

FOCUS ON RESEARCH

Change Is Coming to the ADRC

By Kirsten Rohde

The University of Washington Alzheimer's Disease Research Center (UW ADRC) is evolving and growing in new and exciting directions. In this interview, our director, Murray Raskind, MD, and associate director, Elaine Peskind, MD, discuss our past accomplishments and new ADRC initiatives.



Murray A. Raskind, MD, Director, UW ADRC, and Elaine R. Peskind, MD, Associate Director, UW ADRC. Dr. Peskind has been appointed to the Friends of Alzheimer's Disease Research Endowed Professorship. See details in the article on page 3.

What has been the focus of research in the ADRC thus far?

Since the ADRC was founded in 1985, our research has addressed both the basic causes of the behavioral and cognitive symptoms of Alzheimer's disease (AD) and the development of more effective treatments for AD. We have conducted clinical trials that aim to improve or eliminate symptoms

and to slow or halt the progression of the disease.

A principal focus that will continue into the future has been the genetics of AD. We have analyzed DNA (genetic material) of families in whom AD occurred over multiple generations and early life (before the age of sixty). This enabled us to discover several genetic variations

or mutations that cause family members to develop AD. The UW ADRC took a national lead in these studies, and our work was instrumental in identifying two of the three uncommon but very important mutations that cause AD in these families. We also pioneered efforts to find genes that cause frontotemporal dementia,

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Education Core—Changes in Staff

For nearly twenty-five years, Linda Teri, PhD, has directed the Education Core of the University of Washington Alzheimer's Disease Research Center (UW ADRC). With the help of Rebecca Logsdon, PhD, Cat Olcott, Amy Moore, and Elizabeth Sharpe, Dr. Teri built the Education Core into an important source of information and training for individuals who are concerned about Alzheimer's disease (AD).

During this time, the Education Core has held an annual educational public forum, sponsored professional and community educational activities, maintained the UW ADRC Web site, and published the *Dimensions* newsletter and other educational and training materials for professionals, families, and caregivers of persons with AD.

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See Inside for Research Studies Seeking Volunteers

a type of dementia that is related to AD. Our ADRC participates in multi-site genetic studies to continue the search for genetic variations that increase the risk for the more common late-onset form of AD.

What are the new directions for research in the UW ADRC?

As better treatments for AD become available, it is important that we be able to diagnose AD early and accurately. We have begun a program to address this problem using “biomarkers”.

What are biomarkers?

Our research center has focused on identifying brain chemical changes in cerebrospinal fluid (CSF), the fluid that surrounds the brain. Because a barrier prevents most brain chemicals from “crossing” from the brain into the blood, measurements in CSF obtained by lumbar puncture are the only way to detect changes in brain chemicals that signal the presence of the early stages of AD.

These biomarkers allow us to identify individuals who are at risk of developing AD symptoms, and may help identify individuals even before they show signs of memory loss or other cognitive problems. Biomarkers are also valuable for determining whether a new investigational medication is effective. Currently, the only way to diagnose AD is by a clinical assessment of a patient, and the only way to confirm that diagnosis is to conduct a brain autopsy after the patient has died. We don't yet have a test in living persons that will definitively say whether someone has AD. However, our CSF biomarker studies are demonstrating differences between people with very early AD who will eventually develop the full-blown

disease and people who will not develop AD later in life.

The UW ADRC has led a collaboration with four other ADRCs to create the nation's largest research bank of CSF. This fluid is collected from volunteers with AD, with mild memory loss, and with no memory loss. Studying the CSF allows us to determine whether chemical abnormalities in people with AD can be detected at a very early stage, that is, whether these abnormalities might be biomarkers for the disease before there is any clinical indication that a person is suffering from AD.

When researchers perform before-and-after lumbar punctures in drug studies, what are they looking for?

Pharmaceutical researchers design drugs to change brain concentrations of biomarkers linked to AD (for example, beta amyloid and tau). Before treatment- and after-treatment lumbar punctures can be done to see if the biomarker level changes with the treatment. At the UW ADRC, we have used this method to study beta amyloid, a substance that makes up the plaques in the brains of people with AD. Other researchers use this method to study other AD-related chemicals. As discoveries of new biomarkers are made, we can determine the levels of these new biomarkers in the samples stored in our ADRC bank. Brain imaging is done with the same principle in mind—to see whether treatment slows down atrophy, or loss of brain tissue, that occurs in AD.

What other research areas are receiving more attention in the UW ADRC?

We are focusing on the development of improved medication therapy for the aggressiveness,

resistance to necessary care, irritability, and restlessness that commonly accompany the middle to late stages of dementia. These disruptive behaviors are upsetting to both dementia patients and their caregivers, and are the most common cause of nursing home placement.

Many medications are used to treat disruptive agitation, but few have been demonstrated to work well. The medications that currently show some success often have unacceptable side effects, and they even slightly increase risk of death. We have discovered a drug, prazosin, that is both effective and well-tolerated for treating disruptive agitation in AD patients. Larger studies of this inexpensive generic drug are now under way. The use of prazosin grew out of UW ADRC studies in AD autopsy brain specimens that showed excessive activity of the adrenaline-like brain chemical norepinephrine. Prazosin is an inexpensive generic medication that safely normalizes the effects of norepinephrine in the brain.

We participate in the testing of new therapeutic agents for the treatment of the memory loss and other cognitive deficits of AD. These clinical trials include studies of investigational drugs that enhance the effects of insulin in the brain.

What can we expect in terms of research funding in the next years?

Research funds are becoming increasingly scarce. The current state of the economy suggests that this shortfall will continue for some time. UW ADRC investigators continue to compete successfully for funding from government grants.

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However, contributions from private donors will play an increasingly important role in the fight against AD.

The UW ADRC is fortunate to receive generous and ongoing support from two outstanding organizations: the UW Friends of Alzheimer's Research ("the Friends") and the Western and Central Washington Chapter of the Alzheimer's Association ("the Alzheimer's Association"). The Friends formed in 1980 from a group of relatives and concerned citizens whose family members or acquaintances were involved in early AD studies at the UW. Over the years they have provided funding for pilot projects in AD research by promising junior investigators, crucial equipment necessary for AD genetic studies, and (most recently) an endowed chair now occupied by Dr. Peskind. Our outstanding local chapter of the national Alzheimer's Association has provided major funding for mature research projects by established UW AD researchers. The Alzheimer's Association also is the major force in western and central Washington providing caregiver support groups, educational programs for professionals as well as lay caregivers, and referrals for families attempting to cope with AD. The UW ADRC continues to collaborate with the Alzheimer's Association in education and research.

What is the current direction for clinical trials?

Our center is a major participant in nationwide cooperative studies of promising new therapeutic medications for AD. These studies are sponsored both by the National Institute of Aging and by the pharmaceutical industry. The direction

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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 sixty 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 800-821-7967, or E-mail maliarum@u.washington.edu.

Alzheimer's Disease Research Center

University of Washington
Veterans Affairs Puget Sound Health Care System

This spring the UW Alzheimer's Disease Research Center (ADRC) will be enrolling research participants in several new investigational treatment studies. Finding treatments that actually change the disease process in the body is the focus of this new research.

Currently the only available prescriptions for the treatment of Alzheimer's disease are medications that are mostly aimed at helping with the symptoms of Alzheimer's disease such as memory loss and trouble thinking.

Investigational drugs are now being studied to see if they will slow down or stop the changes that occur in the brains of people with this disease. The ADRC is currently screening potential participants for these studies which will begin enrollment during the next six months. Research participation will not cost you anything and is open to all members of the public. Some research participants will receive a placebo (a treatment without active medication) for at least some portion of the research.

To participate, individuals must:

- Be age fifty or older
- Have a diagnosis of mild to moderate Alzheimer's disease
- Be living at home (one study will allow residents of assisted living centers to participate)
- Have a companion who can accompany the participant to all research visits

All research visits are at the Seattle Veterans Affairs Medical Center on Beacon Hill.

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



Meet Eric Petrie, MD

Dr. Petrie is Associate Professor with the University of Washington (UW) Department of Psychiatry and Behavioral Sciences and Staff Psychiatrist at the Veterans Affairs (VA) Puget Sound Health Care System in Seattle. Many UW Alzheimer's Disease Research Center (ADRC) participants meet Dr. Petrie during their research appointments.

What is your role with the ADRC?

I see participants for clinical trials of new investigational treatments, for the biomarker study (see "Change," page 1) and for their yearly ADRC registry evaluations.

During the yearly assessments, I perform the neurological examination, examine the results of the cognitive (memory and thinking) assessment, and spend time with participants and their study companions. A study companion is someone who knows the participant well, and through an interview with a member of our staff, describes the participant's abilities in daily life, such as being able to perform self-care or household work, and enjoy leisure activities. Later, I meet with the ADRC staff to discuss all of this information and come to a consensus regarding the diagnoses. We categorize participants as cognitively healthy or as having mild cognitive impairment, Alzheimer's disease (AD), or another neurologi-

cal disorder. For example, participants who experience difficulties in one or more cognitive functions, such as memory or language, but are able to function normally are diagnosed with mild cognitive impairment, whereas participants whose memory or cognitive difficulties impair their functioning are diagnosed with AD or another dementia. Also, when people volunteer to donate spinal fluid for our research, I perform some of the lumbar punctures.

How did you become involved with research in the ADRC?

I attended medical school and completed my internship at the UW and then did my psychiatry residency training at Stanford University. After my residency, I spent a year in a fellowship program at the Palo Alto VA studying biological factors involved in a mental illness called schizophrenia. When I was in medical school, I spent a summer doing research with William Bremner, an endocrinologist at the Seattle VA, which influenced me to return here in 1990 after completing my residency training. Later, I met Drs. Murray Raskind and Elaine Peskind and joined their research group studying aging and memory disorders.

Tell us about your own research.

My major research interest is connected to a Career Development Award I received from the National Institute on Aging. This project uses innovative neuroimaging methods to measure different types of brain activity. We are focusing on a receptor in the brain for norepinephrine, a stress hormone that is involved in producing a "fight or flight" response. We are interested

in studying norepinephrine because autopsy studies have shown increased levels of norepinephrine-producing enzymes and norepinephrine receptors in some of the brains donated by patients who had died with Alzheimer's disease. These same individuals had suffered from difficult behaviors such as irritability, pacing, wandering, yelling, resisting help with bathing and dressing, and striking out at others.

This research dovetails with the research by Drs. Raskind, Peskind, and Lucy Wang which suggests that prazosin, a medicine that blocks the effects of norepinephrine in the brain, may be helpful in decreasing difficult behaviors in patients with AD. The beneficial effects of prazosin suggest that seeing images of norepinephrine receptor activity in living patients with Alzheimer's might be useful in determining the cause of difficult behaviors and developing additional treatments for those behaviors. We are collaborating with Satoshi Minoshima, MD, PhD, a UW nuclear medicine physician who has contributed to brain PET imaging techniques for diagnosing Alzheimer's, and John Grierson, PhD, a UW radiochemist, to develop a compound that could be used to help us see norepinephrine receptors and measure norepinephrine nerve activity in the brain.

I am also working with Dr. Peskind in her research on spinal fluid biomarkers for AD. Patients with AD tend to have some less active brain regions, and hints of this decreased activity can be seen in PET images of the brains of some cognitively normal persons with genetic risk factors for developing Alzheimer's. We are using a sugar molecule that

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Meet Eric—Continued from page 4

accumulates in particularly active brain neurons to help us spot these abnormalities in PET scans. Using this method, we recently found associations between these abnormalities and the levels of specific AD biomarkers in the spinal fluid of cognitively healthy participants. With continuing research, this could become a way to predict the development of AD or begin treatment of the disease before symptoms ever develop.

Then do you follow those people to see if they develop AD?

That's what we'd like to do. Because the ADRC research volunteers are followed every year, it's possible that we could perform that type of follow-up study. That's why it's so valuable that our ADRC volunteers are willing to come back year after year to go through the neurological exams and the paper-and-pencil tests and to have their study

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NEWS ITEMS

The Lewy Body Dementia Association, Inc, has produced a new booklet on Lewy Body Dementia. It covers symptoms, treatment, and other issues specific to this form of dementia: <http://www.lbda.org/>.

The Alzheimer's Disease Education and Referral Center (ADEAR), a National Institute on Aging Web site has a new publication, *Hospitalization Happens: A Guide to Hospital Visits for Individuals with Memory Loss*.

"A trip to the hospital with a person who has memory loss or dementia can be stressful for both of you. This brochure can relieve some of that stress by helping you prepare for both unexpected and planned hospital visits."

<http://www.nia.nih.gov/Alzheimers/Publications/happens.htm>

Hospital visits were also discussed in the Winter and Spring 2007 issues of *Dimensions*:

<http://depts.washington.edu/adrcweb/DIMENSIONS.shtml>

Also from ADEAR a report on recent research on Ginkgo biloba and Alzheimer's disease:

Ginkgo Evaluation of Memory (GEM) Study Fails to Show Benefit in Preventing Dementia in the Elderly

November 18, 2008—The dietary supplement Ginkgo biloba was found to be ineffective in reducing the development of dementia and Alzheimer's disease in older people, according to a study published in the *Journal of the American Medical Association*. Researchers conducted the trial known as the Ginkgo Evaluation of Memory (GEM) study at four clinical sites over the course of eight years.

For more on this report see: <http://www.nia.nih.gov/alzheimers/>.

SAVE THE DATE



Alzheimer Society of Washington presents

All Day Workshop

Teepa Snow, MS, OTR/L, FAOTA
Dementia Care & Training Specialist

8:00 am– 4:30 pm Friday, June 5, 2009

Christ the King Center
4173 Meridian Street, Bellingham, WA

For Registration and Information: 360-671-3316

Web Site: www.alzsociety.org

Memory Concerns?

You may be eligible to participate in a memory research study if you answer YES to the following:

- 55 years or older
- **Mild Memory Concerns**
- In good health
- Not taking diabetes medication

Participants will receive:

- Study-related blood tests & memory screening
- Monetary compensation provided

**University of Washington & Veterans Administration
Memory Wellness Program**
(toll free) 888.291.7316

The Memory Wellness Program
University of Washington
11600 16th Avenue S.E. Bothell, WA 98012

Because of their increased responsibilities in the School of Nursing, Dr. Teri and her colleagues have passed the leadership of the Core on to a new group of Alzheimer's experts. James Leverenz, MD, a clinical neurologist who studies the degenerative effects of AD, Parkinson's disease, and other related neurologic disorders of the brain, will take over for Dr. Teri as the director of the Education Core. Dr. Leverenz has worked in the Clinical and Neuropathology cores of the UW ADRC for over fifteen years. He came back to his hometown of Seattle after a residency in neurology at the Cornell New York Hospital in Manhattan and a neuropathology fellowship at the University of Chicago in 1992. Dr. Leverenz explains that "I look forward to increasing my contact with patients, caregivers, and their community supports, such as the Alzheimer's Association. We have a strong foundation on which to base our plans for this important Core of the ADRC." Dr. Leverenz will be joined in the Education Core by Taylene Watson, MSW (Minority Outreach), Molly Chinn (ADRC



Education Core: Andrew David, Molly Chinn, James Leverenz, Kirsten Rohde, Susan Martin

Administrator), Kirsten Rohde, RN (Editor for *Dimensions*), Andrew David (Associate Editor), Susan Martin (Administrative Assistant), and Annemieke Beemster Leverenz (Graphic Designer).

Although we are new to the Education Core, most of us have worked with the ADRC for over ten years. We are passionate about serving the interests of the AD community through the *Dimensions* newsletter, educational opportunities for professionals and families, and enhanced training experiences for junior faculty. We will also provide timely information about research opportunities for volunteers with

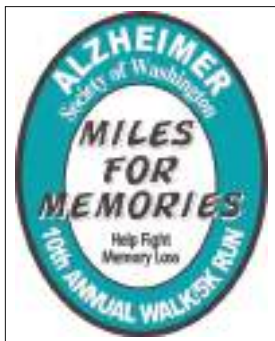
and without AD. Indeed, a major focus of our work is to ensure that you are familiar with studies in which you can participate to help advance knowledge about this devastating disease. We are also excited to continue working collaboratively with other organizations in the field.

Please contact Kirsten Rohde at krohde@u.washington.edu with comments about the Dimensions newsletter. We welcome your feedback as we carry on the fine tradition of the UW ADRC Education Core.

The University of Washington Alzheimer's Disease Research Center (UW ADRC) has been funded by the National Institute on Aging since 1985 to facilitate cutting-edge research on causes and treatments of Alzheimer's disease (AD) and related dementias. In particular, the UW ADRC focuses on research that will enhance the clinical care of patients with AD and their caregivers and make treatment studies broadly available. The ADRC also provides community and professional education about AD and other forms of dementia.

Contact information for *Dimensions*:
Kirsten Rohde at 206-764-2713 or krohde@u.washington.edu.
Contact information for the ADRC:
Molly Chinn at 1-800-317-5382 or wamble@u.washington.edu.
To be added to the mailing list or for reprint permission, contact Susan Martin at 206-764-2702 or susan.martin@va.gov.

www.uwadrc.org



WALK AND 5K RUN
Saturday, April 25, 2009 • 9:00 am

In Bellingham at Fairhaven Village Green

For Registration Forms or Team Packets,
call 360-671-3316 or 1-800-493-3959

Or visit our website at www.alzsociety.org

Registration Fee: \$25 (includes T-shirt)
Canine Registration: \$10 (includes Bandana)

*Teams Welcome, Costumes Encouraged, Dogs on Parade,
Cool Prizes, and Loads of Family Fun!*

Volunteers Needed

Help us find the Link between Hormones and Memory

The University of Washington Memory Health Research Program at VAPSHCS is looking for **men over 60** to come in for one 2-3 hour visit which will include a memory and hormone level screening. You may also qualify for a six month hormone treatment study

Please Contact Christina at:

206.277.1155 or 1.866.577.1913

Or by email at: wellness@u.washington.edu
(The confidentiality of email cannot be guaranteed)

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companions interviewed. If we are successful in obtaining funding for a follow-up study, we could do additional PET scans over time to see if the people who have the strongest relationship between abnormal levels of biomarkers and PET scan findings develop memory problems later in life. This is an example of one of those tantalizing early findings where only time will tell if it turns out to be really important or not.

What do you like to do in your free time?

Well, I go to the gym. I pay this trainer money to make me feel miserable (in the short-run) by making me do squat thrusts and other aerobic and weight training exercises—although I feel great later, and of course, research tells us that physical exercise reduces one's risk of developing dementia later in life! I also enjoy going to the symphony and reading. Recently, while on jury duty, I read *The Last Lecture*. The co-author, Randy Pausch, was a computer science professor who was diagnosed with pancreatic cancer. With six months to live, he gave a lecture at Carnegie Mellon speak-

ing to the question, "What would you say if you knew you were going to die and had one chance to sum it all up?" In this case, Pausch really was going to die, and his lecture created quite a sensation. This was then written as a book for his three young children for whom Pausch is recording all of the fatherly advice he won't be around to give later on.

I enjoy living by the Woodland Park Zoo. I like talking to my daughter who is in her last year of college in New York City. She is majoring in Latin American studies and maybe global health. She plans to travel in South America next year and to do an internship with the Pan American Health Organization.

Did you always want to be a doctor?

No, I was in my second year of community college, and somebody said to me "you should be a doctor." As for being a psychiatrist, it was partly an outgrowth of my interest in biology, psychology, and anthropology courses, but my interest in psychiatry crystallized during a visit to the United Nations. I saw a book about neurochemistry and psychiatry in the United Nations

bookstore, and I thought, "This is exactly what I want to do!" I knew I wanted to study psychiatry and how the brain influences behavior, so that set me on my path.

What do you like most about the ADRC?

One of the things I enjoy in the clinic is having the time to answer research volunteers' questions about AD and other dementias. People often say things like, "I read this on the Internet or in a news article—can you tell me more about it?" This is a benefit of participating in our research program—participants can ask questions of medical professionals who are actively involved in both patient care and clinical research. It also keeps me on my toes; there's nothing like being asked questions to make you really know your stuff.

I also like the people: all the members of the staff are great to work with and the research participants are wonderful. I like meeting people who are older and their families. I appreciate that we have some time to sit and talk; I can think of so many great life stories that I have been able to hear.

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of clinical trials has evolved from trying to improve symptoms of memory loss and other cognitive deficits to now trying to modify the disease process by slowing down or even stopping the progression of AD.

What kinds of studies can volun-

teers expect to see in the next year or two and who can participate?

In our clinical trials of investigational medications, we usually need participants in the early to middle stages of AD who are in reasonably good health and who have a caregiver available to assist in study participation. In our studies of disruptive agitation in AD, we

are seeking participants who can have more advanced AD and who are experiencing behavioral problems. In our biomarker studies, we are seeking participants in middle and later life who do not have memory problems, participants who have mild memory problems, and participants with AD. Of note,

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The Research Volunteer Appreciation Luncheon



The Research Volunteer Appreciation Luncheon was held on April 1, 2009, by the University of Washington Alzheimer's Disease Research Center (UW ADRC). This luncheon, at Bell Harbor International Conference Center in Seattle, was attended by 285 research volunteers and their families. A delicious lunch was served, and volunteers heard research updates and many thanks from Drs. Raskind, Peskind, and Leverenz. As Dr. Leverenz said, "This day is about you and how much you have contributed to the research effort." Guests reported having a wonderful time, appreciating the opportunity to be together and meet each other.

Shown here are ADRC staffers Kathleen McCraw and Vincent Wu (above) who provided assistance to guests at the luncheon and Dr. Peskind (below) who presented the following awards to volunteers:

"The Research Perseverance Award" for the longest time of research participation: tied between two people who have each participated for twenty-two years in our program.

"The Research Longevity Award" for the oldest research volunteer who is 103 years old!

"The Above-and-Beyond Award" for the person who has had the most lumbar punctures (spinal taps) for the biomarker studies: this award went to a volunteer who has had seven LPs!

"The Research Impact Award" to Ann Hedreen and Rustin Thompson, documentary filmmakers (www.whitenoiseproductions.com) who created a film that shows research volunteers what it would be like to have a lumbar puncture and the value of participating in biomarker research. Because of this film, enrollment in large-scale national biomarker studies has been greatly increased.



we have also begun programs to study biomarkers in other diseases such as Parkinson's disease.

We believe that our emphasis on biological studies will help us better understand the earliest stages of AD. Because of our long history of performing lumbar punctures with little, if any, discomfort and our successful use of spinal fluid measurements to pinpoint brain chemical changes in AD, we are well-suited for this

transition. This is a maturation of a research theme that we began early in the development of the ADRC. A second goal is to address the very challenging problem of finding effective, safe treatments for the disruptive agitation that complicates the later stages of AD and places such a large burden on caregivers, patients, and the community. Finally, we will continue to conduct clinical trials of investigational drugs showing promise to slow or even halt the progression of Alzheimer's disease.



www.uwadrc.org

ADRC Director Murray A. Raskind, MD
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The UW ADRC Support Fund is used to help support new junior faculty researchers with strong credentials in the field of Alzheimer's disease and also to provide direct support for ongoing research projects of the ADRC. Community support of the ADRC's mission is a valued contribution to the quest to find the causes of and treatments for Alzheimer's disease and related disorders.

For more information regarding the Alzheimer's Disease Research Center Program Support Fund, please contact Susan Martin, ADRC, Program Coordinator, at 206-764-2702, or toll-free at 1-800-329-8387, ext. 6-2702 or by E-mail at susan.martin@va.gov.

Checks should be made out to ADRC and addressed to: VAPSHCS (S-116 6-East), Attn: Susan Martin, 1660 S. Columbian Way, Seattle, WA 98108.

THE MEMORY WELLNESS PROGRAM

The University of Washington and VA Medical Center
Suzanne Craft, PhD, Director

WHAT KIND OF RESEARCH DO WE DO?

Recent studies suggest that there is a connection between insulin resistance and cognitive impairment (problems with memory and other thinking abilities). Our research team conducts a variety of studies designed to explore this relationship and to evaluate treatments that may ultimately prove beneficial for older adults with cognitive problems.

WHO IS ELIGIBLE FOR STUDIES?

- Healthy adults who are at least fifty years of age, with or without memory impairment
- Not taking: medications for diabetes, daily use of medications for pain/anxiety, oral steroids
- Able to commit to several study visits over a period of weeks to months (depending on the study)

RESEARCH STUDIES CURRENTLY NEEDING VOLUNTEERS

SNIFFI 20 (Study of Nasal Insulin to Fight Forgetfulness)

This study looks at the effect on memory of using an insulin nasal spray for a four month treatment period and involves nine to thirteen visits to the clinic.

MEAL (Macronutrient Effects on Alzheimer's Disease)

This study examines the effects of a high saturated fat/high glycemic index diet versus a low saturated fat/low glycemic index diet to see if either has an effect on memory. It involves four weeks on the experimental diet and a total of eight visits to the clinic.

TRIM (Triglycerides and Insulin Resistance in Memory)

This study will evaluate the influence of increased dietary fat on glucose regulation and insulin action in the body. It involves five visits to the clinic; a screening visit and four infusion visits, each lasting seven to eight hours. Each visit is two to six weeks apart.

Living at Home with Help

by Patricia Hunter, MSW

Programs and Policy Director, Western and Central Washington Alzheimer's Association

Most individuals who have Alzheimer's live at home and not a care facility. Most care, about seventy-five percent of care, is provided by family members or friends. Alzheimer's disease (AD) is complex as most individuals with the disease have at least one additional health problem. In fact, studies show that Alzheimer's caregiving is more challenging compared to other types of caregiving. On average, Alzheimer's family caregivers provide forty-seven hours a week of care, regardless of the living situation. For the most part, managing the disease at home is possible but rarely can it be done without help from others along the way.

Companionship and supervision needs to start early. In the earlier stages of Alzheimer's, care needs are usually minimal, focusing more on homemaker type services. During the middle stages, behavior challenges and safety concerns will require full-time supervision and prolonged vigilance. Personal care needs, which are activities of daily living such as eating, dressing, and toileting, will increase too. In the later stages of the disease, the physical, mental, and emotional aspects of caregiving are considerable.

The costs of care

The availability of services and their costs will vary in each community. Typical costs will range from a low of \$15 per hour and up depending on the type of service. But don't assume costs are beyond your budget. Your loved one may qualify for assistance through government

programs like Medicaid or other family caregiver programs. Some communities have temporary emergency care available for caregivers who are in "crisis." Most adult day centers offer some type of fee scale based upon income. Adult day centers offer the family caregiver a break from caregiving and offer the person with memory loss benefits from the center services too. If your loved one served in the military, it may be worth it to contact the Veterans Administration and ask about eligibility for benefits like respite care. If your employer offers an Employer Assistance Program, check with them too as they provide employees help with a variety of needs, including elder care services.

Types of care for hire in the home

Homemaker Services offer typical housekeeping type services, which include cleaning, laundry, bed-making, meal preparation, shopping, and sometimes, transportation services. For the elder family caregiver who may be frail, homemaker services can take care of the more physically challenging tasks, such as mopping floors, vacuuming, and clearing clutter.

Companion Care Services offer one-to-one visitation in the home, focusing on the person. The paid companion gives lots of personal interaction. These types of services are a nice gradual way of introducing help because interactions are focused on pleasant activities and discussion, and they are non-threatening for most people. Senior

centers, community centers, faith-based groups, and corporations sometimes have a special companion care volunteer program that offer this type of care.

Personal Care Services involve helping the person with dressing, toileting, bathing, walking, or transferring. Care may be supervision with reminders and guidance with these activities. It can also mean total help with these activities, including helping a person who may have significant cognitive loss, confusion, and little functional ability.

Skilled Care Services provide help with certain medical needs by a licensed healthcare professional such as a registered nurse or physical therapist. An example of skilled care may be hiring a nurse for IV drug therapy or wound care. Hospice care may also fall into this category. Skilled services are sometimes paid for by Medicare but are usually very limited.

For help with your research, contact the Alzheimer's Association (1-800-848-7097) or call your local Senior Information and Assistance program. The Washington State Department of Social and Health Services (DSHS) Web site at <http://www.aasa.dshs.wa.gov/> offers information on services as well as how to apply for MEDICAID. Another resource to try, if available, is your Employee Assistance Program.

HOME SAFETY TIPS From the Alzheimer's Association

- Display emergency phone numbers and the home address near all phones.
- Consider a phone answering machine when the caregiver is unable to answer calls. The person may be unable to take messages and may become a target for telephone exploitation by solicitors. When the answering machine is on, consider turning down the phone volume to avoid disruptive ringing.
- Provide smoke alarms near all bedrooms; check frequently to make sure they are functioning properly.
- Use “baby monitors” or motion sensor alarms to let you know if the person gets up in the night.
- Avoid the use of flammable and volatile compounds near gas water heaters or other sources of open flame.
- Have secure locks on all outside doors and windows.
- Have a spare key outside in case the person locks you out of the house.
- Avoid the use of extension cords if possible by placing lamps and appliances close to electrical outlets. Unused outlets should be covered with childproof plugs.
- Have adequate lighting in all rooms.
- Stairways should have at least one handrail that extends beyond the first and last steps. Light switches should be placed at the top and bottom of stairs.
- Keep all medications (prescription and over-the-counter) locked up. Each bottle of prescription medicine needs to be clearly labeled with the person's name, name of the drug, drug strength, dosage frequency, and expiration date. Do not accept a prescription with “as directed” typed on the label. Use child resistant caps if needed.
- Keep all alcohol locked in a cabinet or out of reach of the person. Alcohol consumption may increase confusion.
- Monitor closely while the person is smoking. Remove matches, cigarettes and ashtrays when not in use. Often by not having these things in sight the person may forget the desire to smoke.
- Avoid clutter that can create confusion and danger. Dispose of newspapers and magazines regularly. Keep all walk areas free of clutter, throw rugs and furniture.
- Remove all guns or other weapons from the home or accident-proof them by removing ammunition or firing pins, or installing safety locks.
- Keep all power tools and machinery locked in the garage, workshop or basement.
- Eliminate all poisonous plants from the home. Check with a local nursery or the Poison Control Center for a list of poisonous plants.

For people with **Alzheimer's** there's no time to lose.

A research study – ICARA – is now under way to explore a possible new investigational treatment for Alzheimer's disease.

You may be eligible to participate in the ICARA study if you:

- Are 50 to 88 years old
- Have a diagnosis of probable Alzheimer's disease

In addition to receiving study-related physical exams and laboratory services at no charge, participants may receive study drug* and will be monitored by a medical team, including a nurse or study coordinator and a physician.

*Some participants will receive placebo (an inactive substance).

Visit www.ICARASTUDY.com or
call **1-800-317-5382**
for more information.

ICARA
Investigational Clinical Amyloid
Research in Alzheimer's

DIMENSIONS

Alzheimer's Disease Research Center
University of Washington/
VA Puget Sound Health Care System
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24TH ANNUAL ALZHEIMER'S REGIONAL EDUCATION CONFERENCE

Pre-Conference: **April 23rd** Conference: **April 24th, 2009**
Washington State Convention Center • Seattle, Washington

SUPPORTING THE Resilient Mind

Pre-conference: Four different advanced practice programs, anchored by **Susan Wehry, MD**, geriatric psychiatrist, national speaker and advocate. Dr. Wehry is joined by a team of local experts.

Topics include:

Assessment of Decision-Making Capacity in Dementia
Psychological Masquerade
The Landscape of Sexuality in Elder Care
Behind Closed Doors: Domestic Violence and Dementia

Conference Keynote: **William Thies, PhD**, Chief Medical and Scientific Officer of the Alzheimer's Association. Dr. Thies works to unite the world's dementia researchers with the clear goal of fostering communication and maximizing advancement.

Faculty includes: **Joanne Rader**, author of *Bathing Without a Battle*; founder, Pioneer Network. **Ann Morrison, PhD**, researcher & educator, Johns Hopkins University. **Robert Koester**, int'l search & rescue expert. Back by popular demand: **Daniel Christensen, MD**.

alzheimer's  association™

Western and Central Washington State Chapter

For more information and to register for the conference, visit us at www.alzwa.org