

advANCES

PROGRESS IN ALZHEIMER RESEARCH AND CARE

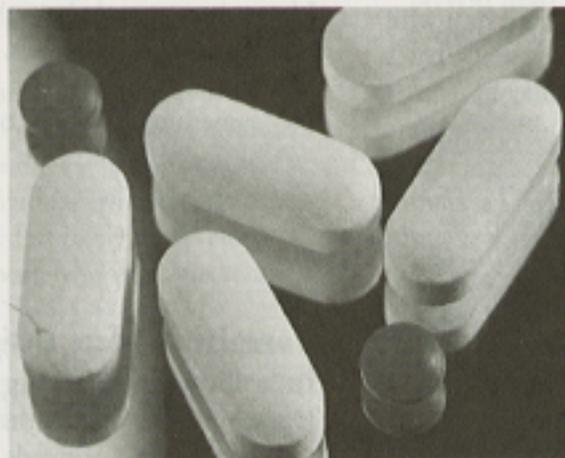
Is Your Medication Helping or Hurting?

It is often assumed that a drug prescribed by a physician is automatically safe. But, when medications aren't properly used, serious, even fatal drug interactions can occur.

Individuals over age 65 are at the highest risk for dangerous drug interactions since they consume 25 percent of prescription and non-prescription drugs. In addition, most have more than one physician or specialist administering care.

"Danger occurs when a person is taking more than one prescription drug and is being treated by more than one physician," according to Raymond Woosley, chairman of pharmacology at Georgetown University.

As a person ages, the amount of water in the body decreases making it difficult to dissolve various medications. Because the medications can't be diluted, their high concentration can cause severe reactions or stay in the body longer.



People who take more than one medication and see several physicians are at risk for adverse drug reactions.

People with Alzheimer's disease may be even more at risk because they may not be able to communicate how a medication is making them feel. Caregivers may also have difficulty distinguishing between a drug reaction and the behavioral symptoms associated with the disease such as disorientation, hallucinations and confusion.

Recently, the effects of several accessible over-the-counter products such as ibuprofen, ginkgo, and vitamin E have been studied on persons with Alzheimer's disease. Although these studies are inconclusive, many people believe the remedies have positive effects and take them without following dosage instructions or consulting their physicians.

"Your physician should review all the medications you're taking at least annually," says Robert Carroll, MD, member of the Alzheimer's Association's national board of directors. "This includes prescription and over-the-counter drugs and herbal remedies."

When two drugs are taken together, the effects can be magnified or in some cases, the drugs cancel each other out. This happens often with even the most common medications.

"Antihistamines, pain killers and ulcer medications all target the central nervous system and can cause

SEE MEDICATION, PAGE 11

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EXERCISING...CONTINUED FROM PAGE 3

- **Find a buddy.** Exercise with someone. You can both support each other, and have fun socializing at the same time.

Exercise for Individuals with Alzheimer's Disease

Exercising can also have advantages for individuals already diagnosed with the disease. Consider the following benefits exercise may have for your loved one:

- **Improves sleep.** Taking a long walk during the day may help tire out a person with Alzheimer's disease just enough so he is ready for a good night's sleep.
- **Improves appetite.** Exercising works up a healthy appetite. Your loved one may be more apt to eat a good meal if she's been physically active.
- **Reduces agitation and wandering.** Physical activity could help deplete energy levels, and prevent the person from wandering.

"Exercising is a daily requirement of our program," says Anna-Marie Landbo, activities coordinator at Arden Courts, an assisted living facility near Chicago. In addition to walking, Landbo includes activities such as bowling and golf in her exercise programs for residents.

"Exercising helps channel stress and for some people, it even improves their ability to sleep," Landbo says.

Healthful Eating May Also Cut Alzheimer Risk

In addition to exercising, a simple change in eating habits may have greater benefits for your health that affect the risk of Alzheimer's disease.

In a separate study, scientists revealed findings that suggest a simple change in diet could reduce the risk of Alzheimer's disease.

The international team of researchers report that folic acid, a nutrient found in many green vegetables, and as a vitamin supplement, may help prevent the disease. In the study, low folic acid blood levels were associated with an increased risk of Alzheimer's disease.

Rocking May Ease Alzheimer Symptoms

A two-year study at a Rochester, N.Y. nursing home found that rocking eases the agitation caused by Alzheimer's disease.

The study of 25 individuals with Alzheimer's found nearly half of the group suffered less depression and anxiety when they rocked in a rocking chair for 80 minutes or more a day.

The researchers say the reasons are unclear, but they speculate that prolonged rocking releases mood boosting endorphins, just as exercising does.

Nancy Watson, a geriatric nursing researcher at the University of Rochester who led the study, identified rocking as a mild form of exercise for the elderly that is easily overlooked.

"It's difficult for caregivers to help an individual with Alzheimer's walk for 80 minutes a day, but it's easy for that individual to rock on her own," Watson said.

The researchers said that the results have so far only revealed an association, and that there is no direct cause and effect relationship between folic acid and Alzheimer's.

According to one scientist, the idea of reducing the risk of Alzheimer's disease by eating healthfully is a very promising hypothesis.

With new information from researchers about healthful eating and exercise, it is now more important than ever to incorporate both into your life. Complement your exercise plan with a good diet, and eat heart-healthy foods that are low in fat, especially saturated fat. 

Hallucinations Common in Persons with Alzheimer's

A hallucination is a false perception of objects or events involving the senses. When a person with Alzheimer's disease has a hallucination, she can see, hear, smell, taste or feel something that isn't there. She may see the face of a former friend in a curtain or she may hear people talking to her.

If the hallucination doesn't cause problems for you, the person or other family members, you may want to ignore it. However, if they happen continuously, consult a physician to determine if there is an underlying physical cause. Also, have the person's eyesight and hearing checked and make sure the person wears her glasses and hearing aid on a regular basis.

Hallucinations can be frightening for a person who has Alzheimer's disease, so it is important to respond to the situation in a calm, supportive manner. In addition, avoid arguing with the person about what she sees or hears. When a hallucination occurs:

Offer reassurance

- Gentle patting may turn the person's attention toward you.
- Look for the feelings behind the hallucinations. You might want to say, "It sounds as if you're worried," or, "I know this is frightening for you."

Use distractions

- Suggest going on a walk or sitting with you in another room. Frightening hallucinations often subside in well-lit areas where other people are present.
- Try to turn the person's attention to music, conversation, drawing or looking at photos.

Modify the environment

- Check for noises that might be misinterpreted. Look for lighting that casts shadows, or reflections or distortions from the surfaces of floors, walls and furniture.
- If the person insists that she sees a stranger in the mirror, you may want it cover it up or take it down. 

Memory Walk 1998

Thousands of people nationwide will participate in the Alzheimer's Association Memory Walk this fall. The walk will raise money to support research programs and services for people with Alzheimer's. To find out when the Memory Walk will take place in your community, contact your local Association chapter, or call (800) 272-3900.



Caregiver Tips on Audiocassette

To address the special needs of Alzheimer caregivers, the Alzheimer's Association has introduced a 48-minute audiocassette titled, "Steps for Caregivers, Caring for Persons with Alzheimer's Disease." Narrated by actress Shelley Fabares, the cassette covers tips for making the home safe, enhancing communication, planning activities, and understanding challenging behaviors. These topics are also now available in large print brochures. To order, call your local chapter or (312) 335-5796.



"It's important not to confuse causative genes like PS1 and PS2 with a risk factor gene like APOE-ε4," says Stephen G. Post, Ph.D., director of the Center for Biomedical Ethics at Case Western Reserve University.

Implications of Genetic Tests

Since there is no cure for Alzheimer's, the value of genetic testing remains questionable. Before jumping into the process, it is important to consider the issues related to genetic testing.

Since having the APOE-ε4 gene is only a risk factor, not a predictive factor for Alzheimer's, knowing that you have the gene may cause unnecessary anxiety, anger, depression and stress.

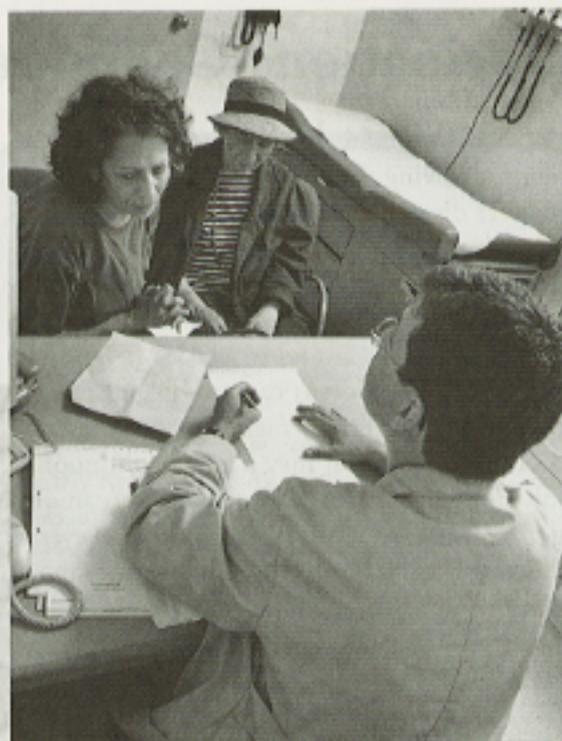
"Individuals may falsely attribute normal forgetfulness to the onset of Alzheimer's and make life-altering decisions based on such misinterpretation of risk," says Post.

Currently, the biggest threats to individuals who undergo testing are related to privacy and discrimination. There is fear that an individual with a predisposition for a disease may be discriminated against in the workforce and by insurers.

Since there is no cure for Alzheimer's, the value of genetic testing remains questionable.

Legislation addressing genetic discrimination and medical record confidentiality has been introduced at the state and federal level. However, current laws offer little protection for individuals who undergo testing.

One law that touches the surface of protecting individuals is the Kennedy-Kassebaum Health Insurance law passed in 1996. It prohibits insurance companies from charging higher premiums or denying or canceling coverage to individuals on the basis of genetic information. However, it only applies to those covered by group health insurance plans and does not prohibit insurers from raising premiums for existing policies.



Pre- and post-test counseling should take place to discuss the risks and implications of genetic testing.

Obtaining a Genetic Test

If you plan to have a genetic test conducted, the Alzheimer's Association recommends that pre- and post-test counseling take place. Genetic counselors are health care professionals who help families learn about and cope with genetic conditions.

"While there are some benefits to genetic testing for Alzheimer's, the risks are considerable," says Stephen McConnell, Ph.D., senior vice president of public policy for the Alzheimer's Association. "Anyone considering a genetic test should do so in consultation with their physician and only with proper counseling." 

GENETIC TESTING

Misconceptions and Realities

Hunted by the concern that they may have inherited Alzheimer's, family members often seek genetic testing to determine whether or not they will actually get the disease. But, in some cases, having a gene associated with Alzheimer's does not mean a person has or will develop the disease.

Genes Associated with Alzheimer's

Thus far, four genes have been associated with Alzheimer's disease; three have been linked to the early-onset form, and one to the late-onset form. The following genes associated with the early-onset form of the disease are:

- **Presenilin 1 (PS1)**, is a gene located on chromosome 14. Mutations in the PS1 gene are associated with the majority of early-onset cases. A PS1 genetic test is currently available for use *only* in individuals who are diagnosed with the disease before age 65 and have a family history of early-onset Alzheimer's.
- **Presenilin 2 (PS2)**, is a gene located on chromosome 1. Mutations in the PS2 gene have been found only in descendants of a specific ethnic group, the Volga Germans. Mutations in this gene have not been found among any other population of individuals with early-onset Alzheimer's disease.
- The **amyloid precursor protein (APP)** gene is located on chromosome 21. Mutations in this gene may affect the processing of amyloid precursor protein into abnormal fragments of amyloid, which then accumulate into the amyloid plaques found in the Alzheimer brain. Because the APP gene accounts for a small percentage of individuals with early-onset Alzheimer's, a test for this gene is not useful in diagnosing affected individuals.

Because Alzheimer's strikes the majority of affected individuals after age 65, aggressive research into the genetics of the late-onset form of the disease continues. So far, only the **apolipoprotein E4 (or APOE-ε4)** gene has been associated with this form of the disease.

A genetic test for APOE-ε4 is recommended *only* for individuals exhibiting symptoms of Alzheimer's who have undergone a complete diagnostic evaluation. The presence of the APOE-ε4 gene alone cannot determine whether an individual has Alzheimer's, but when used in combination with standard diagnostic procedures, it can add a level of confidence to the diagnosis.

Use of the APOE-ε4 genetic test for individuals who are not experiencing symptoms of Alzheimer's is not recommended, as the test has no predictive value. Some individuals who carry the APOE-ε4 gene never develop Alzheimer's disease, and others who have the disease do not carry this gene.

Brain Scan May Predict Alzheimer's

New research suggests a brain imaging technology known as single photon emission computed tomography, or SPECT, which measures blood flow in the brain, may identify people with memory problems that will progress to Alzheimer's disease.

"This is a very encouraging study because it indicates it is possible to detect the disease early in its process," says Zaven Khachaturian, Ph.D., director of the Association's Ronald & Nancy Reagan Research Institute. "It confirms there are measurable

changes in the brain that may be able to predict Alzheimer's disease."

The researchers studied 136 elderly people, 18 of whom progressed from mild memory loss to probable Alzheimer's disease over a two-year follow-up period.

SPECT data for more than 80 percent these 18 individuals, taken at the beginning of the study, showed reduced readings in four areas of the brain, three of which are related to memory, when compared with people who did not become demented.

The researchers say this may indicate that these areas are among the first affected in early stages of Alzheimer's disease.

"As better treatments for Alzheimer's disease become available — treatments that can delay the onset of the disease or slow its progression — it will become increasingly important to detect Alzheimer's early in the disease process," says Khachaturian. "This will enable treatment to begin at the earliest possible time and have the greatest effect."

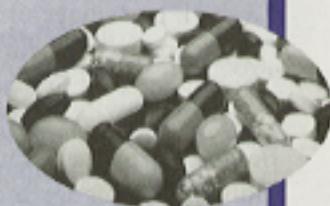
"Preclinical prediction of Alzheimer's disease using SPECT," by Keith Johnson, M.D., of Brigham and Women's Hospital, Boston, and colleagues, appeared in the June 1998 issue of *Neurology*.



R_x CORNER

Clinical drug studies currently recruiting individuals with Alzheimer's disease include:

- Donepezil HCl (Aricept®)
- ENA 713 (Exelon®)
- Estrogen
- Idebenone
- Lazabemide
- Melatonin
- Metrifonate (ProMem™)
- Propentofylline (HWA 285)
- Women's Health Initiative Memory Study of Estrogen



To obtain information about these studies, contact your local chapter or call (800) 272-3900 and ask for the drug fact sheets.

DIAGNOSIS...CONTINUED FROM PAGE 4

In addition, researchers showed that brain cell death was greater in aged rhesus monkeys than in aged animals of other species tested.

This is the first time amyloid beta-induced brain cell death, at levels similar to that found in Alzheimer's has been produced in an animal model. Scientists still need to determine what happens in the aging brain that makes it vulnerable to this protein.

Researchers hypothesize that the connection between aging and brain cell death due to amyloid beta, combined with the relatively long life of humans, may explain our unique susceptibility to Alzheimer's.

The study was conducted by Changiz Guela, Ph.D., of Beth Israel Deaconess Medical Center, and Bruce Yankner, M.D., Ph.D., of Children's Hospital in Boston.

New Avenues for Diagnosis and Treatment

Amyloid beta protein may provide links into early detection of Alzheimer's disease and potential drug mechanisms for treatment, according to research published in the July 1998 issue of *Nature Medicine*.

The formation of amyloid beta protein deposits in the brain, known as plaques, is an established attribute of Alzheimer's disease. Amyloid plaques and neurofibrillary tangles are the two characteristic lesions found in the brains of people with Alzheimer's disease. A question remains about whether the amyloid deposits cause brain cell death

in Alzheimer's or are a result of it. The precise role of amyloid beta protein in Alzheimer's remains unknown.

"Emerging from these studies is a clearer picture of what may be the cascade of events leading to brain cell dysfunction and death in Alzheimer's disease,"

Amyloid plaques may cause brain cell death.

says Zaven Khachaturian, Ph.D., director of the Association's Ronald & Nancy Reagan Research Institute. The more we know about how Alzheimer's works, the more opportunities we have to find ways to treat and prevent it."

Possible New Diagnostic Tool

In an effort to find an accurate, easier-to-use diagnostic test for Alzheimer's disease, researchers at Heinrich Heine Universität in Dusseldorf, Germany, describe how they distinguished 15 people with Alzheimer's from 19 people with other neurological conditions by detecting a form of amyloid beta in cerebrospinal fluid.

There is no single diagnostic test for Alzheimer's disease. Current clinical methods combine physical and neuropsychological testing with caregiver input and the physician's judgment. This method of diagnosing

Alzheimer's is about 90 percent accurate.

"We don't yet know if this testing method can distinguish Alzheimer's disease from other diseases involving amyloid," says Khachaturian.

According to Khachaturian, further testing is needed with larger numbers of people, and should include participants with dementing disorders that are difficult to clinically distinguish from Alzheimer's, such as Lewy body dementia.

Possible New Drug Therapies

Because it has been suspected, though not proven, that amyloid beta causes brain cell death in Alzheimer's, inhibiting the formation of amyloid beta and plaques is considered a good target for therapies.

In a recent study, led by Claudio Soto, Ph.D., of the New York University Medical Center, a compound known as iAb 5 reduced the formation of amyloid beta plaques in rats, and also inhibited an earlier stage event whereby normal amyloid protein transforms into fibers that form into plaques. This compound also dissolved existing fibers and blocked brain cell death caused by amyloid beta protein in test tube experiments.

"It is encouraging to see that it is possible to block the formation of plaques," says Khachaturian. "If science shows that amyloid is a causal factor in Alzheimer's, this may prove to be a potent treatment method. However, much more research is needed."

Animal Studies of Alzheimer's

A newly developed primate model of Alzheimer's disease strongly suggests that the brain cell death caused by amyloid beta protein is specific to certain species and related to changes in the aging brain.

Aged rhesus monkeys injected with amyloid beta protein experienced brain cell death, while no significant cell death occurred in young rhesus monkeys.

SEE DIAGNOSIS, PAGE 5

Exercising, Diet May Prolong Life

When 45-year-old Denise Hilkene returns home from work each night, she puts on her running shoes and heads out for her daily run. She's always known that exercise has many well-documented health benefits, so she is sure to fit it into her busy schedule.

What Hilkene hasn't yet discovered is that her commitment to physical health may prevent her from developing Alzheimer's disease later in life.

Recent studies show that life-long physical exercise and a proper diet could potentially protect millions of people from Alzheimer's disease. In one study, researchers found that individuals who exercised regularly throughout life were less likely to develop Alzheimer's disease than those who were inactive.

The study, conducted by scientists at Case Western Reserve University School of Medicine, examined the long-term exercise habits of 373 people—126 with Alzheimer's and 247 without.

Neurologists considered jogging, biking, golf, weight training, ice skating, racquetball, tennis and swimming in the analysis, and developed an exercise score for individuals participating in the study.

"We found that patients with Alzheimer's disease had lower levels of physical activity earlier in life," says Dr. Robert Friedland, from Case Western Reserve.

Exercise has many health benefits

Aside from its potential to reduce the risk of Alzheimer's disease, physical exercise is important to maintaining overall health. Consider the following health benefits of exercise:

- **Improves mood.** Exercise releases endorphins, the body's own mood-elevating compounds.
- **Boosts self-confidence.** Physical activity helps provide feelings of accomplishment.
- **Improves strength and stamina.** Exercise builds muscle strength, flexibility and increases stamina.
- **Minimizes insomnia.** Several hours after exercising, the body is better able to wind down to sleep.
- **Helps manage pain.** Endorphins released during exercise are the body's own pain-relievers.
- **Reduces the risk of many health problems.** Research shows regular moderate exercise can help prevent heart disease, high blood pressure, diabetes, osteoporosis, and stroke.



Exercise can help reduce agitation and sleeping problems in persons with Alzheimer's.

Getting started

The following tips and suggestions will help you and your loved one as you try to incorporate exercise into your schedule:

- **Start slowly, and don't overdo it.** If you feel worn down from exercise, you may be pushing yourself too hard. Try doing some form of exercise for 10 or 15 minutes at first, and then work up to 30 minutes eventually.
- **Incorporate exercise into your normal routine.** No time for exercise? Squeeze physical activity into your day by walking briskly while shopping, or stretching and bending throughout your day.
- **Do things that seem fun.** If you enjoy being outside, take a long, leisurely walk. Do something you like, so that you'll look forward to it.

SEE EXERCISING PAGE 9

Tough Issues Should be Discussed in *Advances*

In the Summer issue of *Advances*, a letter from Paula Erwin objected to *Advances* publishing Ron Adkins' letter (Winter 1998) "praising his wife's Kevorkian assisted suicide."

We need not agree with Mr. Adkins. However, the disagreement on the issue does not justify censorship of letters sent to *Advances*. Denial or willful ignorance about any issue people must face and deal with is not and never will be beneficial to anyone. What is unthinkable or sinful to one person may be acceptable to another person's background or religion.

Karl J. Hansen
Hensley, AR

Foster Love of Life Rather than Suicide

From your description of the Janet Adkins case, it appears that she could not reconcile the idea of not being in control.

It is a frightening perspective for society to entertain suicide as an acceptable solution to dealing with terminal illness and mental defects.

Ingrid Borst
Indiana, PA

Awareness of Lewy Body Needed

I was happy to see that you included Lewy body dementia in your article, "When the Diagnosis Isn't Alzheimer's" (Summer 1998).

For three years, we knew something was wrong with mom, but not even her doctor knew the cause. Six months prior to her death she was diagnosed with diffuse Lewy body dementia.

I have since passed along the information to doctors, nurses and nursing homes. I want other people to know about this dementia so they will never have to say "something is wrong, but what?"

Stephany Marchese
Staten Island, NY

Caregiver Offers Insight into Coping with Agitation

During the last six months of my wife's life, she was very nervous and agitated. I was still able to care for her, but it was difficult at times. I did discover that walking, music and riding in the car was helpful in reducing the agitation. I know every Alzheimer case is different, but perhaps what I have written may be of help to someone.

John E. Walter
Cheyenne, WY

WE WANT TO HEAR FROM YOU!

Please share with us your experiences related to issues covered in *Advances*, or suggest topics you'd like to read more about.

Advances is a national newsletter produced and distributed quarterly by the Alzheimer's Association, 919 North Michigan Avenue, Suite 1000, Chicago, IL 60611-1676.

For more information on Alzheimer's disease and the Association, or to be placed on the *Advances* mailing list, call (800) 272-3900. Information is also available via the Internet at <http://www.alz.org>.

Letters should be addressed to Michele Pellissier, Editor. Faxes can be sent to (312) 335-1110 and e-mail sent to michele.pellissier@alz.org. *Advances* does not publish unsolicited poems or short stories, nor accept advertisements.

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Q & A is a column presenting answers to your research or caregiving questions from leading professionals in the field of Alzheimer's disease. Denis Evans, M.D., responds to the following question about the prevalence of Alzheimer's disease in men and women.

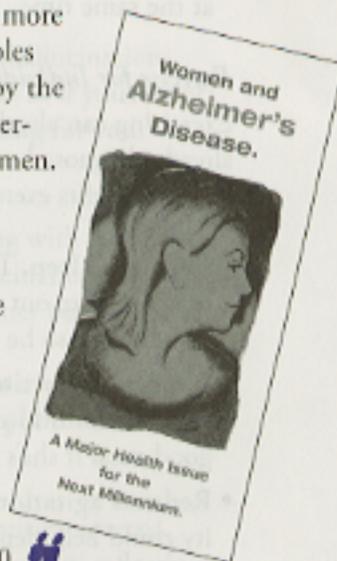
Q: I've heard that more women are affected by Alzheimer's disease than men. Is this true?

A: Currently, there is no exact study or statistic that confirms that more women are affected by Alzheimer's disease than men. The issue, however, remains somewhat clouded. Some research suggests a higher occurrence of Alzheimer's disease in women than men, while other studies show no difference, and some point to a higher occurrence in men. Consequently, researchers are still debating whether or not there is an overall difference in the prevalence of Alzheimer's between men and women.

However, because statistics show women live longer than men, they may be at greater risk of developing the disease. Alzheimer's disease is very common in people over 85 years of age, and in the U.S., there are more than twice as many women than men over age 85. It is possible, then, that more women have the disease because they have a greater chance of living to the age when it is most common.

Additionally, women are often more affected by Alzheimer's disease when it comes to caregiving than men. The majority of Alzheimer caregivers are women. As wives, daughters and daughters-in-law, women are more likely to take on caregiving roles than men. In a 1996 survey by the Alzheimer's Association, 80 percent of all caregivers were women.

As a part of a new education campaign, the Alzheimer's Association has developed the "Women and Alzheimer's Disease" brochure that provides information about symptoms, treatment options, and caregiving. To request a copy of the brochure, call (800) 272-3900. 



Denis Evans, M.D., is the director of the Alzheimer's Disease Center at Rush-Presbyterian-St. Luke's Medical Center in Chicago.

Send us your questions...

If you have a question you'd like to ask about Alzheimer research or care, please mail it to: Alzheimer's Association, 919 N. Michigan Avenue, Suite 1000, Chicago, IL 60611, Attn: Sara Dusenbery, or send email to: sara.dusenbery@alz.org.



Brazilian dancers and live exotic birds entertained guests at "RIO," the 11th annual Rita Hayworth Gala. The gala, held in Chicago, raised over \$900,000 to support Alzheimer research. M*A*S*H star, Mike Farrell, accepted a civic honoree award on behalf of his wife, actress Shelley Fabares, for her work with the Alzheimer's Association.

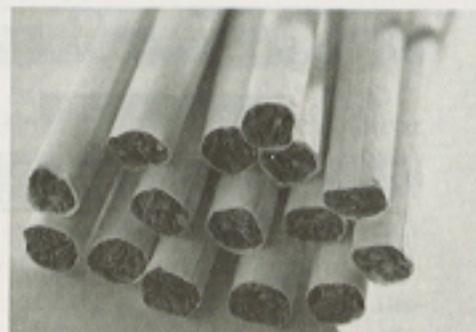


Smoking Studies Show Conflicting Results

Two seemingly contradictory studies about the impact of smoking and cognitive decline in non-demented elderly have recently reached headlines.

One study, of 9,200 people, 65 years of age and older in France, Denmark, England and the Netherlands, found that current smokers had greater yearly cognitive decline compared to non-smokers and former smokers. A second study, of 5,600 people, 65 and older in Italy, found that smoking had a protective affect against age-related cognitive decline.

Because of other negative health factors, such as causing lung cancer, people should not take up smoking for any possible benefits for Alzheimer's disease or cognitive decline. 



MEDICATION...CONTINUED FROM PAGE 1

excess sleepiness, drowsiness and confusion when mixed," says Carroll. "These symptoms can often be misinterpreted as worsening dementia."

It is important to be proactive about learning the potential bad interac-

tions that can occur from the drugs you are taking. The best way to protect yourself is to communicate with your physician. Discuss the medications you are taking and any current problems you are experiencing or being treated for by another specialist.

"Another good source of protection is talking to your pharmacist," says Carroll. "The pharmacist can interpret how a medication will react to other medications you may be taking."

Protecting a person from adverse drug reactions is a team effort between the patient, caregiver, physician and pharmacist.

To protect yourself from an adverse reaction:

- Keep a list of all drugs you take and regularly discuss them with your physician
- Select a pharmacist who provides comprehensive services and have all your prescriptions filled there
- Learn about the purpose, actions and side effects of all prescribed drugs
- Learn how to take the drugs, what time of day to take them and whether they can be taken at the same time as other drugs
- Review the use of over-the-counter drugs with the pharmacist
- Follow the recommended instructions for taking drugs
- Report to your doctor or pharmacist any symptoms that might be related to the use of a drug

(Merck Manual of Medical Information, 1997)

"Protecting a person from adverse drug reactions is a team effort between the patient, caregiver, physician and pharmacist," concludes Carroll. 

Voters Concerned About Alzheimer's

Americans Concerned About Alzheimer's (by Age)



Source: June 1999 Peter D. Hart Research Associates

A nationwide poll shows 70 percent of Americans are concerned about Alzheimer's disease and want more investment in research now.

Specifically, 810 registered voters were asked if Congress should appropriate an additional \$100 million for Alzheimer research through the National Institutes for Health (NIH). The poll by Peter D. Hart Research Associates shows that 80 percent of Americans support the \$100 million increase because Alzheimer's disease could bankrupt the Medicare and Medicaid systems, especially since baby boomers are nearing the age of highest risk for the disease.

In February, the Association launched the Alzheimer's Disease Prevention Initiative to urge Congress to increase Alzheimer research funding to \$100 million. Congress will be making funding decisions in September. The House of Representatives has drafted legislation calling for a nine percent increase in funding for the NIH. However, there is no indication whether the funds will go toward Alzheimer research.



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