

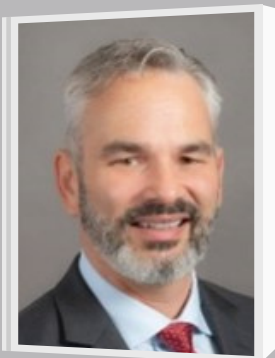
WE'VE BEEN BUSY IN YOUR COMMUNITY!

The Latino Health Forum , Seattle, WA

The Latino Health Forum took place on December 5, 2024, at the Sea Mar Museum of Chicano/a/Latino/a Culture & Community Center. As an annual event dedicated to advancing Latino health through the exchange of innovative ideas and best practices, the forum focused on confronting the opioid crisis. The keynote address provided an overview of Washington State's response, while presentations highlighted best practices in opioid outreach through radio campaigns and other sources. The Alzheimer's Disease Research Center participated by distributing Alzheimer's and dementia resources to community members and organizations. The forum served as a vital platform for networking opportunities, collaboration, and skill-building, equipping attendees with resources to promote improvements in health services for Latino populations.

TEAM MEMBER SPOTLIGHT

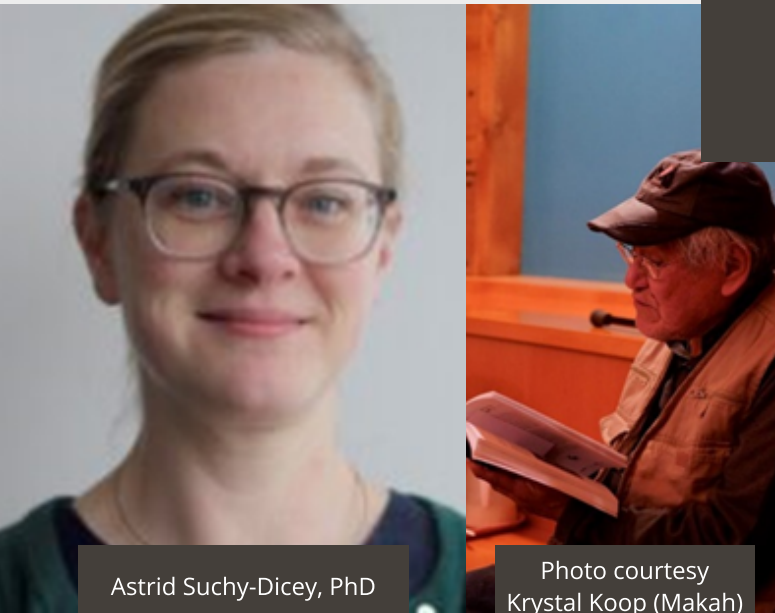
Justin B. Miller, PhD, ABPP, Professor of Neurology



Justin B. Miller, PhD, ABPP, Professor of Neurology at the UW School of Medicine, joined the Alzheimer's Disease Research Center in 2024. Dr. Miller is a clinical neuropsychologist with a clinical focus on improving memory and thinking tests in older adults. He also currently serves as the Director of the Northwest Rural Brain Health Initiative, where he studies disparities in brain health in rural communities, where access to dementia care is often limited. "My hope is that people will be able to receive the best quality care regardless of where they live." Dr. Miller wants to understand how advantageous features of life in rural communities may promote resilience, such as greater social connectedness, more green space, lower rates of pollution, and recreational opportunities. Outside of work, Dr. Miller enjoys mountain biking, cooking, and growing bonsai trees.

ADRC RESEARCH UPDATE: THE SCIENCE OF RESILIENCE

By Genevieve Wanucha



Astrid Suchy-Dicey, PhD

Photo courtesy
Krystal Koop (Makah)

The word ‘resilience’ describes the ability to adapt or recover in the face of adversity. In the world of Alzheimer’s research, resilience refers to the brain’s capacity to do just that. A person is considered resilient if they are aging in better health than would be expected: they seem to have a strong neurological buffer, called “cognitive reserve,” that helps maintain memory and thinking functions despite the presence of brain changes that typically cause decline.

At the ADRC, we want to understand the modifiable factors that can promote or decrease cognitive reserve across different populations. In a study published in the January 2025 *Nature* journal series *Communications Psychology*, ADRC researchers report findings from the first effort to measure and describe cognitive reserve in American Indians. Participants came from the Strong Heart Study, a longitudinal study of American Indians from the Northern Plains, Southern Plains, and Southwest.

“American Indians are especially strongly affected by dementia risk factors but also demonstrate important characteristics related to cognitive and psychological resilience,” says lead author Astrid Suchy-Dicey, PhD, an associate professor at Huntington Medical Research Institutes and co-lead of the ADRC Data Management & Statistics Core.

The team used a combination of scores from memory and thinking tests and brain images to assess brain health differences in American Indians from several Tribes. They were then able to compare people who seemed to be aging better than expected, termed ‘cognitively resilient,’ and people who seemed to be aging less well than expected.

The cognitively resilient group tended to have higher socioeconomic status and lower clinical risk factors. This group had more education, higher income, less diabetes, less depression, and less kidney disease. These findings fall in line with existing evidence that the brain connections underlying cognitive reserve develop in early childhood and over a lifetime through education but can be undermined by socioeconomic deprivation and chronic stress.

This study adds complexity to researchers’ understanding of resilience. The team tested several metrics of brain health to find what showed the strongest links to cognitive reserve in this population. “We were surprised that these different ways to describe the concept of cognitive reserve were so different in patterns of association with sociodemographic and clinical factors,” said Suchy-Dicey. “A better understanding of these patterns of risk and resilience can help to identify strengths and weaknesses that may be useful in targeting prevention and treatment programs, either for the population, or for select subgroups at higher risk.”

Now ADRC researchers want to know if these findings apply to other Tribes and populations. One of their key questions is whether effectively addressing risk factors for vascular disease and dementia in American Indians can open new paths toward resilience in aging for future generations.

SPOTLIGHT ON EUN JEONG: ADRC COMMUNITY ADVISORY BOARD MEMBER

By Katherine Lopez

Eun Jeong “EJ” Lee, PhD, is the founder and president of the Asian American Resource and Information Network, Inc. (AARIN), a nonprofit organization that runs initiatives to support wellbeing in Asian communities. She is a current member of our Community Advisory Board. Dr. Lee brings over two decades of experience in ensuring that community perspectives are represented in research and health policy decisions. She can also offer insights from her own family experience with dementia and caregiving.

As a “long-distance daughter,” Dr. Lee stays in close contact with her mother in Korea who lives with dementia. “Although I live far away from my mother, I feel incredibly blessed that modern technology allows us to stay connected,” she says.

“Thanks to video calls, we can see each other’s faces, share smiles, and maintain a sense of closeness despite the physical distance. This has been especially meaningful because it enables my mother to recognize me and feel my presence, even when I can’t be there in person. I am truly grateful for this gift of connection that technology provides.”

Dr. Lee had always planned to return to her home country of Korea after earning her PhD in Social Welfare from Yeshiva University in New York, which she finished in 2009. However, after starting a family, she became involved in community advocacy, particularly for underserved populations. Her early volunteer work with Korean Americans impacted by domestic violence opened her eyes to the challenges of language barriers and lack of resources. Her later work focused on aging populations, where she saw a significant gap in research on Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities, especially around Alzheimer’s and dementia.



Through the UW ADRC CAB, she can bring community voices into discussions about UW Alzheimer’s research goals, advocating for better representation of AANHPI communities in both research and healthcare settings. “My role is to make connections between communities and academic research or policy,” she says. “I can bring the community voices, including my observations and experience. At the same time, I can communicate the importance of data collection and research to the community.”

The most serious community challenges discussed in the CAB include language barriers, obstacles to healthcare access and long-term care, and the financial burden of caregiving in the US. With this knowledge, the ADRC can create more culturally relevant and engaging outreach strategies and shape research study goals.

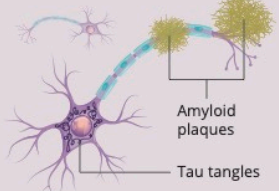
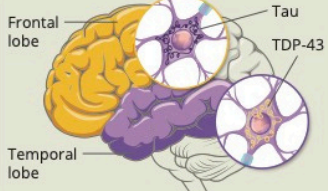
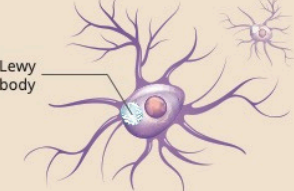
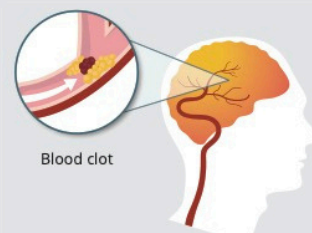
Dr. Lee says that the ADRC CAB allows her to collaborate with people of diverse backgrounds, including Asian, Native American, and Hispanic individuals. “I learn a lot from perspectives and experiences of CAB members. It’s a relief to me to know that we are not alone in having challenges in our communities. I feel like we can work together,” says Dr. Lee.

Understanding Different Types of Dementia

As we age, it's normal to lose some neurons in the brain. People living with dementia, however, experience far greater loss. Many neurons stop working, lose connections with other brain cells, and eventually die. At first, symptoms can be mild, but they get worse over time. Read on to learn more about four different types of dementia.



TYPES OF DEMENTIA

Alzheimer's Disease	Frontotemporal Dementia	Lewy Body Dementia	Vascular Dementia
What Is Happening in the Brain?*			
<p>Abnormal deposits of proteins form amyloid plaques and tau tangles throughout the brain.</p>  <p>Amyloid plaques Tau tangles</p>	<p>Abnormal amounts or forms of tau and TDP-43 proteins accumulate inside neurons in the frontal and temporal lobes.</p>  <p>Frontal lobe Temporal lobe Tau TDP-43</p>	<p>Abnormal deposits of the alpha-synuclein protein, called "Lewy bodies," affect the brain's chemical messengers.</p>  <p>Lewy body</p>	<p>Conditions, such as blood clots, disrupt blood flow in the brain.</p>  <p>Blood clot</p>

*These changes are just one piece of a complex puzzle that scientists are studying to understand the underlying causes of these forms of dementia and others.

Symptoms

<p>Mild</p> <ul style="list-style-type: none"> Wandering and getting lost Repeating questions <p>Moderate</p> <ul style="list-style-type: none"> Problems recognizing friends and family Impulsive behavior <p>Severe</p> <ul style="list-style-type: none"> Cannot communicate 	<p>Behavioral and Emotional</p> <ul style="list-style-type: none"> Difficulty planning and organizing Impulsive behaviors Emotional flatness or excessive emotions <p>Movement Problems</p> <ul style="list-style-type: none"> Shaky hands Problems with balance and walking <p>Language Problems</p> <ul style="list-style-type: none"> Difficulty making or understanding speech <p><i>There are several types of frontotemporal disorders, and symptoms can vary by type.</i></p>	<p>Cognitive Decline</p> <ul style="list-style-type: none"> Inability to concentrate, pay attention, or stay alert Disorganized or illogical ideas <p>Movement Problems</p> <ul style="list-style-type: none"> Muscle rigidity Loss of coordination Reduced facial expression <p>Sleep Disorders</p> <ul style="list-style-type: none"> Insomnia Excessive daytime sleepiness <p>Visual Hallucinations</p>	<ul style="list-style-type: none"> Forgetting current or past events Misplacing items Trouble following instructions or learning new information Hallucinations or delusions Poor judgment
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Typical Age of Diagnosis

Mid 60s and above, with some cases in mid-30s to 60s	Between 45 and 64	50 or older	Over 65
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Diagnosis

Symptoms can be similar among different types of dementia, and some people have more than one form of dementia, which can make an accurate diagnosis difficult. Symptoms can also vary from person to person. Doctors may ask for a medical history, complete a physical exam, and order neurological and laboratory tests to help diagnose dementia.

Treatment

There is currently no cure for these types of dementia, but some treatments are available. Speak with your doctor to find out what might work best for you.

Living with dementia can be challenging, but there are ways to manage it. To learn more about these types of dementia and other conditions that can cause dementia, visit www.nia.nih.gov/health/what-is-dementia.

ADRC WORD SEARCH

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B	Q	Z	C	H	D	S	N	T	E	I	T	X	S
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PALABRAS

BLOSSOM	PLANTING
FLOWER	PICNIC
POLLEN	BREEZE
RAINBOW	PUDDLES
UMBRELLA	SUNSHINE

RESOURCES



Follow us on Facebook at
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Alzheimer's Association

Phone: 1-800-272-3900

Email: info@alz.org

Website: alz.org

Call the Alzheimer's Association 24-Hour Helpline to speak for free to a Master's level social worker, any day or time.

Explore the monthly education programs offered by the Alzheimer's Association WA State Chapter:
www.alz.org



Conexion Contigo by Lupita Zamora is an independent Spanish language radio program for the community where you will find information, opportunities and more.

facebook.com/ConexionContigoRadio

Visit Alzheimers.gov for updated health information tailored to caregivers, people living with dementia, and professionals. **En español:** Alzheimers.gov/es



CONTACT US:

Questions about this newsletter?

Email:

adrc-community@uw.edu

UW Memory and Brain Wellness Center

Website: uwmemoryandbrain.org

En español: memoria.uw.edu

UW Alzheimer's Disease Research Center

Website: uwadrc.org

Phone:

Email: uwadrc@uw.edu

Q

Do you have a question about brain health or Alzheimer's research?

A

Send them to
adrc-community@uw.edu
It could be answered in a future newsletter!