T he death of former President Ronald Reagan, who suffered for 10 years with Alzheimer’s disease (AD), came almost exactly one month after hearings held by a Senate committee on federal funding of AD research. The May 11 session was hardly noticed at the time, of course. The key point made by Stephen McConnell, senior vice president for advocacy and public policy at the Alzheimer’s Association, was that the National Institute of Aging (NIA), because of budget shortfalls, was tightening the funding flow for research on AD. “This is a travesty,” he said. “We cannot let it happen.”

Might this new interest in AD, aroused by the former President’s death, focus new attention on research spending? Maybe.

In the week after President Reagan’s passing, Senators Barbara Mikulski (D-MD) and Kit Bond (R-MO) introduced the Ronald Reagan Alzheimer’s Breakthrough Act of 2004. It would double the funding for Alzheimer’s research at the National Institutes of Health (NIH).

In the current fiscal 2004, for example, the NIA’s budget for AD research is $518 million, making it the “Bigfoot” among NIH agencies in that area. The National Institute of Mental Health (NIMH) is in second place at $64 million. Total NIH-wide spending is $700 million, which would increase to $1.4 billion under the Mikulski bill. However, even if Congress passed this bill, which is not a certainty, the Appropriations Committees in both houses would have to approve that very sizable increase. Given the fat federal deficit, that is not going to happen.

Certainly, for victims and their families, this is too bad. The medical research establishment has not been able to come up with much to mitigate the effects of AD, much less prevent it. There have not been breakthroughs like those for acquired immunodeficiency syndrome (AIDS), cancer, and other areas—hence the name the Mikulski/Bond Breakthrough bill, I guess.

“Every doctor and every relative has to feel: Is this all we’ve got?” said Marcelle Morrison–Bogorad, associate director of the neuroscience and neuropsychology of aging program at the NIA. “The answer right now is yes.”

Against that backdrop, it is difficult for the AD community to watch what is going on at the NIA. Mr. McConnell said that the NIA is already holding back previously promised funding in response to a smaller-than-expected 2004 budget and to an expectation that the 2005 budget will not be much better. He stated that the NIA’s “success rate”—the proportion of applications for research grants that are funded—was not predicted to exceed 15% in 2004, considerably below the Institute’s recent historic level of 25%.

“They are expecting each grant to be cut by 18% percent, too,” he added.

Susan Molchan, MD, program director of AD research at the NIA, confirmed Mr. McConnell’s concerns.

At risk at this time is a large trial of combinations of antioxidants at the University of California in San Diego.

“This offers one of the most exciting possibilities for a safe and relatively inexpensive way to protect against Alzheimer’s,” Mr. McConnell explained.

Even trials that are well under way—like the Ginkgo biloba study being conducted through a collaborative effort between the NIA and the National Center for Complementary and Alternative Medicine—will have to be slowed down this year. There might be no money to analyze the data that have already been collected on the hundreds of volunteers who have participated in this trial.

The only good news is the NIA’s commitment to its Neuroimaging Initiative, which NIA Director Richard Hodes, MD, discussed at the Senate hearings. The Initiative is not threatened by the NIA funding imbroglio. Dr. Molchan said that the NIA has set aside $40 million over five years, starting in fiscal 2005. She explained that the NIA was hoping to receive another $20 million from drug and medical device manufacturers.

“We have some commitments to date,” she added. “But we hope to get more.”

The winner of the grant is expected to be announced this fall, with clinical trial recruitment set to start soon afterward.

“Advances in imaging also have the potential to speed our basic understanding of the disease—for example, to determine which pathological features of AD [plaque and tangle development, cell death, loss of connections between neurons] best correlate with cognitive loss,” Dr. Hodes told the senators. “Improved imaging techniques may further enable us to visualize the effects of therapeutic interventions more rapidly and accurately, with the potential for making AD clinical intervention trials smaller, faster and more affordable.”

Those kinds of potential benefits are years away, of course, if in fact they materialize at all. Patents with AD will be dependent on conventional clinical trials for a while. Given the aging of the baby boomers, along with the fact that AD has not enjoyed the pharmaceutical advances that other major diseases have, one would think that both Congress and the NIH would want to shift resources into AD research, not out of it.

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