

Dementia Gains New Prominence in the Arts

The best art often reflects the preoccupations of an age—war, slavery, the quest for social justice. The serious treatment of dementia in a number of recent works is a compelling indicator that the subject has become one of widespread contemporary concern. As life expectancy approaches 80 years, more and more people face the challenges of a dementing illness—hearing a dread diagnosis, coming to terms with the condition's impact, and grappling with all of the difficult personal, practical, and medical decisions thrust upon them.

The dementia story is not an easy one to tell. Until recently, works that attempted to tackle it fell short, offering stereotyped, superficial treatments or playing dementia-based confusion for easy laughs. Several recent works, however, have raised the bar, portraying the condition's impact on unique, complex individuals with whom readers and viewers readily identify.

One such work is Jonathan Franzen's acclaimed novel *The Corrections*, winner of the 2001 National Book Award for fiction and a finalist for the National Book Critics Circle Award. The title—a word used throughout the book—refers especially to “corrections” in the sense of small ongoing adjustments needed to keep on course. The corrections required here are the accommodations that the aging parents and three adult children of the Lambert family must make to maintain their own equilibrium and to connect to one another when Parkinson's disease—and a resulting dementia—incapacitate Alfred, the father.



IRIS

Miramax Films has released the film *Iris* about the life of Iris Murdoch (1919–1999), a prominent British lecturer and novelist who developed Alzheimer's disease. Kate Winslet, left, and Judi Dench portray Murdoch in the film.

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Telling legislators and lawmakers what we want for our loved ones with Alzheimer's is a challenging but necessary activity. The Alzheimer's Association invites anyone committed to advancing the mission of a world without Alzheimer's disease to the 14th Annual Alzheimer's Association Public Policy Forum, April 27-30, in Washington, D.C.

Entitled *Alzheimer Advocacy: A Billion Ways to Make a Difference*, this year's Forum offers everyday citizens an invaluable opportunity to hone their advocacy skills. (Family caregivers traditionally make up 75 percent of the attendees.) Two plenary sessions and 16 workshops address such topics as Medicare access, e-advocacy, research issues, legislative basics, and coalition-building.

Other highlights will include a keynote address by award-winning journalist Larry King; the ninth annual candlelight vigil on the steps of the Lincoln Memorial; and visits by state chapter delegations to their representatives in Congress. Make plans to be there!

**a billion ways
to make
a difference**

april 27-30, 2002

For additional information

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To register on-line

www.alz.org/publicpolicy2002



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Understanding the Challenges of Alzheimer's in Diverse Communities

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2001 Investigator-Initiated

Research Grant



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2001 New Investigator

Research Grant

The majority of Alzheimer research in the United States has been conducted with English-speaking, middle-class, white participants. Although it has been important in improving diagnosis, treatment, and care, much of it has not questioned how differences in culture, ethnicity, economic resources, language, and education may affect Alzheimer diagnosis, treatment, and care.

In recent years, Alzheimer researchers have challenged assumptions about what we can conclude from studying groups of relatively similar people and have begun evaluating the needs of diverse communities. The Alzheimer's Association is supporting these investigations, including projects funded in the past fiscal year.

Dolores Gallagher-Thompson received a grant to assess two strategies to reduce stress in family caregivers who identify themselves as either non-Hispanic white or Chinese American.

One strategy is based on the idea that self-generated positive reinforcement can reduce caregiver stress. Caregiving often prohibits participation in enjoyable activities. This circumstance can contribute to negative thoughts, which may make it more difficult to cope with the emotional and physical demands of caregiving. The intervention strategy seeks to reverse this cycle by helping caregivers identify specific enjoyable activities and to schedule them into every day.

The other strategy teaches yoga and meditation techniques to alleviate stress. Previous research demonstrated that meditation may lessen symptoms of cardiovascular disease and chronic pain. Studies have also shown an association between meditation and fewer visits by older people to clinics or hospitals.

The control group in this research project will receive educational materials in English or Chinese. Participants will be randomly assigned to one of the three groups. The research team will assess the amount of caregiver stress and changes in stress levels by conducting interviews and by testing for levels of a stress hormone.

This research may help investigators develop culturally appropriate interventions and adapt caregiving programs to be effective in more than one cultural context.

Some studies have shown that African American families tend to seek a diagnosis for memory or thinking problems later in the development of symptoms than do non-Hispanic white families. Consequently, symptoms are often more severe in African Americans when they are first assessed by a physician. This delay in diagnosis contributes to a delay in receiving treatment and services.

Studies have also shown that African Americans with dementia enter care facilities at later stages in the disease than whites. Delayed placement may put the African American caregiver at greater risk for physical and emotional problems associated with long-term care for a person with dementia.



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*2001 Investigator-Initiated
Research Grant*



These reported differences may be the result of several complex factors, such as attitudes toward health care, accessibility to care, financial resources, and family dynamics. Patricia C. Clark and her colleagues received a grant to assess the impact of some of these factors on African American caregivers.

During interviews, the researchers will ask each primary caregiver when symptoms were first noticed, how the family responded, and what circumstances led to seeking a diagnosis. Interviewers will ask how each family functions in general and whether the family and community assist the caregiver. Tests will also be used to evaluate the physical and emotional impact of delivering care on the caregiver.

Clark's team will use an established research model for assessing interrelated issues in family dynamics. The purpose of the study will be to determine if there are general patterns in family function among African Americans that may influence the recognition of symptoms and the well-being of the primary caregiver. The outcome of this research may provide valuable information for creating new programs to increase early intervention and improve caregiver resources.

The process for diagnosing Alzheimer's disease and other disorders causing dementia is complex and requires a lot of time. Specialists in diagnosing dementia have long recognized the need for a brief screening tool that could be used by primary care physicians to identify individuals who should receive a complete assessment. One potential tool is the seven-minute screening test. Initial research on this tool was promising, but studies are needed with more participants in order to evaluate its reliability across ethnically and culturally diverse groups.

In the preliminary research, all of the 120 participants were English speakers and most of them were white. Ranjan Duara received a grant for conducting further investigations of the seven-minute screen in a more diverse group of participants. The research team will recruit approximately 460 individuals with an equal representation from Spanish-speaking, African American, and white communities in the Miami-Dade County area. The project will include a thorough review process to ensure a culturally appropriate Spanish translation of the screen.

Within each of the three groups will be healthy older adults and individuals who have been diagnosed with either Alzheimer's or mild cognitive impairment (MCI). Individuals with MCI have measurable memory loss but no other dementia symptoms. Researchers have not yet determined whether MCI is a risk factor for Alzheimer's or the actual onset of the disease. The researchers will also note such factors as age, sex, and level of education.

An analysis of the data may help scientists determine the reliability of the seven-minute screen to identify people for more thorough exams. The research may also reveal whether the reliability of the test is affected by language, cultural differences, education, or socioeconomic factors.

When Is It Time to Put Your Loved One in a Nursing Home?

While Shirley Keesling vowed that she would never place her 84-year-old mother, Bernita, who has Alzheimer's, in a nursing home, her mother's 24-hour-a-day care became increasingly stressful, particularly because of repeated falls.

The breaking point—literally—came when Bernita fell and broke her hip last August while staying with Shirley and her husband, Dan. After surgery and a brief hospital stay, Bernita was moved to the dementia unit of a 200-bed nursing home in Lapeer, Michigan.

“Moving the mother I love so dearly to a care facility was the most difficult, heartbreaking decision I've ever had to make,” says Keesling, the mother of 10 grown children and 28 grandchildren. “We looked into five different facilities, and I relied in part on instinct. I watched the nurses and aides with the patients to see how compassionate they were and made sure the place was clean and odor-free.”

Shirley visits her mother four to five times a week and says her mother has adjusted very well to her new home—calling it “her apartment.” “I still feel guilty at times, but I would tell anyone that your loved one will get the care that is impossible for you to give alone.”

The decision to move a loved one into a residential care setting (e.g., group home, assisted living, or nursing home) is a tough choice for a caregiver. Like Shirley, people should plan for such a move **well before** admission is needed. Many facilities have waiting lists, so it is important to get on the waiting list before a crisis occurs. Planning ahead also enables caregivers to learn about the types of residential care settings that will best meet the needs of the person affected by Alzheimer's.



Bernita Carroll with great-grandchild Brendon in November 1999.

Ask the Right Questions to Determine Placement Needs

Experts advise asking your loved one's doctor, a social worker, your local Alzheimer's Association chapter, or a community agency for guidance when determining your placement needs.

Consider the following questions:

Is 24-hour supervision needed?

What are some characteristics of the person with dementia that may require special skills?

For example, communication difficulties, behavior problems, toileting and bathing assistance, and the need to walk/move around.

Does the person with dementia need help to take medications?

How much and what type of social activity do you want the setting to offer?

Do you want a setting that only cares for persons with dementia?

What types of meals are required?

Do all meals need to be prepared by someone else?

How will costs be covered?

While Touring:**'Look, See, Smell, Listen, and Ask Questions'**

Bill Schlotthauer was just 60 when he was diagnosed with early-onset Alzheimer's disease in October 1998. Bill's wife, Sharon, put their Louisville, Kentucky, house on the market, and the couple moved back to Aurora, Colorado.

They immediately contacted the Alzheimer's Association's Rocky Mountain Chapter for assistance and support. "The help was outstanding," says Sharon. "Bill and I attended classes and support groups together and separately, learning all we could about Alzheimer's and available resources.

"Through these groups, I learned about nursing homes and how to do research on tours. You look, see, smell, listen, and ask questions," advises Sharon. "It was stressful to think about my soulmate and me not living together, but I was told repeatedly, 'Look before you need placement.'"

Sharon says she never dreamed how soon placement day—September 1, 2001—would come. Bill had participated in two different adult day care programs but a year later was confined to a wheelchair and an upstairs bedroom. He could no longer walk, talk, or control his bodily functions. Sharon toured dozens of nursing homes insisting, to no avail, that Bill

be placed in an Alzheimer unit, but administrators disagreed because Bill couldn't walk or talk. As Bill's advocate, Sharon refused to give up and, through the help of the Alzheimer's Association, located and placed Bill in an 80-bed Alzheimer facility 100 miles away from home in Brush, Colorado.

Sharon doesn't regret the decision. "The staff is phenomenal, and most are long-term caregivers," she says. "The place has a family feeling with staff showering hugs on everybody. I am called even when there is a minor problem and feel part of Bill's care team. That's important, but most important is knowing that he is receiving the best possible care."

Tap into the Right Resources

To learn about resources in your community, contact your local chapter of the Alzheimer's Association at 800.272.3900 or by e-mail at info@alz.org. You may also request the following publications:

Residential Care: A Guide for Choosing a New Home

(PF110Z), first copy, free.
800.272.3900

Know Your Rights to Care and Treatment in a Nursing Home

(PP557Z), \$2 each.
800.223.4405

Alzheimer's Association Northern California Chapter

Making the Decision: When Is the Right Time for Facility Care?

First copy, free. www.alznorcal.org
(go to "caregiver questions," then fact sheets, #4)
800.660.1993

Placement: The Tough Call

First copy, free.
800.660.1993

For other resources for care outside the home, contact:

American Association of Homes and Services for the Aging (AAHSA)

202.783.2242
www.aahsa.org

Medicare Change Favors People With Alzheimer's Disease

Medicare beneficiaries with Alzheimer's disease can no longer be denied coverage for mental health services, hospice, and home health care just because they have the disease, thanks to a major change in the federal health insurance program's policies.

Medicare will no longer allow its claims payers, who handle claims submitted by beneficiaries and health care providers, to deny certain medical services to beneficiaries with dementia. These claims payers, typically big health insurance companies, had denied covering Medicare beneficiaries with Alzheimer's because they felt individuals with the disease could not benefit from some medical services, critics of the former policy said.

The Centers for Medicare and Medicaid Services, the federal agency that oversees Medicare and Medicaid, said it made the rule change because doctors can now diagnose the disease earlier. The agency added that beneficiaries with dementia often need the services Medicare is now covering, such as physical, occupational, speech-language, and drug therapies.

"This is great news for people with Alzheimer's disease and other dementias," said Stephen McConnell, PhD, interim president and CEO of the Alzheimer's Association. "This change should eliminate a form of discrimination against millions of individuals with Alzheimer's disease

and resolve a Catch-22 for physicians and other health care professionals prescribing treatment for people with the disease."

Through their Medicare Advocacy Project, the Alzheimer's Association and the American Bar Association's Commission on the Legal Problems of the Elderly lobbied the federal government for the rule change. The change took effect last September.

"Reasonable and Necessary" Services

Under the new rule, Medicare claims payers will pay for only "reasonable and necessary" medical services.

For example, Medicare will now cover physical therapy services for a person who has an unsteady gait due to dementia. When submitting claims to Medicare, health care providers must justify the medical necessity of such therapies.

The Centers for Medicare and Medicaid Services has instructed its claims payers to continue to scrutinize claims, since people with dementia can still be denied coverage for some Medicare services.

Coverage Denied

In the fall of 1998, the Association's Medicare Advocacy Project started reviewing claims payer policies and collecting anecdotes from medical professionals and Association chapters that had received calls from

Medicare beneficiaries denied coverage because they had Alzheimer's.

In one case, a woman with Alzheimer's from suburban Chicago was evaluated for occupational therapy. Medicare paid for the evaluation but refused to pay for the therapy itself. Another woman with Alzheimer's, from Dothan, Alabama, needed physical therapy to help her recover from a hip replacement. The rehabilitation facility would not admit her because Medicare would not reimburse it for providing the service. And in Broward County, Florida, people diagnosed with Alzheimer's were denied coverage for blood tests.

Leslie Fried, JD, director of the advocacy project, noted that while the Centers for Medicare and Medicaid Services administers Medicare, claims payers can decide whether to cover specific services. For example, in Illinois, Florida, and Maryland, Medicare beneficiaries with Alzheimer's disease were refused behavior management services and psychotherapy, she said.

To get Medicare to change its policy toward people with dementia, Fried said she and members of the advocacy project worked with officials from the Centers for Medicare and Medicaid Services and the claims payer companies for nearly two years to educate them about Alzheimer's disease.

Beneficiaries with dementia often need the services Medicare is now covering, such as physical, occupational, speech-language, and drug therapies.

Centers for Medicare and Medicaid Services

For Answers

To learn more about Medicare's rule change for people with Alzheimer's disease and related dementias, contact:

Centers for Medicare
and Medicaid Services
800.MEDICARE
www.medicare.gov

Alzheimer's Association chapters

To find the chapter nearest you, call 800.272.3900 or visit www.alz.org

chapter conferences near you

Alzheimer's Association conferences are being held across the country. Contact your local chapter for more information. Mark your calendars, and plan to attend one of the following:

March 27

The Amazing Mind:
Dementia, Memory, and Humor
Central Illinois Chapter
Peoria, Illinois
309.681.1100

May 8

A Map through the Maze:
An Interdisciplinary Conference
for Alzheimer Care Professionals
Massachusetts Chapter
Marlboro, Massachusetts
617.868.6718

May 10

Working Together:
Exploring New Perspectives
Southern Connecticut Chapter
Cromwell, Connecticut
203.230.1777

May 14–15

Community Partners:
Families and Professionals
Standing Together
Southeastern Virginia Chapter
Norfolk, Virginia
757.459.2405

May 17

Alzheimer's Disease:
Companions Along the Journey
Oregon–Greater Idaho Chapter
Portland, Oregon
503.413.7115

September 19–20

A Sense of Meaning:
A Personal Understanding of Alzheimer's
Greater Dallas Chapter
Dallas, Texas
214.827.0062

Q: My husband, who has Alzheimer's, recently had a seizure. **Are seizures common in Alzheimer's disease? Why do they occur?**

A: Some people with Alzheimer's do have seizures. It is difficult to know exactly how common they are—the few studies of their frequency have found that they occur in about 10 to 15 percent of individuals with Alzheimer's who have no prior seizure history. They usually happen in later stages of the disease.

Although scientists are not certain why seizures affect some people with Alzheimer's and not others, the disease is known to disrupt the brain in ways that can set the stage for seizures to occur. The brain uses tiny chemical and electrical signals to transmit information through its complex network of interconnecting nerve cells. Any event that generates abnormal electrical activity throughout this network can result in a seizure. By causing extensive damage that disrupts nerve communication processes, Alzheimer's can—in addition to its more familiar effects—cause seizures.

Seizures in Alzheimer's disease usually are classified as “partial” because they originate in localized brain regions. Depending on the area affected, a person undergoing a seizure may experience confusion, involuntary movements, or changes in alertness or behavior, usually lasting one or two minutes. Some people experience generalized tonic-clonic (“grand mal”) seizures.

If you think that someone with Alzheimer's may be having a seizure, take immediate steps to prevent injury. Make sure that the person's mouth is clear of food or objects, and do not place anything in the mouth. If the person seems in danger of falling, gently lower the person to the floor on his or her side. Do not attempt to restrict movement or restrain arms or legs. If the person is experiencing a prolonged generalized tonic-clonic or “grand mal” seizure that lasts longer than about three to five minutes, call emergency medical help.

Appropriate treatment for someone with Alzheimer's disease and seizures depends on several factors, including seizure type and frequency and the presence of other illnesses. Ideally, a neurologist with special expertise in epilepsy should evaluate anyone with Alzheimer's who has a suspected seizure disorder. The physician will take a neurological history, perform an examination, and obtain diagnostic studies. The medical workup will generally include a complete blood count and chemistry; an electroencephalogram (EEG), a procedure similar to an electrocardiogram that measures the brain's electrical activity while the person is both asleep and awake; and a magnetic resonance imaging (MRI) study

of the head. These investigations will help confirm the diagnosis of a seizure disorder and determine its likely cause.

Physicians may treat people with Alzheimer's who experience seizures with antiepileptic drugs to prevent additional episodes. Selecting the right drug poses special challenges, because older adults—especially those with Alzheimer's disease—may be particularly sensitive to certain side effects of some medications. Currently available therapies can significantly reduce seizure activity for most affected individuals.

Our consultants who provided the answer for this feature were Ronald C. Petersen, MD, PhD, director of the Alzheimer's Disease Center at the Mayo Clinic and professor in the clinic's Department of Neurology, Divisions of Behavioral Neurology and Alzheimer's Disease; and Gregory D. Cascino, MD, consultant in the Mayo Clinic's Department of Neurology, Divisions of Epilepsy and Clinical Neurophysiology.

Diagnosing Alzheimer's

The Associated Press, Reuters, MSNBC, CBS, and the *New York Times* are among the national media outlets that reported on a UCLA study of PET scans for use in diagnosing Alzheimer's disease. The study, which appeared in the January issue of the *American Journal of Geriatric Psychiatry*, found that positron emission tomography (PET) scanning could identify amyloid plaques and tangles in living patients. Plaques and tangles, previously identified only at autopsy, are believed to cause Alzheimer's by disrupting cell function and killing brain cells. While the study is promising, further research is necessary before PET scans can be said to conclusively diagnose Alzheimer's disease.

Drug Company Gives Seniors a Price Break

The *New York Times*, *USA Today*, and the *Wall Street Journal* are among the national news organizations reporting on Pfizer's flat-fee prescription drug program to low-income Medicare beneficiaries. Under the new program, which is scheduled to begin March 1, eligible seniors will be able to purchase a 30-day supply of any Pfizer medication (including the Alzheimer drug Aricept®) for a flat fee of \$15. In media coverage of the program, the Association's interim president and CEO Stephen McConnell, PhD, commended Pfizer for its innovative program but added, "Congress must act quickly to create a Medicare prescription drug program for all seniors."

We're One of the Best!

In December, *Worth* magazine named the Alzheimer's Association one of the "100 Best Charities" in America based on its expressed goals and the success of its mission. The Association is included among the best 27 health charities and is the only Alzheimer's disease-related charity mentioned in the cover story.

Association Advice

Time magazine's November 12 issue included an article on the strain that sick or aging parents place on a marriage. Readers were referred to the Alzheimer's Association for advice and information about support groups.

The *New York Times* ran an article on the design of Alzheimer care facilities. "When Main Street Also Serves as Memory Lane," which appeared January 10, includes environmental design suggestions for at-home caregivers, mentions the Association's Web site, and gives readers information on obtaining a copy of the Association's *Key Elements of Dementia Care* manual.



Orien Reid
Alzheimer's Association national board chair

Close to Home

On January 14, the *Philadelphia Inquirer* featured a story on Alzheimer's Association national board chair Orien Reid and how Alzheimer's has personally touched her life. Reid's mother was first diagnosed with Alzheimer's in 1988 and succumbed to the disease in 1993.

As national board chair, Reid travels the globe, making speeches, attending fund-raising events, and promoting increased awareness of the disease. "You have to be passionate about something, I believe, and this is it for me," she said.

Presidential Proclamation!

On November 9, President George W. Bush issued a National Alzheimer's Disease Awareness Month Proclamation. This was the first time in 10 years that a presidential proclamation has been issued for Alzheimer's awareness.

In making the announcement, the president expressed his administration's commitment to funding research and improving support for caregivers. "My administration is strongly committed to meeting the challenges of Alzheimer's disease by increasing funding for federal medical research programs as well as providing improved support to Alzheimer's patients and their families and caregivers," Bush said.

Learn the Latest in Dementia Research and Care at the **8th International Conference**

The world's preeminent dementia research forum—the 8th International Conference on Alzheimer's Disease and Related Disorders—will be held in Stockholm, Sweden, July 20–25. At daily plenary sessions and 20 symposia over five days, 135 invited speakers who are leaders in the field will explore the latest research advances in Alzheimer's disease and other neurodegenerative disorders that cause dementia.

An exciting new half-day program targeted to social and behavioral issues kicks off the conference. The program, entitled *Quality of Life and Alzheimer Care: Integrating Research and Practice*, features 19 clinicians and scientists from around the world exploring quality of life issues, psychosocial interventions, and social and cultural resources for people with Alzheimer's disease.

For more information, www.alz.org/internationalconference, or 312.335.5813.

rx corner

AN-1792 (the “Alzheimer vaccine”): In January 2002, Elan Corporation, plc, and Wyeth-Ayerst Laboratories announced that Phase II trials of their experimental Alzheimer drug AN-1792 had been temporarily suspended after four participants developed symptoms of brain inflammation. By the end of February, the number of affected participants had climbed to 12. Scientists on the trial safety and monitoring committee are reviewing data to determine if the experimental drug caused the symptoms and whether the trial should resume.

Memantine: Forest Laboratories, Inc., is conducting several multicenter Phase III trials of memantine, the company's investigational Alzheimer drug. Memantine has been marketed in Germany under the trade name Akatinol Memantine® for over 10 years by Merz Pharmaceuticals for treatment of dementia. In preliminary U.S. studies, participants receiving memantine experienced slower decline in thinking skills, behavior, and overall functioning than those receiving a placebo (inactive drug). Memantine appears to protect the brain's nerve cells against glutamate, a messenger chemical released in excess amounts by cells damaged by Alzheimer's or other neurological disorders. This mechanism differs from the activity of the cholinesterase inhibitor drugs currently approved to treat Alzheimer's, which temporarily boost levels of acetylcholine, another nerve communication chemical. These differing modes of action raise the possibility that individuals may be able to take both drugs simultaneously. Later this spring, Forest plans to open a new Phase III trial that will enroll participants already taking cholinesterase inhibitors.

For a fact sheet about memantine and lists of trial sites, please call our Contact Center at 800.272.3900, or visit our Web site at www.alz.org.

dialogue survey question

When Should a Person with Alzheimer's Stop Driving?

Families, caregivers, and health care professionals often struggle with the decision about whether a person affected by mild Alzheimer's disease should be allowed to drive.

The Alzheimer's Association does not believe a diagnosis of Alzheimer's disease automatically means a person is incapable of driving.

We Want to Hear from You!

Should people with Alzheimer's be allowed to continue driving?

At what point should a person with Alzheimer's stop driving?

Should restrictions be enforced informally (by families or physicians) or mandated by law?

Have you experienced difficulties with issues related to driving and Alzheimer's? If so, what were they, and how did you resolve them?

Your experiences could be incorporated into the Dialogue article in the summer 2002 Advances. Please send your feedback no later than April 5.

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Dementia Gains New Prominence in the Arts*continued from page 1*

Alfred is a retired railroad company executive who loves to hole up in his basement amateur metallurgical laboratory. His developing dementia intensifies a lifelong curmudgeonly streak that has perennially infuriated his wife Enid and intimidated his offspring. Alfred's antisocial tendencies and her children's failure to embrace conventional lives thwart Enid's aspirations to achieve an idealized family harmony reminiscent of Norman Rockwell.

The plot of *The Corrections* revolves loosely around Enid's efforts to come to terms with Alfred's decline by luring all the children back for one last Christmas together before she and Alfred give up the family home. The children's enthusiasm for the idea waxes and wanes largely according to their own understanding of the seriousness of Alfred's impairment. Through a series of "corrections"—by turns moving, outrageous, and hilarious—the family moves toward acceptance of Alfred's situation.

Although Alfred's dementia in *The Corrections* is caused by Parkinson's disease, Franzen's own father had Alzheimer's. In "My Father's Brain," an article in the September 10, 2001, issue of the *New Yorker*, Franzen recounts his own struggle to come to terms with his father's illness and its impact on his parents' lives. Franzen's account of his family's personal experience with dementia is just as moving as his fictional treatment of the Lamberts' struggle.

In John Bayley's 1999 memoir *Elegy for Iris*, the Oxford professor and noted literary critic offers another moving perspective on Alzheimer's—in this case, its impact on a life partnership spanning more than 40 years. Bayley's wife Iris Murdoch, one of England's most admired novelists, showed her first signs of the disease in 1994 at the age of 75. Normally an articulate and spirited commentator, she found herself unable to summon the words to answer audience questions during a scholarly presentation in Israel. Increasingly severe forgetfulness and confusion soon followed. "Alzheimer's," writes Bayley, "is, in fact, like an insidious fog, barely noticeable until everything around has disappeared."

Elegy for Iris is divided into two sections. "Then," comprising the first 200 pages, recounts Bayley's first glimpse of Murdoch bicycling across the Oxford campus, their 1956 marriage, and their glittering careers as both became icons of British arts and letters. In the concluding 50 pages, "Now" describes their lives after the fog of Alzheimer's has enveloped them. Piles of twigs, acorns, pebbles, and other small objects collected by Iris on their daily walks litter a house already cluttered by decades of indifferent housekeeping. A high point of each morning is sipping tea while watching *Teletubbies*, a British television show geared to toddlers. Bayley served as Iris's primary caregiver until she entered a local nursing home three weeks before her death in February 1999.

Bayley's harrowing, haunting love story has been brought to the screen as *Iris*, a Miramax film by director and screenwriter Richard Eyre, whose own mother died with Alzheimer's. Kate Winslet plays the young Murdoch, and Judi Dench portrays the author in her maturity and her decline. Both women's performances have earned Oscar nominations, as has Jim Broadbent's portrayal of the mature John Bayley. After attending the New York City premier of *Iris*, John Jager, executive director of the Alzheimer's Association New York City Chapter, described the film as "the most honest cinematic depiction of Alzheimer's that I have seen."

Works like Franzen's and Bayley's books and Eyre's film are themselves corrections, dispelling myths, misrepresentations, and oversimplifications. Portraying dementia with sensitivity and authenticity offers validation for those with a personal connection to Alzheimer's and related disorders and raises awareness for those whose lives have not yet been touched by these conditions.

For more information about *Iris*, go to the Association's Web site at www.alz.org/whatsnew/alzmovie.htm.

