

Applying For the NIA Alzheimer's Disease Supplements

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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):
 - <https://grants.nih.gov/grants/guide/notice-files/not-ag-21-018.html>

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