Dementia is a broad term used to describe a loss of memory, intellect, rationality, social skills and physical functioning. It is the leading cause of dependence and disability in the elderly population worldwide. Dementia is felt to be increasing in prevalence with an aging population. This month we review a study that suggests a decreasing incidence of dementia contrary to this general perception.

This study examined incidence of dementia over three decades among participants in the Framingham Heart Study. Investigators assessed dementia using standardized Mini Mental Status Examination (MMSE) and neuropsychological testing. The design was unique in the way investigators assembled the cohorts at six year intervals starting from 1977 and up to 2010. Persons over age 60 were included over 4 decades, such that 5205 persons contributed to 9015 observations. Incidence of all cause dementia decreased from 3.6% in the late 1970s and early 1980s to 2% in the late 2000s and early 2010s.

Decrease in vascular dementia was more prominent compared to decrease in Alzheimer’s dementia although Alzheimer’s dementia was more common. This decrease in dementia was significantly associated with those who had a high school diploma. Participants in the Framingham Heart Study also had improvements in most indicators of cardiovascular health except diabetes and obesity. Moreover, investigators observed a decreasing effect of cardiovascular events and an increasing benefit of the use of antihypertensive medications on the subsequent risk of dementia over time. Accordingly, investigators suggested that earlier diagnosis and more effective treatment of stroke and heart disease might have contributed to a lower incidence of dementia, particularly vascular dementia, during more recent years.

This is the first epidemiological, cohort study to establish that incidence of dementia is decreasing despite the public perception to the contrary. A good foundation of education, at least having a high school diploma, and early and adequate treatment of hypertension, diabetes mellitus and cholesterol will decrease the incidence of vascular dementia.
New Clinical Trials

A Phase 2 Multi-Center, Randomized, Double-Blind, Placebo Controlled Study in Subjects with late Prodromal and Early Manifest Huntington’s Disease (HD) to Assess the Safety, Tolerability, Pharmacokinetics, and Efficacy of VX15/2503.
Dr. Larry Elmer - Neurology

Comparison of First Sense Breast Exam® to the University of Toledo Mammography and Biopsy Results.
Dr. Haitham Elsamaloty - Radiology

A multicenter, randomized, double-blind, placebo-controlled phase IIIb study to evaluate the efficacy, safety and tolerability of Serelaxin when added to standard therapy in acute heart failure patients.
Dr. Samer Khouri - Medicine

A221101: A Phase III Randomized, Double-Blind Placebo Controlled Study of Armodafinil (Nuvigil®) To Reduce Cancer-Related Fatigue in Patients with High Grade Glioma.
Dr. Krishna Reddy - Radiation Oncology

NRG-BN001: Randomized Phase II Trial of Hypofractionated Dose-Escalated Photon IMRT or Proton Beam Therapy Versus Conventional Photon Irradiation with Concomitant and Adjuvant Temozolomide in Patients with Newly Diagnosed Glioblastoma.
Dr. Krishna Reddy - Radiation Oncology

A Multicenter, Open-label Extension (OLE) Study to Assess the Long-term Safety and Efficacy of Evolocumab.
Dr. Mujeeb Sheikh - Medicine

S1404: A Phase III Randomized Trial Comparing High Dose Interferon to MK-3475 (Pembrolizumab) in Patients with High Risk Resected Melanoma.
Dr. Roland Skeel - Medicine

IRB Corner

IRB Actions between Jan. 19 - Feb 16

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