

UCLA ALZHEIMER'S CENTER

UCLA ALZHEIMER'S DISEASE CENTER

ALZHEIMER'S DISEASE RESEARCH CENTER OF CALIFORNIA

KATHERINE & BENJAMIN KAGAN ALZHEIMER'S DISEASE TREATMENT PROGRAM

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UCLA Research Team Joins Belmont Assisted Living to Develop New Clinical Tools

Current estimates indicate that Alzheimer's disease (AD) afflicts between two and four million persons in the United States, a number which is expected to increase to fourteen million by the year 2050. AD accounts for 40% to 59% of nursing home admissions and imposes an expanding economic burden on patients, their families and the nation. It is the third most expensive disease to treat in the US behind heart disease and cancer, with an overall estimated annual cost between \$80-\$100 billion. Effective treatments are urgently needed, and even seemingly small improvements can have a tremendous overall impact. Current research is actively searching for new drugs which will provide not only symptomatic improvement of cognitive function, but which may also have an impact on slowing disease progression. Early identification of memory loss is necessary to promote early therapeutic intervention which is felt to be a fundamental strategy in the management of persons with memory

loss secondary to early AD.

Establishment of a reliable screening test instrument to assess cognitive and functional impairment in elderly patients moving into an assisted living environment could help greatly in: a) early detection and management of cognitive impairment, b) development of appropriate care plans and resource allocations, and c) prediction of length of stay and when more intensive services will be required. The UCLA Alzheimer's Disease Center (ADC) has joined together with Belmont Village Assisted Living Communities to develop this valuable assessment tool. This project is coordinated by Donna Massterman, MD, director of clinical services at the UCLA ADC. Belmont Village, which was founded in 1997 by Patricia G. Will, has established assisted living communities in Houston, Chicago, Los Angeles, San Diego and the San Jose/Silicon Valley area. Belmont Village maintains a special program dedicated to promoting the highest functioning of those residents with



*Patricia G. Will, founder and CEO
Belmont Village*

Alzheimer's disease and other forms of dementia. UCLA ADC and Belmont Village have created a unique partnership to develop an assessment tool which will benefit everyone who lives in an assisted living setting. The project is expected to be completed by the end of 2004.

TURKEN FAMILY FOUNDATION AWARDS

For more than a decade, the Turken Family Foundation has supported innovative Alzheimer's disease research at UCLA. The Foundation makes an annual award to a distinguished UCLA researcher who is at the beginning of his/her career in the study of Alzheimer's disease. The Turken Research Award is funded by the Turken Foundation as well as the Alzheimer's Association of Los Angeles, Riverside, and San Bernardino Counties. The 2002 Turken Award recipient was George Jackson, MD, PhD, assistant professor of neurology at UCLA. He is currently researching the application of *Drosophila* (fruit fly) genetics to the study of human neurodegenerative disease. At a luncheon in his honor on October 8, 2002, at the UCLA Faculty Center, Dr. Jackson gave a talk entitled "The Role of Tau in Producing Neurofibrillary Pathology in *Drosophila*." The luncheon was attended by Phyllis and Doug



Robert A. Sweet, MD, 2002 Turken Lecture Award recipient

Shamberg and their daughter, Ms. Beth Devermont, representatives of the Turken Foundation. Also present were Peter Braun, executive director and Michelle Plauche, associate director of programs of the Alzheimer's Association of Los Angeles, Riverside, and San Bernardino Counties.

In 2001, the Turken Foundation expanded its commitment to AD research by providing financial support for the Turken Lecture.

This lecture is presented at the Neurology Grand Rounds at the UCLA Center for Health Sciences on the morning of the Turken Research Award luncheon. The 2002 recipient of the Turken Lecture Award was Robert A.

Sweet, MD, associate professor, University of Pittsburgh, school of medicine, department of psychiatry. Dr. Sweet's lecture was "Can Alzheimer's Disease Teach Us About the Neurobiology of Psychosis?"

The UCLA Alzheimer's Disease Center recognizes the importance of helping researchers at the beginning of their careers. The generous gifts provided by the Turken Family Foundation and the Alzheimer's Association of Los Angeles, Riverside, and San Bernardino Counties have paved the way for important contributions to the prevention and treatment of AD. The Turken Research Award and Lecture set a standard of mutual cooperation between the Alzheimer's Association and the UCLA ADC that is a model for other chapters nationwide.



Michelle Plauche, associate director of programs, Peter Braun, executive director of the Alzheimer's Association of Los Angeles, Riverside, and San Bernardino Counties, George Jackson, MD, 2002 Turken Research Award recipient



Phyllis Shamberg and Beth Devermont, Turken Family Foundation representatives

CELEBRITIES INSPIRE THOUSANDS IN FIGHT AGAINST ALZHEIMER'S

10th Annual Memory Walk Raises \$450,000 for Alzheimer's Association of Los Angeles, Riverside and San Bernardino Counties

Thousands of Southlanders joined the fight against Alzheimer's by participating in the Alzheimer's Association's tenth annual Memory Walk presented by Robinsons May. Led by National Memory Walk Chairs David Hyde Pierce and Shelley Fabares, the recreational 5K walk took place at USC on Saturday, October 5, 2002 and raised \$450,000 for the association.

"We are thrilled to have had our tenth Memory Walk be such a success," said Peter Braun, executive director of the Alzheimer's Association of Los Angeles, Riverside and San Bernardino Counties. "USC's campus was a beautiful backdrop for this important event – 2200 people came out to honor loved ones and show support for the work the Alzheimer's Association does in Los Angeles."

Special celebrity hosts of Memory Walk included: David Hyde Pierce, Shelley Fabares, Leeza Gibbons, Jill Hennessy, Steve Edwards, Bryan Cranston, Hector Elizondo,

George Takei, Lea Thompson, Rafer Johnson, and Soleil Moon Frye (*Sabrina the Teenage Witch*). Each has a personal history with Alzheimer's and walked to honor a loved one and raise awareness of the disease

Walking teams from the UCLA ADC clinics at UCLA and Drew participated. The Drew team was comprised of twenty walkers, including present and former caregivers, study participants, friends, staff and children. This team raised \$1300 for the Memory Walk.

Immediately following Memory Walk, several of the celebrity hosts participated in the *Los Angeles Times* Festival of Health and Fitness,



Drew team: (left to right) Martha Kirksey, Ellic Vaden, Jeanne Vaden, Richard Owens, Janet Owens, Jamie Cruz

held adjacent to Memory Walk on USC's campus. David Hyde Pierce spoke on "Communicating with Your Doctor about Alzheimer's" with Alzheimer's Association Board Member Helena Chui, MD. Alzheimer's Association Board President, Hector Elizondo, UCLA ADC Director Jeffrey Cummings, MD, and Sharon Lawrence spoke about "Caregiving and Alzheimer's" on a panel moderated by Steve Edwards. Lea Thompson read aloud from *Wilfrid Gordon McDonald Partridge*, a children's book about Alzheimer's.

The Alzheimer's Association of Los Angeles, Riverside and San Bernardino Counties provides support and assistance to people with Alzheimer's disease and their families. Funds raised at Memory Walk benefit programs, services and research in the three counties for individuals, families and caregivers who are affected by the disease.

For more information about the Alzheimer's Association's services, please call toll-free 1-(800) 660-1993; or visit www.alzla.org.



UCLA team: (left to right) Frances Goff, Michele Carter, Susan McPherson, Kristi Steh, Laurie Berndt

held adjacent to Memory Walk on USC's campus. David Hyde Pierce spoke on "Communicating with Your Doctor about Alzheimer's" with Alzheimer's Association

Caring for Caregivers: Workshops Available



Stacey Skala, project coordinator, Alzheimer's Association of Los Angeles, Riverside, and San Bernardino Counties

Caregivers are essential to the health and well-being of anyone suffering from AD and other related dementias. Caregivers play an important role when the patient visits the doctor. However, a recent Alzheimer's Association nationwide survey found that the caregivers were not receiving all the desired information from primary care doctors, even though the doctors believed that they were meeting caregivers' needs.

The Alzheimer's Association, in partnership with the California

Department of Health Services, has created "A Caregiver's Workshop" to help caregivers understand what good health care is and how to develop a partnership with their loved one's doctor to get the best care possible. Ms. Stacey Skala is the project coordinator. She will come to your site and present this workshop free of charge. The UCLA ADC sponsored this workshop on January 11, 2003 at the James West Alumni Center. Ms. Skala provided an excellent video and handout materials, and she was available to answer the many questions asked by the participants. Mr. Brad Hutchinson, clinical trials coordinator for the Benjamin and Katherine Kagan Treatment Center at UCLA, was also on hand to answer questions. Refreshments were served, and many participants stated that they felt better prepared for the next visit to the doctor.

If you wish to contact Stacey Skala, to arrange a workshop or to find out the location of the next workshop in your area, she may be

(continued on page 7)

Alzheimer's Association New Online Services Launched

The "Alzheimer's Online Services" is up and running. Please visit the site by locating the link on www.alzla.org. In addition to message board topics such as, "Difficult Behaviors," "Long Distance Caregiving," and "Medications," there are weekly-moderated chats. There is also a section for health professionals. This message room is a place to share information and ideas with colleagues.

The Caregiver Chatroom is open on Thursdays from 4:00 pm to 5:00 pm PST and is available for all caregivers aiding patients with AD or other related dementias. The Early Onset/Early Stages Alzheimer's patients chat is scheduled on Fridays from 1:00 pm to 2:00 pm PST. The moderated chats are both relaxed and private, all from the comfort of your own computer.

ALZHEIMER'S DISEASE RESEARCH CENTERS OF CALIFORNIA

The Alzheimer's Disease Research Centers of California (ARCCs) held their Annual Strategic Planning Conference October 2-4, 2002 at the UCLA Conference Center, Lake Arrowhead, California. Presentations were made by each ARCC collaborative research project, including *Depression in Alzheimer's Disease* led by UCLA and *Frontotemporal Dementia Project* led by UC San Francisco. In addition, the partici-

pants from the ten ARCCs discussed and approved a 2002-2003 Strategic Plan. The keynote address "Mild Cognitive Impairment: Promises and Pitfalls," was delivered by Ronald C. Peterson, PhD, MD, of the Mayo Clinic. The passage of AB 2328 was discussed by Mr. Jeffrey Hall, from the Office of Research, University of California Office of the President, Ruth Mulnard, RN, DNSc, of UC Irvine and Mary Sundsmo,

MBA, of UC San Diego. This piece of state legislation permits provision of informed consent for medical experimentation by specified (usually family) surrogate decision makers for persons unable to give such consent. The passage of this bill will greatly benefit AD research. The next statewide meeting will be held October, 2003.

AUTOPSY: MYTHOLOGY and 'JUST the FACTS'...

by Harry V. Vinters, MD, chief, section of neuropathology, UCLA Medical Center
e-mail hvinters@mednet.ucla.edu



Harry Vinters, MD, chief, section of neuropathology, UCLA Medical Center

Try this as an ice-breaker at your next cocktail party, “So, when you die, do you think you’ll have an autopsy done?”

It’s a sure conversation-stopper! The idea of one’s own death is sufficiently scary without the vision of a pathologist slicing and dicing your organs in order to find out how and why you “shuffled off this mortal coil.” Anyway, you plan to live forever—so far, so good! Yet the autopsy, one of medicine’s oldest and most misunderstood practices, has revolutionized our understanding of many diseases and has been especially valuable in teaching us a huge amount about Alzheimer disease and other dementias.

Myths surrounding the autopsy are legion, in part a result of how the procedure is portrayed in the media. Quincy, TV’s favorite forensic pathologist, rarely spent as much time examining organs and tissues as he did at the crime scene. In fact, autopsies are often done on patients who die a non-violent, natural death. For patients who have been followed over months or years as their disease progresses (as in the case of ADC patients), the autopsy represents a final assessment of the brain changes and abnormalities

that have contributed to their dementing illness.

Here are some major misconceptions and facts about the autopsy.

MISCONCEPTION: The autopsy is a disfiguring procedure; someone who has had an autopsy cannot have an open casket burial.

FACT: Nothing done during an autopsy is disfiguring. On the contrary, pathologists take the utmost care in making sure that any tissue sampling, no matter how important to completion of the autopsy and to understanding a patient’s disease progression, does not result in a visible scar. Open casket funerals are unaffected by autopsies.

MISCONCEPTION: Modern imaging and biochemical, genetic and toxicologic studies performed during life are now so sophisticated that the autopsy is extremely unlikely to reveal any disease process not suspected during life.

FACT: Often, an autopsy demonstrates more extensive spread of a disease than was suspected during life or shows a new face of an illness that may have been previously unsuspected. In the case of Alzheimer’s disease, examination of the brain at autopsy serves several purposes: to confirm that the demented individual indeed had Alzheimer’s, to show evidence of any other disease process in the brain (often elderly patients with AD also have suffered strokes, which may have contributed to their dementia), to allow clinicians to make a correlation between their

studies of a living patient (e.g. using MRI or CT scanning) and what was later found at autopsy. During an Alzheimer autopsy, brain tissues and fluids are carefully removed and stored, then made available for studies by researchers working on dementia.

MISCONCEPTION: The autopsy looks only at dead tissue. It can’t possibly be of any value in telling us about the dynamics of disease processes.

FACT: Our current understanding of many of the most common illnesses is based upon autopsy evidence or a detailed study of tissues obtained at autopsy. From hardening of the arteries to Alzheimer’s disease and brain tumors, the first clues to the biology of disease have often emerged from a careful examination of affected tissues, frequently obtained from the body of one who died with the disease. One example: Alzheimer’s disease is thought by many scientists to be associated with abnormal deposits in the brain of a sticky protein called beta-amyloid. Some argue that if this molecule could be prevented from forming in large amounts, brain degeneration would not occur. An amyloid vaccine has recently been tried in the hope that it would be able to stop the protein from lodging within brain tissue. This complex protein, now the focus of millions of dollars of research funds aimed at finding a cure for Alzheimer’s disease or a way to prevent it, was first isolated

(continued on page 10)

Drew Research Team Receives Program Project Award

A team of investigators at the Charles R. Drew University Behavioral Neuroscience Research Center (BNRC) headed by Tony Strickland, PhD has been awarded an NIH Research Program Project which will provide a comprehensive research environment for the investigation of mental health issues among minority populations. The project, *Understanding Neuropsychiatric Disorders Among Underserved Minority Populations*, addresses urgent public health concerns that impact the lives of millions of citizens. This project will focus on neuropsychiatric disorders and quality of life. The study will employ brain imaging and neuropsychiatric and neuropsychological assessments in historically underserved groups of ethnic and cultural minorities.

Issues concerning this population include the disruption of the lives of family members and extensive health and supportive care resource needs that cost Americans billions of dollars annually. The human and economic costs associated with cognitive and neuropsychiatric conditions among minority populations will continue to spiral upward unless we can develop empirically effective means of preventing, detecting and treating these mental health problems.

The investigations to be coordinated and supervised by the Research Program Project include

three projects. The primary goal of the first project is to reveal information on the neural substrates of the core symptoms of attention deficit hyperactivity disorder (ADHD) in largely ethnic minority children and adolescents. The goal of the second project is to investigate the possible association of substance abuse with differential patterns of sustained neuropsychiatric disorders in mild traumatic brain injury (MTBI) patients. The goal of the third project is to identify and describe differences in neuropsychiatric symptoms and neuropsychological functioning for African-American elders. Added significance of this project to the research community is the assessment of an equal number of ethnic and cultural minorities as “control subjects” who will be evaluated in all three projects.

As a collaborative satellite program of the UCLA Alzheimer’s Disease Center since 1992, the Memory Disorders and Cerebral Function Clinic has established patient relations that serve as a platform on which the Research Program Project can build. Tony Strickland, PhD, is the director, and Jeffrey Cummings, MD, is the associate director of the newly funded center. Additionally, the BRNC has added David Richardson, PhD, to the staff as the center grant administrator.

Welcome to New Staff Members

Brad Hutchinson, RN, BSN, CCRC, joined the UCLA



Alzheimer’s Disease Center in September 2002. He is responsible for the day-to-day management of the clinical trials

division of the Katherine and Benjamin Kagan Alzheimer’s Disease Treatment Program. He has more than twenty years of experience as an RN and over eight years of experience working in research. He received his certification as a research coordinator in 1998 and has specialized in coordinating research trials in Alzheimer’s and Parkinson’s disease for the past five years.

Michele Carter, RN, has been a



part of the Katherine and Benjamin Kagan Alzheimer’s Disease Treatment Program team since

1999. She recently became the new ADRC research coordinator. Prior to coming to UCLA, she had worked in geriatric home health care, assisting caregivers to identify and access community resources with the goal of keeping their loved ones at home as long as possible. She is happy to be associated with the ADRC, the Kagan Treatment Program, and the testing of experimental medications for the treatment of Alzheimer’s disease.

Katherine and Benjamin Kagan Alzheimer's Disease Treatment Program

The Katherine and Benjamin Kagan Alzheimer's Disease Treatment Program, so named for the generous financial support provided by the Sidel-Kagan Foundation, is dedicated to bringing new potential therapies to patients with Alzheimer's disease and related dementias. The treatment program clinic is held on Mondays from 9:00 am - 4:00 pm in the clinical Research Center of the Main UCLA Hospital on the second floor ("the CRC"). Under the direction of Donna Masterman, MD, the clinic is staffed by a highly experienced team of physicians, nurses and psychometrists who perform detailed, research quality assessments of patients and provide helpful practical information to patients with AD and their families.

Volunteers with AD are vital to the testing of new medications. Currently, several different medication-related trials are underway, and two new studies are about to begin. One involves evaluating the effects of the cholesterol lowering medication, simvastatin (Zocor®), on memory and other cognitive functions in people with AD. The other study involves high dose B vitamin supplementation which has been shown to lower homocysteine levels in the blood. Homocysteine is a by-product of amino acid metabolism. While low levels are

normally found in the blood, elevated levels are associated with an increased risk of developing AD. Subjects for this study must be over the age of 55 and diagnosed with AD. Both studies are also being conducted at several other centers across the country. They are extremely important and may have far reaching implications for slowing the progression of AD

In addition to these studies, there are a number of other ongoing trials including a study for people whose memory loss is clinically significant but is not severe enough for a diagnosis of AD, a study of the effect of the Alzheimer drug, donepezil's (Aricept®), on the brain using PET scans, as well as a study looking at the relationship between depression and dementia disturbances associated with AD. You may not be aware that currently there are no specific lab tests which can be used to diagnose AD. The Kagan Treatment Program will participate in a study of an investigational blood test that may be used to make the diagnosis of AD less complex and more accurate.

A list of clinical studies may be found on page 10. To find out more about how you or a loved one can get involved or just to find out more information about our program, please call us at (310) 825-8908.

Tichi Wilkerson Kassel Parkinson's Foundation Supports the UCLA ADRC

Tichi Wilkerson Kassel is a remarkable woman whose accomplishments include being publisher of the *Hollywood Reporter* and founding Women in Film, an organization devoted to advancing the careers of women in the entertainment industry. Now suffering from Parkinson's disease, Tichi still finds ways to help others. With her devoted husband, Arthur Kassel, Tichi recently initiated the Tichi Wilkerson Kassel Parkinson's Foundation to help support research aimed at combating Parkinson's disease and related neurologic disorders. A recent gala, that jointly supported the Foundation and the Police Protective League, raised funds to provide an initial donation to the UCLA ADRC of \$50,000. At the gala, Governor Davis noted that "Parkinson's disease has affected Tichi's mobility but not her nobility." The ADRC is honored to have the support of courageous and indomitable individuals like Tichi and Arthur.

Caring for Caregivers

(continued from page 4)

reached at the Alzheimer's Association of Los Angeles, Riverside, and San Bernardino Counties, at (323)938-3379 extension 258. If you wish to be added to the UCLA ADC mailing list to learn about upcoming events, please contact Karen Metz, center administrator at (310)206-5238.

Memory Clinic at Olive View-UCLA Serves Latino Elders

The Neuropsychiatric Research Memory Clinic at the Olive View-UCLA Medical Center (OV) in Sylmar, CA provides medical and psychological services to Latino elders with memory problems. The Clinic is a vital part of the UCLA ADC and is supported through Center state and federal funds. The Clinic offers full dementia assessments by a bilingual, bi-cultural clinical staff: Jaime Fitten, MD, clinic director, Freddy Ortiz, MA, program coordinator, and Mary Anne Sanchez, assistant coordinator. Since 1995, staff at the Memory Clinic has persevered to identify the reasons why Latino elders with cognitive problems have not received needed mental health services and to develop strategies to overcome these barriers. Clinic staff has published several articles addressing these issues. The following is a case study which illustrates the multiple and complex barriers to healthcare access faced by Latino elders with cognitive impairments.

Mrs. MN is a 79-year-old, monolingual Spanish-speaking woman, who has been experiencing memory problems for approximately ten years. When Mrs. MN started showing cognitive problems, such as increased forgetfulness, misplacing things, odd thinking behavior and mild irritability, her family thought this was normal behavior in an older person with possible mild depression. She also began having difficulties with cooking and other household tasks. These were taken over by her daughter, who continued to think that these deficits were a normal part of aging. On several occasions, Mrs. MN's daughter took her to see the family doctor to address her behavioral problems. The doctor said that the cognitive and behav-



(left to right) Freddy Ortiz, MA, Mary Anne Sanchez, L. Jaime Fitten, MD.

ioral symptoms were probably secondary to the depression. He said that he was more concerned about Mrs. MN's high cholesterol and blood pressure. Approximately two years later, Mrs. MN started showing increased and progressive behavioral problems, such as middle of the night awakenings, disturbing delusional thoughts and aggressive behaviors. She was taken again to her family doctor, who referred her to a community mental health psychiatrist. In 1995, she was diagnosed with late onset schizophrenia and hospitalized for five days. After discharge, she was given antipsychotic medications for her symptoms and was followed as an outpatient. No memory evaluation was ever conducted. This diagnosis was devastating for her and her family. Many of her extended family began to avoid her because, as Mrs. MN said, "My family thinks I am crazy, but I am not. I just forget alot."

On December 2000, Mrs. MN was brought by her daughter to our clinic for an evaluation of her memory problems. She found out about our services through a flyer she obtained at the mental health clinic she used to visit. After a comprehensive and culturally relevant evaluation, Mrs. MN was diagnosed with Probable Alzheimer's disease. Recommendations for more appropriate medications for

her behavior symptoms were given. Mrs. MN's daughter was referred to the Alzheimer's Association as well as to other supportive community agencies which help Mrs. MN to manage her basic needs, including respite services for the caregivers involved in her case. Mrs. MN continues on a periodic basis coming to our clinic for follow-up and monitoring visits. Currently, Mrs. MN lives with her daughter, son in-law and grandchildren.

There is a great deal of evidence to support the perception that many cognitively impaired Latino elders do not receive early diagnosis and treatment. Lack of information, family resistance to the concept of dementia or cognitive impairment, failure of physicians to make the correct diagnosis are among the multiple causes of late diagnosis of Alzheimer's disease or other dementias. Mrs. MN's story has a good ending, but she and her family would not have suffered as they did if the correct diagnosis had been made earlier in her memory decline. If you are interested in more information or wish to make an appointment for yourself or a loved one, please contact Mary Anne Sanchez at the OV Clinic at (818) 895-9541.

References

- Ortiz, F., & Fitten, L. J. (2000) Barriers to healthcare access for cognitively impaired older Hispanics. *Alzheimer Disease and Associated Disorders*, (14) 3 pp 141-150.
- Fitten, L. J., Ortiz, F., & Pontón, M. (2001) Frequency of Alzheimer's disease and other dementias in an outreach community sample of Hispanics. *Journal of the American Geriatrics Society*, (49)10, pp 1301-1308.

Thank You to Friends and Family of UCLA Alzheimer's Disease Center

The UCLA Alzheimer's Disease Center (ADC) would like to thank our many friends and donors for their support in fighting Alzheimer's disease. These private donations help fund the innovative health services and clinical and basic science research projects that support the Center's commitment to improving lives of patients with Alzheimer's disease.

Memorial Contributions

FRANCIS W. BRENNAN

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A. P. Fenderson &

Lynne G. Fenderson

Gallo Family

Michael Simi & Claire Simi

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John Graham

Kino Pharmacy Department

Charles & Marilyn Piehler

Sandra Quiroz

Jean Randall

Kelly A. Roemer

Barbara Tudor

Georgina Walker

Other Contributions:

Judge Jermone H. Berenson &

Carolyn S. Berenson

You Can Help Find the Treatment for Alzheimer's Disease: The UCLA Alzheimer's Disease Center is Seeking Volunteers for the Following Studies:

Condition Being Studied	Medication Being Tested	Design	Eligibility Criteria
Mild Cognitive Impairment in men and women	Ampakine	<ul style="list-style-type: none"> • 6 week study • Cognitive testing • Placebo-controlled 	<ul style="list-style-type: none"> ✓ Diagnosis of Mild cognitive impairment ✓ Male or Female 55-85yo ✓ No anti-depressants or Aricept
Mild to moderate Alzheimer's disease in men and women	PET/Galantimine	<ul style="list-style-type: none"> • Pre and post drug PET scan • No placebo, drug is free • 9 week study 	<ul style="list-style-type: none"> ✓ Diagnosis of probable Alzheimer's disease ✓ Male or Female 50+ ✓ No Aricept x 1 month
Dementia and Alzheimer's in men and women	No drug treatment	<ul style="list-style-type: none"> • 2 clinic visits 3 months apart and 6 phone calls • Questionnaires • Caregiver needed 	<ul style="list-style-type: none"> ✓ Diagnosis of probable Alzheimer's disease ✓ Depressed and non-depressed subjects ✓ Male or Female 50+
Normal Control Study at UCLA	No drug treatment	<ul style="list-style-type: none"> • Healthy volunteers • Annual clinic visits • Neuropsychological testing 	<ul style="list-style-type: none"> ✓ No memory impairment ✓ Male or Female over 55 yo
Patients moving into assisted living	No drug treatment	<ul style="list-style-type: none"> • 2 visits in 12 months • Limited examinations • Psychological testing 	<ul style="list-style-type: none"> ✓ Belmont Assisted Living residents ✓ Male or Female over the age of 50

If you would like more information about clinical trials studies at UCLA Alzheimer's Disease Center, please contact the UCLA Katherine and Benjamin Kagan Treatment Program (310) 825-8908.

Thank you for considering participating in one of our clinical trials. Without volunteers, we would not be able to develop new drugs for the treatment of Alzheimer's disease

Autopsy

(continued from page 5)

in 1984 by a pathologist and biochemist working on carefully documented Alzheimer brain tissue obtained at autopsy. In the era of

molecular medicine, we find that a remarkable array of disease-associated molecules are preserved in the human body for hours after life passes from it and may be studied in all their complexity from this source.

The question comes again out of left field, "So...When you die, will your relatives consent to an autopsy

on your body?" Instead of recoiling in disgust, give the logical answer: "Of course. It might provide vital information that will let others live longer, better, and healthier lives."

If you have any questions about autopsy, please contact Dr. Harry Vinters or Michele Carter, RN at (310)825-8908.

2003 ADC and Geriatric Medicine Educational Programs

- **Training of Trainers: Management of Pain and Depression in the Elderly**
March 28, 29, April 4, 25, May 2
UC Center, Fresno, CA
- **California Council on Gerontology and Geriatrics Annual Conference: Bringing Policy to Life in Gerontology Higher Education**
April 4, 2003
Hotel Durant, Berkeley, CA
- **Healthy Aging in the Community: Training of Trainers**
May 2, 9, 30, June 6 – Charles R. Drew University
Los Angeles, CA
- **Meeting the Challenges in Long Term Care: The Revolution Continues – (Annual Meeting of the California Association of Long Term Care Medicine)**
May 2-4, 2003
Anaheim, CA
- **20th Annual UCLA Intensive Course in Geriatric Medicine and Board Review**
September 17-20 – Marina Beach Marriott
Marina del Rey, CA
- **Intensive Course in Geriatric Pharmacy and Board Review**
September 17-20 – Marina Beach Marriott
Marina del Rey, CA
- **Geriatric Services Management Training**
October 2003
Los Angeles, CA

For additional information, please contact Lucio Arruda at
(310) 312-0531; larruda@ucla.edu

You Can Join in the Fight Against Alzheimer's Disease at Tax Time!

Since 1988, through donations to the **Alzheimer's Disease Research Fund**, Californians have funded 101 research studies seeking the cause, cure and treatment for Alzheimer's disease.

When you file your California income tax this year, you can help fund Alzheimer's disease research by making a voluntary, tax-deductible contribution with your return. Donations may be made on **Line 52 of Forms 540/540A or Side 2 of Form 540 2EZ**. Contributions to the Alzheimer's Disease Research Fund will ensure that critical research projects can continue.

Please complete the information below and give it to your tax preparer. You will be helping the over 400,000 Californians with Alzheimer's disease!

Date: _____

To my Tax Preparer:

I want to join the fight against Alzheimer's disease by making a donation of \$_____ to the **Alzheimer's Disease Research Fund on Line 52 of California Tax Forms 540/540A or Side 2 of Form 540 2EZ**.

Signed: _____

The UCLA Alzheimer's Disease Center is funded by the National Institute on Aging (NIA) and the State of California for research and treatment of Alzheimer's disease and related disorders.

Administration

Jeffrey L. Cummings, MD
Greg Cole, PhD
Karen Metz, MA, CAE

Data Management

Ian Cook, MD
Lynn Fairbanks, PhD
Roberta Malmgren, PhD
Ivani dos Santos, MA

Clinical Services

Donna Masterman, MD
George Bartzokis, MD
Susan McPherson, PhD
Michele Carter, RN

Fronto-Temporal Clinic

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Olive View Medical Center

L. Jaime Fitten, MD
Freddy Ortiz, MA
Mary Anne Sanchez

Charles R. Drew University

Tony Strickland, PhD
Ernestine Saxton, MD
Gloria Rodriguez, RN
Paul Longobardi, PhD

Katherine and Benjamin Kagan Alzheimer's Disease Treatment Program

Donna Masterman, MD
Michele Carter, RN

Imaging

Gary Small, MD
Daniel H. Silverman, MD
Jenaro Felix, BA

Genetics

Dan Geschwind, MD, PhD

Neuropathology

Harry Vinters, MD

Basic Science

Sally Frautschy, PhD
Greg Cole, PhD

Translation/Health Services

Barbara Vickrey, MD, MPH

Education/Information Transfer

Janet C. Frank, DrPH
Diane C. Katz, MA, MPH

UCLA Alzheimer's Disease Center

General Information
(310) 206-5238

Clinical Appointments

Memory Disorders Clinic
UCLA Medical Center
300 UCLA Medical Plaza, Suite B200
Los Angeles, CA 90095
(310) 794-1195

**Memory Disorder and Cerebral
Dysfunction Clinic**
Drew University School of Medicine
1720 East 120th Street, Room 2194
Los Angeles, CA 90059
(323) 563-5915

**Neuropsychiatry Research Memory
Clinic**
Olive View Medical Center
14445 Olive View Drive
Sylmar, CA 91342-1495
(818) 895-9541

Website:
<http://www.adc.ucla.edu>

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UCLA ADC Newsletter
710 Westwood Plaza, Suite 2238
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Editors

Jeffrey L. Cummings, MD, Janet C. Frank, DrPH,
and Diane C. Katz, MA, MPH

Photography

Hap Frank, Alan Braus

UCLA ALZHEIMER'S DISEASE CENTER

710 WESTWOOD PLAZA, SUITE 2238
LOS ANGELES, CA 90095-1769