



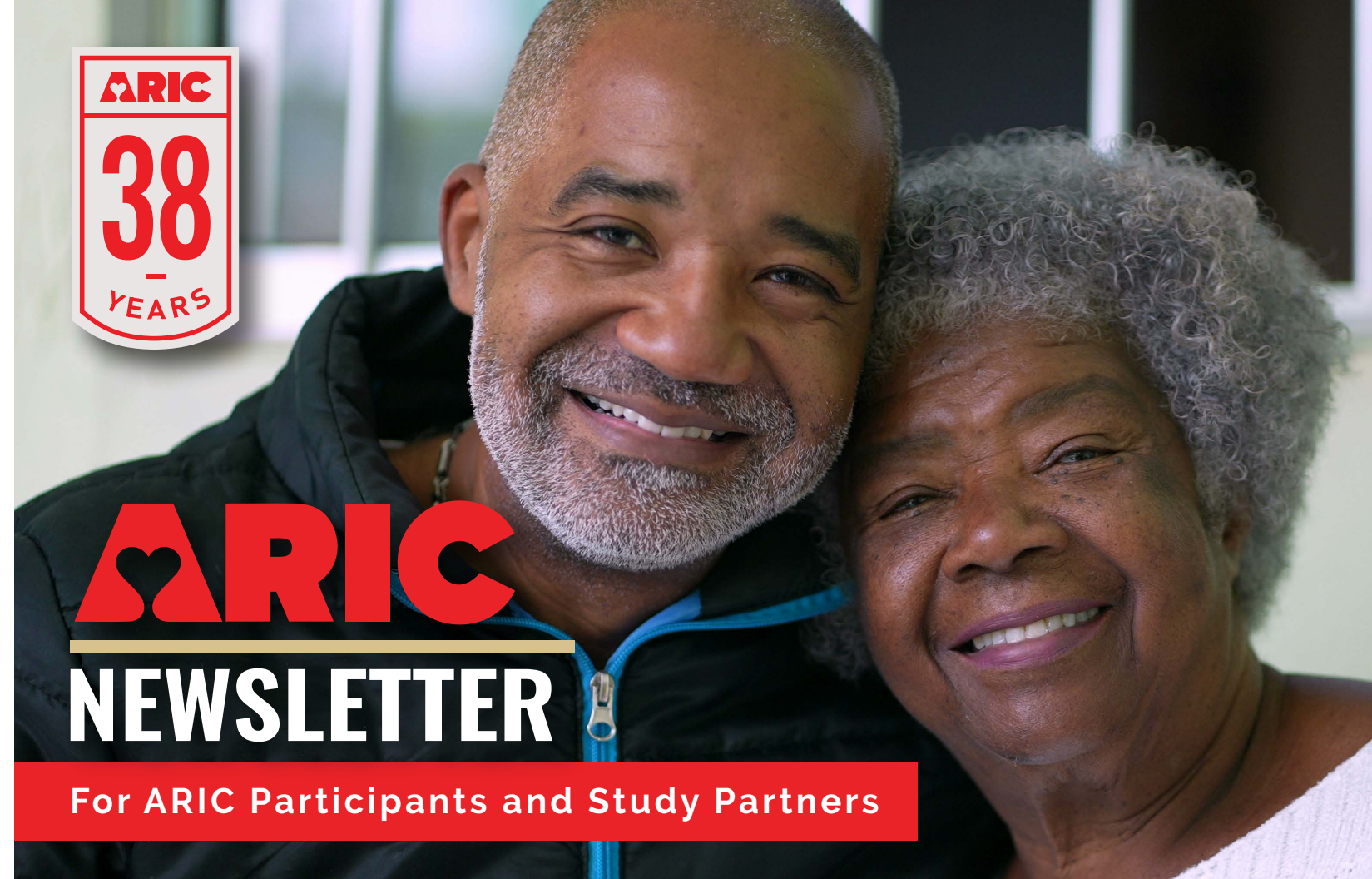
The Atherosclerosis Risk  
in Communities (ARIC) Study

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**ARIC**  
**NEWSLETTER**

For ARIC Participants and Study Partners



*Thank you*

FOR PARTICIPATING



**There's still time to try an activity tracker!**

We are offering a number of wearable devices this Visit that monitor activity and sleep, such as a Fitbit.

*"I'm really amazed at all the information that the device can provide, my family wants me to keep it on all the time so they can know as well."*

*"It's very interesting, I love being able to see my steps and setting a goal for myself."*

- Two ARIC participants with a Fitbit

## We have new cholesterol drugs thanks to ARIC participants!

The ARIC study has enabled ground-breaking discoveries that have not only led to new knowledge about heart disease, stroke, and dementia, but also new treatments.

One example surrounds an emerging risk factor, called Lp(a). Lipoproteins are made up of lipids (fat) and protein that carry cholesterol through the blood. Having high levels of Lipoprotein(a), or Lp(a), is a risk factor for heart disease and stroke.

The long-standing commitment of the ARIC participants has contributed to scientific discoveries about the genetic nature of Lp(a) and its role in conditions such as heart disease and stroke. We are often asked by participants why they are asked to donate a new blood sample at each visit. Work in ARIC has shown how Lp(a) changes over time, and what factors influence those changes.

Knowledge gained from ARIC contributed to the development of a new class of medications that target the PCSK9 protein to lower LDL cholesterol and Lp(a) levels. These medications, called PCSK9 inhibitors, are now FDA-approved for certain patients with high cholesterol.



*“Early insight from the ARIC study hinted that PCSK9 inhibitors might lower the risk of heart attack, and now clinical trials have proven that to be true. And now these new medicines are helping people live healthier, longer.”*

**Eric Boerwinkle, PhD**

ARIC Investigator and Dean,  
UTHealth Houston School of Public Health

## ARIC participants' PET scans helping to make new, easier Alzheimer's tests

By **Rebecca Gottesman, MD, PhD**

ARIC Investigator, National Institutes of Health

When we do a PET scan of the brain, we can use a special tracer dye to look for changes related to Alzheimer's, such as amyloid buildup (plaques) that can be associated with the disease. It's helpful that we can detect these changes in living people, especially earlier on, when treatments for Alzheimer's will be most effective.

Thanks to ARIC participants and other research volunteers, scientists are identifying biomarkers for Alzheimer's disease that can be detected in the blood. This is a big deal, because before long we might be able to use a simple blood test rather than a PET scan to detect Alzheimer's. This could help a lot of people!

## PET scans still give us a wealth of information, and here's what we're learning:

- People with more risk factors for heart disease and stroke in middle age are at a higher risk of having more amyloid plaques in their brains when they're older. Therefore, we may prevent some cases of dementia and Alzheimer's disease by improving heart health.
- As the new biomarker blood tests are developed, the PET results are helpful for comparison and learning what the different biomarker results mean. It's also important we look at results across a wide variety of people.
- Having multiple PET scans of a person, such as we have for some ARIC participants, lets us see changes in the brain over time. Multiple scan results continue to teach us how vascular health and lifestyle factors relate to Alzheimer's risk.

## ARIC Participant Spotlight



**Dr. Robert Smith** is a distinguished physician, civil rights and policy advocate, researcher, educator, and visionary changemaker who dedicated his career to advancing healthcare access and equity. In the 1960s, he became a key figure in the civil rights movement, addressing systemic barriers to healthcare for African Americans. In 1963 he founded the Family Health Center in Jackson, Mississippi, now Central Mississippi Health Services, Inc., and helped establish some of the first community health centers in Mississippi.

Dr. Smith also served as co-principal investigator for the Jackson Field Center in the ARIC study, focusing on health disparities in heart disease, stroke, and other conditions among African Americans. Under his leadership, the Jackson site became vital in addressing these disparities.

As a research participant in the ARIC study for 38 years, Dr. Smith champions the inclusion of underserved populations in research and clinical trials.

Dr. Smith's lifelong commitment to healthcare equity, innovation, and justice inspires future generations. By bridging his roles as a physician, advocate, and researcher, he has made lasting contributions to improving health outcomes and eliminating disparities in underserved communities. Dr. Smith embodies the spirit of justice, innovation, and active participation, inspiring new generations to follow his footsteps.