



Maintaining Cognitive Health and Preventing Dementia

Los Altos Community Center September 15, 2022

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Alzheimer's: age prevalence and global increase



Nichols et al Dementia Forecasting Collaborators Bill and Melinda Gates Foundation 2019

Lifespan vs Healthspan



Olshansky JAMA 2018

Value of delaying Alzhiemer's disease onset



Zissimopoulos et al Forum Health Econ Policy 2014

Cognitive healthspan



Santiago Ramón y Cajal (1852-1934)

Nervous system: Conventional perspective: continuous network Cajal: individual neurons



Nobel Prize 1906



Synapses/spines – critical but vulnerable elements



In Alzheimer's disease: dendritic spine preservation associated with cognitive <u>resilience</u>





'Western' diet ٠

Anti-cholinergic medications ٠ (Benadryl, Paxil, Elavil, Ditropan)

Montreal Cognitive Assessment (MOCA) Normal: 27-30

MONTREAL C	OGNITIVE ASSI	SSMEN	T (MOCA)	Edu	NAME : Ication : Sex :		Date of bir DAT	th: FE:			
VISUOSPATIAL / EP	(CUTIVE (A) (B) (2) (4) (3)			Copy cube	Draw (3 poh	r CLOCK ((Ten past ele	even)	POINTS		
	11			11	[] Contou	ur Nu	mbers	[] Hands	_/5		
TAX:					and the second sec	Y			_/3		
MEMORY	Read list of words, subj must repeat them. Do : Do a recall after 5 minu	ect 2 trials. ttes.	FAI 1st trial and trial		/ET CH	IURCH	DAISY	RED	No points		
ATTENTION	Read list of digits (1 dig	it/sec.). Sı Sı	ubject has to re ubject has to re	peat them in peat them in	the forward the backwar	order rd order	[]21	854	_/2		
Read list of letters. Th	e subject must tap with	his hand at e	ach letter A. N	opointsif≥2er CMNAAJ	rrors KLBAFA	KDEA	OMALAA	FAAB	_/1		
Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 [] 65											
LANGUAGE Repeat : I only know that John is the one to help today. [] The cat always hid under the couch when doos were in the room. []											
Fluency / Name	maximum number of w	ords in one m	inute that begi	in with the let	ter F	[]_	(N ≥ 11 w	vords)	_/1		
ABSTRACTION Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler											
DELAYED RECALL	Has to recall words WITH NO CUE	FACE []	VELVET	CHURCH	DAISY []	RED	RED Points for UNCUED recall only				
Optional	Multiple choice cue					-					
ORIENTATION	[]Date [] Month	[]Year	[] Da	y [] Place	[]]	iity	_/6		
© Z.Nasreddine MD \ Administered by:	ersion 7.0	www.r	mocatest.org	l Nor	mal ≥ 26 / 30	TOTA	L Add 1 point it	f ≤ 12 yr ed	_/30 lu		

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Cognitive assessment – Stanford Memory Clinic

- History (dementia onset)
- Physical exam
- Cognitive exam
- Brain MRI
- Blood: B12, thyroid, others



normal



Alzheimer's

Recent and emerging biomarkers:

- blood amyloid and tau
- cerebrospinal fluid amyloid and tau
- amyloid and tau PET scans

Amyloid and tau PET scans



Alzheimer's patient

Normal age-matched control

Dementia prevention strategies

No prevention evidence for current drugs



<u>Physical exercise</u>:
Epidemiology
~40% risk dec
Multiple RCTs
(goal 30 min/5 days)



<u>Sleep</u>: Epidemiology No RCTs



<u>Diet</u>: Epidemiology ~30% risk dec No RCTs



<u>Cognitive exercise</u>: Effects on Executive function – transfer to other functions?

Walking reverses of Hippocampal Age-related Atrophy!





hippocampus 1-2%/yr atrophy

> Erickson *et al* PNAS 2011

High physical activity – resilience to amyloid



Step count and risk of dementia

UK Biobank Registry 78,430 adults aged 40-79 wrist accelerometer 7-year follow up



Optimal dose 9800 steps; 50% risk reduction 25% reduction dose 3800

Poso Cruz et al – JAMA Neurology 2022

Effect of physical activity on global cognition in Alzheimer's disease

Meta analysis	Study name	Intensity	Statistics for each study							Std.diff.in means	
			Std.diff. in means	Standard error	Variance	Lower limit	Upper limit	Z-Value	p-Value	and 95% CI	
	Pedroso, 2018 2	Moderate	0.02	0.40	0.16	-0.77	0.81	0.06	0.95	∻	
	Pedroso, 2018 1	Moderate	0.07	0.37	0.14	-0.66	0.80	0.18	0.86		
	Fonte, 2019 2	Moderate	0.07	0.38	0.15	-0.68	0.82	0.19	0.85		
	Fonte, 2019 1	Moderate	0.13	0.39	0.15	-0.64	0.89	0.33	0.74		
	Venturelli, 2016	Moderate	0.17	0.32	0.10	-0.46	0.79	0.52	0.60		
	De Souto, 2017	Moderate	0.17	0.21	0.04	-0.24	0.58	0.82	0.41		
	Hoffmann, 2016	Moderate-high	0.17	0.14	0.02	-0.11	0.45	1.22	0.22		
	Hofthoff, 2015	Moderate	0.30	0.37	0.13	-0.42	1.02	0.82	0.41		
	Liu, 2017	Moderate	0.34	0.29	0.08	-0.23	0.91	1.17	0.24		
	de Oliveira Silva, 2019	Moderate	0.36	0.48	0.23	-0.57	1.30	0.76	0.45		
	Chang, 2015	Moderate	0.46	0.27	0.07	-0.07	0.98	1.70	0.09		
	Vreugdenl, 2012	Moderate	0.47	0.32	0.10	-0.16	1.10	1.46	0.14		
	Wang W, 2014	Moderate	0.49	0.28	0.08	-0.05	1.03	1.78	0.08		
	Mu, 2016	Moderate	0.50	0.23	0.05	0.05	0.95	2.18	0.03		
	Yang, 2015	Moderate	0.63	0.29	0.08	0.06	1.20	2.17	0.03		
	Wang Y, 2014	Moderate	1.04	0.36	0.13	0.34	1.75	2.90	0.00		
	Kemooun, 2010	Moderate	1.05	0.38	0.15	0.30	1.80	2.74	0.01		
	Venturelli, 2011	Moderate	1.98	0.50	0.25	1.00	2.96	3.97	0.00		
			0.41	0.09	0.01	0.24	0.58	4.76	0.00		

Control Physical activity

Effect of physical activity on activities of daily living in Alzheimer's disease

Meta analysis	Study name	s	tatistics fo	Std. diff. in means					
	Stin	td. diff. means	Standard error	Variance	Lower limit	Upper limit	Z-Value	p-Value	and 95% Cl
	Fonte, 2019; trial 1	0.13	0.39	0.15	-0.64	0.89	0.33	0.74	
	De Souto, 2017	0.26	0.21	0.04	-0.15	0.67	1.24	0.22	1 1 10-1 1
	Vreugdenhil, 2012	0.34	0.32	0.10	-0.29	0.96	1.06	0.29	
	Chang, 2015	0.41	0.27	0.07	-0.12	0.93	1.51	0.13	
	Fonte, 2019; trial 2	0.49	0.39	0.15	-0.28	1.25	1.25	0.21	
	Wang W, 2014	0.53	0.28	0.08	-0.01	1.07	1.92	0.06	
	Mu, 2016	0.72	0.23	0.05	0.27	1.18	3.10	0.00	-0+
	Wang Y, 2014	1.25	0.37	0.14	0.53	1.97	3.40	0.00	
	Hofthoff, 2015	1.29	0.40	0.16	0.50	2.08	3.21	0.00	
		0.56	0.12	0.01	0.32	0.79	4.65	0.00	♠

-2.00-1.00 0.00 1.00 2.00

Control Physical activity

Mediterranean diet: longitudinal studies





20-40% risk reduction for dementia

Wu and Sun Scientific Reports 2017 Abbatecola et al Curr Opin Clin Nutr Metab Care 2018

Mediterranean diet – prospective trial

PREDIMED: RCT 6.5 years (Valls-Pedret et al, JAMA Intern Med 2015)



Ongoing: MIND study Med-DASH RCT 3-year at risk AD

Diet / Supplements



<u>Omega-3 FA</u>

- AD 5/6 studies <u>no</u> effect except 1 study (mild AD subgroup) Thomas et al, BioMed Res 2015
- MCI 4/5 small studies mild improvement;
- Normal aging: <u>no</u> effect (3/3 studies); Jiao et al, Am J Clin Nutr 2014



<u>Vitamin E</u>

- Mild/mod Alzheimer's 2000 IU/d: 19% reduction rate decline ADLs; no cog effects (Dysken et al, 2014)
- Normal elderly; 400 IU/day: PREADVISE trial (2017) no effect



<u>Vit D</u>: 'normal' level (controversial) 20-40 ng/mL

- < <u>10 ng/mL</u> : 2.2X; < <u>20 ng/mL</u>: 1.5X increased risk
- 3 small interventional studies: improved executive function (1-15 mo)

Traditional FDA approved therapies

Do not delay onset or slow progression



- Donepezil (Aricept)
- Rivastigmine (Exelon)
- Galantamine (Razadyne)
- Memantine (Namenda)

Aducanumab – amyloid antibody Two phase 3 trials FDA approved 2021



Young blood in old and AD mice improves cognition



Clinical studies to translate mouse discoveries

Two small proof-of-concept safety studies in Alzheimer's disease completed





Multiple infusions of plasma or plasma fraction from young donors (~35 yrs old) Patient Assessment: Safety ✓ Daily activities of living Memory tests ✓ Functional brain imaging Blood tests





Sha, JAMA Neurol. 2018

Developing a more powerful drug – addressing multiple mechanisms







Amyloid plaques

Tau tangles

Neuro-inflammation



Rita Levi-Montalcini Discovery of Nerve Growth Factor (NGF)



Levi-Montalcini, Science 1987

sensory neurons



Nobel prize in medicine 1986

Inventing drug to prevent neuron and synapse degeneration: LM11A-31



Massa et al *J Neurosci* 2006

Basic studies in cell cultures

Neurons from mice or humans



culture media

amyloid

amyloid + C31



"<u>Resilience</u> in a dish"

LM11A-31 reverses late-stage spine degeneration





CT-PET detection of brain inflammation

Michelle James / Frank Longo - Stanford



normal AD mouse + AD mouse mouse placebo + test drug

Testing Alzheimer's Therapies





The Drug Pipeline and 'Valley of Death'



Phase 2a RCT safety and exploratory endpoint trial

Mild-moderate Alzheimer's disease

PI: M. Windisch (PharmatrophiX-NeuroScios) Co-PI: A. Börjesson-Hanson (Karolinska)

Subjects enrolled in 18 sites in 5 countries

6-month treatment trial



Barcelona Alzheimer's Treatment and Research Center

são de



LM11A-31 reduces biomarker of synaptic spine loss



Phase 2a trial – treatment results

= slowing of brain degeneration





Modifiable dementia risk factors Early life Early life (< 18 yrs) Less education low education • Exercise Diet Midlife Midlife (45-65 yrs) Hearing loss hypertension Sleep Hypertension obesity hearing loss Later life (> 65 yrs) smoking • depression Depression Late life hysical inactivity physical inactivity • cial isolation social isolation •

Cognitive engagement / purpose Optimize medical conditions (HTN, DM)

diabetes

Potentially non-modifiable 65%

Livingston et al

Lancet 2017

- 'Western' diet
- Anti-cholinergic medications (Benadryl, Paxil, Elavil, Ditropan)

Iqbal Farrukh and Asad Jamal Alzheimer's Disease Research Center at Stanford







Progress in Alzheimer's prevention and treatment

- age-related neurodegenerative mechanisms
- imaging and large-scale blood biomarkers
- deep biology treatment approaches