Applying For the NIA Alzheimer’s Disease Supplements

Kenneth Covinsky, MD, MPH
Division of Geriatrics, UCSF
@Geri_Doc
June 7, 2022
Alzheimer Supplements to Non-Alzheimer’s Grants

• Administrative supplements to encourage scientists not doing AD research to incorporate AD research into their science

• In general, $250,000 over one year to add science on ADRD to an existing grant

• Two important things to understand
  • What is an administrative supplement
  • What constitutes ADRD add on

• RFA (2021):
Administrative Supplement Basics

• Additional $$ authorized by program offers to support high impact additional science on already funded research

• Administrative supplement dance
  • The additional science must be congruent with the current specific aims (A supplement does NOT add on a new aim)
  • The supplement can not be for work you are already funded to do

• Alzheimer administrative supplements have been awarded to a number of different grant mechanisms
  • P grants easiest to justify
  • Have been awarded to R and K grants
  • Grant can be funded by institute other than NIA (an unusual feature of the ADRD supplements)
How does one make an Aim ADRD relevant?

• Subjects
  • Enhance data collection to include subjects with
    • ADRD
    • At risk for ADRD
    • Caregivers of those with ADRD
    • Health care providers of those with ADRD

• Measures
  • Add measure of cognitive functioning
  • Add novel outcomes for those with ADRD
  • Add a novel predictor of cognitive functioning or relevant outcomes
Music and Dementia Caregiving Relationships

• Can music be used to improve relationships between persons with dementia and their caregivers? Can music improve quality of life?
  • Qualitative study of patient-caregiver dyads

• Supplement justification
  • UCSF OAIC Aim to (1) Prevent and delay disability (2) Ameliorate impact of disability
  • Consistent with aim—improving well being in patients and caregivers with ADRD
  • But new population and measures
Hospice use in persons with comorbid dementia

• Most research on hospice care in persons with dementia focuses on those with primary hospice diagnosis of dementia
• We hypothesize that many hospice patients with other hospice indications have dementia
• Supplement Aim:
  • Use NHATS to identify how often hospice patients with non dementia indication have dementia
  • Compare hospice outcomes: Principal diagnosis and Comorbid diagnosis
• Supplement justification
  • Synergistic with Pepper Center focus on palliation of disability
  • But we were not examining hospice care in those with dementia