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Diagnostic Assessment & Prognosis

The Wisconsin Registry for Alzheimer’s Prevention: A review of findings and current directions

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The Wisconsin Registry for Alzheimer’s Prevention is a longitudinal observational cohort study enriched with persons with a parental history (PH) of probable Alzheimer’s disease (AD) dementia. Since late 2001, Wisconsin Registry for Alzheimer’s Prevention has enrolled 1561 people at a mean baseline age of 54 years. Participants return for a second visit 4 years after baseline, and subsequent visits occur every 2 years. Eighty-one percent (1270) of participants remain active in the study at a current mean age of 64 and 9 years of follow-up. Serially assessed cognition, self-reported medical and lifestyle histories (e.g., diet, physical and cognitive activity, sleep, and mood), laboratory tests, genetics, and linked studies comprising molecular imaging, structural imaging, and cerebrospinal fluid data have yielded many important findings. In this cohort, PH of probable AD is associated with 46% apolipoprotein E \textit{APOE} \textit{e4} positivity, more than twice the rate of 22% among persons without PH. Subclinical or worse cognitive decline relative to internal normative data has been observed in 17.6% of the cohort. Twenty-eight percent exhibit amyloid and/or tau positivity. Biomarker elevations, but not \textit{APOE} or PH status, are associated with cognitive decline. Salutary health and lifestyle factors are associated with better cognition and brain structure and lower AD pathophysiologic burden. Of paramount importance is establishing the amyloid and tau endophenotypes to which cognitive outcomes can be linked. Such data will provide new knowledge on the early temporal course of AD pathophysiology and inform the design of secondary prevention clinical trials.

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— Dr. Mark Sager, Founding and Emeritus Director, Wisconsin Alzheimer’s Institute

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