Memory Disorders

Alzheimer's disease and other forms of dementia touch the lives of most individuals, either through their own family's experience, or that of a friend or neighbor. Primary care providers are often on the front lines of a dementia diagnosis, serving as the first point of contact when a patient and their family begin to suspect a memory disorder. Each form of dementia carries its own symptoms and patterns of decline, making an accurate diagnosis and careful disease management imperative in the care of these patients.

The UVA Memory and Aging Care Clinic offers the expertise and leading-edge diagnostic tools required to provide this level of care. It begins with an initial diagnostic evaluation that includes cognitive testing, neuroimaging, biomarkers and a neurological exam. From there, we tailor our approach to each individual patient, utilizing our innovative care coordination model, which provides every dementia patient and their family one-on-one counseling and support through the entire disease process. This novel approach is considered a model within the commonwealth of Virginia, as evidenced by the federal funding it has received.

Our memory disorders care draws from a large pool of talented specialists, including:

- Neurologists specializing in behavioral neurology
- Neuropsychologists providing both diagnostic and psychosocial support
- Care coordinators dedicated to dementia patients and their families
- Social workers
- Advanced practice nurses
- Speech, physical and occupational therapists

Our industry-leading model of care also includes clinical trials and research studies of new and novel medications and therapies.

Dementia's dramatic effects are felt not only by the individual with the disease, but by their family as well. Our program seeks to support families and caregivers, helping them understand the disease process and coordinate their loved one's care — every step of the way.

Conditions Treated

We treat Alzheimer's disease and every type of dementia at our Memory and Aging Care Clinic.

Mild Cognitive Impairment (MCI)

We diagnose and treat patients with both amnestic MCI, which impacts memory, and nonamnestic MCI, which impacts thinking skills. Our care of patients with suspected MCI begins with a thorough evaluation utilizing leading-edge diagnostic tools to make an accurate diagnosis. This process often includes genetic testing, which can also prove helpful to the patient's family members, who may also be at risk of developing MCI or other forms of dementia.

Once a diagnosis is made, we work with patients to modify and treat any health factors that could slow or prevent their MCI from converting to dementia. In some cases, patients

are able to revert to normal. We bring in specialists from a range of disciplines to help with these targeted therapies and we work with patients and their families to enable the patient to remain as autonomous as possible.

Because patients with MCI are at a heightened risk of developing Alzheimer's disease or other forms of dementia, care plans for these patients must include close monitoring with industry-leading diagnostics and imaging. In the event that a patient with MCI does eventually develop Alzheimer's disease or another form of dementia, we are able to quickly transition them to a plan of care best suited for this diagnosis.

Alzheimer's Disease

We offer Alzheimer's patients industry-leading care while also supporting the needs of their families. This care begins with a thorough evaluation, using advanced technology and diagnostic tests to confirm an Alzheimer's diagnosis as early as possible. Early diagnosis allows the patient to be part of the decision-making process about their long-term care.

From the time they enter our program, each Alzheimer's patient and their family work closely with a care coordinator — part of a federally funded program being piloted here at UVA. Our care coordinators also seek to provide our patients with the most up-to-date information available about this disease, including new and novel therapies. Through our relationship with the Alzheimer's Association, we are involved in clinical trials to develop new and novel therapies for this disease.

Moreover, our care coordinators work with our patients to make advanced care directive decisions, consider logistics for their day-to-day lives and determine their required level of care at each stage and assist them and their family in securing that care.

Vascular Dementia

The second most common form of dementia, the decline faced by patients with vascular dementia can be faster than it is for Alzheimer's patients. In addition, the risk factors for this form of dementia vary from those seen in other dementias. Due to these factors, rapid, accurate diagnosis is vital for stabilizing these patients, helping them prevent future decline and anticipating their disease process.

After diagnosis, patients with vascular dementia undergo neuropsychological and cognitive evaluation to help pinpoint their disease progression and identify their individual strengths and weaknesses. Using this insight, we work closely with the patient and their family to create a plan of care with personalized strategies aimed at preserving the patient's autonomy for as long as possible.

Dementia with Lewy Bodies

This less-common form of dementia can be difficult to diagnose and challenging to treat, because the patient's decline in cognition, attention and ability can fluctuate greatly from day to day, especially early in the disease process. This makes disease education and care coordination imperative for the patient and their family.

Effective care of patients with this form of dementia requires a team of physicians that understands the characteristics of this complex disease and all its manifestations, which often includes Parkinsonism. At our Memory Care and Aging Clinic, we have just this sort of team, including neurologists with expertise in both dementia with Lewy bodies and Parkinson's disease, allowing for truly specialized care of this patient population.

Frontotemporal Dementia and Primary Progressive Aphasias

Our memory disorders care includes a special clinic for patients with frontotemporal dementia (FTD) and other dementias that are characterized by common pathologic features, including early-onset behavioral, psychiatric and motor functioning changes, as well as progressive loss of language function.

FTD patients tend to be younger than most dementia patients, and are often in their 50s and 60s when diagnosed. These individuals are often still in their professional career and may have younger children at home — factors that require careful consideration when creating a plan of care that supports not only the patient, but their family as well. Our Frontotemporal Dementia Clinic is the only in Virginia —

and one of only a handful in the country — that is dedicated to the care of individuals with FTD, and our patients travel from throughout the southeast to consult with our physicians. We offer telemedicine support to many of these long-distance patients, allowing them to benefit from our specialized care in the comfort of their own community.

Our multidisciplinary team provides each patient with a plan of care tailored to their specific needs, with a constant focus on supporting their families as well. After careful diagnosis, this team creates a plan for symptomatic management that addresses behavioral control and language difficulties. This plan of care extends out into the future as well, providing a road map to help the patient remain autonomous for as long as possible while also identifying care options when that independence is no longer possible.

We are also able to offer FTD patients access to new and novel therapies through research studies and clinical trials aimed at symptom management. For patients with primary progressive aphasias, new medications may also help treat the underlying disease. We view access to these groundbreaking therapies as a valuable cornerstone of our care.

Our Team

At our Memory and Aging Care Clinic, an entire team of specialists is dedicated to the care of our patients. A core group of specialized neurologists lead this care.

Carol Manning, PhD
Director, Memory and Aging Care Clinic
Neurology

Matthew J. Barrett, MD, MSc
Neurology

Erin Pennock Foff, MD, PhD
Neurology

Kathleen L. Fuchs, PhD
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Transfer a patient: **844.XFERUVA (933.7882)**

Learn more about the UVA Neurosciences and Behavioral Health Center:
neurosciences.uvahealth.com

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Clinical Trials | Memory Disorders

We view research as a vital cornerstone to our industry-leading memory disorders care. In addition to the scientific research underway in our labs, our physicians ensure our program is involved in clinical trials and research studies across the spectrum of dementia disorders. We carefully vet all trials and studies to ensure they offer value.

Currently enrolling trials include:

Efficacy and Safety Trial of Verubecestat in Participants with Prodromal Alzheimer's Disease (APECS Study) (UVA IRB 17168; NCT01953601)

Description | This study consists of two parts. The purpose of part I of the study is to assess the efficacy and safety of verubecestat (MK-8931) compared with placebo administered for 104 weeks in the treatment of amnestic mild cognitive impairment (aMCI) due to Alzheimer's disease (AD), also known as prodromal AD. Participants will be randomized to receive placebo, or 12 mg or 40 mg verubecestat, once daily.

The primary study hypothesis for part I is that at least one verubecestat dose is superior to placebo with respect to the change from baseline in the Clinical Dementia Rating scale-Sum of Boxes (CDR-SB) score at 104 weeks. Participants who complete part I of the study may choose to participate in part II, which is a long term double-blind extension to assess efficacy and safety of verubecestat administered for up to an additional 260 weeks. In part II, all participants will receive either 12 mg or 40 mg verubecestat, once daily.

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Study Evaluating RVT-101 in Subjects with Mild to Moderate Alzheimer's Disease on Donepezil Treatment (MINDSET Study) (UVA IRB 18672; NCT02585934)

Description | This study seeks to confirm a demonstrated treatment effect of RVT-101 as an adjunctive therapy to donepezil for the treatment of subjects with Alzheimer's disease.

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Study Evaluating RVT-101 in Subjects with Dementia with Lewy Bodies (HEADWAY-DLB Study) (UVA IRB 18890; NCT02669433)

Description | This study seeks to evaluate the efficacy and safety of RVT-101 in subjects with dementia with Lewy bodies.

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Imaging Dementia — Evidence for Amyloid Scanning (IDEAS) Study: A Coverage with Evidence Development Longitudinal Cohort Study (UVA IRB 18745; NCT02420756)

Description | This study will establish an open-label, longitudinal cohort study to assess the impact of amyloid PET on patient outcomes. The study will be performed in accordance with the Center for Medicare & Medicaid Services (CMS) policy of Coverage with Evidence Development (CED) in Medicare beneficiaries who meet the Appropriate Use Criteria (AUC) for amyloid PET (Johnson et al. 2013).

Our hypothesis is that amyloid PET will decrease uncertainty and increase confidence in the underlying cause of cognitive impairment, that this will translate into earlier counseling and interventions in these domains, and that these interventions will lead to improved outcomes.

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Please visit **uvahealth.com/neurologytrials** for up-to-date information on our ongoing studies and trials.

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