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Thought of the Week

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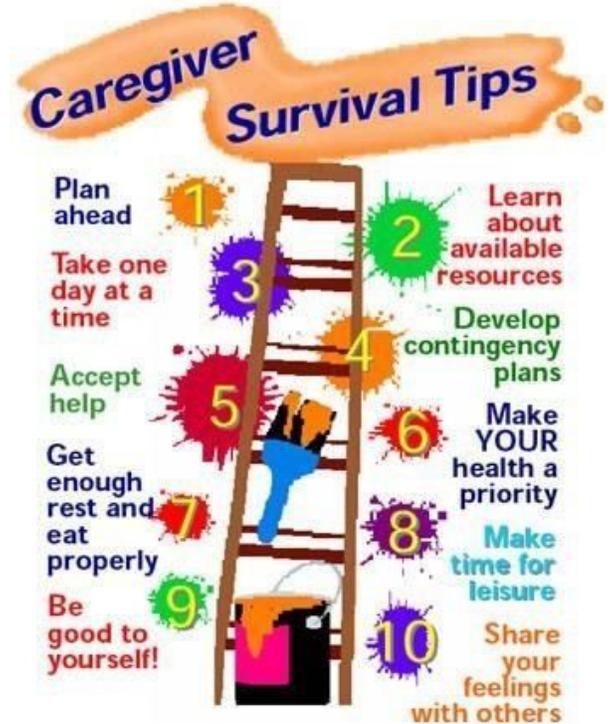
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This Print Edition of the online magazine, Alzheimer's & Dementia Weekly offers plain-English, up-to-date news and tips on living with Alzheimer's & dementia.

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Oral Health for Older Adults



A new dental resource provides low-cost programs for American seniors. Also check out the website's free “how to” guide for communities.

The U.S. Department of Health and Human Services (HHS), Administration for Community Living (ACL), and Office on Women’s Health (OWH) have launched their first website focused on helping communities to promote the oral health of older adults.

Users will be able to find nearly 200 community-based oral health programs through the site’s searchable database, as well as an Oral Health Guide designed to help local organizations start or enhance their own programs.

The need for maintaining good oral health and getting regular check-ups is widely recognized, but there are often large gaps in availability and accessibility of services for older adults, particularly for older women given their longevity and economic resources. Through this new resource, ACL and OWH aim to help close those gaps and assist communities, governments, and other organizations in improving access to high quality oral health care for older adults.

The searchable database can help communities identify an ideal program for replication or enhancement based on diverse search criteria. A community considering the start of its own mobile dental unit, for example, could search for existing programs that fit this criterion and learn more about this type of program.

The accompanying Oral Health Guide can further assist communities in launching or enhancing their own program. Key tips, case studies, external resources, and other sources of support are included in the Oral Health Guide. For communities that already have an oral health program in place for older adults, the Oral Health Guide can assist with expansion or enhancement.

Both the database and Oral Health Guide are now available at <https://oralhealth.acl.gov>.

SOURCE:

- *Administration for Community Living*
-

"Memory Lane TV" Soothes Anxiety & Agitation in Dementia



VIDEO + ARTICLE:

Calm comes in handy during dementia's anxiety-ridden times. See how *Memory Lane TV* alleviates sundowning, smooths transitioning between activities, and soothes the changes that bring on agitation.

At "*The Cedars*", in the morning, before lunch and late in the afternoon, Alzheimer's patients are shown a series of carefully crafted mini-movies. Their creator is celebrated documentary film maker Alban Maino.

Continued below video... Maino combines beautiful, cinematographic images with music of the era, then uses familiar, aromatic fragrances through a device similar to a "Scentsy." The result is a three-pronged sensory experience that Alban claims brings recognition and a sense of calm to Alzheimer's patients, who often combat agitation and confusion throughout their day.

In one video, a clip from the movie "Singing in the Rain" plays, along with its signature theme song, while the scent of popcorn permeates the room. Alban Maino has designed each clip with expert precision. "We are using all sorts of video, soundscape, music, archival footage, and even senses, such as the olfactory stimulation. We're able to awaken people from the sense of smell."

In another video, one that runs during the morning sessions, Maino uses sunrises, light orchestral music and the aroma of baking bread. Nick Viti says it works particularly well and is evocative with his patients. "It's a sort of natural cue of morning time because that's been a part of many people's morning routines for decades, before they came to us here at The Cedars."

The key to the videos, Maino says, is beautiful shots that are held for much longer than traditional television. He describes these moments as dream scenes. "And a dream scene to me is a 3- to 5-minute scene that takes you and transports you through guided imagery and sort of passive meditation."

That calm comes in handy during the more anxiety-ridden times at The Cedars, during transitions from one activity to another and particularly for patients suffering from Sundowner's Syndrome, or late-day confusion.

Maino points out one patient, a woman who has to wear headphones with music to stay calm. Through the use of customized music and through specific films at the end of the day, those panic attacks can be managed well which, in the end, improves her quality of life.

The program follows the natural progression of each day — three, 24-minute long videos mirror the circadian rhythm. “In the morning, we're going to use sunrises and sounds of birds and in the evening it will be sunsets over the beautiful ocean in Maine.”

And while I visited, one group was watching a Cedars' favorite right before lunch: scenes from the vibrant and familiar Fryeburg Fair. The scenery is designed to remind them or take them away and helps to keep them alert so they will eat their important, nutrition rich lunch. And the combination of beautiful fall colors, familiar farm animals and an upbeat parade has them all looking at the screen and one or two tapping their toes.

I ask one patient how the video, music and aromas make her feel. She turns to me and says, a smile across her face, “wonderful.”

So the big question: does it work? Some of the feedback so far is that, yes, caretakers are noticing after using the Memory-Lane.TV system for a couple of weeks, Alzheimer’s patients sleep better. And the added positive feedback is they are less agitated and easier to take care of.

Full article at: [WCSH6 - Alzheimer's: Breaking through to memory](#)

SOURCE:

- *WCSH6*
-

Picking Up the Earliest Signs of Alzheimer's



Short-term memory lapses are obvious signs of Alzheimer's, but other tell-tale signals begin to show much earlier. Learn how to look for semantic impairments, such as simple questions about size.

MANHASSET, NY -- People who study or treat Alzheimer's disease and its earliest clinical stage, mild cognitive impairment (MCI), have focused attention on the obvious short-term memory problems. But a new study suggests that people on the road to Alzheimer's may actually have problems early on in processing semantic or knowledge-based information, which could have much broader implications for how patients function in their lives.

[Terry Goldberg, PhD](#), a professor of psychiatry and behavioral science at the Hofstra North Shore-LIJ School of Medicine and director of neurocognition at the [Litwin Zucker Center for Research in Alzheimer's Disease and Memory Disorders](#) at [The Feinstein Institute for Medical Research](#) in Manhasset, NY, said that clinicians have observed other types of cognitive problems in MCI patients but no one had ever studied it in a systematic way. Many experts had noted individuals who seemed perplexed by even the simplest task. In this latest study, published in this month's issue of the *American Journal of Psychiatry*, investigators used a clever series of tests to measure a person's ability to process semantic information.

Do people with MCI have trouble accessing different types of knowledge? Are there obvious semantic impairments that have not been picked up before? The answer was "yes."

In setting out to test the semantic processing system, Dr. Goldberg and his colleagues needed a task that did not involve a verbal response. That would only confuse things and make it harder to interpret the results. They decided to use size to test a person's ability to use semantic information to make judgments between two competing sets of facts. "If you ask someone what is bigger, a key or an ant, they would be slower in their response than if you asked them what is bigger, a key or a house," explained Dr. Goldberg. The greater the difference in size between two objects, the faster a person -- normal or otherwise -- can recognize the difference and react to the question.

Investigators brought in 25 patients with MCI, 27 patients with Alzheimer's and 70 cognitively fit people for testing. They found large differences between the healthy controls and the MCI and Alzheimer's patients. "This finding suggested that semantic processing was corrupted," said Dr. Goldberg. "MCI and AD (Alzheimer's disease) patients are really affected when they are asked to respond to a task with small size differences."

They then tweaked the task by showing pictures of a small ant and a big house or a big ant and a small house. This time, the MCI and AD patients did not have a problem with the first part of the test -- they were able to choose the house over the ant when asked what was bigger. But if the images were incongruent -- the big ant seemed just as big as the small

house – they were confused, they answered incorrectly or took longer to arrive at a response.

Patients with MCI were functioning somewhere between the healthy people and those with AD. “When the decision was harder, their reaction time was slower,” he said.

Would this damaged semantic system have an effect on everyday functions? To answer this question, investigators turned to the UCSD Skills Performance Assessment scale, a tool that they have been using in MCI and AD patients that is generally used to identify functional deficits in patients with schizophrenia. The test taps a person’s ability to write a complex check or organize a trip to the zoo on a cold day.

This is actually a good test for figure out whether someone has problems with semantic knowledge. Semantic processing has its seat in the left temporal lobe. “The semantic system is organized in networks that reflect different types of relatedness or association,” the investigators wrote in their study. “Semantic items and knowledge have been acquired remotely, often over many repetitions, and do not reflect recent learning.”

Dr. Goldberg said the finding is critically important because it may be possible to strengthen these semantic processing connections through training. “It tells us that something is slowing down the patient and it is not episodic memory but semantic memory,” he said. They will continue to study these patients over time to see if these semantic problems get worse as the disease advances.

In an accompanying editorial, David P. Salmon, PhD, of the Department of Neurosciences at the University of California in San Diego, said that the “semantic memory deficit demonstrated by this study adds confidence to the growing perception that subtle decline in this cognitive domain occurs in patients with amnesic mild cognitive impairment. Because the task places minimal demands on the effortful retrieval process, overt word retrieval, or language production, it also suggests that this deficit reflects an early and gradual loss of integrity of semantic knowledge.”

He added that a “second important aspect of this study is the demonstration that semantic memory decrements in patients with mild cognitive impairment may contribute to a decline in the ability to perform usual activities of daily living.”

About The Feinstein Institute for Medical Research

Headquartered in Manhasset, NY, The Feinstein Institute for Medical Research is home to international scientific leaders in many areas including Parkinson's disease, Alzheimer's disease, psychiatric disorders, rheumatoid arthritis, lupus, sepsis, human genetics, pulmonary hypertension, leukemia, neuroimmunology, and medicinal chemistry. The Feinstein Institute, part of the North Shore-LIJ Health System, ranks in the top 5th percentile of all National Institutes of Health grants awarded to research centers. For more information visit www.FeinsteinInstitute.org

They conducted the study in Spanish but an example in English would be to point to the word EAGLE when it appears on the screen with SLINT, OMPUL and CROOM. The researchers chose words which they expected healthy older people to be able to recognize.

Forty people with mild or moderate Alzheimer's disease aged 66 to 91 years took part in the study, and 25 healthy controls matched to the patients on age, gender and years of education. The healthy controls picked out the real words with little difficulty, from which the scientists infer that the patients would also have known these words before the onset of their dementia.

In contrast, the **patients with Alzheimer's disease missed about one in five of the real words. When the researchers looked at which properties of the words made them easier or harder for patients to recognise, they found that:**

1. **COMMON WORDS:** Patients recognised common words better than less common words
2. **ABSTRACT WORDS:** Patients understood words with concrete meanings better than words with abstract meanings
3. **CHILDHOOD WORDS:** Patients grasped words learned early in life better than words learned in later childhood or adulthood.
4. **LONG WORDS:** The length of the words did not affect performance.

Ability to Use Words

Professor Ellis added: "A lot of work has been done with Alzheimer patients using the task of naming pictures of objects.

"In this study we wanted to look instead at whether their ability to recognise words is impaired in the early stages of the disease. If word recognition is impaired, we wanted to know **what properties of words make them easier or harder for Alzheimer patients to recognise.**

"We speculate that the damage responsible for the problems in word recognition and production that we and other researchers have identified, stem particularly from loss of cells in an area at the front of the left temporal lobe that is crucially involved in processing the meanings of concepts and words.

"The study is fundamental rather than applied research. Its purpose is to teach us more about how Alzheimer's disease affects the ability to use words, but it also has the potential to inform the clinical assessment of dementia."

[Alzheimer's Weekly Store](#)

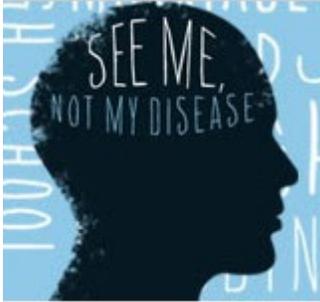
MORE INFORMATION:

- [Word recognition in Alzheimer's disease: Effects of semantic degeneration](#), Fernando Cuetos, Noemí Arce, Carmen Martínez and Andrew W. Ellis, *Journal of Neuropsychology*, DOI: 10.1111/jnp.12077, published online 24 June 2015.

SOURCE:

- [University of York](#)
-

Bust the Stigma of Dementia



STIGMA-FIGHTING VIDEO & ARTICLE:

Learn about The Alzheimer's Society of Canada's campaign to bust the stigma of dementia. Discover 6 easy ways you can make a difference.

Stigma not only hurts people with the disease but also discourages their families from confiding in others or getting the support they need.

You can help reduce stigma. Watch this video then check out the stigma-busters below.

Continued below video...

The number of Canadians with dementia will double to 1.4 million in just two short decades. People with the illness often feel excluded or treated differently by others because of stereotypes or misinformation. But people with dementia are still people who want to continue to take part in their communities and live life to the fullest.

Here are six easy ways you can make a difference:

1. **Learn the facts.** Share your knowledge about dementia with others, including family and friends, especially if you hear something that isn't true. Talking about dementia lessens our fear and increases understanding.
2. **Don't make assumptions.** Dementia is a progressive disease and affects each person differently. A diagnosis doesn't mean the person will have to stop his daily routine or give up working right away.
3. **Watch your language.** Do you use statements like "she's losing her marbles," or "he has old-timer's disease?" Don't make light of dementia. We don't tolerate racial jokes, yet dementia jokes are common.
4. **Treat people with dementia with respect and dignity.** A person's ability to do things we take for granted will change as the disease progresses. But no matter what stage of the disease, she's still the person she always was, with unique abilities and needs. Appreciate who she is. Don't talk around her or avoid her at family and social gatherings.
5. **Be a friend.** People with dementia don't want to lose their friends nor do they want to stop doing activities they enjoy. Be supportive. Stay in touch and connected. Social activity helps slow the progression of the disease and lets people with dementia know you care.
6. **Speak up!** Don't stand for media stereotypes that perpetuate stigma and myths. Call or write your local radio or television station or newspaper. Media is a powerful force in affecting how we act and think.

SOURCE:

Learn more at www.alzheimer.ca

9 Tips for Coping with Agitation and Aggression



As Alzheimer's progresses, people may become more agitated or aggressive. Check out 9 tips for handling it.

Agitation means that a person is restless or worried. He or she doesn't seem to be able to settle down. Agitation may cause pacing, sleeplessness, or aggression, which is when a person lashes out verbally or tries to hit or hurt someone.

Causes of Agitation and Aggression

Most of the time, agitation and aggression happen for a reason. When they happen, try to find the cause. If you deal with the causes, the behavior may stop. For example, the person may have:

- Pain, depression, or stress
- Too little rest or sleep
- Constipation
- Soiled underwear or diaper
- Sudden change in a well-known place, routine, or person
- A feeling of loss—for example, the person may miss the freedom to drive
- Too much noise or confusion or too many people in the room
- Being pushed by others to do something—for example, to bathe or to remember events or people—when Alzheimer's has made the activity very hard or impossible
- Feeling lonely and not having enough contact with other people
- Interaction of medicines

Look for early signs of agitation or aggression. If you see the signs, you can deal with the cause before problem behaviors start. Try not to ignore the problem. Doing nothing can make things worse.

A doctor may be able to help. He or she can give the person a medical exam to find any problems that may cause agitation and aggression. Also, ask the doctor if medicine is needed to prevent or reduce agitation or aggression.

Tips for Coping

Here are some ways you can cope with agitation or aggression:

1. Reassure the person. Speak calmly. Listen to his or her concerns and frustrations. Try to show that you understand if the person is angry or fearful.
2. Allow the person to keep as much control in his or her life as possible.
3. Coping with changes is hard for someone with Alzheimer's. Try to keep a routine, such as bathing, dressing, and eating at the same time each day.
4. Build quiet times into the day, along with activities.

5. Keep well-loved objects and photographs around the house to help the person feel more secure.
6. Try gentle touching, soothing music, reading, or walks.
7. Reduce noise, clutter, or the number of people in the room.
8. Try to distract the person with a favorite snack, object, or activity.
9. Limit the amount of caffeine, sugar, and "junk food" the person drinks and eats.

Here are some things you can do:

- Slow down and try to relax if you think your own worries may be affecting the person with Alzheimer's.
- Try to find a way to take a break from caregiving.

Safety Concerns

When the person is aggressive, protect yourself and others. If you have to, stay at a safe distance from the person until the behavior stops. Also try to protect the person from hurting himself or herself.

[Alzheimer's Weekly Store](#)

SOURCE:

- ***[ADEAR](#)***
The Alzheimer's Disease Education and Referral (ADEAR) Center is a service of the National Institute on Aging, part of the National Institutes of Health. The Center offers information and publications for families, caregivers, and professionals about Alzheimer's disease and age-related cognitive changes.
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Car Tune: "I've Got You Under My Skin" By Dad with Dementia & Son



REFRESHING DASHCAM MUSIC VIDEO + ARTICLE:

Enjoy this great duet between a musician with dementia and his son. A delightful sing-a-long triumph of spirit over Alzheimer's! Sing-a-long if you like!

A dashcam video shared by Simon McDermott, 40, shows him driving his father, Ted, 80, in his car, while singing old time hit *I've Got You Under My Skin*. The 80-year-old was diagnosed with dementia in 2013.

Continued below video... Ted had a lengthy career as an entertainer. He earned the nickname "The Songamminute Man" due to all the songs he knew off by heart. The unlikely comeback features the father-son duo driving around Blackburn, Lancashire, as the pair perform the duet.

Simon's joy is catchy, as 79-year-old Ted recaptures his magic and hits every note.

Donate to their campaign and watch more of their videos on [The Songamminute Man Facebook page](#).

Simon, 40, has shared his reasons for supporting the charity on his *Just Giving* page.

He wrote: 'In the last few years (Ted's) memory has deteriorated a lot – often not recognizing me as his son. It's a horrible illness.

'However, now when we've got him singing again he's back in the room. It's these moments that we treasure.

'The plan is to share as much of Dad's singing as we can and hopefully it will help raise money to fund the work of the Alzheimer's Society – more specifically to go towards paying for a person at the end of the phonenumber to help other people like us.'

SOURCE:

- *Songamminute Man*

[Alzheimer's Weekly Store](#)

Painkiller Mefenamic Acid: Completely Reversed Mice Memory Loss



Mefenamic Acid, a commonly used anti-inflammatory drug, successfully treated Alzheimer's in the lab. The University of Manchester showed how this medication completely reversed memory loss and brain inflammation in mice.

Nearly everybody will at some point in their lives take non-steroidal anti-inflammatory drugs; mefenamic acid, a common Non-Steroidal Anti Inflammatory Drug (NSAID), is routinely used for period pain.

The findings are published in a paper authored by Dr David Brough and colleagues, in the respected journal *Nature Communications*. Dr Brough and Dr Catherine Lawrence supervised PhD student Mike Daniels, and postdoc Dr Jack Rivers-Auty who conducted most of the experiments.

Though this is the first time a drug has been shown to target this inflammatory pathway, highlighting its importance in the disease model, Dr Brough cautions that more research is needed to identify its impact on humans, and the long-term implications of its use.

The research, funded by the Medical Research Council and the Alzheimer's Society, paves the way for human trials which the team hope to conduct in the future.

Around 500,000 people in the UK have Alzheimer's disease which gets worse over time, affecting many aspects of their lives, including the ability to remember, think and make decisions.

In the study transgenic mice that develop symptoms of Alzheimer's disease were used. One group of 10 mice was treated with mefenamic acid, and 10 mice were treated in the same way with a placebo.

The mice were treated at a time when they had developed memory problems and the drug was given to them by a mini-pump implanted under the skin for one month.

Memory loss was completely reversed back to the levels seen in mice without the disease.

Dr Brough said: "There is experimental evidence now to strongly suggest that inflammation in the brain makes Alzheimer's disease worse.

"Our research shows for the first time that mefenamic acid, a simple Non-Steroidal Anti Inflammatory Drug can target an important inflammatory pathway called the NLRP3 inflammasome, which damages brain cells."

He added: “Until now, no drug has been available to target this pathway, so we are very excited by this result.

“However, much more work needs to be done until we can say with certainty that it will tackle the disease in humans as mouse models don’t always faithfully replicate the human disease.

“Because this drug is already available and the toxicity and pharmacokinetics of the drug is known, the time for it to reach patients should, in theory, be shorter than if we were developing completely new drugs.

“We are now preparing applications to perform early phase II trials to determine a proof-of-concept that the molecules have an effect on neuroinflammation in humans.”

Dr Doug Brown, Director of Research and Development at Alzheimer’s Society, said: “Testing drugs already in use for other conditions is a priority for Alzheimer’s Society - it could allow us to shortcut the fifteen years or so needed to develop a new dementia drug from scratch.

“These promising lab results identify a class of existing drugs that have potential to treat Alzheimer’s disease by blocking a particular part of the immune response. However, these drugs are not without side effects and should not be taken for Alzheimer’s disease at this stage – studies in people are needed first.”

Full bibliographic information:

- *Fenamate NSAIDs inhibit the NLRP3 inflammasome and protect against Alzheimer’s disease in rodent models, published in the journal Nature Communications*

*Michael J. D. Daniels, Jack Rivers-Auty, Tom Schilling, Nicholas G. Spencer, William Watremez, Victoria Fasolino, Sophie J. Booth, Claire S. White, Alex G. Baldwin, Sally Freeman, Raymond Wong, Clare Latta, Shi Yu, Joshua Jackson, Nicolas Fischer, Violette Koziel, Thierry Pillot, James Bagnall, Stuart M. Allan, Pawel Paszek, James Galea, Michael K. Harte, Claudia Eder, Catherine B. Lawrence, David Brough**

SOURCE:

- *Manchester University*
-

The Sugar-Diabetes-Dementia Triangle



Sugar raises diabetes AND dementia risk. Will research into the hormone "**amylin**" reveal the reason why?

University of California's Dr. Robert Lustig built a team of statisticians and epidemiologists to look at the relationship between food and diabetes risk. The [now famous paper on sugar and diabetes](#), published in the professional journal *PLoS One*, found that the more sugar on the market in 175 countries, the higher the country's diabetes rate.

[Professor Lustig](#) said, "I'm not suggesting sugar is the only cause of diabetes. But in this analysis it was the only thing that predicted it. And it was worldwide and over a decade."

The researchers found that for every can of sweetened soda available per person per day (150 calories), diabetes in the population rose 1%. The same number of calories any other type of food only caused a 0.1 percent increase in a population's diabetes rate over the past decade.

The researchers took into account obesity, exercise, along with various societal and economic variables.

Sugar & Dementia

[In the video and article entitled, "Sugar and Dementia."](#) researchers shared rich data demonstrating that the more sugar a person eats, the higher their risk for dementia.

Is all this research connected? Is there a sugar - diabetes - dementia triangle?

A study at the NIA-funded Alzheimer's Disease Center at the University of California, Davis, suggests they are connected by the hormone called "**amylin**".

Deposits of the hormone amylin in the brain may indicate risk for developing dementia and type 2 diabetes, according to this study published online in the *Annals of Neurology*. The analysis is the first to identify amylin deposits in post-mortem brain tissue from older people who had been diagnosed with Alzheimer's or vascular dementia and diabetes. The findings also indicated that amylin may play a similar role in the Alzheimer's

Related:

- [Sugar & Dementia \(VIDEO+SLIDESHOW\)](#)
- [Is Sugar Toxic? \(CBS 60 MINUTES\)](#)
- [Insulin & Alzheimer's \(HBO\)](#)
- [Alzheimer's Disease Is Type 3 Diabetes – Evidence Reviewed \(STUDY\)](#)
- [Is Sugar Really to Blame for Alzheimer's?](#)
- [Sugar and Alzheimer's](#)

disease process as amyloid protein, a hallmark of the disorder.

- [Less Sugar, More Memory \(VIDEO+ARTICLE\)](#)

Amylin (also known as islet amyloid polypeptide) is a hormone expressed and secreted with insulin. It influences blood sugar levels; when too much is secreted, risk for developing diabetes increases. These new findings show that amylin deposits can also build up and form plaques in the brain, similar to amyloid plaques found in Alzheimer's disease.

The researchers examined post-mortem brain tissue from three groups of volunteers older than 70 years: those who had diabetes and dementia (vascular dementia or Alzheimer's), those who had Alzheimer's but no diabetes, and those free of these disorders. Investigators found significant amylin deposits in the brain tissue of people with both dementia and diabetes. Surprisingly, they also found amylin in people with Alzheimer's but without diabetes—perhaps because these individuals had undiagnosed insulin resistance. The healthy controls had few amylin deposits.

The study, led by Dr. Florin Despa, may explain why people with diabetes are at risk for dementia. Like amyloid, amylin circulates in the blood and, during the disease process, is overproduced and not cleared normally, building up in the brain. Over time, both proteins lead to the loss of brain cells and brain damage. Amylin buildup in the brain's blood vessels may also play a role in amyloid buildup and contribute to risk for Alzheimer's, the study found.

All this research also furthers [the growing body of science pointing to Alzheimer's as a form of "type-3 diabetes"](#).

Reference: Jackson K, et al. Amylin deposition in the brain: A second amyloid in Alzheimer's disease? Annals of Neurology. Published online June 22, 2013; DOI: 10.1002/ana.23956. - See more at: <http://www.nia.nih.gov/announcements/2013/07/amylin-deposits-brain-may-link-dementia-and-diabetes#sthash.cScUV9V.dpuf>

SOURCE:

[National Institute on Aging](#)