As you may have noticed when you first opened this email, the Alzheimer’s Public Health News has received a facelift. With all of the new and exciting public health developments related to cognitive health and Alzheimer’s disease, we decided that, after more than five years, it was time for a new look. The content won’t change -- we will still seek to provide you with the latest news and information on cognitive health and Alzheimer’s disease important to the public health community. Only our look has changed.

Mid-life Obesity Linked to Earlier Age of Onset of Alzheimer’s Disease

A higher body mass index (BMI) during mid-life is linked to an earlier age of onset of Alzheimer’s disease, according to a new study. Analyzing data from cognitively normal adults who later developed Alzheimer’s, researchers found that each unit increase in BMI at age 50 lowered the age when Alzheimer's symptoms first appeared by six and-a-half months.

The authors also found that a higher BMI at mid-life may be associated with a greater amount of Alzheimer’s-related brain changes. Specifically, higher mid-life BMI was associated with increased levels of tau tangles – a hallmark of Alzheimer’s – even among people who did not develop the disease.

This study adds to the body of scientific evidence linking mid-life obesity and the risk of Alzheimer’s

The Road Map

The CDC Healthy Aging Program and the Alzheimer’s Association partnered to develop an updated Road Map for the public health community to address cognitive health, Alzheimer’s disease, and the needs of caregivers through 35 actions.

Public Health Agenda

The Alzheimer’s Association has identified three key elements of an Alzheimer’s public health agenda: surveillance, early detection, and promotion of brain health.

Risk Reduction Resource

From the Administration for Community Living, the Brain Health As You Age resource provides the public health and aging communities with evidence-based, ready-made materials to encourage people to keep their brains healthy.
disease in later life. And, it complements the growing scientific consensus that managing cardiovascular risk factors – such as obesity – can reduce the risk of cognitive decline and possibly dementia. The Public Health Road Map, a guide for public health officials to promote cognitive health – which was jointly developed by the Centers for Disease Control and Prevention’s Healthy Aging Program and the Alzheimer’s Association – encourages integrating brain health messages into existing prevention and awareness campaigns. Since many cardiovascular risk factors – including obesity – are modifiable, incorporating cognition concerns into existing obesity prevention and control campaigns and/or heart health efforts may not only improve cardiovascular outcomes but also future cognitive decline. Learn more in our Alzheimer’s & Public Health Spotlight.

The Time is Now: Engage Public Health to Address Alzheimer’s

Health Affairs Blog A public policy response to the growing Alzheimer’s epidemic is needed, writes David Hoffman, Director for the Bureau of Community Integration and Alzheimer’s Disease at the New York State Department of Health, in a recent Health Affairs blog post. He calls on the public health community to use policy to scale up efforts to promote quality of life for people with Alzheimer’s and other dementias, protect the health of caregivers, and mitigate negative financial consequences on families.

Highlighting successive policy steps in New York, Hoffman encourages better coordination of resources, improved communication, heightened awareness about the benefits of early detection and diagnosis, and development of essential linkages among the public health, aging, and human services networks. A new $25 million effort in New York can serve as a model system...
for other states to reach the scale and scope of services, education, and evaluation necessary to meet the needs of those affected by Alzheimer’s.

Beyond examples from New York, public health officials can find evidence-based and evidence-informed interventions in the *National Plan to Address Alzheimer’s Disease*, according to Hoffman. Additional action steps are in the *Public Health Road Map* and in most state Alzheimer’s disease plans.

**Research Roundup from the Alzheimer’s Association International Conference (AAIC)**

In case you missed our daily dispatches from this year’s *Alzheimer’s Association International Conference®* (AAIC®), the world’s leading dementia research forum, several new studies highlighted issues intersecting public health and Alzheimer’s disease and other dementias.

**Prevalence and Incidence:** Between 2015 and 2050, an estimated 28 million Baby Boomers will develop Alzheimer’s disease. With more than one in every three Baby Boomers set to develop the disease before they die, the Baby Boom Generation will become “**Generation Alzheimer’s**.” This will cause a huge financial strain on Medicare; the study indicated an estimated one-fourth of all Medicare dollars spent in 2040 will be spent on Baby Boomers with Alzheimer’s disease. Among **American Indians**, the cumulative incidence of diagnosed dementia was 26.9 percent over a 14-year period. This is 15 percent higher than whites in the study group, and American Indians with co-morbid disorders (including depression, stroke, and diabetes) were more likely to be diagnosed with dementia than those without.

**Risk Factors:** Elderly individuals with **type 1 diabetes** are 93 percent more likely to get dementia compared with those without any form of diabetes and 83 percent more likely to develop dementia than all those who do not have type 1
diabetes. Even after adjusting for certain cardiovascular conditions, the increased risk of dementia among those with type 1 diabetes was still large (73 percent and 61 percent, respectively). **Subjective cognitive decline** (SCD) – the self-reporting of increased memory problems – has been found to be a good predictor of future mild cognitive impairment (MCI) and dementia. While not everyone with SCD will develop more serious cognitive difficulties, SCD predicted progression to MCI even after controlling for age, education, sex, comorbidities, and other risk factors.

**Physical Activity:** A large body of evidence shows regular and vigorous **physical activity** can reduce the risk of cognitive decline and possibly dementia. Now, three randomized controlled trials have found physical activity may also be part of a good treatment for those living with Alzheimer’s. In the studies, exercise helped improve neuropsychiatric symptoms, mental speed, memory and thinking skills, and selective attention among individuals with Alzheimer’s, mild cognitive impairment, and vascular cognitive impairment.

**Road Map:** The **Public Health Road Map** was the subject of a featured topic session, detailing recent research related to various Road Map action items. These included a literature review of co-occurring chronic conditions, the economics of dementia, and development of culturally-appropriate strategies to increase dementia awareness. The video recording of the featured topic session will soon be available on [alz.org/publichealth](http://alz.org/publichealth)

The 2015 Alzheimer’s Association International Conference was held July 18-23, 2015, in Washington, DC. All abstracts from AAIC 2015 will be published in a forthcoming edition of *Alzheimer’s & Dementia: The Journal of the Alzheimer’s Association*.

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For additional information or questions, please contact jshean@alz.org. Manage your personal email settings.