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FOCUS ON RESEARCH



Fall prevention clinic shows promise for reducing injurious falls in older adults

By Dana Martin

As people age, a number of factors make them more susceptible to falls – these include certain medicines, vision problems, lower extremity weakness and environmental issues.

Falls are of such concern because they often cause injuries that lead to loss of independence and, in some cases, result in death. Older adults with cognitive impairment have an especially high risk of falls. (To learn more, see the companion story to the right, “Tips for Reducing Fall Risk in Older Adults with Cognitive Impairment.”)

University of Washington researcher Dr. Elizabeth Phelan established and now directs Harborview Medical Center's Fall Prevention Clinic. The clinic offers

comprehensive fall risk-factor assessment and management and has been in operation for about two years.

The clinic's goal is to bring a clinical service that is evidence-based to the general public. Dr. Phelan felt it was particularly important for Harborview to have a focus on fall prevention because it is a major trauma center. This means Harborview takes care of many injuries that result from falls and, as a referral trauma center, patients from all over the region are seen.

“Many of those who suffer from an injurious fall never regain their independence. They go from a state of independent living, to having a hip fracture and being institutionalized, for example,” Phelan says.

A nurse practitioner sees patients in the clinic. The initial meeting includes a full assessment of all factors that can contribute to fall risk, using a one-page algorithmic protocol. A cognitive screen is performed as part of the initial assessment. For each risk factor identified, standard

Tips for Reducing Fall Risk in Older Adults with Cognitive Impairment

Cognitive impairment is one factor that increases an older adult's risk of falls. University of Washington researchers Drs. David Buchner and Eric Larson found that in a group of AD patients, 50 percent either fell or became unable to walk during a three-year period, and the fracture rate of those with AD was three to four times that of the general population.

What can be done to reduce your fall risk?

- Use a cane or walker.
- Have your vision checked regularly.
- Make changes to your living space (such as removing rugs, adding more lighting and rearranging furniture to create a clear, open floor plan).
- Wear sturdy shoes that are appropriate for the surface you are walking on (no leather soles outside, for example).
- Talk to your doctor about medicines that make you feel dizzy or off balance.
- Stand up, sit down and lie down slowly.
- Exercise (talk to your doctor before starting an exercise program). ❖

Continued on page 2 →

recommendations are provided on what to do about that risk factor.

As part of the initial assessment, each patient is asked to complete a Timed Up and Go Test. This test quantifies the degree of fall risk. In this test, the patient stands up from a chair and walks 10 feet, then turns around and sits back down. The longer it takes to perform the test, the higher the risk of falls. Any patient whose risk of falling is high is offered a

OCTOBER 24

Healthy Aging Partnership
(HAP)

October
Falls Prevention Workshop
for Professionals

“Standing Strong, Moving
Forward: Falls Prevention
Strategies for Older Adults”

Wednesday, October 24th
Tukwila Community Center
12424 42nd Ave. S., Tukwila

Professionals who work with older adults will gather useful tips and the latest information on falls prevention featuring national and local experts, including keynote speaker Lynn Beattie of the National Council on Aging.

The full-day workshop will include breakout sessions, demonstrations, vendor exhibits and a panel presentation on local falls prevention programs.

The \$60 registration fee includes a continental breakfast and full lunch.

For more information and to register, go to www.4elders.org or e-mail info@4elders.org.

referral to a physical therapist.

Vitamin D levels are checked on everyone seen in the clinic. Patients with low levels are instructed that they can take an oral vitamin D supplement. “In the past three years or so, there has been an emerging literature on the association between low levels of vitamin D and an increased risk of falls,” says Phelan. “It seems that normal levels of vitamin D are necessary for adequate muscle strength and low levels may contribute to muscle weakness.”

Clinic patients are seen again at the discretion of the nurse practitioner. At follow-up visits, the nurse practitioner assesses how well patients have adhered to her initial recommendations. Further recommendations are made at that time. The Timed Up and Go Test is repeated to provide an objective measure of whether there was any decrease in fall risk. Vitamin D levels are also followed up.

Dr. Phelan says there is a lot of research that looks at factors that are associated with falling in older adults and how to prevent those falls. “There are quite a few intervention studies now – randomized trials looking at how to intervene on risk factors to reduce a person’s risk of falls.”

But, she adds, there is very little in the way of work that translates what has been learned from these studies about fall-risk reduction into actual practice.

Dr. Phelan and her graduate research study assistant Meghann Moore are conducting a study of the Fall Prevention Clinic to determine whether those seen at the clinic have reduced fall risk. This study of the clinic’s effectiveness spanned from June through December 2005. Patients seen in the Fall Prevention Clinic during that time period were matched to patients not seen – on age, gender and race. All patients included in the study were cared for by geriatricians in the Senior Care Clinic at Harborview.

There were 43 patients seen in the Fall Prevention Clinic from June through December 2005. These 43 patients served as “cases” for study purposes and were matched to 86 “control” patients who were not seen in the Fall Prevention Clinic during that time period. These study participants had a mean age of 79 years, 70 percent were female, and about a third were non-white.

One novel aspect of the study is that it is being done in the context of the usual health care environment, as opposed to being an intervention imposed on a health care delivery system, as is often done in clinical trials. As Dr. Phelan says, “I wanted to actually have something real-world up and running and then evaluate it.”

The study is unique because, while most fall studies focus on number of falls as a main outcome, this study is looking in particular at injurious falls,



Can you trust what you read?

meaning those that result in injury, such as hip fracture. According to Dr. Phelan, it is injurious falls that lead to loss of independence, morbidity, disability and even death.

This study is so recent that the results have not been written up as of the printing of this newsletter, but Dr. Phelan reports that the preliminary data suggest that being seen in the Fall Prevention Clinic significantly reduces the percentage of patients with injurious falls. Additional analyses of the data are still being conducted, but according to Dr. Phelan, "It looks as if the clinic is benefiting people who are being seen by reducing the chance of someone having a fall with injury."

Highlights of this research will eventually be reported on the clinic website. ❖

To learn more about the clinic, visit www.uwmedicine.org/PatientCare/MedicalSpecialties/SpecialtyCare/HARBORVIEW/falls/index.htm

Did you know?

Dimensions had its inaugural issue 21 years ago in 1986!

The title "Dimensions" was chosen to reflect the many stages and faces of Alzheimer's disease.

As you may have noticed, we've "refreshed" the layout of our newsletter. Let us know what you think!

By Cecily Jenkins, Ph.D.

If you read the newspaper, watch television or surf the Internet, you know the overwhelming amount of medical information available. Some is scientifically sound, some based on opinion, and some is incomplete or even misrepresented.

Evaluating the credibility of reports is very challenging for the unprepared consumer. Do you have the necessary tools to make sense of what you read and hear? Are you "information literate?"

Asking the following questions can help you decide what to believe.

1. Where does the information come from?

PEER-REVIEWED JOURNALS: Articles published in reputable peer-reviewed journals

are the most respected source of information, as the work has been reviewed by other qualified members of the profession. If you have difficulty obtaining or

interpreting findings from these primary source articles, turn to professionals skilled in explaining such data to help you understand the results and conclusions.

THE INTERNET: The Internet is a rich source of information but because it is unregulated, you should check the sponsorship of a website to establish its reputability. Some reliable websites providing health information include:

- Government agencies (ending in .gov)
- National nonprofit organizations (ending in .org)
- Medical specialty groups, and university medical centers (ending in .edu)
- Web addresses ending in .com may have valuable information, but many are commercial sites designed to sell you something.

TV AND PRINT: Look carefully

Continued on page 4 →

Some reputable websites for information about Alzheimer's disease:

- **www.alz.org** – Alzheimer's Association website
- **www.nia.nih.gov/alzheimers** – Alzheimer's Disease Education and Referral Center of the National Institute on Aging (ADEAR)
- **www.ClinicalTrials.gov** – National Institutes of Health website provides information about federally and privately supported clinical research, including information about specific trials and news about recent results.
- **www.medlineplus.gov** – A service of the U.S. National Library of Medicine, this website archives health news from the last 30 days, drug information for both prescription and nonprescription medications, a medical encyclopedia and a link list of health libraries, databases and resources.

at information published in newspapers and magazines or reported on television. Most reporters are journalists rather than experts in the medical field. Very preliminary medical findings may be released in the news prematurely and with sensational impact. If your interest is sparked by something you hear or read in the news, go to a professional website to evaluate it further.

Always be especially cautious about information that is based solely on opinion or personal experience. Phrases such as “miraculous treatment” and “cure,” and claims that a product treats a wide range of ailments, is available from only one source, or is available only for a limited time are generally aimed at selling you something.

2. How DEFINITE is the reported finding?

Knowing something about the type or phase of a research study can help

you determine the certainty of conclusions being drawn from its findings. The size and duration of the study are also important, as is the repeatability of a finding. A positive result from a single study is exciting. The same positive result across multiple studies is convincing!

The gold standard for scientific research has traditionally been a type of experimental study in which participants are randomly assigned to either an experimental or a control group. Neither the participants nor

the researchers who evaluate them know which person is in which group until the study is completed. Known as a double-blind, placebo-controlled, randomized clinical trial, this type of study is rigorous and is able to establish with the greatest degree of certainty whether a given factor likely caused a specific outcome.

Treatment studies known as human clinical trials are experimental studies specifically focused on treatments that appear promising in preliminary laboratory and animal studies. Clinical trials are usually conducted in distinct phases, each designed to answer specific questions and each being a necessary step toward FDA approval of the treatment option.

In evaluating information from results of clinical trials, consider from which phase of investigation the finding comes. It will give you some idea of how much is known about the treatment being studied and whether it will likely be submitted for FDA approval in the near future.

3. Is the information current?

Television and newspapers are media forms geared toward time-sensitive

reporting, so the currency of information is generally not in question. When gathering information on the Internet however, be sure to check

whether the web page you are viewing has been updated recently because outdated information can remain on the Internet for a very long time.

4. Does the information apply to me?

Consider who participated in the study of interest and how they were recruited. If, for

example, individuals with specific health problems were excluded from participating in a study, then the findings from this study may be limited to those who do not have the excluded health conditions. Those unaware of this limitation may place themselves in danger if they use such a treatment.

Staying well-informed about medical developments is to be

applauded, but it is vitally important to remember that medical information you gather through public media sources is not a substitute for professional health care! Gather

information freely but cautiously, and always discuss any questions or thoughts you may have about treatment options with your personal physician. After all, if diagnosing and treating disease were simply a matter of reading the newspaper or surfing the Web, we'd be living in a disease-free society! ❖

Reprinted with permission from the UCSD Shirley-Marcos ADRC “Currents” newsletter – Fall, 2006 edition (adrc.ucsd.edu)

Alzheimer's Disease Research Center Seeking Volunteers for Clinical Research Studies

Research is vital to unlocking the mysteries of Alzheimer's disease and other related disorders. Without the active participation of patients and healthy older persons, research into these disabling diseases cannot proceed. Therefore, we at the Alzheimer's Disease Research Center are seeking volunteers who are willing to participate in memory-related research studies. We are currently recruiting both people with memory problems and people without memory problems.

People without memory problems must be between the ages of 40 and 90.

People with memory problems may be of any age but must have a caregiver or companion who is willing to accompany them to their research appointments.

Our clinic is located at the Veterans Affairs Medical Center in the Seattle neighborhood of Beacon Hill. All members of the public are eligible to participate and participation is at no cost. Some studies provide reimbursement for travel and time.

Details about these studies are available at the University of Washington's website for research volunteers seeking studies: www.washington.edu/healthresearch/

OR for more information about any of these studies, you can also call our research center: 206-764-2069 or 1-800-317-5382.

HIP Study (Hormones and Information Processing)

Natural age-related declines in testosterone (T) have been linked to problems in cognition and an increased risk for developing Alzheimer's disease (AD). These findings suggest that men with low T levels are most likely to benefit from treatment involving T supplementation to prevent the development of AD or age-associated cognitive decline.

The purpose of this study is to determine if increasing the level of testosterone, a natural hormone in your body, has any effect on your memory and thinking abilities.

Study involvement: Six clinic visits over the course of six months at the Seattle VA; a complete memory screening and physical; treatment of either Testosterone or placebo (an inactive substance); blood draws at each visit; information-processing assessments.

You must meet the following study qualifications:

- Male, at least 65 years old
- Fluent in English
- Must have a study companion (someone who knows you well) available to accompany you to all visits
- Must be experiencing memory difficulties or have been diagnosed with mild cognitive impairment (MCI)
- Low testosterone levels (this can be assessed during a screening visit)

Contact: Marisa Johnson at 206-277-1058 or e-mail marisaj@u.washington.edu if you are interested or would like more information.

A Study of the Medication Prazosin in the Treatment of Difficult Behaviors Experienced by Some Persons With Alzheimer's Disease

Some people with Alzheimer's disease restlessly pace and become overly anxious. They may become uncooperative and resistant to care; they may even strike out or show other angry behaviors.

Our previous research has found that a medication called prazosin may be able to calm these behaviors. Prazosin is available by prescription to treat high blood pressure, but is considered experimental for the purpose of treating agitation. The medication is not as sedating as other medications that are prescribed for agitation, and a person can remain on most other medications while taking prazosin.

In this study, we are seeking to test the effectiveness of prazosin in treating patients with Alzheimer's disease and related disorders. We are enrolling people with AD or related disorders that live at home and are available for a ten-week study that includes two clinic visits and telephone follow-up between the two clinic visits. Participants will receive either prazosin or a placebo. At the end of the eight-week study, our research doctors will be happy to consult with the participant's regular doctor to provide individually tailored treatment recommendations based upon how the participant responded during the study.

For information, contact the Alzheimer's Disease Research Center at 206-764-2069 or 1-800-317-5382.

Seeking Families with a History of Alzheimer's Disease

The Genetics Program at the University of Washington Alzheimer's Disease Research Center is collaborating with other Alzheimer's Disease Research Centers on a new initiative sponsored by the National Institute on Aging to better understand genetic factors in late-onset familial Alzheimer's disease. Families are being sought with two or more living affected individuals with onset of dementia at age 60 or later. Participation would involve a phone interview, review of medical records and a blood sample.

For further information, please contact Malia Rumbaugh at 206-277-6645 or toll free 1-800-821-7967, or e-mail maliarum@u.washington.edu



Meet Elizabeth Phelan

By Dana Martin

Elizabeth Phelan, M.D., M.S., wears a number of hats at the University of Washington. She is an acting assistant professor of medicine in the Division of Gerontology and Geriatric Medicine. She's also an adjunct assistant professor in the Department of Health Services, School of Public Health and Community Medicine. She is director of the Fall Prevention Clinic at Harborview Medical Center (HMC), which she established in 2005. She is co-director of the RAND/Hartford Center for Interdisciplinary Geriatric Health Care Research. Last but not least, she is associate director of the Health Promotion Research Center.

Her work in the area of geriatric research has not gone unnoticed. She is a recipient of the Paul Beeson Physician Faculty Scholars in Aging Research Program Award (2003) for research to improve primary care for older adults. She also received the Pfizer/AGS Foundation for Health in Aging Postdoctoral Fellowship Award for Research on Health Outcomes in Geriatrics (2000).

Dr. Phelan is interested in preventing functional decline in

older adults and in how health care systems can help adults maintain their function. Her work includes looking at ways to improve primary care for older adults, health promotion and disability prevention in older adults, and linking health care systems and communities to promote the health of elders.

From her long list of accomplishments, you might never guess Phelan studied French as an undergraduate student, in addition to completing her pre-med requirements.

She says that even then, in the back of her mind, she was thinking about a career in medicine, although she seriously considered becoming a French professor at one point, especially after spending her junior year studying and living in France.

After returning from France, Dr. Phelan began working at the Human Nutrition Research Center, with the goal of being admitted to their Ph.D. program in the School of Nutrition. While working there, Dr. Phelan realized she wanted to make the decisions about what questions to ask and what direction research should take, so she decided to pursue her degree in medicine after all.

"I realized the person who was really making the decision about where the research was going to go in the lab was the M.D."

After receiving her degree in medicine, Dr. Phelan completed her residency training in internal medicine at Chapel Hill in North Carolina. She was a chief resident at Chapel Hill from 1995 to 1996 along with her now husband. They moved to Seattle together in 1996, and she became a fellow in the RWJ Clinical Scholars Program at the University of Washington from 1996 to 1998. As part of her clinical work during that fellowship, she realized how much she enjoyed working with older patients, at which point she decided to pursue fellowship training in geriatric medicine. She was a fellow in the Division of Gerontology and Geriatric Medicine from 1998 to 2000 and has been a faculty member of the division ever since.

Coming at clinical care with a passion for prevention and healthful nutrition, Dr. Phelan was very interested in preventive-care issues in her patients. She realized there really wasn't a strong evidence base for many preventive care issues for older people. "It seemed like a great research opportunity, and I liked the patients, so a career in academic geriatric medicine all fit together for me," she says.

When she is not working, she practices yoga and spends time with her husband, Derek Stirewalt, a bone marrow transplant specialist at the Fred Hutchinson Cancer Research Center, and her Old English Sheepdog, Wilson.



How can I make the holiday season more enjoyable for a loved one with Alzheimer's?

By Amy Moore, M.S.

Question: My grandmother has Alzheimer's disease. She still recognizes the immediate family but gets confused around too many people. How can I help her enjoy the holiday season without being overwhelmed by all the activity?

Answer: Holidays can be challenging because of the increased activity and confusion that are typical in most families. One of the best ways to celebrate the season with your grandmother is to encourage each familiar family member to set aside a little time to spend with her individually, doing

something that she would enjoy. She might enjoy simple holiday tasks, such as decorating cookies, putting ornaments on the tree or wrapping gifts. Singing holiday songs or reading together may be meaningful activities for her. If her physical health permits, a short outing could be enjoyable – a drive to see holiday lights, an early morning walk at the mall to window shop or listening to carolers. If your grandmother belongs to a church or synagogue, she may enjoy attending one of the more low-key holiday services. If you have many family members,



make a calendar and encourage everyone to check the overall schedule of activities and to be flexible and have several alternative plans in case one doesn't work out. Finally, don't be discouraged if your grandmother doesn't remember outings or activities afterward. Our research indicates that even if she doesn't recall them, these activities will still have a positive impact on her mood, well-being and quality of life. ❖

LET EXPERIENCE SPEAK

As I write this, I'm getting ready to visit my parents, who live 2,000 miles away. My mother is in the middle stages of dementia, and my 84-year-old father is her primary caregiver. I visit every two to three months to see how my father is holding up and to offer whatever support I can. I feel lucky to have the flexibility in my schedule to be able to do this; I know it's a luxury many do not have.

As I pack my bag, I try to remember to pack my patience and understanding along with my clothes. I remember my visits five years ago; they focused on doctors' appointments, testing, planning, and dealing with my own emotional turmoil as I worried about my mom's future.

Now, I have learned that although I still have tasks to accomplish while I'm there, my most important role is to break the monotony and liven up the house. I will cook special meals and have the same conversation with my mom again and again. I will sleep in the upstairs bedroom next to my parents, because if I choose the downstairs room (which I really prefer), Mom will worry constantly about where I am. I will graciously accept her offer of clean towels, even though I already have a huge stack of them in my room. I will try to get my dad to go out for a walk each day on the trail he helped build. I will also take some time for myself every day, to exercise and read and remind myself that we're all doing the best we can.

Cheers (and tears), *Rebecca*

Seattle: October 2, 2007

SAVE THE DATE!

**Alzheimer Society of Washington
21st Annual Fall Conference
Unmasking Dementia
Care Issues Through
Communication, Education,
Innovation**

Friday, October 19, 2007
8:00 a.m. to 4:30 p.m.

Christ the King Conference
Center, 4173 Meridian Street
Bellingham

Topics include:
Medical Update/Genetics
Eden At Home
Special Care Issues
Using Music as a Caregiving Skill
Green House Project,
Vascular Issues in Dementia
End of Life Options

For information,
call 360-671-3316 or
1-800-493-3959

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SEEKING SUBMISSIONS!

Let Experience Speak is a new column designed to give you, the caregiver, the opportunity to share helpful ideas, tips and hints that may enrich another's caregiving experience.

Articles should be 250 to 400 words and focus on day-to-day activities experienced as a caregiver of someone diagnosed with dementia.

Send submissions to: *Dimensions*, University of Washington, Box 358733, Seattle, WA 98195 or by e-mail to adrcweb@u.washington.edu

Please include an e-mail address or phone number in any correspondence.



www.uwadrc.org

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The University of Washington ADRC Support Fund is used to help support new junior faculty investigators with strong credentials in the field of Alzheimer's disease research. This fund also helps enhance the research infrastructure of the ADRC by providing funding for the purchase of scientific equipment, supplies, training and numerous other opportunities that would otherwise not be available, as federal dollars are not able to fully support the growing research in Alzheimer's disease.

For more information regarding the Alzheimer's Disease Research Center Program Support Fund, please contact Victoria Hoyt, ADRC Program Coordinator at 206-764-2749 or toll-free at 1-800-329-8387, ext. 6-2749. E-mail: Victoria.Hoyt@va.gov.

Checks should be made out to ADRC and addressed to: VAPSHCS (S-116-MIRECC) Attn: Viki Hoyt - 1660 S. Columbian Way, Seattle, WA 98108 (If next-of-kin notification is requested, simply provide that contact information.)