning: Insulin resistance

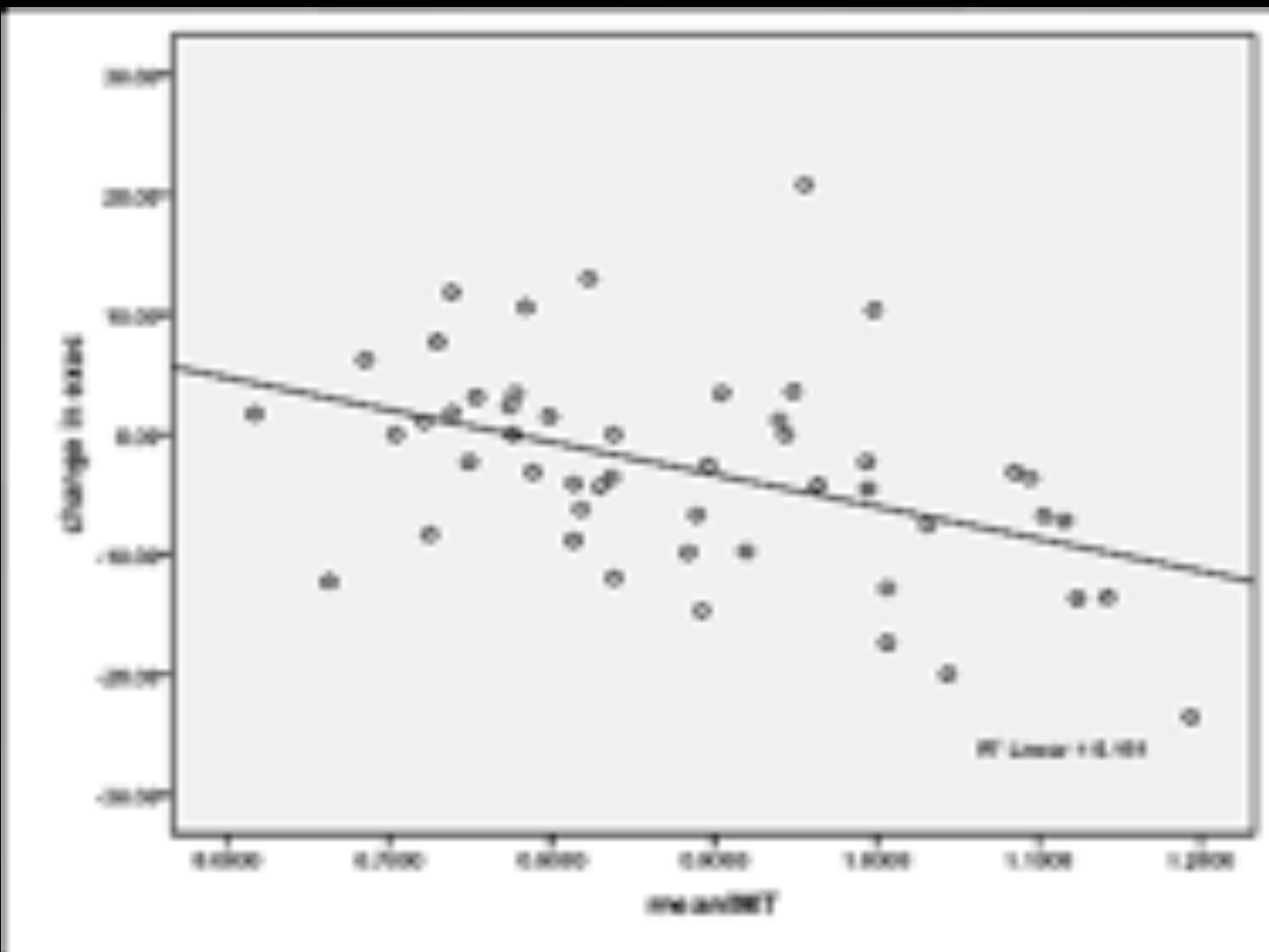


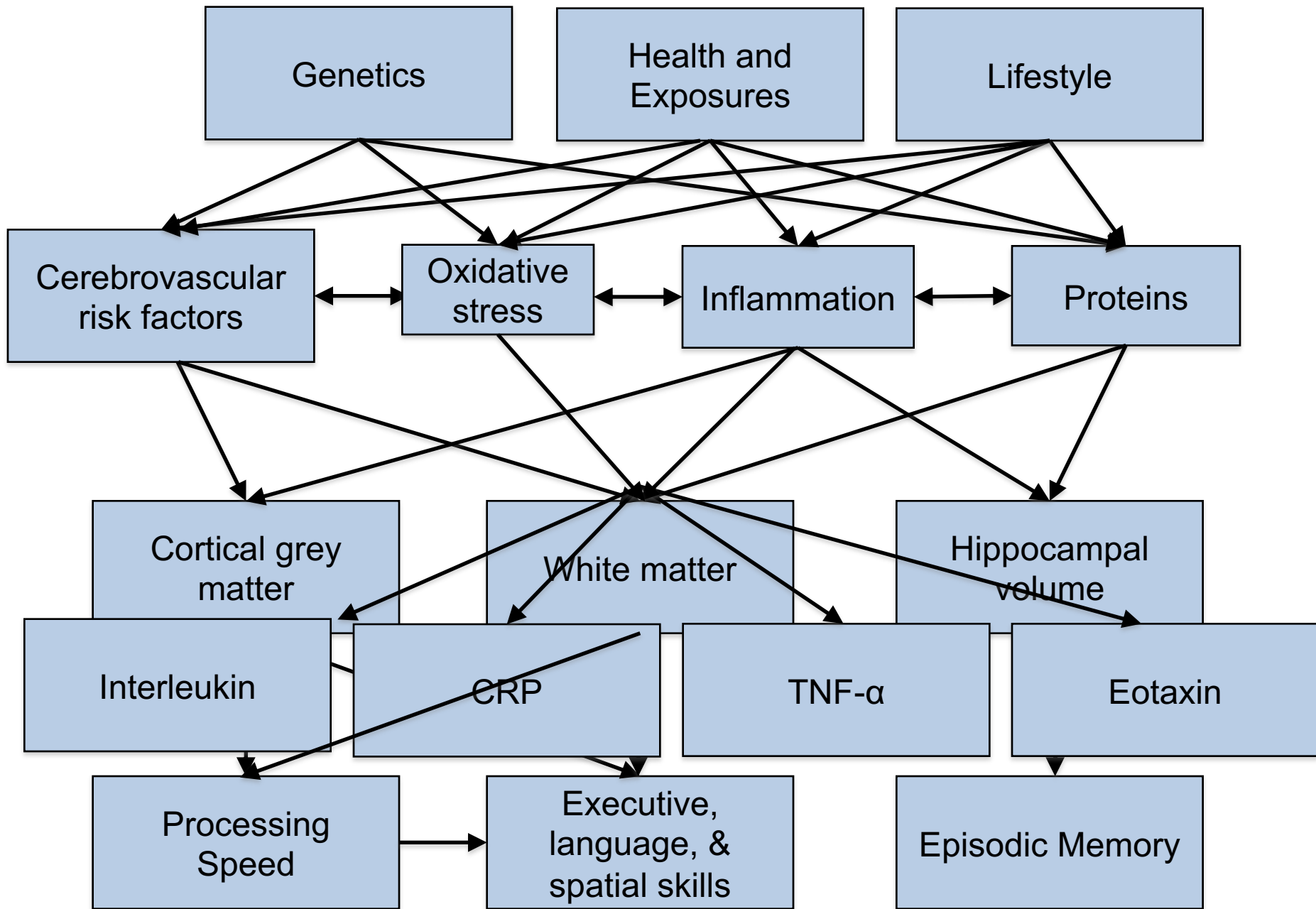
	β	p-value
Age	-.31	.00
Education	.12	.19
Gender	-.11	.20
LDL	.12	.18
BMI	.11	.34
MAP	-.07	.45
WMH	-.24	.02
HOMA-IR	-.25	.02

Predicting executive functioning: Triglycerides

	β	p-value
Age	-0.16	0.04
Education	0.24	0.00
Gender	0.10	0.16
LDL	-0.03	0.36
ApoE4 Status	-0.62	0.54
CDR	-0.30	0.00
Global FA	-0.03	0.71
Triglycerides	-0.20	0.01

Atherosclerosis and change in EF



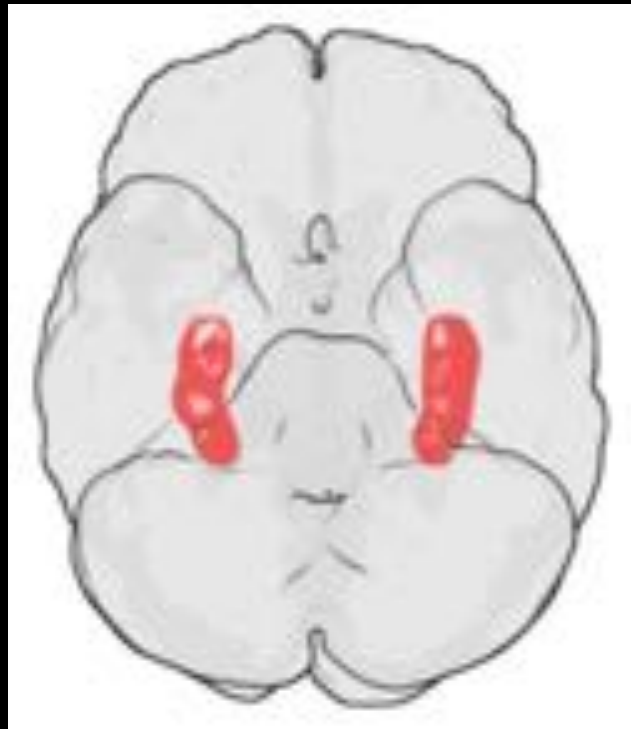


The neuroinflammation story

- **Inflammation is a normal response to injury**
- **Peripheral injury rapidly leads to an inflammatory response in the brain**
- **This inflammatory response is adaptive as long as the inflammation subsides**

Aging and Immunosenescence

- In older animals, neuroinflammation persists much longer than in younger animals
- Sustained inflammation evident in the hippocampus, and is associated with problems with LTP and memory formation (S. Maier)

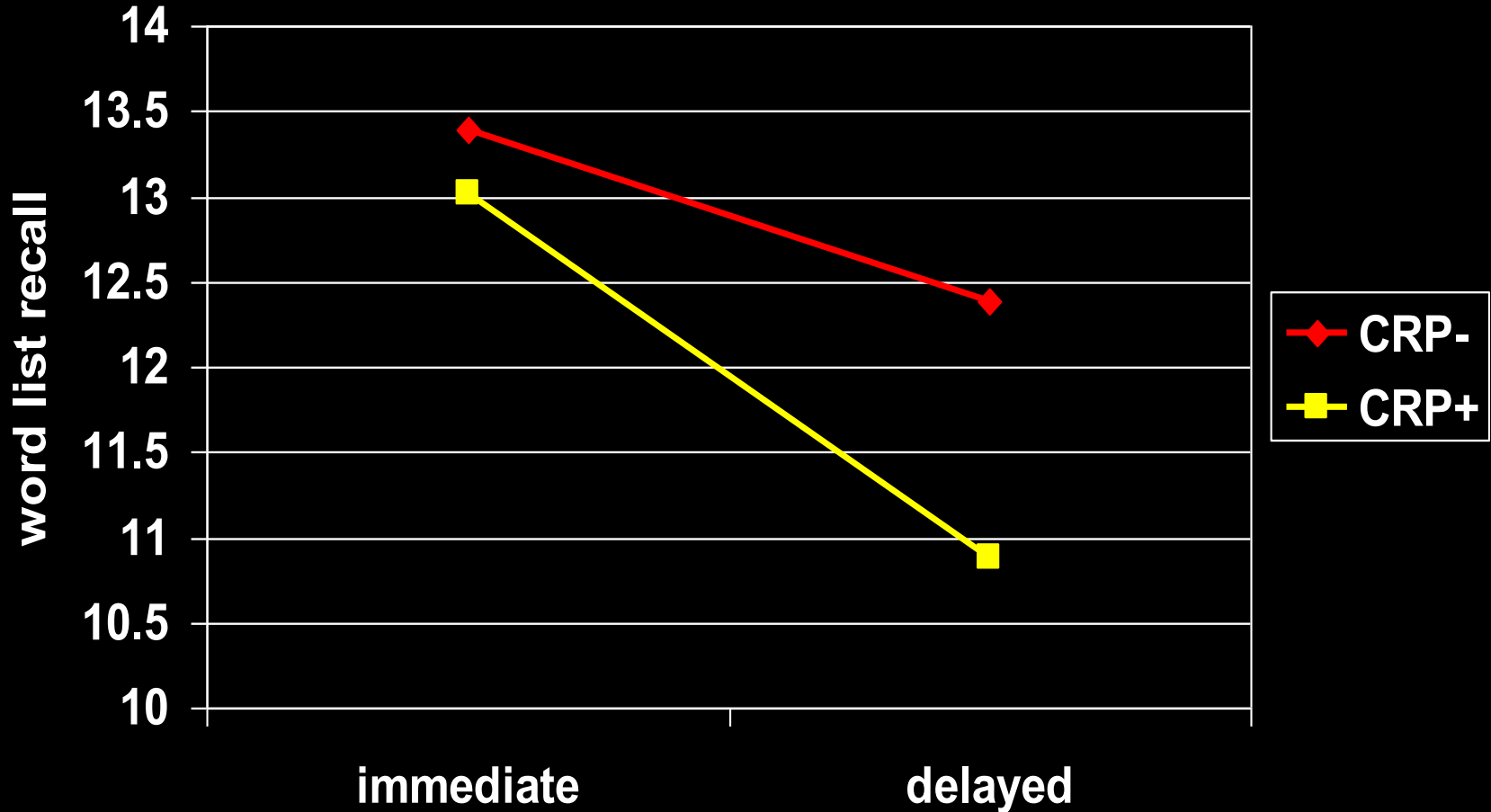


C-reactive protein

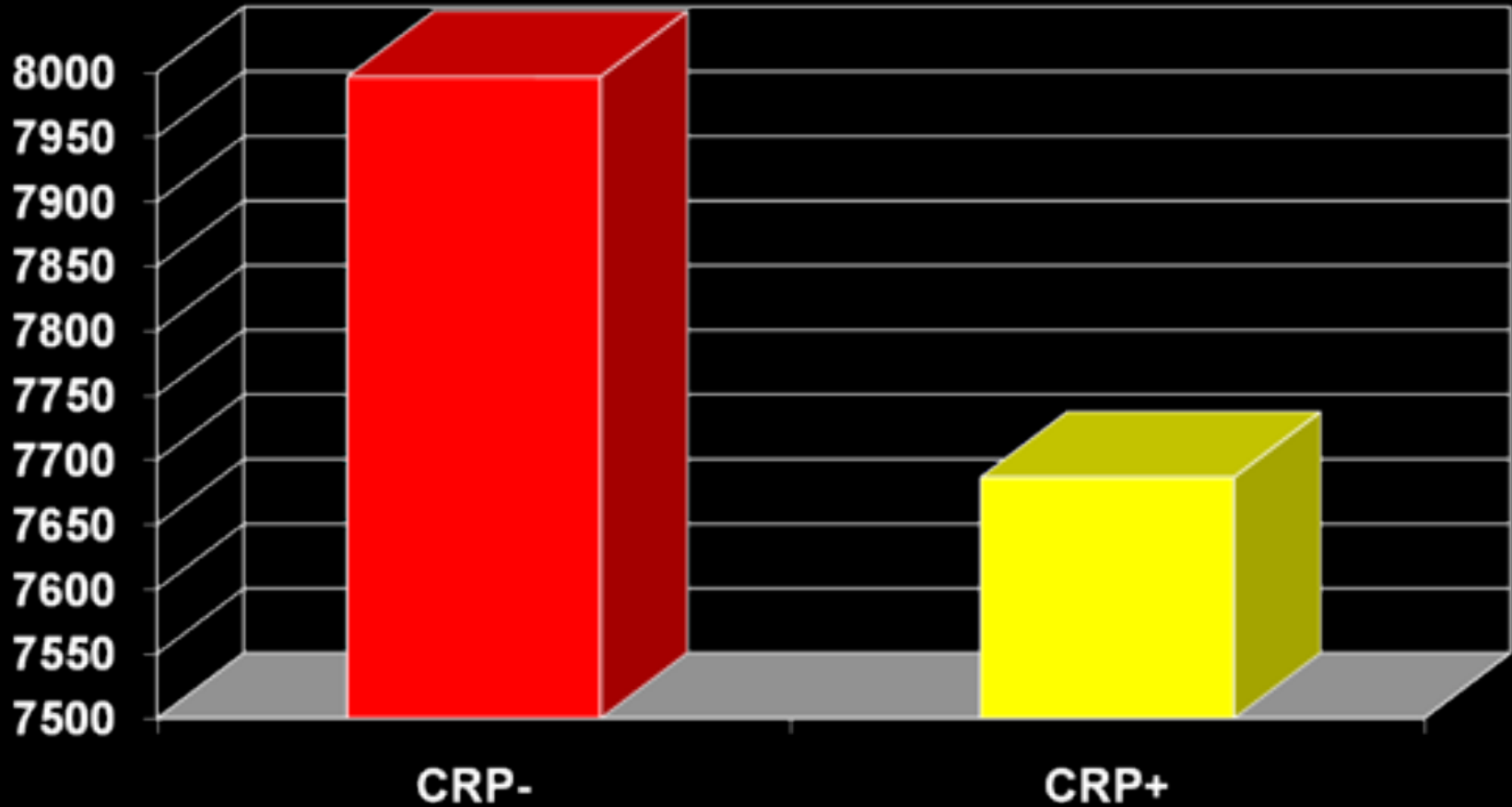
- C-reactive protein (CRP) is a protein found in the blood, the levels of which rise in response to inflammation
- Elevated in AD; may lead to increase β -amyloid
- We measured CRP in 141 subjects, 76 of whom had detectable levels in the blood, and 65 of whom did not, and looked at their memory performance
- We were particularly interested in how well they held on to information over delays



C-reactive protein and memory consolidation

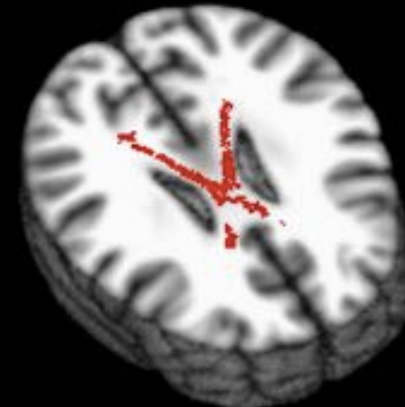
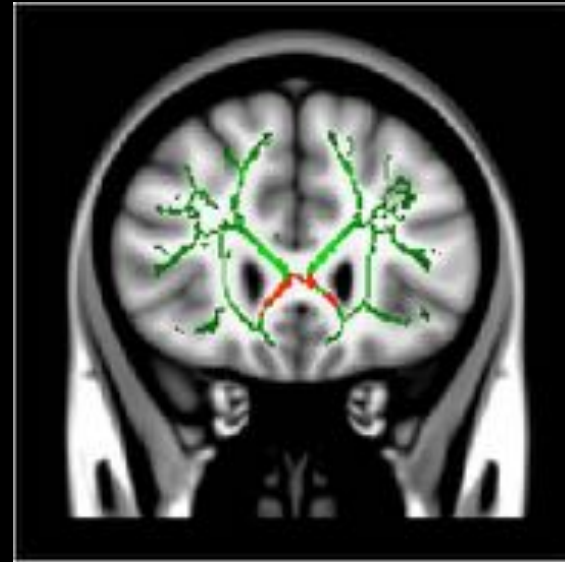


CRP & medial temporal volumes



Inflammation and white matter

- Looked at CRP, TNF- α , and IL-6
- Detectable levels of inflammatory markers were related to lower white matter integrity
- This relationship is more pronounced with age



IL-6 and longitudinal change

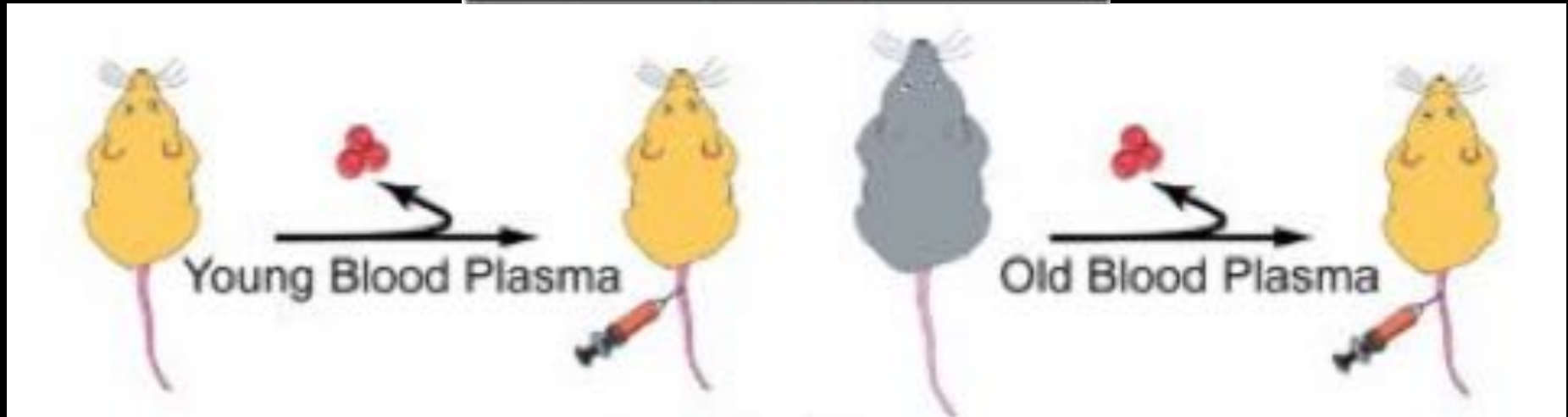


- **Higher peripheral IL-6 levels predicted greater cognitive slowing across two time points after adjusting for age, baseline processing speed, vascular risk factors, and cerebrovascular disease.**

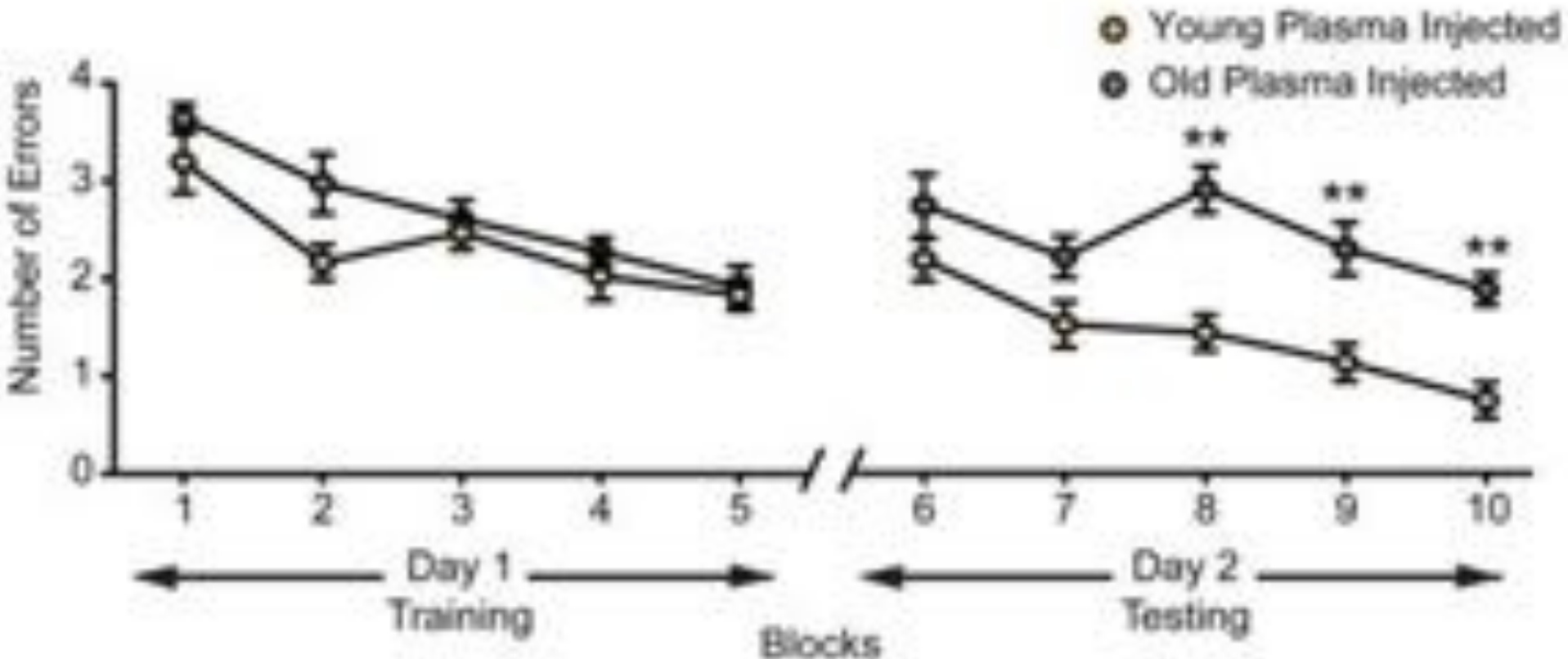
Lower IL-6 in super-agers



Age-related changes in plasma (Eotaxin-1)



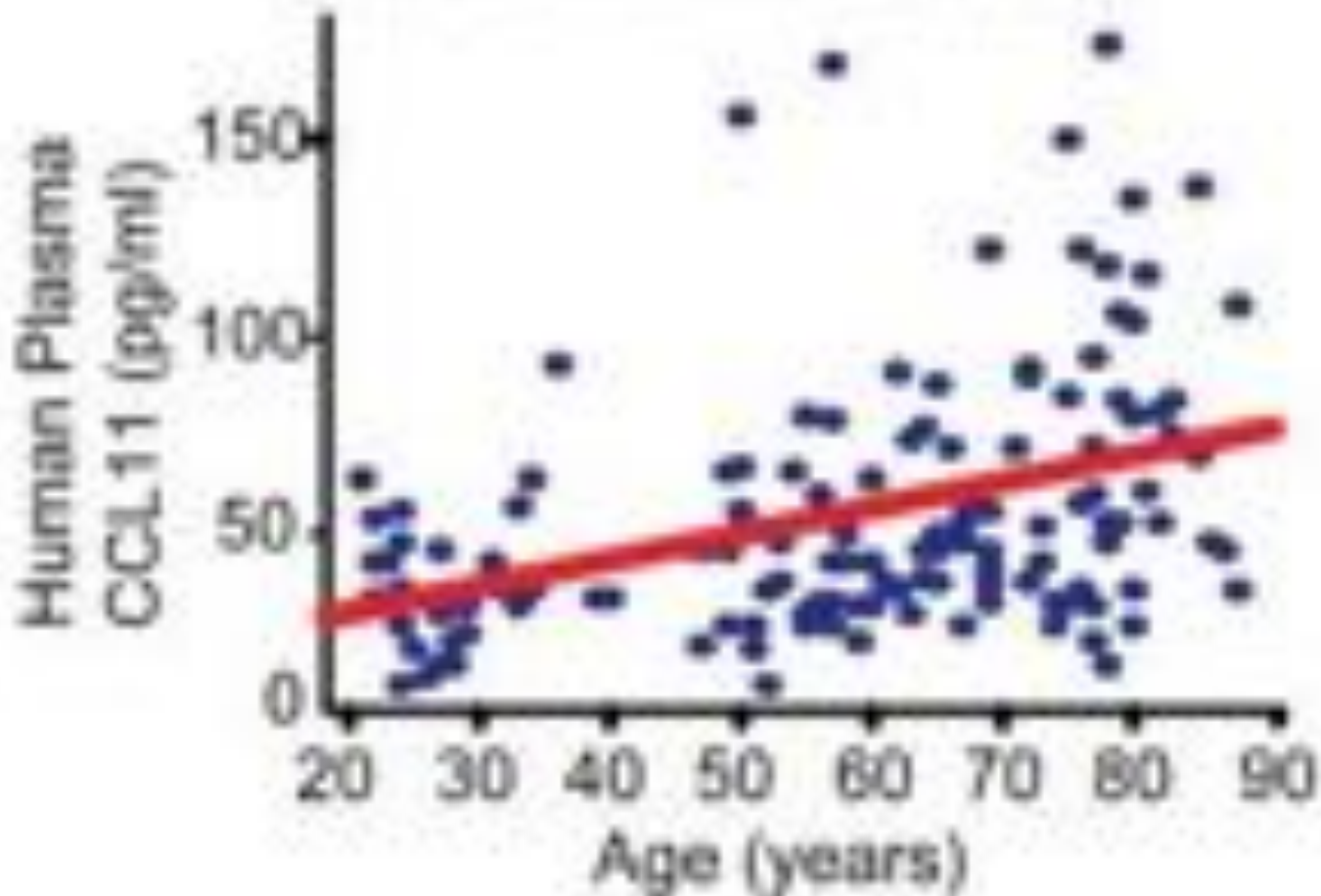
Eotaxin and memory



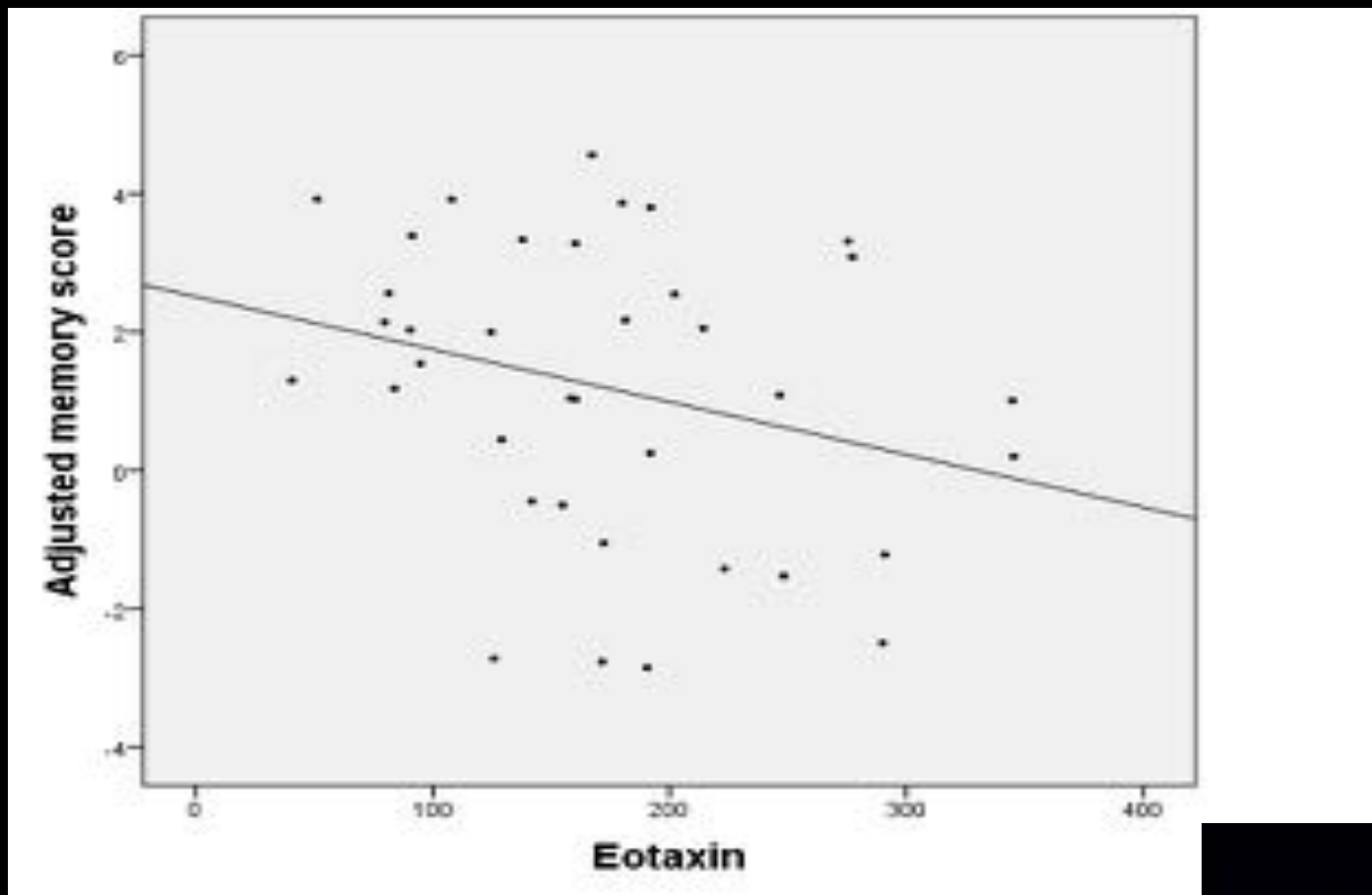
Eotaxin in humans

d

$r = 0.40$, $p = 5.6 \times 10^{-7}$,
95% Conf. Int. = 0.26 to 0.53



Eotaxin and memory in humans



Summary

- Proteins

- Inflammation

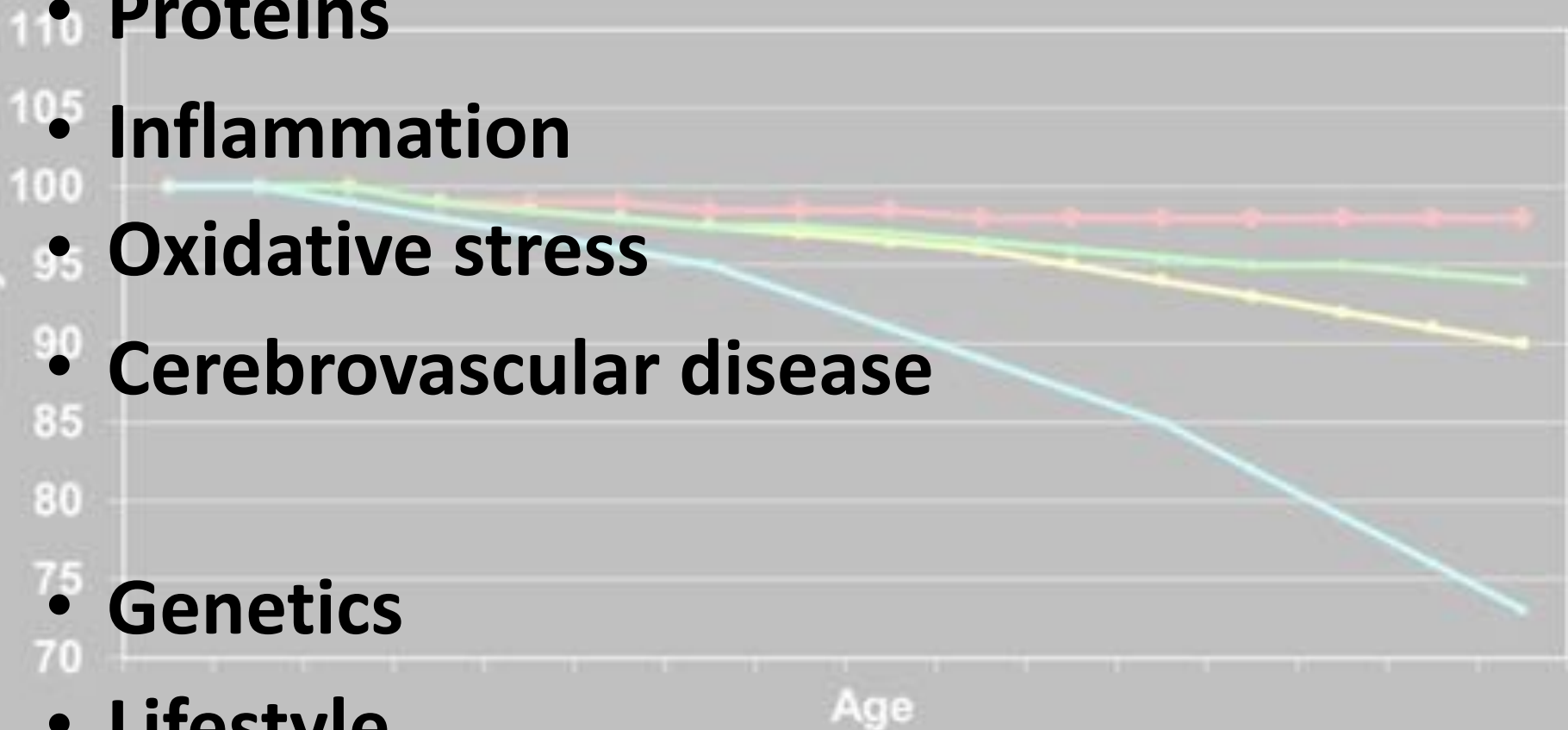
- Oxidative stress

- Cerebrovascular disease

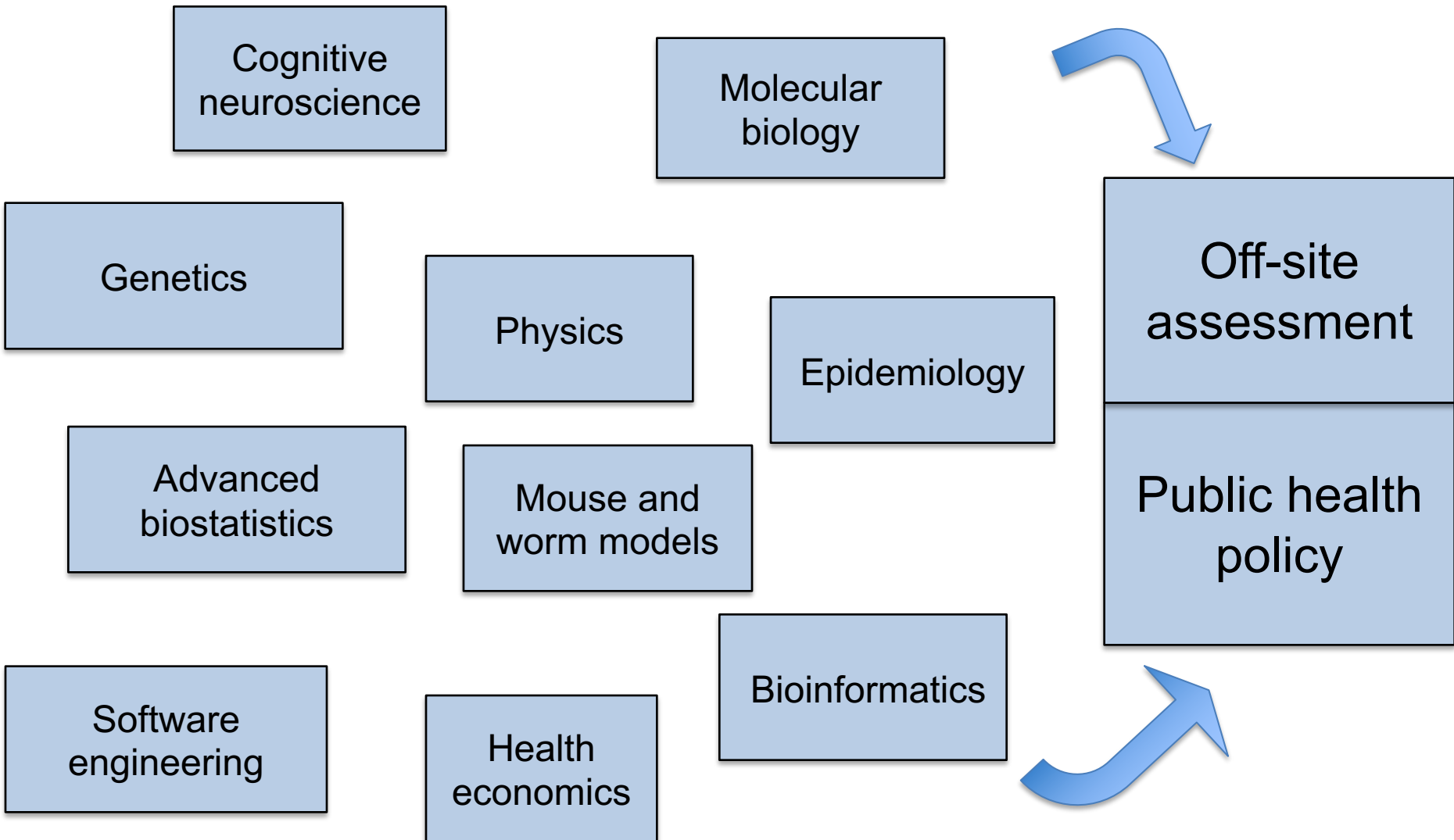
- Genetics

- Lifestyle

- Health history



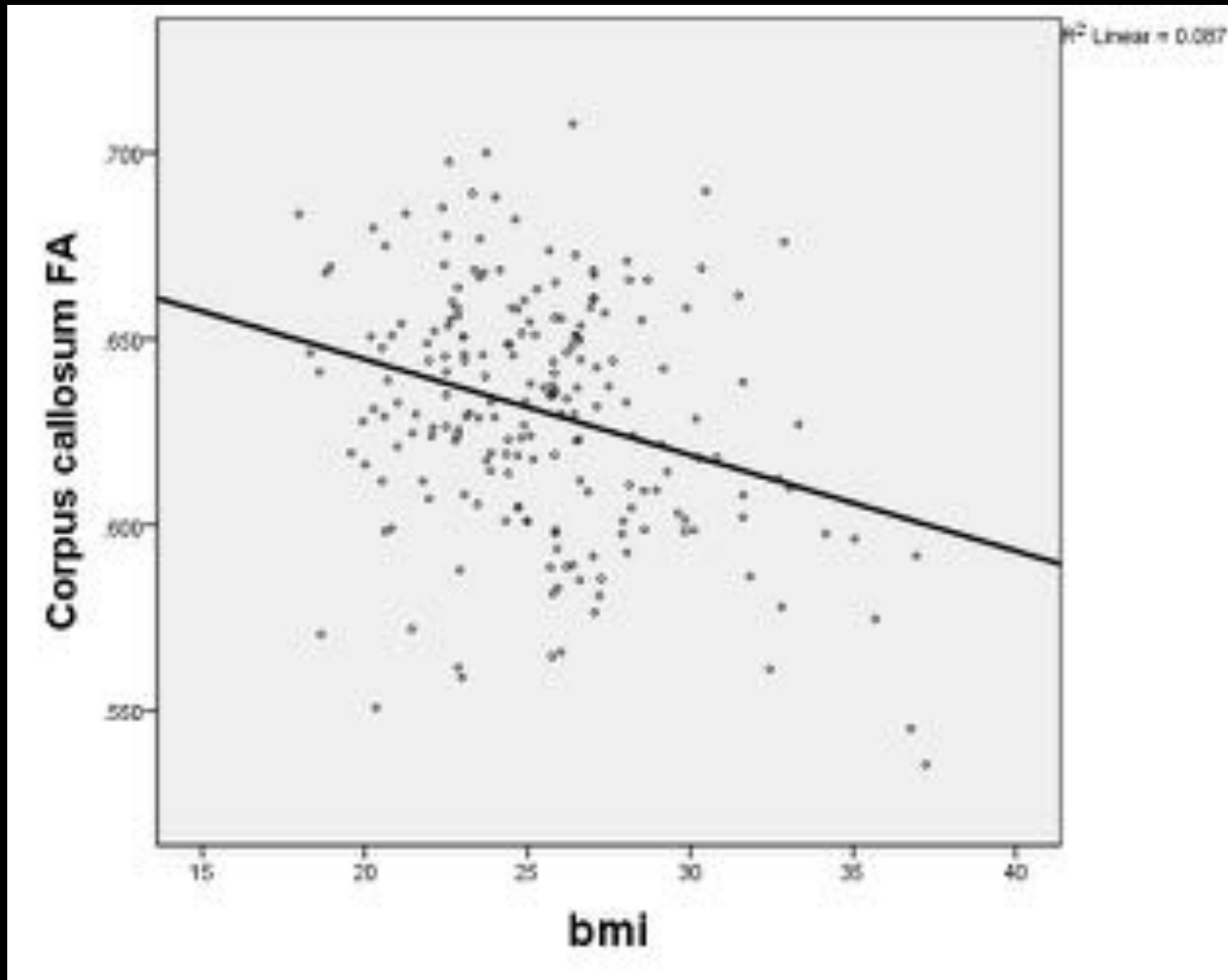
Transdisciplinary convergence



Whitmer & Yaffe

- **36 year follow-up of Kaiser patients who had early measurement of abdominal size and BMI**
 - High BMI (obesity) associated with threefold increase risk of AD and five fold increase in vascular dementia
 - Central obesity (highest quintile) associated with a threefold increase risk of dementia

Body mass and white matter



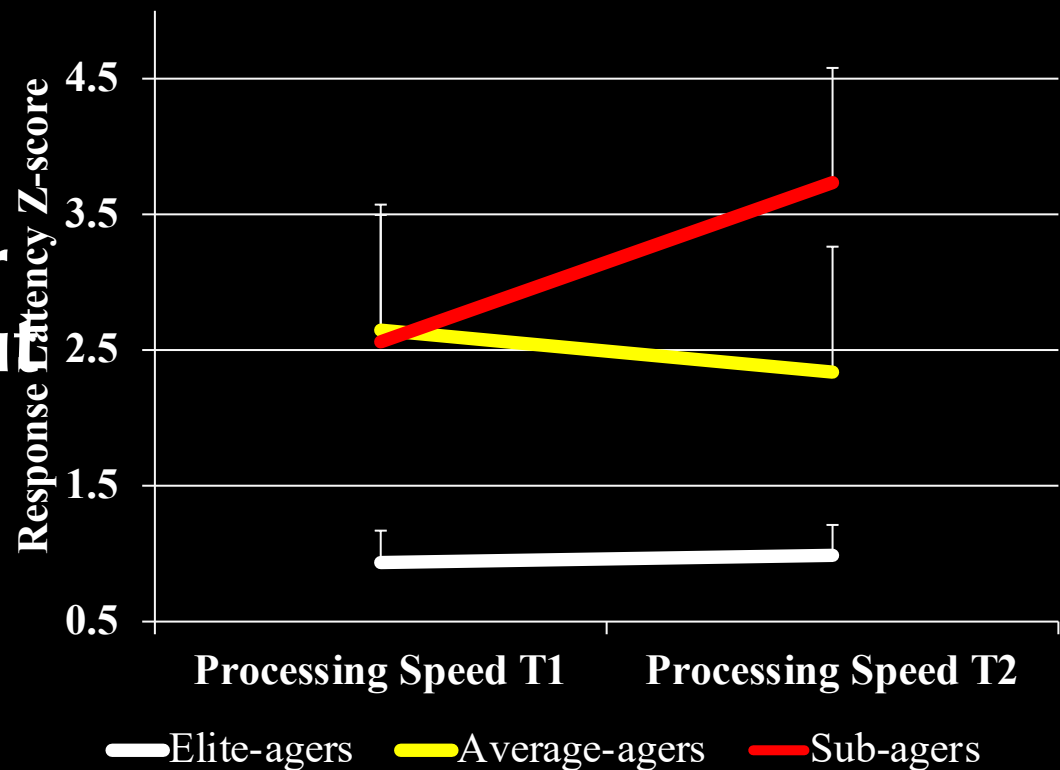
Physical Exercise: Epi studies

- Physical activity, particularly aerobic activity, is associated with a significant reduction in risk of dementia.



What can super-agers teach us?

- We can reliably measure declines in processing speed over 2-3 years
- Studying the extremes of this variability can offer valuable clues about mechanisms



Results

- **No groups differences were found in BMI, cholesterol, or APOE genotype.**

Fractional anisotropy of the corpus callosum



Cardiopulmonary fitness

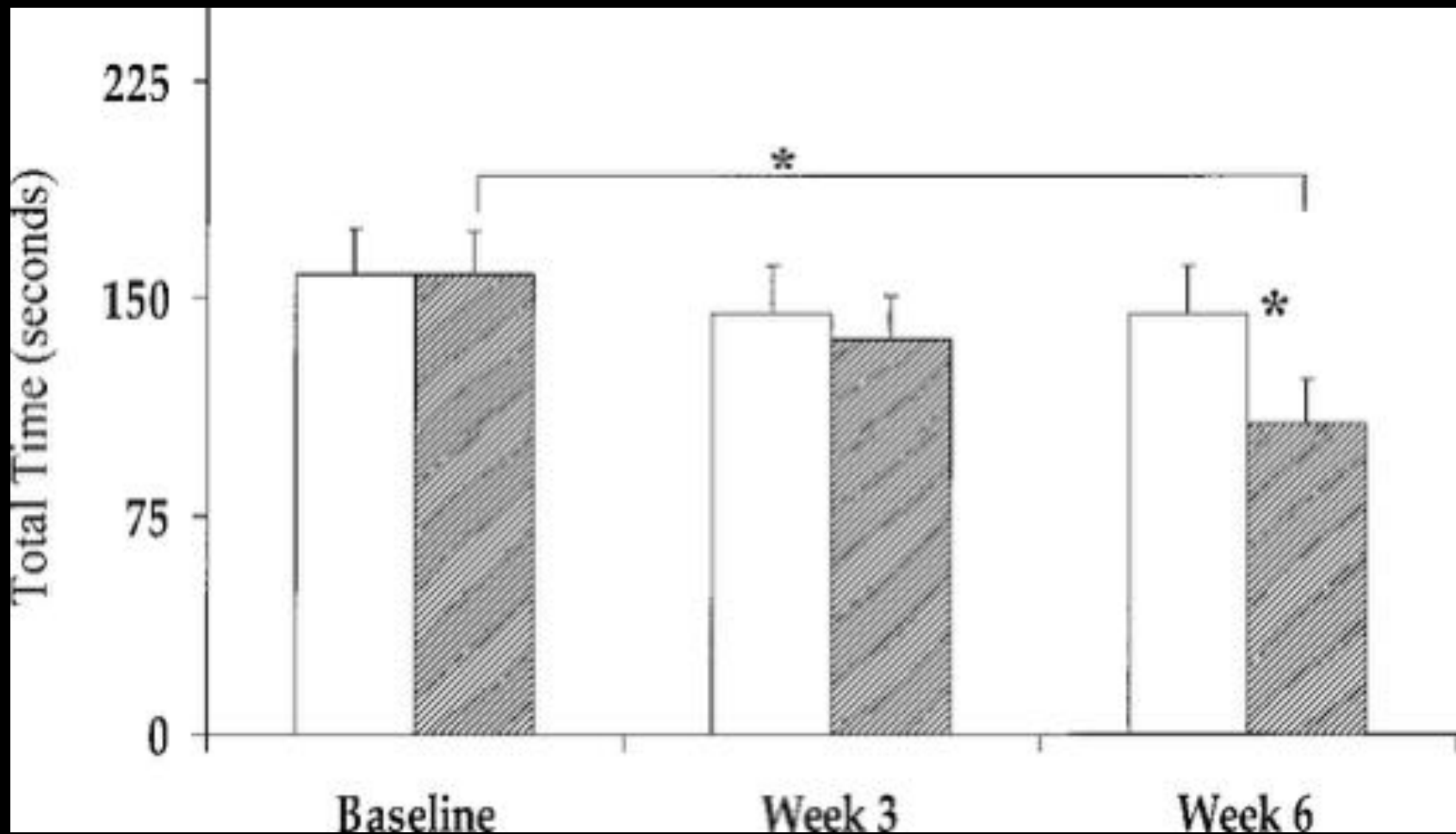
We can estimate cardiopulmonary fitness using measures of physical activity, BMI, and heart rate

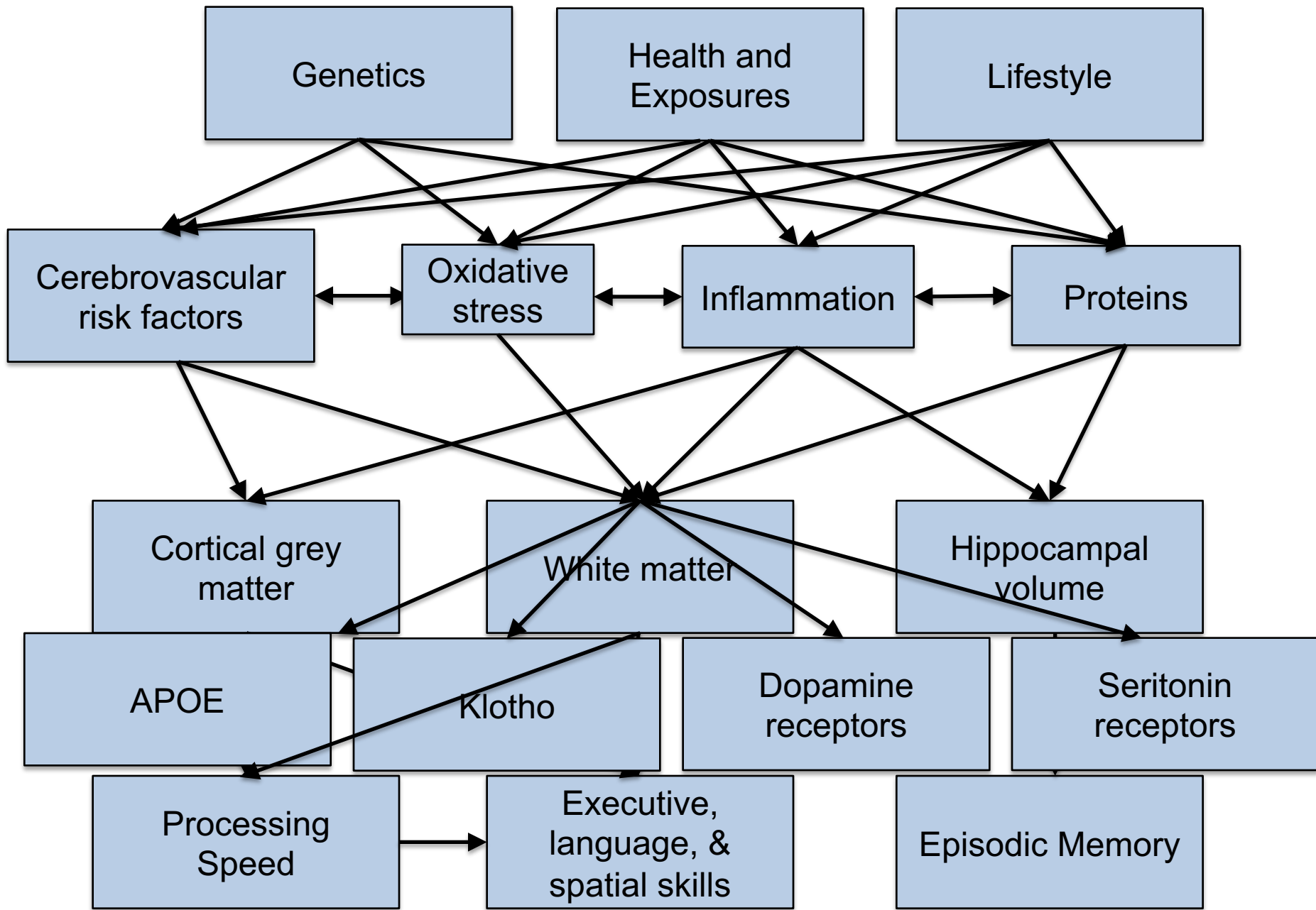


Vision

- **Annual wellness visits will include cognitive test results, structural and molecular neuroimaging, proteomics, vascular and other risks, health-related behaviors, and genomic profile.**
- **This information will identify risks for current and future problems with brain structure or function and lead to targeted, patient-specific interventions.**

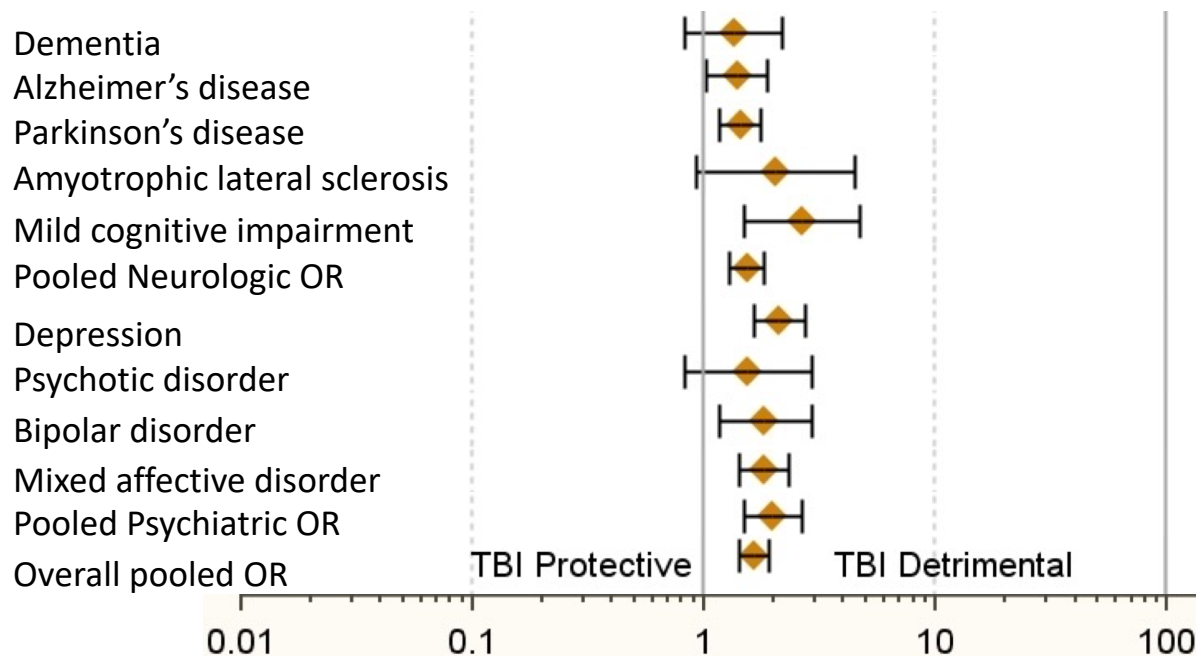
Block Design in older men treated with testosterone vs placebo





Meta-analysis of association between mild TBI and late neurologic/psychiatric diagnoses

- Meta-analysis positive (1.67) but..
 - low OR, many other factors likely
 - OR for pesticide exposure and PD is 1.94
 - OR for obesity and AD is 1.80





Raquel Gardner

1. Quantify risk of dementia among middle-aged or older adults with recent TBI **compared to those with non-TBI trauma** (fractures)
2. Assess impact of age and TBI severity on risk of dementia

Methods

California state-wide administrative health database, all ED & inpatient visits
Healthcare Cost & Utilization Project (HCUP)

All patients age 55+
with trauma (TBI or fracture)
during 2005 or 2006
excluding baseline dementia or in-hospital death
n=164,655

mild vs. mod/severe TBI
ICD-9 CDC definitions

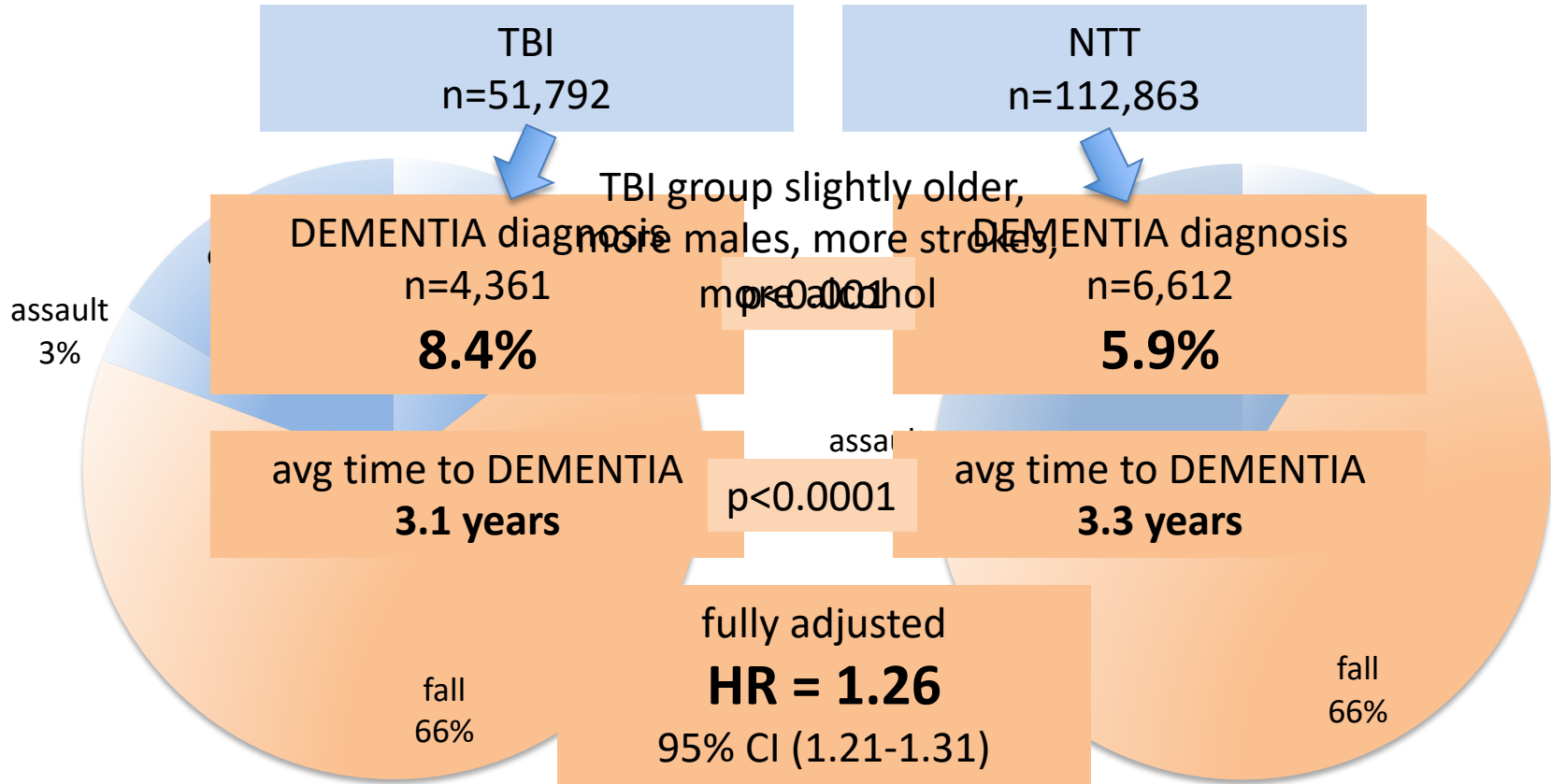
non-TBI trauma (NTT)
ICD-9 fracture

mild TBI
concussion, skull fx
without intracranial
injury, or closed
intracranial injury
&
LOC < 1hr

mod/severe TBI
all non-mild TBI

DEMENTIA diagnosis
validated ICD-9
>1yr after trauma diagnosis
during follow-up ending 2011

Results



TBI diagnosed at age 55+ is associated with significantly increased risk of dementia over the subsequent 5 - 7 years