ATTENTION and Alzheimer’s Disease

We all remember our parents or teachers prefacing an important fact by saying, “Okay now pay attention.” This comment alerted us to focus intently on what was about to be said. For the person with Alzheimer’s disease (AD), however, “attention” can fluctuate unintentionally as a result of the disease process, as well as other factors, such as fatigue, hunger, illness, or mood.

We may not be consciously aware of the role of attention in our everyday lives. We simply do not observe it as readily as we do memory problems or word-finding difficulties. However, without “attention” one cannot make optimal use of other mental processes, such as memory or language. For example, if we do not pay attention to someone who gives us driving directions, then we will certainly have a hard time getting where we’re going. In this case it is not necessarily a problem with memory, but with attention because the information did not “register” in the first place. (Continued on Page 2)

ADRC Welcomes James Brewer, MD, Ph.D

Dr. Brewer is a new member of our UCSD faculty and Shiley-Marcos ADRC team who will be seeing patients for neurology exams starting January, 2007. He recently shared his background and interests for our ADRC families.

I was born in Hebron, Nebraska, which is a small town in the middle of nowhere, but it certainly was an enjoyable place to grow up. I finished high school in Springfield, Missouri and stayed there to attend college at Southwest Missouri State University.

During college, I received an award to study chemistry at USC, where I worked with George Olah, a brilliant scientist who later won the Nobel Prize in Chemistry. That same year, I also received an opportunity to assist Alzheimer’s disease brain imaging research in Berkeley, California. This is where I first interacted with patients who had Alzheimer’s disease, and the experience shaped my career plans more than any other.

The rest of my training was directed toward a career in neurology and Alzheimer’s disease research. I sought out research experiences, (Continued on Page 3)
There is a link between memory and attention. You may hear a person with AD say, “I am just not as sharp as I use to be,” or “I can’t seem to follow the conversation as well as before.” If attention is diminished as a result of the disease process, information will be more poorly remembered and thereby less available for recall at a later point. For example, it would be difficult to remember a conversation if it was not adequately stored into memory in the first place because of inattention. Diminished “attention” can in this way exacerbate memory problems and add to the frustrations of AD.

Attention consists of subtypes that differ in their function and anatomical basis. According to Perry and Hodges (1999)*, there are three subtypes of attention: 1-selective attention, 2-sustained attention, and 3-divided attention. In AD, it appears that divided attention and aspects of selective attention are particularly vulnerable while sustained attention is relatively preserved in the early stages.

Take for example going to a cocktail party and trying to pay attention to a conversation while other conversations are taking place around you and music is playing in the background. A person with AD will have much greater difficulty tuning out the other background conversations (selective attention) in order to truly attend to the desired conversation. It becomes increasingly difficult to be “selective” of the important information, while tuning out the irrelevant or distracting stimuli. Now, let us say that there are two or three more people who join in on the desired conversation. The individual listening has to “divide” his or her attention between them by focusing on more than one person talking at the same time (divided attention) while continuing to tune out the distracting background stimuli. This can be very difficult for individuals with AD even at the early stages of the disease process. Although the person may be intently paying attention, the competing stimuli and information overload will cause the individual to have difficulties selecting and focusing attention for processing of conversation.

So if you’re thinking that your spouse or loved one is consciously trying to ignore you at times, think again. It could be that the person with AD is having trouble tuning out the competing stimuli, such as the TV or radio, multiple conversations, or other background noise. Remember that diminished divided attention and parts of selective attention in AD are a part of the disease process. Attention and alertness can fluctuate which is why certain days a person with AD remembers conversation content clearly and on other days, cannot. This is not purposeful, and knowing this may help everyone be a bit more patient with this unpredictable process, and build greater empathy for people with AD. Perhaps, it will even allow you to gain more awareness into their world.

first at the Mayo Clinic-Rochester doing some work in cell biology, then at the Mayo Clinic-Jacksonville where I examined the interaction of Alzheimer’s disease medications with targeted brain proteins. I continued this work while on a Fulbright scholarship and traveled to Israel for a year to study Alzheimer’s disease medications and their targets with X-ray crystallography. When I returned, I started an MD, PhD program at Stanford to continue my research in Alzheimer’s disease. This time, I looked at the function of the brain's medial temporal lobe using functional MRI while subjects performed memory tasks. We wanted to know how the medial temporal lobe functioned in normal memory, so we could better determine what went wrong in Alzheimer’s disease. After that, I went to New York for a year for my medical internship, and then to Johns Hopkins for my neurology residency. Whew! That was a wordy response, but, hey, you asked!

WHY DID YOU CHOOSE NEUROLOGY?

I had a fascination with the brain from an early age. In my work and interaction with patients with Alzheimer’s disease at Lawrence Berkeley Labs, I was struck by how frustrating this disease was for the patients and by what an enormous impact it had on families. William Jagust, a neurologist and noted Alzheimer’s disease researcher, was a great mentor and role model for me at that time. From that point, even though I was just a sophomore in college, I had decided to focus on neurology and Alzheimer’s disease research.

WHAT ARE YOUR SPECIFIC INTERESTS?

I am obsessed with the medial temporal lobe of the brain and how its component structures interact to form memories. Several mysteries about the process of memory formation, a fairly basic brain function, remain unsolved despite the work of many brilliant scientists. The more you learn about memory, the more you are drawn into these mysteries. Studying memory and applying the findings to the diagnosis and treatment of Alzheimer’s disease will be the focus of my work in the coming years.

WHO HAS INSPIRED YOU PERSONALLY OR PROFESSIONALLY?

Well, there are so many people that have stood out. Certainly Leon Thal is a true mentor and role model. He is incredibly effective and efficient, while also being a caring and supportive person. I hope I can emulate some of his characteristics as I try to be successful in my academic career. George Olah, the Nobel Laureate in Chemistry, was a true inspiration and I feel lucky to have worked with him. It was in his lab that I discovered my love of research. William Jagust remains a mentor and role model. He has been able to balance his obsession for research with a good family and personal life. That is a more difficult balance to achieve than you might expect.

WHAT ARE YOUR RESEARCH GOALS FOR THE NEXT FIVE YEARS?

I want to continue examining the function of the medial temporal lobe in memory and to apply those discoveries to the early diagnosis of Alzheimer’s disease. I am also particularly excited about some new images we have obtained from the high-field MRI scanner. We have been imaging the medial temporal lobe of brains donated by subjects at the ADRC. By imaging this tissue, we will be able to determine what changes related to Alzheimer’s disease are best detected by MRI. We can obtain pictures with incredibly high definition, and I think it will be a great tool for refining use of MRI in our patients. I hope that we will find a change that is detectible at the earliest stages of Alzheimer’s disease and that we will be able to use MRI to make diagnoses and follow progression of the disease.

WHAT DO YOU DO FOR FUN?

Well, now that I live in San Diego, I like to be outside. My family and I enjoy hiking trips, especially to the beautiful areas of Anza-Borrego and, when possible, to the Eastern Sierras and southern Utah. To be a good southern Californian, I am also working on my surfing. It’s still a bit of a struggle and sometimes I think that the ocean just doesn’t want me out there. I will keep trying, though, and in the meantime, my wife, Orit, and kids, Eiden, aged 5, and Sivan, aged 2, enjoy watching me struggle as they play on the beach.
Medical Information in the News

Can You Trust What You Read?

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.

SOME REPUTABLE WEBSITES FOR INFORMATION ABOUT ALZHEIMER’S DISEASE INCLUDE:

- Alzheimer’s Association website
- Alzheimer’s Disease Education and Referral Center of the National Institute on Aging
- National Institutes of Health website providing information about federally and privately supported clinical research, including information about specific trials and news about recent results
- a service of the US 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

TV AND PRINT: Look carefully 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 further.

(Continued on Page 5)
Can You Trust What You Read?
(Continued from Page 4)

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.

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.

<table>
<thead>
<tr>
<th>Phase I Clinical Trials</th>
<th>Is the treatment SAFE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase II Clinical Trials</td>
<td>Does it WORK?</td>
</tr>
<tr>
<td>Phase III Clinical Trials</td>
<td>Is it BETTER than what's already available?</td>
</tr>
</tbody>
</table>

Television and newspaper 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.

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!
Clinical Trials

If you are interested in participating or would like more information, please contact the Study Coordinator listed with each trial.

- They may all be reached at the Shiley-Marcos ADRC.
- There is no cost to participate in any of these research protocols.

<table>
<thead>
<tr>
<th>Study Title</th>
<th>Study Director</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecozotan SR 201</td>
<td>Jody Corey-Bloom, M.D., Ph.D.</td>
<td><a href="mailto:kwetzel@ucsd.edu">kwetzel@ucsd.edu</a></td>
</tr>
<tr>
<td>Lecozotan SR 203</td>
<td>Jody Corey-Bloom, M.D., Ph.D.</td>
<td><a href="mailto:kwetzel@ucsd.edu">kwetzel@ucsd.edu</a></td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuroimaging Initiative</td>
<td>Adam Fleisher, M.D.</td>
<td></td>
</tr>
<tr>
<td>VALID</td>
<td>Jody Corey-Bloom, M.D., Ph.D.</td>
<td><a href="mailto:kwetzel@ucsd.edu">kwetzel@ucsd.edu</a></td>
</tr>
<tr>
<td>Valsartan SR 204</td>
<td>Douglas Galasko, M.D.</td>
<td></td>
</tr>
<tr>
<td>Neuroimaging Studies</td>
<td>Adam Fleisher, M.D.</td>
<td></td>
</tr>
<tr>
<td>Antioxidant Study</td>
<td>Douglas Galasko, M.D.</td>
<td></td>
</tr>
<tr>
<td>START DIREC TOR</td>
<td>Adam Fleisher, M.D.</td>
<td></td>
</tr>
<tr>
<td>COMPENSATION</td>
<td>Adam Fleisher, M.D.</td>
<td></td>
</tr>
</tbody>
</table>

Lecozotan SR 201 Wyeth Research

STUDY DIRECTOR
Jody Corey-Bloom, M.D., Ph.D.

TIME INVOLVED
Approximately 19 weeks

DESCRIPTION
This study will determine what effects lecozotan SR has on individuals and AD. It will compare the effects of 3 different doses of lecozotan SR to a placebo. Half will receive lecozotan SR and one in four will receive a placebo.

REQUIREMENTS
- 50 years of age or older
- Diagnosis of Mild to Moderate AD
- Not taking any medications for the treatment of AD
- Not taking any antidepressants
- Have a reliable study partner

OPTIONAL EXTENSION STUDY
Lecozotan SR 204
Randomly assigned investigational study drug (Lecozotan SR) for an additional 30 weeks.

CONTACT
Karen Wetzel, M.P.A.S., PA-C, at (858) 622-5800 and ask for the "Lecozotan 201 Study"

Lecozotan SR 203 Wyeth Research

STUDY DIRECTOR
Jody Corey-Bloom, M.D., Ph.D.

TIME INVOLVED
Approximately 31 weeks

DESCRIPTION
This study will determine what effects lecozotan SR has on individuals and AD. It will compare the effects of 3 different doses of lecozotan SR to a placebo. Half will receive lecozotan SR and one in four will receive a placebo.

REQUIREMENTS
- 50 years of age or older
- Diagnosis of Mild to Moderate AD
- Currently taking Aricept®, Exelon®, or Razadyne®; memantine is also permitted.
- Not taking any antidepressants
- Have a reliable study partner

CONTACT
Karen Wetzel, M.P.A.S., PA-C, at (858) 622-5800 and ask for the "Lecozotan 203 Study"

ADNI Alzheimer's Disease Neuroimaging Initiative

STUDY DIRECTOR
Adam Fleisher, M.D.

TIME INVOLVED
Two visits per year for 2-3 years

DESCRIPTION
This study will determine whether imaging of the brain (through MRI and PET scans) every 6 months can help predict and monitor the onset and progression of AD. Participants will undergo repeated brain MRI’s, have blood and urine analysis for biomarkers, and have PET scans and lumbar punctures as study options.

REQUIREMENTS
- 55-90 years of age
- Diagnosis of Mild Cognitive Impairment (MCI)
- Diagnosis of Early AD
- Fluent in English or Spanish
- Have a reliable study partner

COMPENSATION
Participants will receive up to $100 per visit and up to an additional $200 per lumbar puncture.

CONTACT
Helen Vanderswag, R.N.C or Deborah Fontaine, G.N.P at (858) 622-5800 and ask for the "ADNI Study"

Biomarkers in Aging, MCI, and Alzheimer's Disease

STUDY DIRECTOR
Douglas Galasko, M.D.

TIME INVOLVED
Two visits per year for 3 years

DESCRIPTION
This study will measure levels of a number of different proteins in cerebrospinal fluid (CSF) and in blood in order to compare these biomarker levels amongst people who have normal cognitive ability, mild memory problems, or early Alzheimer’s disease (AD). Participation involves a lumbar puncture and bloodwork.

REQUIREMENTS
- 40-90 years of age
- Diagnosis of mild to moderate AD
- Do not have agitation or psychosis
- Not being treated with psychotropic drugs
- AD medications and vitamin E allowed
- Have a reliable study partner

COMPENSATION
Participants will receive up to $200 per year of the study for undergoing the lumbar punctures

CONTACT
Helen Vanderswag, R.N.C, B.S.N. at (858) 622-5800 and ask for the "Biomarkers Study"

VALID VALproate In Dementia

STUDY DIRECTOR
Jody Corey-Bloom, M.D., Ph.D.

TIME INVOLVED
26 months

DESCRIPTION
This study will determine whether long-term treatment with valproate can delay the onset of behavioral problems, such as agitation or psychosis, and/or slow the expected cognitive function decline in individuals with AD. Study Drug Groups are assigned by random selection. Half will receive valproate and half will receive placebo.

REQUIREMENTS
- 60-90 years of age
- MMSE score 14-26
- In general good health
- No major lower back problems
- Have a reliable study partner

COMPENSATION
There will be no payment for participation; all tests, examinations, and medical care required as part of the study will be provided at no cost.

CONTACT
Karen Wetzel, M.P.A.S., PA-C, at (858) 622-5800 and ask for the "VALID Study"

Antioxidants

STUDY DIRECTOR: Douglas Galasko, M.D.

TIME INVOLVED: 4 months, which includes 2 lumbar punctures, 3 clinic visits, and 8 telephone interviews.

DESCRIPTION:
This study will assess the safety, tolerability, and effects related to oxidative damage on cerebrospinal fluid (CSF) biomarkers of two antioxidant treatment regimens in patients with mild to moderate AD.

REQUIREMENTS:
- 60 – 85 years of age
- Diagnosis of Probable AD (NINCDS-ADRDA criteria)
- MMSE > 14/30
- Medically stable, with no clinically significant abnormalities of hepatic, renal, or hematologic function
- No contraindications to lumbar punctures

COMPENSATION:
Participants will receive $400 upon study completion ($200 per lumbar puncture).

CONTACT: Mary Margaret Pay, R.N.C., N.P. at (858) 622-5800 and ask for the “Antioxidant Study”

Antioxidant Study

COMPENSATION:
Participants will receive $400 upon study completion ($200 per lumbar puncture).

DESCRIPTION:
This study will assess the safety, tolerability, and effects related to oxidative damage on cerebrospinal fluid (CSF) biomarkers of two antioxidant treatment regimens in patients with mild to moderate AD.

REQUIREMENTS:
- 60 – 85 years of age
- Diagnosis of Probable AD (NINCDS-ADRDA criteria)
- MMSE > 14/30
- Medically stable, with no clinically significant abnormalities of hepatic, renal, or hematologic function
- No contraindications to lumbar punctures

COMPENSATION:
Participants will receive $400 upon study completion ($200 per lumbar puncture).

CONTACT: Mary Margaret Pay, R.N.C., N.P. at (858) 622-5800 and ask for the “Antioxidant Study”

DHA Omega-3 Fatty Acid

STUDY DIRECTOR
Michael Rafii, M.D., Ph.D. Adam Fleisher, M.D.

TIME INVOLVED
Eight visits over 18 months

DESCRIPTION
This study will determine whether DHA, an Omega-3 fatty acid, supplementation can slow the progression of cognitive and functional decline over an 18 month period in patients with mild to moderate AD. A subgroup will have MRIs and 2 lumbar punctures with consent.

REQUIREMENTS
- 50 years of age or older
- Diagnosis of Probable AD
- MMSE score 14-26
- No contraindications, in stable health
- Able to ingest oral medication
- Fluent in English or Spanish
- Consumed ≤200 mg/day of DHA during the past 2 months
- Have a reliable study partner

COMPENSATION
Participants will receive up to $200 for undergoing the optional lumbar punctures.

CONTACT
Judith A. Rivera, F.N.P. or Helen Vanderswag, R.N.C at (858) 622-5800 and ask for the "DHA Study"

VALID Study

COMPENSATION:
Participants will receive up to $200 for undergoing the optional lumbar punctures.

CONTACT
Judith A. Rivera, F.N.P. or Helen Vanderswag, R.N.C at (858) 622-5800 and ask for the "DHA Study"
Art Appreciation for People with Alzheimer’s

This Fall marked the beginning of a new collaboration between our Shiley- Marcos ADRC and San Diego Museum of Art (SDMA). In September, I provided training for an enthusiastic group of SDMA docents who expressed interest in working with persons with Alzheimer’s to enhance their enjoyment and awareness of art. Museum docents guide visitors through the museum and provide background and insight into the artwork on display. During this training, docents were given an overview of Alzheimer’s. They then reviewed specific ways of facilitating discussions with persons with memory loss that would engage their visual, verbal, and mental abilities and provide a stimulating interactive experience.

Our first docent-led tours occurred on October 13th and 20th and were a wonderful success. The SDMA graciously provided tours for 8 participants with Alzheimer’s and a separate simultaneous tour for the accompanying friends or family members. During these first two meetings, participants saw American and European Old Masters from the Museum’s permanent collection. Discussions were lively and as one man with Alzheimer’s stated, “The experience brought out the best in the participants.” In the next tour scheduled for January, participants will have the opportunity to see select works from the museum’s Asian Art Collection.

We are very grateful for the generosity and enthusiasm of the San Diego Museum of Art and look forward to a creative collaboration. This program is entirely free of charge to both participants with Alzheimer’s and their accompanying family member or friend.

IF YOU WOULD LIKE TO PARTICIPATE IN THE NEXT DOCENT TOUR SCHEDULED FOR JANUARY 26TH, 2007 FROM 2:00 -3:00 PM, PLEASE CONTACT LISA SNYDER AT (858) 622-5800 TO REGISTER.

OTHER SHILEY-MARCOS ADRC QUALITY OF LIFE PROGRAMS INCLUDE:

- **Early Stage Support Group for Persons with Early-Stage Alzheimer’s** – A weekly support group at the Shiley-Marcos ADRC for participants with mild-moderate Alzheimer’s that has a concurrent caregiver support group and is co-sponsored by the San Diego/Imperial County Chapter of the Alzheimer’s Association.

- **Younger Caregiver Support Group** – A monthly support group for caregivers under the age of 60 co-sponsored by the G.G. Glenner Alzheimer’s Family Center and the San Diego/Imperial County Chapter of the Alzheimer’s Association.

- **Out & About** – An 8-week series of weekly outings to interesting destinations around San Diego for people with mild to moderate Alzheimer’s. This program repeats throughout the year with different destinations each series. The San Diego/Imperial County Chapter of the Alzheimer’s Association is partnering with us in this program.

CONTACT LISA SNYDER, LCSW AT THE SHILEY-MARCOS ADRC AT (858) 622-5800 FOR MORE INFORMATION OR TO REGISTER FOR ANY OF THESE PROGRAMS.
I grew up in Orange County, California. While I was an undergraduate at UC Irvine, I worked at the Alzheimer's Disease Research Center there and experienced the thrill of neuroscience research. I went on to obtain my MD and PhD degrees from Brown University, where my doctoral work focused on the molecular mechanisms of neurodegenerative diseases. I also conducted research in neurogenetics at Harvard University and completed my neurology residency at Johns Hopkins Hospital. There, my research focused on neuroimaging of mild cognitive impairment, particularly amyloid imaging using PET. I am excited to work with Dr. Thal and the outstanding group of researchers and clinicians here at UCSD, and hope to make a contribution towards new strategies to combat Alzheimer's disease.

In life outside of work, I enjoy spending time with my wife Dori Rausch, who is a dermatologist on Coronado and our 7 month old daughter Gabrielle.
People with Alzheimer’s disease (AD) and related dementia are at increased risk for injury. Often these injuries, such as cuts and bruises, sprains, and fractured or broken bones, can occur as a result of a fall. Falls can happen in the home or out in the community. They can be caused by tripping, slipping on wet or uneven surfaces, losing one’s balance, or misjudging the height of a curb or stair. Although some symptoms of AD can contribute to higher risk of falling, there are ways to take precautions that can reduce risk of an accident.

Alzheimer’s can affect vision by altering one’s ability to judge both depth and distance. These problems are often referred to as “visual-spatial” difficulties because they affect the way a person sees or judges spaces. Something may look closer or farther away, or taller or shorter in height than it really is. Some people with AD have additional symptoms associated with Parkinson’s disease. These can include a shuffling walk and some inflexibility, also called “rigidity.” Others with AD can get a bit restless and feel the need to move about or stay on the go. This restlessness can affect movement and concentration, and increase risk for falls or accidents. People with memory loss may also be concentrating so hard on locating an item or a place that they are less attentive to objects or uneven surfaces that may be in their path.

Dr. Adam Fleisher conducted a preliminary study that suggests the MRIs of people with risk factors for AD are different in some areas than the MRIs of people without those same risk factors. In continuation of this research, Dr. Fleisher is now conducting a study in hopes of identifying changes at an even earlier stage using newly developed MRI techniques. The Memory Imaging of Normal Aging (MINA) project is aimed at younger participants (25 to 65 years old) who do not have any identified memory problems, are right-handed, and are native English speakers. Participation involves three office visits which include a blood test, physical exam, cognitive testing, and two MRIs.

If you have been wanting to contribute to Alzheimer’s Disease research efforts or even to support a loved one with AD, MINA could be the perfect opportunity for you. Please contact Katherine Podrasta at (858) 622-2029.
The Shiley-Marcos Alzheimer’s Disease Research Center (ADRC) was pleased to participate in the San Diego/Imperial County Chapter of the Alzheimer’s Association’s Memory Walk 2006. In addition to providing programs and services to families coping with Alzheimer’s disease and related dementias, the Alzheimer’s Association supports research and in turn some of our ADRC faculty. It is the largest private non-profit funder of Alzheimer’s disease research. In 2006, the Association funded more than $21 million in research initiatives. The ADRC has worked hard to establish a strong relationship with our local Chapter. Our participation in the Memory Walk is part of this effort.

Memory Walk 2006 was the best ever, raising more than $365,000 to provide programs and services to families in San Diego affected by this disease. Our own Shiley-Marcos ADRC team had almost sixty participants, raising approximately $5,000. Funds raised by our team were matched by a generous gift from Donald and Darlene Shiley. Our team had 5 individuals who made a heroic effort in fund raising. Our top fund raisers were Shimon and Joyce Camiel, followed by Adam Fleisher, Jackie Bochenek, the family and friends of Helen Moss, and Ramona Gonzales Mason. Thank you to all who participated in this event. You have truly made a difference.

There are a number of ways in which symptoms of Alzheimer’s disease (AD) can place a person’s physical safety at risk. Alzheimer’s Disease Education and Referral (ADEAR) has a helpful booklet entitled Home Safety for People with Alzheimer’s that outlines many of these symptoms and ways to address safety in the home. The booklet provides creative solutions to increase the security and freedom of the person with AD in the home, and to deal with some challenges of Alzheimer’s through home modifications. It identifies potential problems in the home and offers possible solutions to help prevent accidents.

Home Safety for People with Alzheimer’s begins with a checklist to help you make each room in your home a safer environment for the person with AD. Next, it increases awareness of the ways specific symptoms associated with the disease can create particular safety hazards in the home. Home safety tips are listed to help you cope with some of the more hazardous behaviors that may occur as the disease advances. Tips are included for managing driving and planning for natural disaster safety. The booklet ends with a list of resources for family caregivers.

Home Safety for People with Alzheimer’s is available free of charge by calling ADEAR at 1-800-438-4380. You can also check their website at www.nia.nih.gov/alzheimers.
You're Invited!

December 14, 2006
10:00 AM - 11:30 AM

Radisson Hotel
3299 Holiday Court
La Jolla, CA 92039

(Across the street from the ADRC, behind the gas station as you're coming up the hill)

To RSVP for this event, please call (858) 622-5800