

- 1 Lerner, A. J. (2013). Amyloid imaging: the court of public opinion. *Neurology*, *81*, 1108-1109.
Notes: Human amyloid imaging is one of the great recent translational medicine stories. Beginning with the recognition that Thioflavin T derivatives could be used as PET tracers, through development of Pittsburgh compound B, to Food and Drug Administration (FDA) approval of Florbetapir in 2012, human amyloid imaging has held great promise to allow in vivo inclusive diagnosis of Alzheimer disease (AD), even though the first principle of amyloid PET is that it functions as a surrogate for beta-amyloid pathology, and not necessarily as a surrogate for the diagnosis of AD.
- 2 Lerner, A. J., Strauss, M., & Sami, S. A. (2007). Recognizing apathy in Alzheimer's disease. *Geriatrics*, *62*, 14-17.
Notes: Case Western Reserve University School of Medicine, Cleveland, Ohio, USA
Apathy has been increasingly recognized as a neuropsychiatric symptom in many neurologic disorders. In this paper, we review the clinical features of apathy in Alzheimer's disease. We also review screening, the differential diagnosis including depression, medical illnesses, and mild cognitive impairment, and treating modalities and issues. It must also be recognized that apathy per se almost never occurs as an isolated syndrome, so it must be viewed in the context of an individual's entire behavioral and cognitive status
- 3 Lerner, A. J., Hedera, P., Koss, E., Stuckey, J., & Friedland, R. P. (1997). Delirium in Alzheimer disease. *Alzheimer Disease and Associated Disorders*, *11*, 16-20.
Notes: Alzheimer Center, Department of Neurology, University Hospitals of Cleveland, Ohio, USA
Advanced age and dementia are well-known risk factors for delirium, and most studies of delirium have concentrated on hospitalized populations. We reviewed the records of 199 community-dwelling Alzheimer disease (AD) patients and identified 43 (22%) who had had episodes of delirium during their dementing illness. These patients were matched for age, gender, and disease duration to AD patients without previous episodes of delirium. Variables examined included causes of delirium, Mini- Mental State Examination scores, Clinical Dementia Rating scores, Blessed Activities of Daily Living (ADL) scores, years of education, neuropsychological performance, and incidence of behavioral symptoms on the Brief Psychiatric Rating Scale. In six of 198 (3%) patients delirium was an initial symptom of AD. Conditions associated with onset of delirium were urinary tract infections, stressful events, surgery, medical illnesses, and medications. No significant differences were found between groups on neuropsychological testing. Patients with previous episodes of delirium had worse ADL scores and higher disease-course incidences of hallucinations and paranoid delusions, mostly occurring during the delirious episode. We conclude that delirium is common in AD, but it is an unusual initial symptom and it occurs in diverse clinical settings. Measures of behavioral symptoms and ADLs are more likely to reflect the impact of delirium on clinical status than measures of cognition or stage of dementia
- 4 Lerner, A. J., Koss, E., Patterson, M. B., Ownby, R. L., Hedera, P., Friedland, R. P. et al. (1994). Concomitants of visual hallucinations in Alzheimer's disease. *Neurology*, *44*, 523-527.
Notes: AD: Department of Neurology, Alzheimer Center, University Hospitals of Cleveland, OH 44106
AB: Visual hallucinations (VH) are the most common hallucinations in Alzheimer's disease (AD), but their relationships with other behavioral symptoms and measures of cognitive performance are unclear. Using the BE- HAVE/AD, a semistructured behavioral inventory, we identified 20/160 AD patients (13%) who were currently having VH. Patients with VH performed worse on the Mini-Mental State Examination and had more behavioral symptoms than patients without VH. Symptoms particularly associated with VH included auditory hallucinations, verbal outbursts, delusions, and paranoid ideation. Principal factor analysis of the BEHAVE/AD yielded four factors accounting for 47% of the total variance. VH loaded on two factors involving symptoms of "paranoia" and "agitation/hallucinations." Our findings suggest that VH in AD patients are common, often occur in the presence of specific behavioral disturbances, and may have management implications