

advANCES

PROGRESS IN ALZHEIMER RESEARCH AND CARE

Benefits of Consumer-Targeted Advertising Debated

With the relaxation of Food and Drug Administration (FDA) regulations on advertising, pharmaceutical companies no longer market exclusively to physicians. Last year they spent more than \$1 billion on advertising directed at consumers — through radio, television, print, and the Internet.

Experts are divided about whether direct-to-consumer advertising benefits or harms consumers.

A survey published in the July 1998 issue of *Prevention* magazine revealed that 53 million consumers talked with their physicians about a drug seen in an advertisement. Additionally, 49 million people said they sought health-related information from a variety of sources, including the Internet. Direct-to-consumer advertising also influenced approximately 21 million to talk to their physicians about medical conditions that they had never talked about previously.

According to the Pharmaceutical Research and Manufacturers of America (PhRMA), direct-to-consumer advertising helps meet the demand for information about health conditions and possible treatments.

"People are now more involved in their health care decisions," said PhRMA's Alan F. Holmer, JD. "Advertising prompts informed discussions between patients and physicians that may lead to better treatments."

Not all physicians agree. A poll conducted by IMS Health, a pharmaceutical industry research group, showed that 64 percent of the nation's physicians want to see a decrease in direct-to-consumer advertising. Fifty-three percent saw an increase in the number of requests for brand-name drugs because of the advertisements.

"The challenge is when patients have expectations for treatment based on poor or suspect information," said Matthew F. Hollon, MD, of the Department of Medicine at the University of Washington in Seattle. "In the interest of time and patient satisfaction, physicians often defer to patients' expectations."

"Most physicians are for informing patients because it makes our jobs easier," says Hollon. "Our jobs get complicated, though, when information is misleading."

According to FDA regulations, print and television ads must present prominently all major risks associated with the drug along with its health benefits. In addition, the ad must contain:

- a toll-free number so that consumers can request the FDA-approved package labeling

SEE ADVERTISING, PAGE 2

A pill that helps

For relief
of your
symptoms

IMPORTANT WARNING:

Talk to your doctor about

the #1 prescription

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Alzheimer's Is No Laughing Matter

This is a response to Nancy Judson's letter to the editor, "Alzheimer's Is Nothing to Joke About," that appeared in the winter 1999 issue of *Advances*.

Whether it is done in writing or through conversation, it certainly is appropriate to respond to the thoughtlessness of people joking about Alzheimer's. Unless you enlighten them, they will certainly continue to make thoughtless and hurtful remarks!

Most people do not intend to be hurtful. When your sensitivity is pointed out, they will almost always feel bad, apologize, and hopefully be more sensitive in the future.

I think the best response would be a simple, direct, unemotional, and well-rehearsed response — something like: "I know you don't mean to be hurtful, but when you joke about Alzheimer's disease, it brings back all the pain and suffering my family and I experienced watching our loved one's life slowly ravaged by that awful disease. I'd appreciate it if you wouldn't make jokes about it." And if the joker says, "I'm sorry," respond by saying, "Thanks for understanding."

There may be an awkward moment of silence but your courage to speak up will be rewarded by sparing many others from a similar indignity.

*Teresa L. Werth
Rochester, N.Y.*

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.

ADVERTISING...CONTINUED FROM PAGE 1

- a reference in print ads about where consumers can obtain further reading material on the drug
- a statement that additional product information is available from a physician or pharmacist
- an Internet address where package labeling can be found

The FDA is keeping a close eye on direct-to-consumer ads and has cited more than 10 drugmakers for violating the advertising guidelines

"Since it's unclear what effect advertising has on the physician-patient relationship, consumers should be wary because these ads can be misleading," says Hollon. **ff**

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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>.

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Disclosing the Diagnosis: Should the Truth Be Told?

To tell or not to tell — that is the tough question that many caregivers, families, and even professionals face when the diagnosis is Alzheimer's disease.

"Every situation is different, so there is no general rule for disclosing a diagnosis, especially a diagnosis of Alzheimer's disease," says Douglas Maynard, MD, professor of sociology at Indiana University, who has researched the topic of delivering diagnostic news for more than 10 years.

The decision to inform the person of the diagnosis must depend on when in the course of the disease the individual is being diagnosed, adds Maynard.

"Physicians should consult family members about presenting the diagnosis as well as make an independent assessment of the individual's ability to understand the diagnosis," says Maynard.

If the diagnosis is done in the early stage of the disease, the person is likely to understand what is happening and have control over decisions such as end-of-life planning and care.

Whether or not to disclose a diagnosis of Alzheimer's is a complex decision. The person exhibiting symptoms of the disease may deny that there is anything wrong, lash out at family members, or be unable to comprehend the diagnosis. Family members are caught between a rock and a

hard place trying to decide if it is in the person's best interest to be told.

"Many times telling a person who is impaired may not have a huge impact, except to reassure them that they are not doing anything wrong," says Mary Lynum, whose mother has Alzheimer's.

Lynum says that, just as with all experiences of Alzheimer's disease, the right path varies with the individual.

"Mom knew something was wrong, but interpreted it with shame, saying, 'Why am I so stupid?'" says Lynum. "After much thought I told her about the diagnosis. She was calmed knowing what was wrong and said, 'So that's what it is.'"

Coming from a family with a history of Alzheimer's disease, Sharon Gauert believes that someone whom the person trusts — a family member or physician — should at least try to tell the person.

"Mother was well aware that she was forgetting, but when I tried to tell her the diagnosis, she blew up," says Gauert. "She chose not to know, but I would want to know."

Knowing she could develop the disease, Gauert has taken steps to prepare her children for making decisions on her behalf.



The diagnosis should be discussed in a joint meeting of the physician, family, and person with Alzheimer's.

SEE DIAGNOSIS, PAGE 9

Alzheimer's and Down Syndrome: A Surprising Connection

Down syndrome is often considered to be a disease of the young, and Alzheimer's a disease of the old. So how can they possibly be related? Recent research has found a growing number of links between the two diseases that may help increase our understanding of Alzheimer's disease.



Down syndrome is a condition resulting from a genetic abnormality — in most cases an additional copy of chromosome 21 — that causes mental retardation and atypical facial and bodily characteristics in 1 out of every 1,000 children.

Individuals with Down syndrome are at high risk of developing Alzheimer's disease at a younger age, usually in their late 40s and early 50s. Although it is difficult to estimate the percentage of individuals with Down syndrome who will later develop Alzheimer's disease, current research shows that it can be as high as 100 percent. Even though not all individuals with Down syndrome live long enough to develop Alzheimer's, at the time of autopsy almost all Down syndrome brains resemble Alzheimer brains in that they are riddled with amyloid plaques and neurofibrillary tangles.

Within the last decade several new clues have emerged, leading researchers down new and exciting paths of study.

Plaques, Tangles, and the APP Gene

It has been known for several years that plaques and tangles are characteristic of Alzheimer's disease. What is not yet known is why they are also invading the Down syndrome brain.

Most individuals with Down syndrome, regardless of whether or not they develop Alzheimer's later in life, begin to develop amyloid plaques in their 20s. Researchers have been able to link these Down syndrome plaques to the extra copy of chromosome 21.

Chromosome 21 houses the amyloid precursor protein (APP) gene, one of the early-onset Alzheimer's disease genes. Malfunction of the APP gene causes abnormal processing of amyloid precursor protein. When amyloid precursor protein is processed abnormally, fragments of that protein, called beta amyloid, begin to accumulate in the brain and form the amyloid plaques found between nerve cells.

Because individuals with Down syndrome have an extra copy of this gene, it is thought that not only is the APP gene malfunctioning but it also is overproducing beta amyloid protein. This leads to excessive development of plaques, eventually causing the onset of Alzheimer symptoms.

Parents of Down Syndrome Children and Their Risk for Alzheimer's

Studies have shown a higher than average risk of Alzheimer's in families with a history of Down syndrome. Nicole Schupf, PhD, of the New York State Institute for Basic Research, found that women *under age 35* who gave birth to Down syndrome children were at higher risk of developing Alzheimer's later in life, while women *over age 35* (who are more likely to have children with Down syndrome) were not at higher risk. Fathers of Down syndrome children have not been found to be at higher risk for Alzheimer's.

Schupf and her colleagues believe that because the extra chromosome 21 found in Down syndrome

SEE DOWN SYNDROME, PAGE 11

New Treatments on the Horizon

Dozens of drugs are currently being investigated for the treatment of Alzheimer's disease. The question is how long it will take before they are available by prescription.

In most cases, it takes about 10 years from the time a drug is first tested to the time it becomes available. New drugs must undergo several phases of development before they reach their final phase of study, phase III, which can last from two to four years.

Once phase III studies are completed, all of the information gathered about the drug's effectiveness, side effects, and appropriate dosage is passed to the Food and Drug Administration (FDA) for review. Alzheimer drugs are on a fast-track review process at the FDA and can take from one to two years to be approved (or denied).

Currently two Alzheimer drugs are under FDA review, while several others are in phase III of development.

The following are some of the Alzheimer drugs in development:

Drug	Phase of Development	Date of Availability*
ENA 713 (Exelon®)	Phase III/under FDA review	within 1 year
Metrifonate (Promem®)	Phase III/under FDA review	within 1 year
Galantamine	Phase III	within 2 years
Estrogen	Phase III	within 2-3 years
Lazabemide	Phase III	within 2-3 years

*The dates of availability shown in this chart are only approximations. Until clinical studies are completed, it is difficult to estimate how long it will take before a drug is approved or rejected by the FDA.

R_x CORNER



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

- Donepezil HCl (Aricept®)
- ENA 713 (Exelon®)
- Estrogen
- Galantamine
- Lazabemide
- Melatonin
- Memantine*
- 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.

* The Memantine study is looking for individuals who are in the *moderately severe to severe* stages of the disease. In most cases, clinical drug studies look for participants in the mild to moderate stages of Alzheimer's disease, so even if your loved one is ineligible for other drug trials, he or she may be eligible for this study.

DIVINE GIFTS TO SCIENCE

Six hundred and seventy-eight nuns of the School Sisters of Notre Dame have found the means for continuing their service long after they are gone. They have committed to donating their brains to help researchers find clues that will unveil the mysteries of aging; this commitment makes them the largest brain donor population in the world.

The Nun Study is a long-term research project on aging and Alzheimer's disease headed by David Snowdon, PhD, of the University of Kentucky. Snowdon and his research team hope to find the causes and preventions for Alzheimer's disease, other brain diseases, and the mental and physical disabilities that accompany aging.

"If we really want to understand Alzheimer's disease, we need to study the brains of those who don't have the disease so we learn about what changes occur in the aging process," says Snowdon.

The School Sisters of Notre Dame are an ideal population to study because they share so many similarities. They have lived in the same environment, eaten the same food, held similar jobs, have the same reproductive history, and do not smoke or drink.



David Snowdon, lead researcher of the Nun Study, compares his monthly visits with the Sisters of Notre Dame to "spending time with a hundred grandmothers."

"I'm convinced that studying a unique group helps you get a unique look at a disease," says Snowdon.

Snowdon has access to the convent's archives, which houses each nun's baptismal record, birth certificate, family

socioeconomic history, documentation of education, medical records, and autobiographies written in early-, mid-, and late-life. The archives also contain each nun's mid- and late-life residential, social, and occupational history.

The major question that Snowdon is trying to answer is at what point the sequence of events leading to Alzheimer's begins to happen.

"There are many links in the chain – early in life and late in life," explains Snowdon. "We have to find out how to break or weaken those links."

The most significant finding in the study suggests that infarcts (small strokes in the brain) may play a role in increasing a person's likelihood of developing Alzheimer's disease. Out of a group of 61 deceased nuns whose brains showed definite signs of Alzheimer's, almost a third of the nuns did not exhibit the memory loss or confusion symptomatic

of the disease. The reason, Snowdon reported, is that unlike those who had severe symptoms, these 19 nuns had not suffered from strokes. In fact, Alzheimer's was prevalent in 93 percent of the nuns with a history of strokes and in only 57 percent of the stroke-free nuns.

Samples of writing by the nuns were also analyzed to see if there was a correlation between education and the prevalence of dementia. The results associated low idea density (the number of ideas in a given passage) and low grammar complexity in autobiographies written early in life with poor cognitive function and Alzheimer's disease later in life.

The Nun Study is also investigating what role estrogen, anti-oxidants, weight change, diet, and lifestyle may play in dementia as well as the physical and cognitive decline associated with aging.

Snowdon says that even if there is a family history of Alzheimer's, it doesn't always mean that a person will develop the disease. Therefore, he encourages people to exercise, eat healthy foods, and keep the mind stimulated in order to keep the brain healthy. In addition, Snowdon stresses the importance of protecting the head from injury by wearing seatbelts in cars and wearing helmets when biking.

"There is hope," says Snowdon. "We must do all we can now to prevent or delay the onset of dementia."

Perhaps the Sisters of Notre Dame are our greatest examples of aging with grace. Seven sisters, pegged as the Magnificent 7, have lived to be 100 years old. One sister, who pedals her bike every day,



Snowdon has developed a real affection for the nuns participating in his study and says they are inspiring to his work.

*I was born in Esci Claire, Inds,
on May 29, 1913 and was baptized
in St James Church*

Sister A
ID=3.9
GC=0

*The happiest day of my life so far was
my First Communion Day which was in June
Christen. I was about 8 years old when I was
but eight years of age, and four years
later in the same month I was confirmed
by Bishop D.D. McChesick.*

Sister B
ID=8.6
GC=7

Idea density (ID) and grammar complexity (GC) were scored by analyzing writing samples of 93 nuns, with sisters A and B receiving the lowest and highest scores, respectively. Sister A died with Alzheimer's disease, and sister B was alive with no cognitive impairment.

hopes her life will span three centuries.

"They will show us what's possible with aging," continues Snowdon.

Recently the oldest Notre Dame nun, Sister M. Matthia Gores, passed away one month shy of her 105th birthday, exhibiting no

apparent symptoms of dementia. Whether or not her brain shows the signs of Alzheimer's disease will be confirmed when her gift to science is studied. When her brain arrives at the University of Kentucky, it will be assigned a number, photographed, weighed, and sliced thinly so it can be viewed under a microscope for traces of plaques and tangles.

When Snowdon first learned of Sister Matthia's passing his first reaction was "Oh, no!" but after

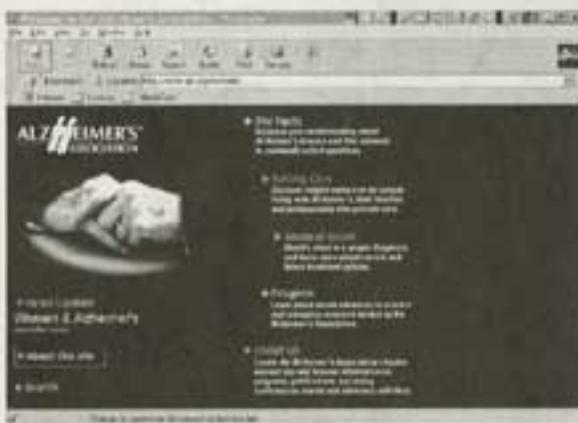
SEE NUN STORY, PAGE 11

Linking Up with On-Line Caregiver Assistance and Support

Many Alzheimer caregivers are using the Internet for information and support. Whether you are using a computer at a library or in the home, helpful information can be accessed easily and quickly from the following Web sites.

Alzheimer's Association

First, start at the Alzheimer's Association's Web site, which offers tips on caregiving, updates on research and treatments, and information on programs and services provided by our local chapters. www.alz.org



Alzheimer's Disease Education and Referral (ADEAR) Center

Sponsored by the National Institute on Aging (NIA), this site offers news on research and clinical trials and has a link to the Combined Health Information Database (CHID), a bibliographic service containing health education and information materials. www.alzheimers.org

Family Caregiver Alliance

Caregivers of persons with Alzheimer's disease, stroke, traumatic brain injury, Parkinson's disease, ALS, and related brain disorders can find practical information on topics such as care planning, stress relief, and community resources. www.caregiver.org

ALZHEIMER List

The ALZHEIMER page is an e-mail discussion group for families and professional caregivers, persons with the disease, researchers, policymakers, and anyone else interested in Alzheimer's or related disorders. www.biostat.wustl.edu/alzheimer

Alzheimers.com

This site includes a community message board for persons with the disease and family members. www.alzheimers.com

Caregiver Network

This site has information on home care, housing, medical issues, caregiving, and dementia. www.caregiver.on.ca

ElderWeb

An on-line sourcebook with more than 4,000 reviewed links to information about health, financing, housing, aging, and other issues related to care of the elderly. www.elderweb.com

Health Care Financing Administration

A government on-line resource for Medicare and Medicaid information. www.hcfa.gov

Caregiving Magazine On-line

Resources for caregivers, including tips, a stress test, caregiver diaries, and links to other caregiving sites, including several grief-related support sites. www.caregiving.com/support/index.htm 

Readers are encouraged to confirm the information found on-line with other reliable sources and to direct any questions concerning their personal health to licensed physicians or other appropriate health care professionals. The Alzheimer's Association does not endorse information, products, or services offered through these Web sites.

DIAGNOSIS...CONTINUED FROM PAGE 3

"They have a legal notice from me instructing them to always act in my best interest, no matter what I say or do," says Gauert.

The Alzheimer's Association believes that people have a moral and legal right to know the diagnosis if they have the capacity to understand it. The diagnosis should be discussed in a joint meeting of the physician, family, and person diagnosed with Alzheimer's disease. Physicians may need to disclose the diagnosis to the family first, though, in cases where the individual with the disease may not have the capacity to understand what is happening.

"The physician should tell the patient, with family members present, if the diagnosis is made fairly early in the disease process," says Sherry Riley, an administrator at a retirement facility. "If the person is cognitively impaired and unable to understand, not telling him or her won't make much of a difference."

Telling individuals with Alzheimer's early in the disease process allows them to play an active role in planning for the future and to express their preferences concerning care and life-prolonging measures.

"Later in the disease process, there is a less compelling case for disclosure," says Maynard.

The decision to tell the diagnosis should depend on the person's ability to understand what is happening.

So often, though, a diagnosis of Alzheimer's disease is made long after the person has lost the ability to communicate and comprehend information. This was the case for Charles Sanders, whose wife was diagnosed with a case of moderate Alzheimer's over three years ago.

"Why tell her? Already, she would have no input on planning for her future," says Sanders. "If she ever must be told for some reason, I think a professional should do it, since she's likely to be angry at me."

Betty DeBuhr knew she was living with Alzheimer's disease three months before her doctor confirmed it. From the moment she noticed she was losing her short-term memory, she and her husband, Robert, talked openly and agreed upon long-term plans.

"It helped me to learn more about this disease and how best to cope with behavior problems," says Robert. "Early participation in a support group also made life easier for both of us."

According to caregiver and support group facilitator Jean Hardigree caregivers should assess motive when dealing with this issue.

"As long as caregivers are satisfied that their words and actions are in the best interest of the person with Alzheimer's, honesty and truthfulness does not always have to be the prime factor in the patient-caregiver relationship," says Hardigree. **H**

TAXES AND ALZHEIMER'S DISEASE

Caregivers of a spouse or dependent relative with Alzheimer's disease may be eligible for certain federal tax deductions or credits for some expenses. The Alzheimer's Association has a set of fact sheets entitled *Taxes and Alzheimer's Disease* that offer general information and guidelines to assist you and your tax preparer in filing your 1998 tax return. Call your local chapter or (800) 272-3900 to receive a copy.

Q & A presents answers to your research or caregiving questions from leading professionals in the field of Alzheimer's disease. John C. Morris, MD, responds to the following question about the stages of Alzheimer's disease.

Q: *I would like to understand more about the progression of Alzheimer's disease. Are there defined, successive stages, and if so, how many are there, and what are the characteristics of each?*

A: Over the years physicians have used several different assessment scales to identify the stages of Alzheimer's disease more precisely. As physicians learn more about the various stages, they are better able to track the progression of the disease. They can also help families improve their understanding of the disease and deal with the changes their loved one may be experiencing.

Physicians generally recognize three stages of Alzheimer's—mild, moderate, and severe. During the mild stage the individual experiences mild cognitive deficits but generally is still able to perform daily self care activities such as grooming, bathing, dressing, and toileting without help. The individual may look and act "normal," and the mild dementia may not be apparent to the casual observer.

In the moderate stage, dementia has progressed and individuals need a caregiver's supervision while performing daily activities. The cognitive deficits are now obvious to all, and troublesome behaviors such as delusions, agitation, pacing, and wandering often develop.

In the severe stage, the individual has lost much of his or her personality. Cognitive functions, including language ability, are also lost, and the individual needs assistance with tasks throughout the day and night. The individual may lose weight, even with a good diet.

In 1982 two global staging systems were published that described the stages of Alzheimer's disease in a standardized manner: the Clinical Dementia Rating Scale, developed at Washington University in St. Louis, Missouri, and the Global Deterioration Scale, developed at New York University. Both use observations from family or friends as well as from the patient's exam and have been accepted widely because they reliably describe clinically meaningful stages.

The general course of Alzheimer's disease, from the mild stages to death, averages 8 to 10 years. Each stage is associated with particular clinical features. This gives each stage a prognostic value and allows physicians and families to plan for stage-specific responses. Structuring activities of daily living based on functional capabilities can enhance the quality of life for someone with Alzheimer's and, in turn, reduce stress associated with caregiving.

Additionally, since individuals with Alzheimer's progress steadily through each stage (although not always at the same rate), staging can be used as an outcome measure in long-term studies, including clinical drug trials. For example, the lack of progression to the next stage can be used as evidence for drug efficacy. **H**

John C. Morris, MD, is the Friedman Professor of Neurology and codirector of the Alzheimer Disease Research Center at Washington University in St. Louis, Missouri. He also is a member of the Alzheimer's Association's national board of directors.

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 North Michigan Avenue, Suite 1000, Chicago, Illinois 60611-1676, Attn: Sara Dusenbery, or send e-mail to: sara.dusenbery@alz.org.

DOWN SYNDROME...CONTINUED FROM PAGE 4

most likely comes from the mother of the child instead of from the father, a genetic link between Down syndrome and Alzheimer's may exist and be passed on through the mother.

Potential Treatments for Alzheimer's Disease and Down Syndrome

Deficits in the neurotransmitter acetylcholine have been found in individuals with Alzheimer's disease. Scientists also have found similar deficits in individuals with Down syndrome. Researchers are investigating why this occurs in both diseases and whether it is a result of a similar, or different, cause.

The presence of excess free radicals that damage brain nerve cells has also been found in individuals with Down syndrome. Recently, scientists have found that antioxidants may help protect the brains of individuals with Alzheimer's from excess free radical damage to nerve cells. They also may prove to be helpful in protecting nerve cells of individuals with Down syndrome from Alzheimer's disease.

"Down syndrome serves as an excellent model for the study of the brain changes that occur in

Alzheimer's disease," says Jorge Busciglio, PhD, of the University of Connecticut Health Center.

Busciglio and his research team are trying to find out why a high accumulation of free radicals occurs in the brains of individuals with Down syndrome and whether it can be linked to a different gene, also located on chromosome 21, and possibly alleviated by treatment with antioxidants.

Scientists are eager to find out whether both conditions share a common pathway or whether two very diverse pathways are leading to the same endpoint recognized as Alzheimer's disease.

The Alzheimer's Association is currently funding the work of Schupf and Busciglio, in addition to several other researchers investigating the links between Alzheimer's disease and Down syndrome.

For a free bibliography on Alzheimer's and Down syndrome or for information about research projects funded by the Association, call the Alzheimer's Association's Benjamin Green-Field Library at (312) 335-9602.



NUN STORY...CONTINUED FROM PAGE 7

some contemplation, he celebrated her lifetime of service to others and the fact that she was still happily teaching knitting classes when she died.

More than 250 nuns have died since the study began. Snowdon, like many families and caregivers, faces the harsh realities of Alzheimer's disease on his monthly visits with his friends of 12 years.

"It's really emotional for me when a sister no longer recognizes me, especially the younger ones," says Snowdon.

Wishing to reserve more time with the sisters, Snowdon set aside February 14 to spend with "his" valentines. "I have developed a real affection for them over the years, and I think they have done the same for me," adds Snowdon.

Researchers will be learning from the nuns' brains for decades to come.

"The sisters' courage is inspiring to me," Snowdon says. "They are doing tremendous things to stop the devastation of this disease."



Alzheimer Advocacy: The Time is Now!

Alzheimer advocates are serving as change agents in federal, state, and local governments. They are ensuring that there's funding for Alzheimer research and securing resources to help families pay for the enormous costs of medical and long-term care.



Alzheimer advocates will meet with congressional leaders on March 20-23 in Washington, D.C.

This month at the Alzheimer's Association National Public Policy Forum, more than 500 advocates will go directly to Capitol Hill to pitch recommendations for funding for research and care. They will meet one-on-one with congressional leaders to make sure their message is heard.

Caregivers and those with the disease make great advocates because of their passion and experience. Although it is natural to have reservations about one's ability to undertake and execute advocacy activities, legislators and lawmakers must be educated about what is urgently needed for people with Alzheimer's.

To become an Alzheimer advocate in your community, contact your local chapter by calling (800) 272-3900 or call the Public Policy office in Washington, D.C., at (202) 393-7737. 

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