Primary Progressive Aphasia:
Clinical Features & Intervention Opportunities

Emily Rogalski, PhD
Rosalind Franklin Professor | Neurology
Director | Healthy Aging & Alzheimer's Research Care (HAARC) Center
The University of Chicago

Nothing to disclose

NIH Funding: R01NS075075, R01AG056258, R01AG055425, R01AG077444, R01DC008552, P30AG13854, P30AG072977

1

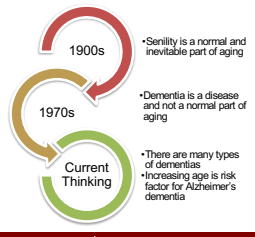
The Healthy Aging & Alzheimer's Research Care (HAARC) Center

HAARC Registry
PPA Observational studies

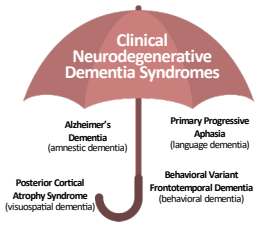
communication BRIDGE
SuperAging RESEARCH INITIATIVE
ADNI Alzheimer's Disease Neuroimaging Initiative
New studies...

2

Definitions for dementia over time



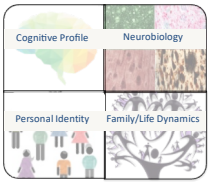
- 1900s: Senility is a normal and inevitable part of aging
- 1970s: Dementia is a disease and not a normal part of aging
- Current Thinking: There are many types of dementias; Increasing age is risk factor for Alzheimer's dementia



3

Multidisciplinary Aging & Dementia Investigations

Investigated through multiple perspectives, supported by several integrated programs



4

Primary

Impairment is prominent in a single domain (language) with relative sparing of other domains early on (e.g., memory, personality and perception)

Progressive

The impairment will get worse over time, since it is caused by a neurodegenerative disease

Aphasia

a language impairment

Mesulam, 2001, 2003, 2009

5

How is the diagnosis of PPA made?

Ruling in and Ruling out

- Medical history from client & family
- Neurological exam
- Neuropsychological assessment
- Laboratory Measures*
  - Including blood-based and imaging biomarkers

6

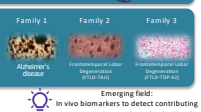
Fundamental features of PPA

Symptoms (Clinical Syndrome)	PPA: Progressive aphasia with relative sparing of other thinking abilities
Location in the brain (Neuroanatomy)	Relatively focal atrophy (brain cell loss) within language parts of the brain
Disease (Neuropathology)	~~PPA disease~~

7

Fundamental features of PPA

Symptoms (Clinical Syndrome)	PPA: Progressive aphasia with relative sparing of other thinking abilities
Location in the brain (Neuroanatomy)	Relatively focal atrophy (brain cell loss) within language parts of the brain
Disease (Neuropathology)	There are 3 families of neuropathology that can cause PPA

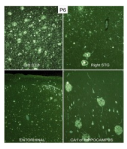


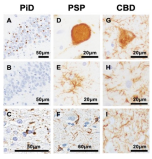
Emerging field:
In vivo biomarkers to detect contributing proteinopathies at the individual level

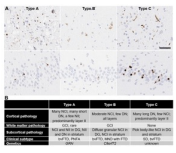
8

Fundamental features of PPA

Family 1	Family 2	Family 3
Alzheimer's disease (Aβ + NFT)	Frontotemporal Lobar Degeneration (FTLD-TAU) Picks (3 repeat tauopathy) CBD/PSP (4 repeat tauopathy)	Frontotemporal Lobar Degeneration (FTLD-TDP-43) Forms A-E







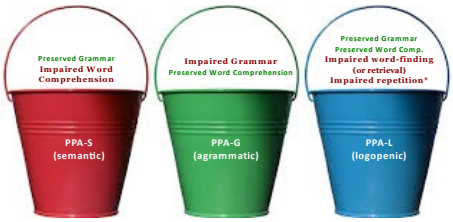
Chung *et al. Molecular Neurodegeneration* (2021); Meneses et al. Molecular Neurodegeneration (2021); Arseni 2024

9

Subtyping:
Goldilocks or Goldmine?

10

At least 3 PPA subtypes

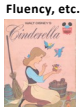


11

Assessment of Aphasia & Subtyping

Aphasia Severity & Repetition
Western Aphasia Battery (WAB)

Grammaticality of Sentence Production; Fluency, etc.



Object Naming
Boston Naming Test

Grammaticality of Sentence Production & Comprehension

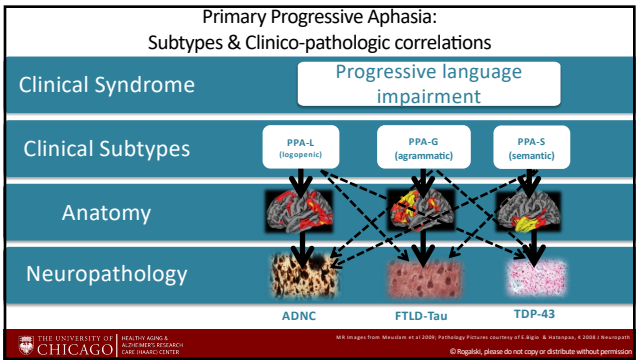
Word Comprehension
PPVT-4

Object Knowledge
The pyramids and palm trees

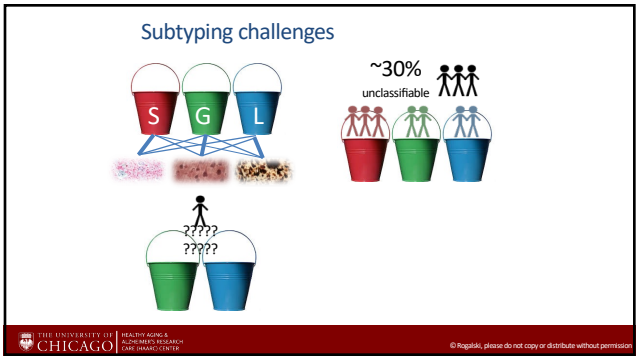
Surface Dyslexia & Dysgraphia

Kaplan 1983; Weintraub 2009, Kertez 1982, Dunn 2006, Thompson 1995, Howard 1992; Thompson 2011; Kay 1992

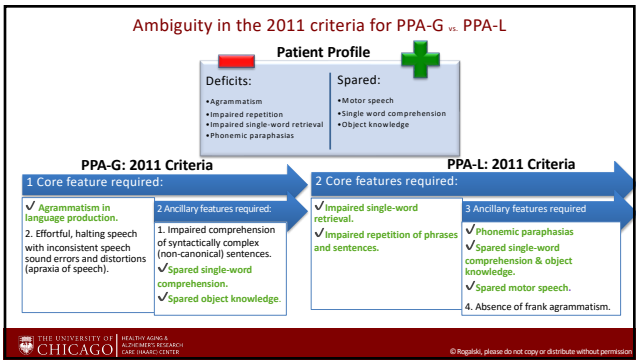
12


Primary Progressive Aphasia:
Subtypes & Clinico-pathologic correlations
Clinical Syndrome
Progressive language impairment
Clinical Subtypes
PPA-L (logopenic)
PPA-G (agrammatic)
PPA-S (semantic)
Anatomy
Neuropathology
ADNC
FTLD-Tau
TDP-43
THE UNIVERSITY OF CHICAGO
© Rogalski, please do not copy or distribute without permission

13

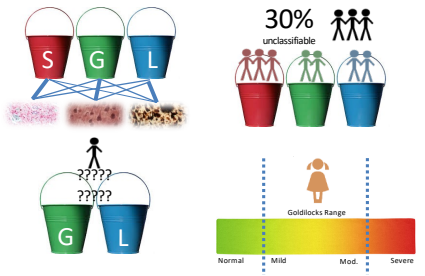

Subtyping challenges
S
G
L
~30%
unclassifiable
?????
?????
THE UNIVERSITY OF CHICAGO
© Rogalski, please do not copy or distribute without permission

14


Ambiguity in the 2011 criteria for PPA-G vs. PPA-L
Patient Profile
Deficits:
•Agrammatism
•Impaired repetition
•Impaired single-word retrieval
•Phonemic paraphasias
Spared:
•Motor speech
•Single word comprehension
•Object knowledge
PPA-G: 2011 Criteria
1 Core feature required:
✓Agrammatism in language production.
2. Effortful, halting speech with inconsistent speech sound errors and distortions (apraxia of speech).
2 Ancillary features required:
1. Impaired comprehension of syntactically complex (non-canonical) sentences.
✓Spared single-word comprehension.
✓Spared object knowledge.
PPA-L: 2011 Criteria
2 Core features required:
✓Impaired single-word retrieval.
✓Impaired repetition of phrases and sentences.
3 Ancillary features required
✓Phonemic paraphasias
✓Spared single-word comprehension & object knowledge.
✓Spared motor speech.
4. Absence of frank agrammatism.
THE UNIVERSITY OF CHICAGO
© Rogalski, please do not copy or distribute without permission

15

Subtyping challenges

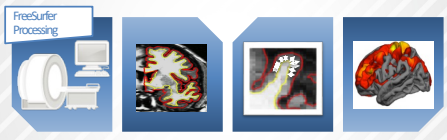


16

How is neuroimaging helpful in PPA?

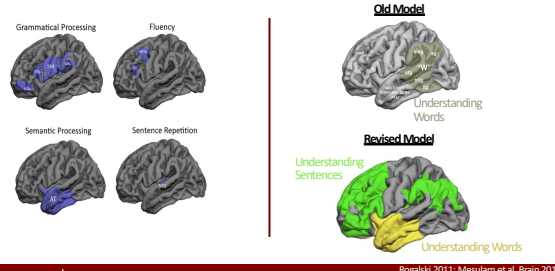
17

QUANTITATIVE BRAIN MAPPING



18

Redrawing the Language Map of the Brain



Rogalski 2011; Mesulam et al. Brain 2015

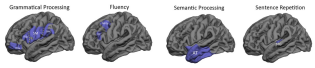
19

Progression in PPA

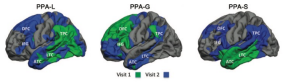
20

How is neuroimaging helpful in PPA?

Understand the Anatomy of Cognition



Determine the Neurobiology of Neurodegenerative Disease

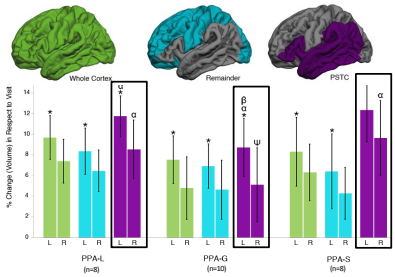


Rogalski et al Neurology 2011, Rogalski et al J Neuroscience 2011

21

Percent change in volume loss by PPA subtype

Potential outcome measures for clinical trials



22

Estimating samples sizes for clinical trials outcome measures

34 individuals with PPA*

- Automated MR measurements over one year
- Whole brain volume
- Ventricular volume

Is there signal at shorter intervals?
What are the drivers of individual variability?
How does underlying neuropathology contribute to progression rates?

PSTC

*Based on small effect size, considering a 35% attrition rate

patients patients

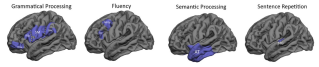
= 10

Knopman et al, 2009, Neurology

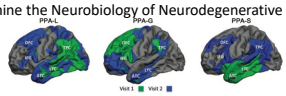
23

How is neuroimaging helpful in PPA?

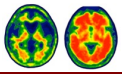
Understand the Anatomy of Cognition



Determine the Neurobiology of Neurodegenerative Disease

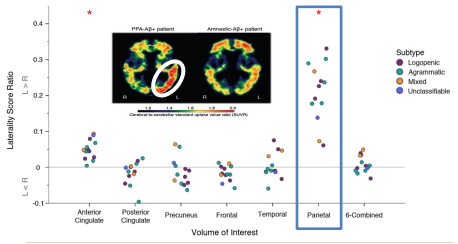


Improve Differential Diagnosis



24

Parietal amyloid burden is left lateralized in PPA



25

Progression at clinically relevant intervals in the aphasic variant of AD

(Aphasic variant of AD)

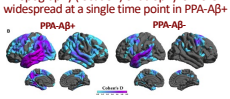
	$PPA^{Aβ+}$	$PPA^{Aβ-}$
N	17	9
Age at initial visit	66.3 (*5.8*) [58–80]	70.8 (*7.2*) [61–82]
Gender (% M)	8 (47%)	5 (56%)
Education	16.4 (*2.4*) [12–20]	15.0 (*2.2*) [12–19]
Initial visit symptom duration	5.2 (*2.8*) [1.4–10.9]	3.9 (*1.3*) [2.1–6.0]
Months between visits	6.3 (*0.5*) [5.5–7.6]	6.1 (*0.3*) [5.2–6.7]
Subtype		
Logopenic	10 (59%)	2 (22%)
Agrammatic	7 (41%)	7 (78%)

26

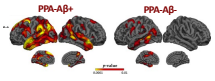
Imaging biomarkers provide a window into the location and pace of brain changes

- Observation: Rate of decline is variable from person-to-person
- Question: Does the type of neuropathology inform the rate of decline?
- Results:
  - At a single timepoint atrophy is more widespread in PPA-AD than non-AD.
  - The rate of cortical atrophy (measured over 12-months) is more rapid and widespread in PPA due to Alzheimer's disease neuropathology than PPA-non AD.

Topography (location) of atrophy is more widespread at a single time point in PPA-Aβ+



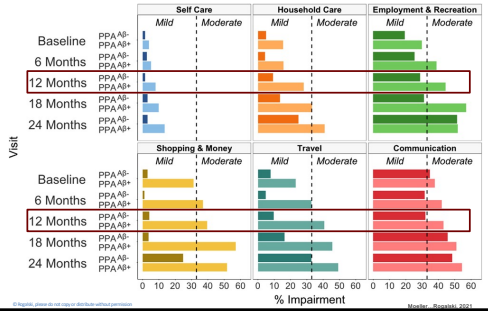
Atrophy rates are more rapid and widespread in PPA-AD



Rogalski, et. al 2019; Moeller...Rogalski 2021

27

Significant functional impairment over 12-months in PPA



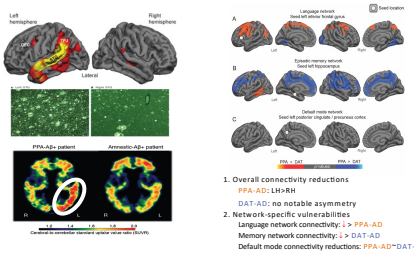
28

Aphasic-AD & Amnestic-AD:

Heterogeneity & Selective Vulnerability of Alzheimer's disease neuropathologic change

29

Selective Vulnerability in PPA-AD

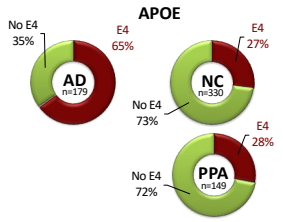


1. Overall connectivity reductions
   - PPA-AD: LH>RH
   - DAT-AD: no notable asymmetry
2. Network-specific vulnerabilities
   - Language network connectivity: ↓ > PPA-AD
   - Memory network connectivity: ↓ > DAT-AD
   - Default mode connectivity reductions: PPA-AD~DAT-AD

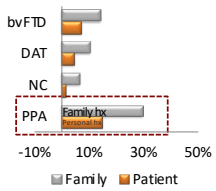
Menulam 2013, Menulam Rogalski 2014, et al 2014; Martersteck 2016; Ohm 2021; Ohm 2021

30

Risk Factors in PPA is different from amnestic dementia

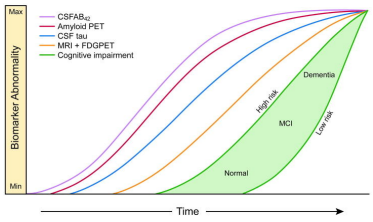


Presence of an E4 allele does not increase the likelihood of AD pathology in PPA



31

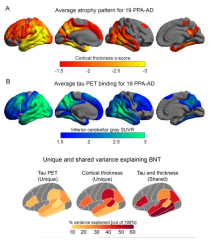
Dynamic biomarkers of the AD pathological cascade



32

Establishing the progression of disease with imaging biomarkers

- Imaging biomarkers provide a window into the location & order of brain changes which can be linked to changes in cognition.
- Results:
  - –Atrophy and tau PET burden have a similar distribution.
  - –Atrophy and tau burden in the left hemisphere are associated with changes in naming ability.
  - –Results are consistent with the ordering of biomarker changes in Alzheimer's dementia associated with AD:
  - –Tau → Atrophy → Cognitive Change

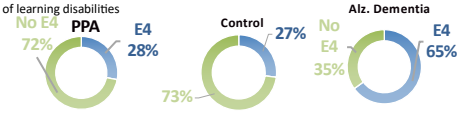


33

How is PPA different from Alzheimer's dementia?

Primary Progressive Aphasia (PPA)
- Language loss
- Less common neurodegen. dementia
- Women = Men
- Age of onset tends to be < 65
- Majority of cases are sporadic
- Insight tends to be intact
- Risk factors: ~~APOE E4~~, family or personal history of learning disabilities

Alzheimer's dementia
- Memory loss
- Most common neurodegen. dementia
- Women > Men
- Age of onset tends to be >65
- Majority of cases are sporadic
- Insight can be compromised
- Risk factors: Increasing Age & APOE E4



34

Summary

- No one-to-one relationship between clinical phenotype and underlying pathology
- Potential interaction between disease-specific proteinopathy and selective vulnerability driving distribution and disease progression
- More widespread pattern of atrophy in PPA-AD than PPA-non-AD
- Factors influencing individual variability in progression remain elusive
- Functional decline is greater in PPA-AD than PPA-non-AD
- Judicious use of *in vivo* biomarkers provide an avenue for inclusion of atypical forms of AD in clinical trials

35

Interventions & Care

36

Who can provide care?
Building a Care Team

Communication is critical among the interdisciplinary team members

37

Interventions, Care, & Support
Pharmacologic Treatments

- Currently, there are no definitive options to halt or reverse the neurodegeneration, but this is an active area of research
- Limited options to target symptoms (e.g., depression, anxiety, trouble with sleep, etc.)
- Disease modifying treatments targeting Alzheimer's disease neuropathology may be appropriate for those with AD biomarkers (e.g., Cholinergic trials, AD immunotherapies including lecanamab, donanemab])
- Veri-T trial (Verdiperstat for svPPA): Phase I RCT
- FTLD-Tau Trials: Anti-tau monoclonal antibody trials, small molecules for tauopathies (sodium selenate)
- Gene therapy trials: FTD due to progranulin mutations

38

Historic (and sometimes current) Barriers to Care for PPA

39

Historical (and sometimes current) Barriers to Care + Opportunities for Change

Diagnostic challenges

- Poor local care access
- Disproportional Access
- ↑ Severity
- Less common, younger age
- Evidence-based treatment gap

Taylor et al Aphasiology 2009, Rogalski et al 2016, 2018, Morhardt et al 2017, Roberts et. al 2022Croot et al 2009

40

Historical (and sometimes current) Barriers to Care + Opportunities for Change

↑ awareness, advocacy, education, & outreach

Telemedicine
↑ Rigorous Trials

Diagnostic challenges

- Poor local care access
- Disproportional Access
- ↑ Severity
- Less common, younger age
- Evidence-based treatment gap

Multicomponent care

Clinically meaningful outcomes

Multifaceted Impact of PPA

Taylor et al Aphasiology 2009, Rogalski et al 2016, 2018, Morhardt et al 2017, Roberts et. al 2022Croot et al 2009

41

Interventions, Care, & Support

- Non-pharmacological interventions
  - Art therapy
  - Music therapy
  - TdCS/TMS
  - Caregiver Interventions
  - Multidisciplinary Interventions
  - Support Groups
  - Speech-language therapy*

Artwork by R.S. after 2 years of living with a diagnosis of PPA. (From Mesulam et. al 2014)

42

Support Group Models for PPA

Traditional | Educational | Activity | Online

* Coping with limitations & language decline * Sense of belonging *
* Confronting Stigma * Expressing Resilience *

Morhardt, ..., Rogalski 2017

43

Speech language therapy

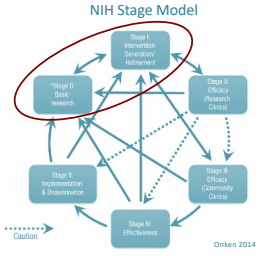
44

Progress, Momentum, & Balanced Optimism

Systematic review: non-pharm interventions for PPA/PPAOS

- Early PPA Interventions = Encouraging
- Few high-quality studies
- No Randomized Controlled Trials

NIH Stage Model



Onken 2014

45

Bridging the Gap & Elevating the Science: Addressing Unmet Needs

46

communication BRIDGE™

Maximizing communication participation and quality of life for persons with PPA and their communication partner(s)

Client-directed with consideration of real-world needs

Dyadic

Improving access to care through telemedicine

Custom web-application

Iterative, collaborative, & dynamic assessments to guide goal setting, multicomponent interventions, and communication participation

Kagan, Aphasiology 2008., Rogalski et al. 2018, Rogalski et al 2016, Roberts et. al 2022

47

Tailoring Technology: Settings, skills, needs, & interests

48

Tailoring technology in Communication Bridge
Settings, skills, needs, & interests

Improving Access to Expert Care through Telemedicine

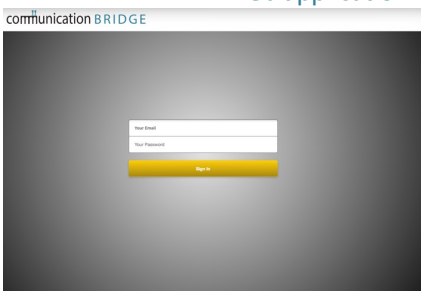
Resources, Intervention, Exercises, Education, Motivation

Extension of Participation in Meaningful Activities

Technology is implemented in a way that is relevant to the dyad and maximizes the rigor, reliability, and reproducibility of the intervention

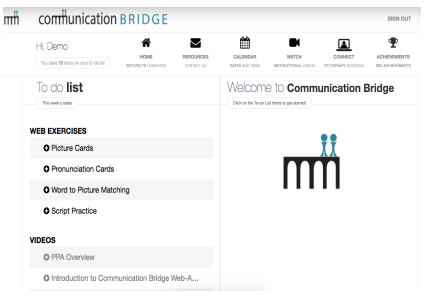
49

communication BRIDGE web application



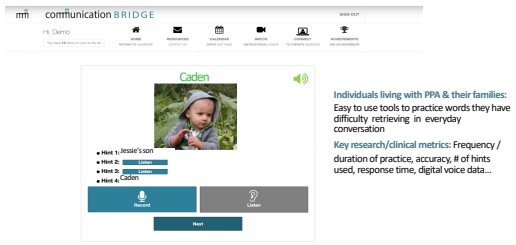
50

communication BRIDGE web application



51

Home Exercise: Picture cards



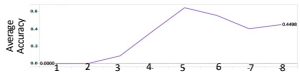
Individuals living with PPA & their families: Easy to use tools to practice words they have difficulty retrieving in everyday conversation

Key research/clinical metrics: Frequency / duration of practice, accuracy, # of hints used, response time, digital voice data…

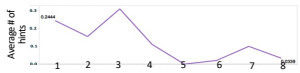
52

Picture naming card gains after just 8 trials

Accuracy improves



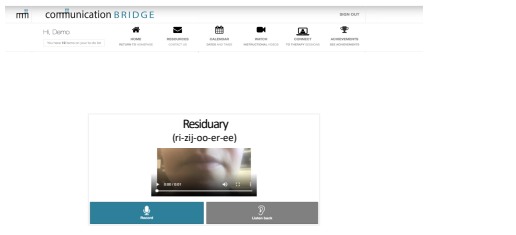
Fewer hints are needed



Response time is faster

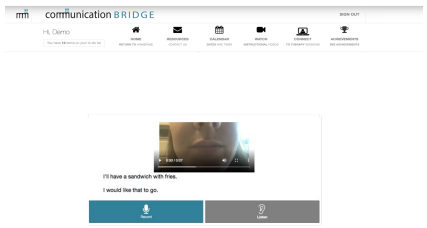
53

Home Exercise: Pronunciation Cards



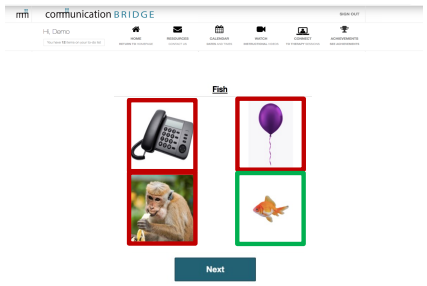
54

Home Exercise: Script Practice



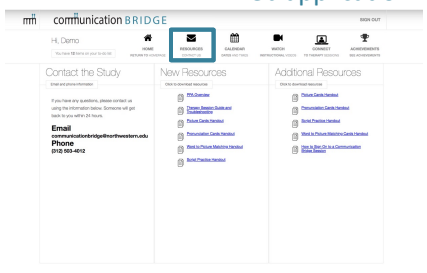
55

Home Exercise: Word-Picture Matching Cards



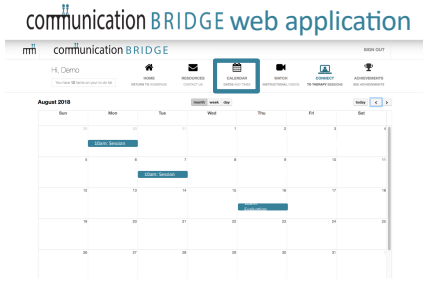
56

communication BRIDGE web application



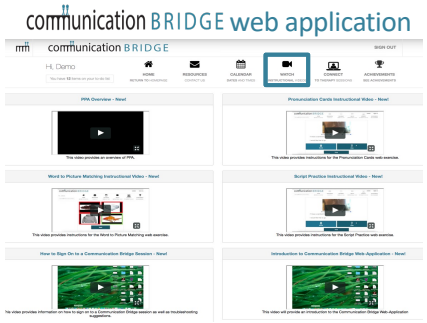
57

communication BRIDGE web application



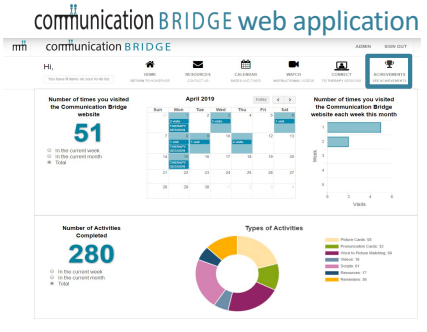
58

communication BRIDGE web application



59

communication BRIDGE web application



60

communication BRIDGE™-1 Pilot study

Establishing initial feasibility, signal, and relevant factors

Global enrollment via telemedicine = **feasible**

"It really feels like you are there... it was just like having [the therapist] in the same room."
--participant

>90%
Reported Internet-based intervention *met* or *exceeded* expectations

Gains following intervention
Maintenance 6-months post

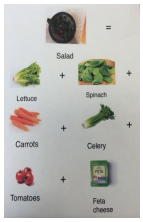
Communication partner **engagement** is relevant for gains/maintenance

Reliable administration of remote neuropsych. testing

Rogalski et. al 2016; Rogalski et. al 2022; Rao et al 2022

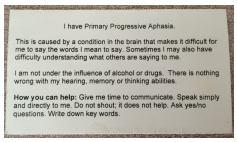
61

Examples of meaningful change



-My favorite flower
-They're pink, blue, purple, or white
-Hy
-Hydrangea

Fast Food Drive Thru Order
"I would like a cheeseburger plain, fries, and an iced tea, please."



I have Primary Progressive Aphasia.

This is caused by a condition in the brain that makes it difficult for me to say the words I mean to say. Sometimes I may also have difficulty understanding what others are saying to me.

I am not under the influence of alcohol or drugs. There is nothing wrong with my hearing, memory or thinking abilities.

How you can help: Give me time to communicate. Speak simply and directly to me. Do not shout; it does not help. Ask yes/no questions. Write down key words.

Rogalski et. al 2016

62

Script Example

Explaining my PPA

"I am losing my words.

It is a relatively rare neurological condition called PPA, Primary Progressive Aphasia.

My speech has slowed down.

I have to plan out each word, one syllable at a time. PPA only affects my speech, nothing else.

It does not affect my mind and intellect.

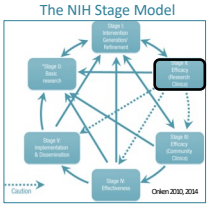
My good friends say that an attorney without words is a real blessing! So, bear with me."

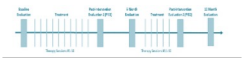
63

communication BRIDGE 2 trial

NIH Stage II, RCT, telehealth (video chat) delivery

The NIH Stage Model





Aim 1: Within-group response / factors

Aim 2: Between group comparison

Primary Outcomes

- Functional Communication Outcomes:
  - Communication Confidence Rating Scale for Aphasia (CCRSA); Communication Participation Item Bank (CPIB); Goal Attainment Scale (GAS)
- International Enrollment

- Enrollment: 95 w/ mild PPA, all subtypes
- Active Control Arm
- Equivalently dosed arms
- Robust fidelity assessments: theoretical, procedural, documentation

64

communication BRIDGE™ 2 trial

Optimizing Rigor: NIH Stage II, RCT, telehealth (video chat) delivery

Roberts *et al. Trials* (2022) 23:487
https://doi.org/10.1186/s13063-022-06162-7

Baseline | Block 1 | Block 1 | Post | B2 | B 2 | 12-mo

Trials

Experi
Dyadic

work:

Key Take Home Points:

Trial design meets the rigor required for pharmacologic trials

+

Includes clinically meaningful outcomes

Blindi
Partici

aphasia

Angela C. Roberts[1,2*], Alfred W. Rademaker[3], Elizabeth Ann Salley[3], Aimee Mooney[4], Darby Morhardt[3], Melanie Fried-Oken[5], Sandra Weintraub[3], Marsel Mesulam[3] and Emily Rogalski[3]

cipant-reported
comes:
allows for
es

THE UNIVERSITY OF CHICAGO | HEALTHY AGING & ALZHEIMER'S RESEARCH CARE (HARC) CENTER

Rogalski et al, 2024, 2025; Roberts et al 2022

65

Iterative, Collaborative, & Dynamic Assessment to guide goal setting, interventions, and communication

- **Independence:** What can the individual still (or potentially) do independently?
- **Personal identity:** What provides purpose and motivation?
- **Knowledge & Insight:** What is their understanding of the disease, its progression, and their strengths/limitations?
- **Viewpoints:** Consideration of input from multiple stakeholders (person with PPA, friends, family, clinicians, etc.).
- **Expectations:** What are their expectations?
- **Environmental supports:** What are the communication environments?

Personalized communication strategies

Communication partner training

Environmental modifications

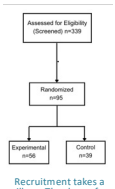
THE UNIVERSITY OF CHICAGO | HEALTHY AGING & ALZHEIMER'S RESEARCH CARE (HARC) CENTER

Roberts ...Rogalski, Trials 2022

66

Demographics & Clinical Characteristics

Characteristics		Total N
Self-reported Sex	Male : Female	49:46
Self-reported Ethnicity	Hispanic / Latino	1
	Not Hispanic / Latino	94
	Unknown / Not reported	0
Self-reported Race	White	94
	Asian	1
PPA Subtype	PPA-L	43
	PPA-G	26
	PPA-S	26
Sx Duration @ Baseline	Mean +/- Standard Deviation	3.7 +/-1.8
	Range	0.4 – 8.6
Communication Partner Relationship	Spouse (long-term partner)	84
	Relative (adult child, sibling)	5
	Other (friend, neighbor)	6
PPA Pt Age at Baseline	Mean +/- Standard Deviation	67.1 +/-7.4
	Range	52-82

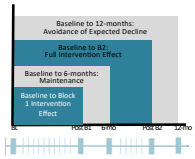


Recruitment takes a village. Thank you for the referrals!

67

Key Statistical Analysis Features

- Randomized groups compared on 3 primary outcome measures:
  - Communication Confidence Rating Scale (CCRSA)
  - Communicative Participation Item Bank (CPIB),
  - Goal Attainment Scaling (GAS)
- Intent-to-treat principle followed
- Marginal linear model, considering repeated measures
  - Model includes all visits, no adjustment for baseline
- Overall two-sided alpha level of 0.05



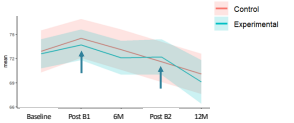
68

CCRSA
Communication Confidence Rating Scale for Aphasia

- CCRSA is a 10-item patient-reported outcome metric (PRO)

Example CCRSA Questions

1. How confident do you feel about your ability to **talk with people**?
2. How confident do you feel about your ability to stay in touch with **family and friends**?
3. How confident do you feel about your ability to follow **news and sports on TV**?
4. How confident do you feel about your ability to **speak on the telephone**?
5. How confident do you feel that **people include you in conversations**?



- Superiority analysis threshold: Not met

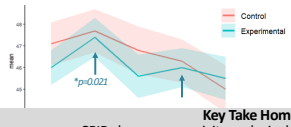
Experimental group
- Non-significant increase after each intervention block
- Response shape is consistent with what we would expect in a responsive intervention

Control group
- Non-significant increase after intervention Block 1, followed by steady decline

69

CPIB: Communicative Participation Item Bank

	Not at all (3)	A little (2)	Quite a bit (1)	Very much (0)
1. Does your condition interfere with… talking with people you know?	○	○	○	○
2. Does your condition interfere with… communicating when you need to say something quickly?	○	○	○	○
3. Does your condition interfere with… talking with people you do NOT know?	○	○	○	○



- Superiority analysis threshold: Not met

Exp. Group
- Significant within-group gains after intervention Block 1, *p=0.021*
- Increase after each intervention block
- Response supports the possible need for a longer Block 2
- Non-significant decline from BL to 12M

Control group
- Non-significant increase after intervention Block 1, followed by steady, significant within-group decline across time

Key Take Home Point:
CPIB shows responsivity exclusively in the **Experimental group**

Roberts…Rogalski 2022; Rogalski et. al 2024, 2025; Clinicaltrials.gov
CPIB: Baylor et al 2013; 2017

70

GAS: Goal Attainment Scaling

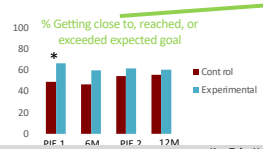
- Goals Customized to each participant, rooted in communication participation
- Developed before randomization
- Person with PPA develops 3 GAS goals
- Rated at each Evaluation through a dynamic clinical interview by a non-treating clinician blinded to arm

3	Better than expected
2	Goal met
1	Close to reaching goal
0	Starting Point
-1	Losing ground
-2	Worse off than started
-3	Non-participation

Roberts…Rogalski 2022; Rogalski et. al 2024, 2025; Clinicaltrials.gov

71

GAS: Goal Attainment Scaling



Experimental group
- **Superiority** after Block 1 (p=0.006).
- **>60%** show GAS goals gains (i.e., 1,2,3) that are maintained across Evals

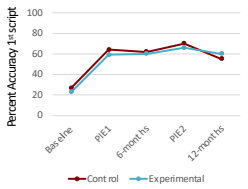
Control group:
- **~50%** show GAS gains throughout

Key Take Home Points:
Experimental arm superiority after Block 1.
Majority of Experimental arm participants maintained gains in GAS goals, even 12 months post enrollment.

Roberts…Rogalski 2022; Rogalski et. al 2024, 2025; Clinicaltrials.gov

72

Script Performance

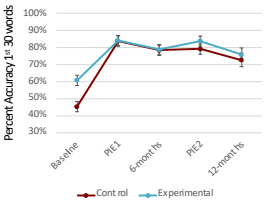


- Both groups have training scripts that are part of their CB web application home exercises and probed at each session and Evaluation.
  - **Experimental:** Initial script fixed, subsequent personalized, **not** necessarily trained in each session
  - **Control:** Fixed scripts, trained in each session
  - New scripts added based on mastery rules, outcome reports on the first script
- Both groups show gains in script performance that remain above baseline levels at 12 months.

Key Take Home Points:
On average participants showed gains in script accuracy relative to Baseline, which were maintain at 12 months

73

Word Performance



- Both groups have a set of training words included in their CB web application home exercises and probed at each session / Eval
  - **Experimental:** Personalized list, not necessarily trained in each session
  - **Control:** Fixed list, trained in each session with errorless learning cuing hierarchy
  - New words added based on mastery rules, outcome reports on first 30 words
- Both groups show significant gains in word performance that remain well above baseline levels at 12-months
- Maintenance at 12-months is notable given the expected decline due to the neurodegenerative nature of disease

Observational PPA data showing a ~**14%** drop in BNT over 12 months (Rogalski 2019).

Key Take Home Point:
On average participants showed gains in word accuracy from baseline, which were maintained at 12 months.
Potential contributors to Experimental arm gains / maintenance include web application / personalization.

74

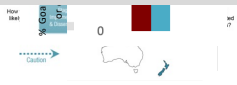
Summary of Results

- **1st behavioral RCT** for individuals with PPA and their communication partners
- **Global enrollment (4 countries, n=95)**, delivery via video chat, supported by custom web application

Key Take Home Point:

Dyadic multicomponent person-centered interventions are ***superior*** to impairment-based interventions

- Outcomes consistent with FDA requirements, requiring **functional and clinically meaningful outcomes**
- Within-group gains in both arms **support the use of speech-language therapy intervention in PPA**



Baier et al. 2019

75

An Example of Meaningful Change:
Maximizing Access to language, communication, & life participation

Naming Personally Relevant Pictures
Pre-Intervention

communication BRIDGE

THE UNIVERSITY OF CHICAGO | HEALTHY AGING & ALZHEIMER'S RESEARCH CARE (HARC) CENTER

76

Summary

There is no one-size-fits all way to describe the spectrum of changes in PPA (or other neurodegenerative dementias)

Technology can support person-centered, life participation approaches with a goal to maximize quality of life for those with PPA

Use of technology can be tailored to the needs, experience, and interests of the individual

Reliable assessment of language function is possible using video chat technology

Telemedicine provides an opportunity to improve access to care for those living with PPA

THE UNIVERSITY OF CHICAGO | HEALTHY AGING & ALZHEIMER'S RESEARCH CARE (HARC) CENTER

Roberts... Rogalski 2022; Rogalski et. al 2024, 2025; Clinicaltrials.gov

77

Path to Implementation

THE UNIVERSITY OF CHICAGO | HEALTHY AGING & ALZHEIMER'S RESEARCH CARE (HARC) CENTER

78

Beginning with the end in mind

communication BRIDGE™ 3 Trial

Phase 2b, NIH Stage II, RCT, telehealth (video chat) delivery

Efficacy of integrated multi-clinician care:
Dyadic, multi-clinician intervention (speech language therapist + social work), framed in participation-based models of care
- Speech language intervention + psychosocial education and counseling

Planning for Implementation:
Readiness Assessment for Pragmatic Trials (RAPT); Cost Analysis

Wearable Sensors:
Capture objective dimensions of life participation

Stakeholder Engagement:
Interprofessional Implementation Advisory Board, Family Advisory Board

Readiness Assessment for Pragmatic Trials (RAPT)

Baier et al 2019

79

communication BRIDGE™-3 trial web application

80

Connecting to support

https://www.theaftd.org/get-involved/in-your-state/canada/
https://www.theaftd.org/get-involved/in-your-state/international/

81


With Gratitude
CB2 Contributors & Collaborators
Angela Roberts | Fred Rademaker
Melanie Fried-Oken | Aimee Mooney
Darby Morhardt | Sara Shaunfield
Marissa Esparza| Matt Bona
Zoe Sweeney | Reina Kwon
Libby Rogers | Becky Khayum
Marael Mesulam | Sandra Weintraub
Leela Rao | Erin Blaze | Ollie Fegter
Current Faculty, Students, & Staff
Angela Roberts | Fred Rademaker
Kaitlin Seibert | Matt Bona
Eric Polley | Ollie Fegter
Emily Cummings | Sydney Branson
Allison Chen | Thomas Hopkins
Emily Kaderabek |Roshnee Burma
Alexis Robinson-Dear | Lauren Lightbody
Ben Haller | Rhiana Schafer
Phyllis Timpo
Special thanks to our participants for their time & commitment to research, without them none of this work would be possible.
Now Enrolling!
communication BRIDGE-3
Trial Location: All study components take place remotely via video chat (Zoom)
Trial Length: ~18 months
Trial Activities: Participants will receive intervention sessions with licensed clinicians
Trial Costs: There are no costs to participate. Compensation will be provided.
If interested, contact the study team for more info:
CBtrial@uchicago.edu
haarc.center.uchicago.edu/communication-bridge
1-855-824-7887
THE UNIVERSITY OF CHICAGO
Western
Funding | Collaborative Partners
R01AG055425
R01NS075075
R01DC008552
P30AG13854
U54NS092089
R01 AG056258
alzheimer's association
Run4Papa
IMPACT-AD
THE UNIVERSITY OF CHICAGO
HEALTHY AGING & ALZHEIMER'S RESEARCH CARE (HAARC) CENTER

82