

Advisory Council on Alzheimer's Research, Care, and Services

Spring 2026 Meeting

April 27, 2026

Written Updates from Federal Agencies

Agency for Healthcare Research and Quality

A brief update from AHRQ regarding a new systematic evidence review published on March 20: [Medical Care for Adults With Down Syndrome](#).

Below are the key points, with emphasis on Alzheimer's disease and related dementias (ADRD):

- Adults with Down syndrome have a markedly higher prevalence of Alzheimer's disease compared to the general population, alongside several other co-occurring conditions.
- Of 36 studies examining treatment interventions, 16 focused on dementia (including Alzheimer's disease), representing the largest body of evidence among clinical areas reviewed.
- Some studies reported improvements in dementia-related outcomes; however, the overall evidence base remains limited and inconsistent.
- Across all clinical areas—including ADRD—evidence was insufficient to determine the effectiveness of interventions.
- Notably, the review did not identify studies evaluating:
 - Screening or diagnostic approaches for dementia or other co-occurring conditions in this population
 - Comparative differences in clinical presentation (e.g., behavioral or mental health symptoms) between adults with Down syndrome and the general population
- Significant gaps remain in the evidence base, highlighting the need for more rigorous research on ADRD treatment, diagnosis, and care strategies for adults with Down syndrome.

Indian Health Service

IHS has released a series of videos in the last quarter, including: <https://youtu.be/ge3jQcFWHFo?si=FtdYI-uVsZYBfNfP>. This video focuses on encouraging families and community members to seek help from their provider earlier. Of the three, this is the one that resonates the most emotionally.

IHS also has one on [advance care planning](#) and one encouraging I/T/U staff to [participate in the early detection work](#) IHS is doing. The latter is largely focused on IHS efforts to support screening as part of accurate and timely diagnosis.

National Institutes of Health

April/May 2026

Shared at 4/27 NAPA meeting

- In an NIA-funded study, investigators took advantage of a natural experiment in Wales, in which individuals born before September 2, 1933, were ineligible to receive the herpes zoster (shingles) vaccine, whereas those born on or after that date were eligible to receive it.
 - Results showed that [receiving the herpes zoster vaccine reduced dementia diagnoses by 20% over a 7-year follow-up period.](#)
 - Further research found that [herpes zoster vaccination significantly reduced:](#)
 - Diagnoses of mild cognitive impairment
 - Deaths among patients living with dementia
 - Another NIA-funded study leveraging a different natural experiment in Canada [found similar results.](#)
- NIA ran the [PREPARE Challenge](#) (**P**ioneering **R**esearch for **E**arly Prediction of **A**lzheimer's and **R**elated Dementias **E**UREKA Challenge) to advance solutions for accurate, innovative, and representative early prediction of Alzheimer's and related dementias. This multi-year competition progressed through three phases, culminating in proof-of-concept approaches for real-world early dementia prediction and improving access to datasets and methods for researchers along the way.
 - The Challenge engaged a broad research community, including participants who are not typical NIH applicants.
 - PREPARE offered prizes of up to \$100,000 for winning teams plus special prizes for clean code; the total prize pool was \$650,000.
 - [Recently announced Phase 3 winners](#) are developing promising new methods that leverage speech patterns and demographic data from population-representative studies to improve early detection of dementia.
- The 2026 Dementia Care and Caregiving Research Summit was held virtually March 17-19. Session recordings are now [available on the Summit website](#), and a final report and research gaps & opportunities will be published soon. Key sessions included:
 - Economic Impacts of Dementia: Focus on Dementia Care & Caregiving
 - The Role of Community in Dementia Care Research
 - Rigorous Dementia Care & Caregiving Intervention Development
 - Advances in AD/ADRD Data Infrastructure to Support Dementia Care & Caregiving Research

- Dementia Care Models and Care Coordination Strategies for Dementia Across Systems and States
- An international team, including NIH-supported researchers, discovered that brain cells in people with amyotrophic lateral sclerosis (ALS) and frontotemporal dementia (FTD), as well as in ALS/FTD disease models, **have abnormally low levels of polyunsaturated fatty acids**. When researchers restored these fatty acid levels in neurons via expression of desaturase enzymes, they rescued disease phenotypes in ALS/FTD models. This suggests enhancing these fatty acid levels in the neurons of people living with ALS/FTD is a therapeutic strategy. Additionally, measuring these lipids may help detect disease earlier, classify patient subtypes, and monitor treatment responses.
- Traumatic brain injury (TBI) increases risk for Alzheimer’s and related dementias, but the mechanism remains poorly understood. An NIH-funded study reveals that damage to the brain's waste-clearing system may be the critical link. In mice, even a single mild TBI worsened tau protein buildup and brain damage. However, injecting a growth factor called VEGFC into the brain's protective layers just 24 hours after injury **restored the waste-clearing system and prevented both tau accumulation and cognitive problems**. These findings identify meningeal lymphatic dysfunction as a link between TBI and tauopathy progression and suggest VEGFC as a potential post-injury therapeutic.

Other research updates:

- A small feasibility trial of computerized olfactory adaptive training, a home-based, noninvasive intervention, **improved Preclinical Alzheimer's Cognitive Composite (PACC) scores** in individuals with mild cognitive impairment. This work was supported by NIA small business funding.
- Analyzing data from 11,000+ middle-aged and older adults, researchers found that **persistent adherence to blood pressure medication was associated with a lower risk of dementia**.
 - While these researchers were not funded by NIH, they **leveraged longitudinal data from the NIH-funded Health and Retirement Study (HRS)** – the largest, most comprehensive longitudinal study of aging in the U.S. – to examine how blood pressure medication use affects dementia risk.
 - These findings build on a key NIH-funded clinical trial (SPRINT MIND) which revealed that **intensive blood pressure control reduced the risk of mild cognitive impairment**, a common precursor to dementia.
- Findings from an earlier NIH-funded clinical study suggested that a specific form of cognitive training known as speed-of-processing training improved cognition in older adults at risk of cognitive decline. Using Medicare claims data, NIH-funded researchers found that older adults who had completed this training along with booster sessions **had a 25% lower risk of being diagnosed with Alzheimer’s and other dementias over a 20-year follow-up period**.

- NIH coverage: [Cognitive speed training over weeks may delay the diagnosis of dementia over decades | National Institutes of Health \(NIH\)](#)
- A growing body of evidence suggests that psychosocial factors may play a role in preventing or delaying cognitive decline.
 - Recent NIA-funded research using data from the Health and Retirement Study found that [increased optimism was associated with a lower incidence of dementia](#).
 - Another recent study leveraging HRS data found that nearly half of older adults showed improvement in cognitive or physical function, or both, over a 12-year period compared to baseline. [Older adults with positive age beliefs were more likely to experience improvement](#) than individuals with negative age beliefs.
- NIH-funded researchers [developed a "clock model" blood test](#) using a biomarker based on a specific phosphorylated tau protein (p-tau217) that can both assess a person's risk of Alzheimer's and estimate when they are likely to begin experiencing symptoms, with an accuracy of three to four years.
 - NIH coverage: [Blood test predicts start of Alzheimer's disease symptoms | National Institutes of Health \(NIH\)](#)
- Another NIH-funded study, the Women's Health Initiative Memory Study, found that [elevated p-tau217 levels are associated with dementia risk](#) in women as many as 25 years before symptoms begin.
- Up to half of all individuals with Lewy body disorders, including Parkinson's and dementia with Lewy bodies, have significant Alzheimer's disease pathology. An NIH-funded study found that [p-tau217 is elevated in individuals with Lewy body and Alzheimer's co-pathology](#), compared to individuals without this co-pathology, and predicts future cognitive decline.
- A recent NIA-funded study surveyed primary care patients about their views on blood-based biomarker testing for Alzheimer's. With brief education about blood biomarker tests, [85% of survey participants were willing to undergo testing](#) if recommended by their physician. 87% of participants said they would try to improve their brain health if they received a positive test. Roughly 3 in 4 participants reported expecting to experience some sort of emotional distress with a positive result.
- Tauopathies are a group of neurodegenerative diseases characterized by pathological tau accumulation, but how these diseases start has been unclear. NIH-funded researchers found that a disease-causing tau mutation in human neurons [can disrupt the normal processes by which tau is removed](#), a process called autophagy. Treatment with a small molecule autophagy enhancer was able to reduce tau levels, suggesting that boosting autophagy is a viable therapeutic strategy for tauopathies.
- *C9ORF72* gene mutations are the most common cause of both amyotrophic lateral sclerosis (ALS) and frontotemporal dementia (FTD). These mutations, which involve multiple repeats of portions of the gene, cause toxicity. However, a key challenge has been understanding how this toxicity is specifically

generated, which is critical for informing therapeutic approaches. NIH-funded researchers recently [discovered that disease progression is driven by specific proteins](#), called dipeptide repeat proteins, that are formed by translation of the aberrant *C9ORF72* genetic code.

- Frontotemporal lobar degeneration (FTLD) includes a severe behavioral subtype called aFTLD-U that has no known genetic cause. A consortium of NIH-funded researchers [discovered that a mutation in the *GOLGA8A* gene](#) is a remarkably strong risk factor for aFTLD-U, present in 60% of cases, a finding that could help identify molecular targets for therapeutic intervention.

Upcoming Events

- Registration is now open for our workshop, [Zoster Vaccine and Dementia Risk Reduction: Evidence and Mechanisms](#), jointly organized by the National Institute on Aging, the National Institute of Allergy and Infectious Diseases, and the National Institute of Neurological Disorders and Stroke. The workshop will take place virtually on June 1 & 2, 2026 and is open to the public.
- Registration is now open for the [Fifth Geroscience Summit: Revisiting the Geroscience Hypothesis – Focus on Health](#). The summit will take place December 2-3, 2026, and will bring together academic and industry researchers with clinicians and other groups invested in geroscience to examine recent progress and identify important knowledge gaps. The summit agenda includes eight sessions during which speakers will provide their high-level perspectives and share ideas for how to move the field forward.