The Lexington Memory Café was created over two years ago to foster socialization and community interaction while combating the isolation often experienced by families dealing with a memory loss diagnosis. Hosted by the Sanders-Brown Center on Aging, meetings are the second Monday of each month at the Living Arts and Science Center Brown Center on Aging.

Attendance varies between six to twelve families as participants share personal experiences related to the theme for the month in a relaxed, supportive environment. Themes are selected based on holidays and the personal interests of participants. Through our discussions, we have traveled to Appalachia, Jamaica and throughout the US and Europe. We even took a real field trip to a state park for a picnic lunch.

To sign up or to learn more about the Memory Café, contact Deborah Danner at (859) 218-3867.
Our Research

Sanders-Brown Research on Down Syndrome and Dementia

A multidisciplinary group of SBCoA scientists have identified an interesting connection between the health of the brain tissue that supports cognitive functioning and the presence of dementia in adults with Down syndrome. Published in the Neurobiology of Aging, the study, which focused on detecting changes in the white matter connections of the brain, offers tantalizing potential for the identification of biomarkers connected to the development of dementia, including Alzheimer’s disease.

“We used magnetic resonance imaging (MRI) to compare the health of the brain’s white matter and how strongly it connects different parts of the brain,” explains Elizabeth Head, the study’s senior author. “The results indicate a compelling progression of deterioration in the integrity of white matter in the brains of our study participants commensurate with cognitive health.”

Research team member David Powell compared the MRI brain scans of three groups of volunteers: persons with Down syndrome but no dementia, persons with Down syndrome and dementia, and a healthy control group. Brain scans of subjects with Down syndrome showed some compromise in the brain’s white matter connections compared to those from the control group. When people with Down syndrome and dementia were compared to people with Down syndrome without dementia, those same white matter connections were even less healthy.

Perhaps the most intriguing aspect of the study was the correlation between the cognitive abilities of participants with Down Syndrome and the integrity of their white matter – those who had higher motor skill coordination and better learning and memory ability had healthier white matter connections.

Persons with Down syndrome are at an extremely high risk for developing Alzheimer’s disease after the age of 40. The team hopes their work might eventually lead to the identification of biomarkers for the development of Alzheimer’s disease in people with Down syndrome and, potentially, extend that to the general population as well.

Frederick Schmitt, a senior member of the team, was recently awarded the 2014 Mary Carter Award from Down Syndrome of Louisville. The award recognizes outstanding service and contributions that result in improved quality of life for people with Down syndrome. Receipt of this award further emphasizes the outstanding efforts by our motivated research team, and more importantly, the enthusiastic and dedicated participants and families who volunteer their time and energies.

We Are Pleased to Welcome Four New Faculty Members to the Sanders-Brown Team

Erin Abner, PhD
Anika Hartz, PhD
Ai-Ling Lin, PhD
Ronan Murphy, MD

A Recent Study Suggests That Self-Reported Memory Complaints Might Predict Clinical Memory Impairment Later in Life

Erin Abner, an assistant professor at SBCoA and the UK Department of Epidemiology, asked 3,701 men aged 60 and higher a simple question: “Have you noticed any change in your memory since you last came in?”

That question led to some interesting results. “It seems that subjective memory complaint can be predictive of clinical memory impairment,” Abner said. “Other epidemiologists have seen similar results, which is encouraging, since it means we might really be on to something.”

The results are meaningful because it might help identify people who are at risk of developing Alzheimer’s disease sooner. “If the memory and thinking lapses people notice themselves could be early markers of risk for Alzheimer’s disease, we might eventually be able to intervene earlier in the aging process to postpone and/or reduce the effects of cognitive memory impairment.”

Abner took pains to emphasize that her work shouldn’t necessarily worry everyone who’s ever forgotten where they left their keys. “I don’t want to alarm people,” she said. “It’s important to distinguish between normal memory lapses and significant memory problems, which usually change over time and affect multiple aspects of daily life.”

Data from the PREADVISE clinical trial study were presented at the 6th annual Clinical Trials on Alzheimer Disease Conference, San Diego, CA.

Alzheimer’s Disease Top 10 Warning Signs

1. Memory loss that disrupts daily life - It’s normal to forget things occasionally and remember them later: things like appointments, colleagues’ names or a friend’s phone number. A person with Alzheimer’s disease may forget things more often and not remember them later, especially things that have happened more recently.

2. Difficulty performing familiar tasks - Busy people can be so distracted from time to time that they may leave the carrots on the stove and only remember to serve them at the end of a meal. A person with Alzheimer’s disease may have trouble with tasks that have been familiar to them all their lives, such as preparing a meal.

3. Problems with language - Everyone has trouble finding the right word sometimes, but a person with Alzheimer’s may forget simple words or substitute words, making their sentences difficult to understand.

4. Disorientation of time and place - It’s normal to forget the day of the week or your destination -- for a moment. But a person with Alzheimer’s can become lost on their own street, not knowing how they got there or how to get home.

5. Decreased or poor judgment - People may sometimes put off going to a doctor if they have an infection, but eventually seek medical attention. A person with Alzheimer’s may have decreased judgment, for example not realizing a medical problem that needs attention or wearing heavy clothing on a hot day.

6. Problems with abstract thinking - From time to time, people may have difficulty with tasks that require abstract thinking, such as balancing a check book. Someone with Alzheimer’s may have significant difficulties with such tasks, for example not recognizing what the numbers in the check book mean.

7. Misplacing things - Anyone can temporarily misplace a wallet or keys. A person with Alzheimer’s disease may put things in inappropriate places: an iron in the freezer or a wristwatch in the sugar bowl.

8. Changes in mood and behavior - Everyone becomes sad or moody from time to time. Someone with Alzheimer’s disease can exhibit varied mood swings -- from calm to tears to anger -- for no apparent reason.

9. Changes in personality - People’s personalities can change somewhat with age. But a person with Alzheimer’s can become confused, suspicious or withdrawn. Changes may also include apathy, fearfulness or acting out of character.

10. Loss of initiative - It’s normal to tire of housework, business activities or social obligations, but most people regain their initiative. A person with Alzheimer’s may become very passive, and require cues and prompting to become involved.

“If you think you have Alzheimer’s, you might be right, study suggests.”

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