

ADVANCES

PROGRESS IN ALZHEIMER RESEARCH AND CARE

U.S. Health Care and the Aging Baby Boomers A Revolution in the Making

The numbers alone tell the story, and there's no mistaking the sense of urgency behind the figures. Consider that:

- Nearly 4 million Americans have Alzheimer's disease.
- Each year we spend more than \$100 billion for Alzheimer treatment, care, and related costs. American businesses lose another \$26 billion due to caregivers' absence from the workplace—as adult children stay home from work, not to care for their own offspring but to care for their aging parents and grandparents.
- Fifty years from now, if there's no cure or preventive treatment, 14 million Americans—more than three times the current number—will have Alzheimer's disease.

At its founding 20 years ago, the Alzheimer's Association set its sights on eliminating the disease. And Association leaders had no doubts about what that goal required.

“Funding biomedical research both through Association funds and at the National Institutes of Health is at the top of our agenda,” says Judith Riggs, the Association's director of state and federal policy. Since 1990, she continues, the Alzheimer's Association and its advocates across the country have managed to boost federal research funding from \$146 million to about \$450 million. The Association itself has funded more than \$76 million since it first began its research grants program in 1982.

Yet for all of the upheaval wrought by Alzheimer's, the disease is just one, though certainly among the most devastating, of the health care challenges America faces, say aging experts.

One of those authorities, psychologist and gerontologist Kenneth Dycht-wald, PhD, refers to the oncoming crisis as “the health care train wreck in our future.”

For the past 25 years, Dycht-wald's professional focus has centered on aging

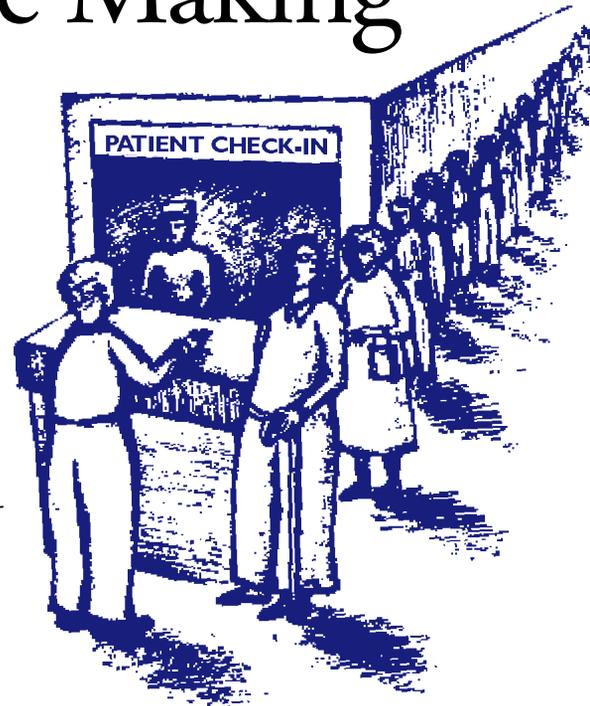


Illustration by Michelina McCann

and its implications for society. In his new book, *Age Power: How the 21st Century Will Be Ruled by the New Old*, Dycht-wald outlines the problems he foresees and offers solutions.

“In my view,” he said in an interview, “there are [a number of health-related] trends increasing in intensity, all converging to change the world as we know it.”

For one, he continues, we're at the beginning of a longevity revolution—health care advances will enable more people to live longer, and this trend

[CONTINUED ON PAGE 4]

IN THIS ISSUE...

DIVERSITY IN CAREGIVING3

SCIENCE: TOWARD A PROMISING FUTURE4

ALTERNATIVE TREATMENTS: BUY? OR BEWARE?6

COPING WITH COEXISTING CONDITIONS8

Congress Joins the Fight, and a Vaccine Is On the Way

I was so excited to read the fall 1999 issue of *Advances*. I have been caring for my mother, who has Alzheimer's disease, for about nine years now. I am in a local support group and have gone to many seminars. With all of this knowledge behind me and in front of me, I must give a five star salute to *Advances*.

I loved reading "Congressional Task Force on Alzheimer's Launched." It is so rewarding to finally get Congress on our side. A task force focused on assisting people with the disease and their families is very much needed.

I was also excited to learn from "A Vaccine for Alzheimer's?" that AN-1792 will undergo several phases of clinical study and if all goes well might be available within the next four to seven years. A vaccine that could help Mom would be a miracle!

Vicki Scaffidi
Horseheads, New York

WE WANT TO HEAR FROM YOU!

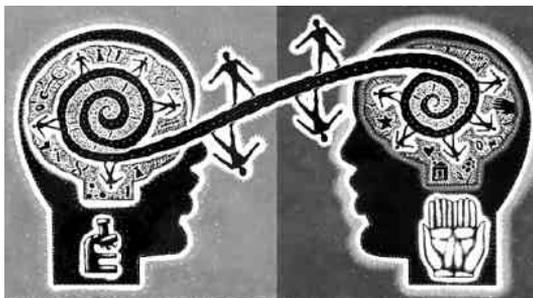
Please share with us your experiences related to issues covered in *Advances*, or suggest topics you'd like to read more about.

Advances is a national newsletter produced and distributed quarterly by the Alzheimer's Association, 919 North Michigan Avenue, Suite 1100, Chicago, Illinois 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 to michele.pellissier@alz.org. *Advances* does not publish unsolicited poems or short stories or accept advertisements.

World Alzheimer Congress 2000



With Change in Mind
Pivotal Research and Creative Care

JULY 9-18, 2000 WASHINGTON, D.C., U.S.A.

**World leaders in
Alzheimer research
and care come
together with
change in mind.**

Expected to attract some 5,000 attendees from around the globe, Alzheimer 2000 will mark the first time researchers, physicians, care providers, and other Alzheimer specialists have come together to identify strategies for improving care and for eliminating the threat of Alzheimer's to today's citizens and future generations.

©1999 Alzheimer's Disease and Related Disorders Association, Inc. All rights reserved.

For more information, call the conference information line at 312.335.5813, visit our Web site at www.alzheimer2000.org, or e-mail us at alzheimer2000@alz.org.

ALZHEIMER'S
ASSOCIATION

AD
Alzheimer's Disease
International

Alzheimer
Society
CANADA



DIVERSITY IN CAREGIVING

An individual's cultural or ethnic background colors his or her view of Alzheimer's; it also affects how he or she may react when faced with the responsibility of caring for a loved one with the disease. The fact that care professionals are learning just how crucial it is to be sensitive to cultural differences was the central topic of discussion at the Alzheimer's Association's 8th National Alzheimer's Disease Education Conference held in July.

With Americans living longer and minority populations, such as Hispanic Americans and African Americans, growing faster than the overall population, care professionals are finding that it's not just middle-class whites who are asking for their help in coping with Alzheimer's disease. "The increasing diversity among elders can't be ignored," says Rosa Ramirez, director of education and outreach at the Los Angeles Chapter of the Association.

Addressing the needs of any ethnic or cultural group can take several years to accomplish, Ramirez says. "It takes time to build bridges between cultural

groups, because within each group there is diversity and complexity. For example, Latinos consist of subgroups that include Mexicans, Cubans, and Puerto Ricans."

Service providers have learned that to create a successful program, they must build trust and credibility with a targeted group. Ramirez says it took the Los Angeles Chapter 15 years to create strong ties with the local Latino community in order to determine which services were effective for them. "We had to go into the community to meet with leaders and together develop programs that most appropriately met their group's needs."

How Alzheimer's disease and caregiving are perceived varies enormously among different ethnic and cultural groups, says Dolores Gallagher-Thompson, a psychologist at a Veteran Affairs facility in Palo Alto, California, and an associate professor at Stanford University's medical school. "Even though they have the same diagnosis, individuals from different cultures experience Alzheimer's disease differently," she says.

Staff at the Association's Los Angeles Chapter have found that Pacific Islanders view Alzheimer's as a normal part of aging and not as an illness, and that some segments of the Latino community view the disease as a spiritual test or punishment for a past bad deed.

How Alzheimer's disease and caregiving are perceived varies enormously among different ethnic and cultural groups.

Ethnic groups also cope differently with the disease, caregiving, and related stresses. For example, some segments of the African American community rely on their spiritual faith as a way to deal with the illness and the stresses associated with caregiving.



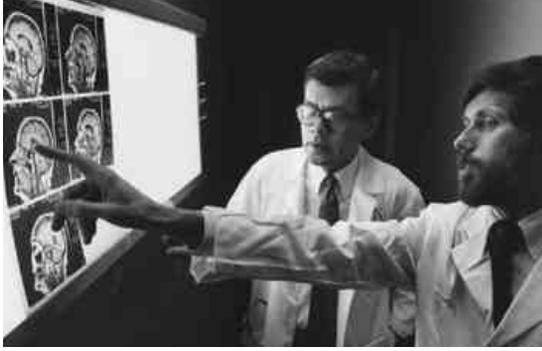
The Association's Los Angeles Chapter sponsors a new project called El Portal, a network of dementia services for Latinos.

Care professionals are realizing that a one-size-fits-all approach will not work with all cultures and can create barriers to communication.

"If you're serving a person with Alzheimer's and his or her caregiver, you need to know about their culture because it's so easy to offend if you don't," says Edna Ballard, clinical associate in social work at the Duke University Family Support Program in Durham, North Carolina. Many care professionals have sought out training

[CONTINUED ON PAGE 11]





Science Advances Toward a Promising Future

Every minute, every day, scientists learn something new about Alzheimer's disease. The momentum of research is building, and researchers are coming closer to understanding the causes of Alzheimer's disease and finding a cure.

1999 was an exciting year for Alzheimer research. Much of what has been learned lays a solid foundation for research into the next decade and beyond. Some of the top advances of the year include:

- Two large-scale studies with an emphasis on preventing Alzheimer's disease were launched. Both are testing existing treatments in individuals with mild cognitive impairment (MCI), in hopes of finding ways to slow or stop the progression from MCI to Alzheimer's.
- An unprecedented study of a vaccine for Alzheimer's was released. So far the vaccine has been studied only in mice; clinical trials in humans are expected to begin within the next year.
- Rivastigmine (Exelon®), a potential third treatment option, was submitted to the Food and Drug Administration (FDA) for review.

- Scientists have learned more about amyloid plaques and neurofibrillary tangles—the two lesions characteristic of Alzheimer's—in an effort to unmask the cause(s) of the disease.
- Metrifonate (ProMem®) was submitted to the FDA for review and could become yet a fourth treatment option.
- Scientists have made advances in diagnostic procedures and have studied approaches ranging from imaging exams, such as MRI or CT scans, to screening tools and genetic tests.
- Galantamine (Reminyl®) was submitted to the FDA for review and could offer individuals with Alzheimer's disease yet a fifth treatment option.

If this rapid pace of discovery continues, scientists are confident that they will find an effective treatment or cure within the next decade.

Last year alone, the Alzheimer's Association provided funding for more than 80 researchers worldwide—80 of the top scientists in the field. The Association funded a record \$16.5 million in research in fiscal year 1999 and will fund \$22 million in 2000. *ff*

[REVOLUTION...CONTINUED FROM PAGE 1]

will continue. Also, the largest generation in United States history, the 78-million-strong baby boomers, is entering its later years, when chronic diseases and other health problems are more common.

In his book Dychtwald notes that among people aged 65 years and older, 80 percent have one or more chronic diseases. Another 50 percent have two or more ailments, and 24 percent suffer from chronic health problems grave enough to limit daily activities such as bathing and cooking.

Even today, with the majority of baby boomers still short of senior status, health problems such as cancer, heart disease, stroke, arthritis, osteoporosis, and Alzheimer's—all of which increase in incidence among the elderly—cost the U.S. economy billions of dollars each year, Dychtwald writes.

He also warns of a caregiving crunch. Increasingly, he notes, middle-aged parents are dividing their time between child care and parent care.

"If this trend continues," he writes, "eldercare-giving and its associated responsibilities, sacrifices, and suffering could very well become the social and economic sinkhole of the 21st century."

Given these trends—which show no sign of abating—is American society prepared for the ensuing challenges?

"Over the last decade, I've been increasingly worried that unless we make changes, we're headed for disaster," says Dychtwald.

His recommendations for averting a health care catastrophe include:

- Making disease prevention and self-care a national priority;
- Providing academic training and continuing education to ensure that health care professionals are fully competent at meeting the needs of the elderly population;
- Financing long-term care through private insurance or reverse mortgages;
- Expanding and integrating long-term care programs and services; and
- Committing greater attention and resources to the scientific research required to delay or, if possible, eliminate the diseases of aging.

“I happen to believe that the single greatest [financial, social, emotional] sinkhole we’re heading toward is the prospect of a future with tens of millions of demented elderly,” says Dychtwald. “The elimination of Alzheimer’s disease must be the central focus of all of our lives—it’s not just the responsibility of the Alzheimer’s Association and its volunteers. And in order to succeed in eliminating Alzheimer’s, we must elevate public awareness of the disease.”

Educating lawmakers about Alzheimer’s is also key, say staff at the Association’s Washington, D.C., office. In recent years, federal and state legislators have,

by necessity, become increasingly familiar with the disease. And the Association works to help legislators make informed decisions about Alzheimer issues.

“What we’re trying to do is to expand coverage for Alzheimer treatment and care,” says Riggs. In order to accomplish that, she continues, we need to push for “public assistance reform and get Medicare to recognize and pay for treatment—not just prescription drugs but also services.” *ff*

R_x CORNER



Drug Update

Rivastigmine (Exelon®), which received an approvable letter in May of this year, is in the final stages of review with the U.S. Food and Drug Administration (FDA). An approvable letter represents the final step before a product receives FDA clearance for marketing in the U.S. Novartis Pharmaceuticals Corporation expects to receive final clearance for rivastigmine in early 2000; the drug will be available shortly thereafter.

Metrifonate (ProMem®) by Bayer Corporation is also under review by the FDA for the treatment of mild to moderate Alzheimer’s. Metrifonate is an acetylcholinesterase inhibitor.

Janssen Pharmaceutica just announced that has submitted its new Alzheimer drug, **galantamine** (Reminyl®), to the FDA for review. Galantamine increases levels of acetylcholine in the brain in two ways: by inhibiting acetylcholinesterase and by stimulating other receptors in the brain to release more acetylcholine.

Ongoing Clinical Drug Studies

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

- Donepezil (Aricept®) and Estrogen
- Melatonin
- Galantamine
- Estrogen

Studies recruiting individuals with mild cognitive impairment include:

- InDDEx Study
- Memory Impairment Study

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



Alternative Treatments *Buy? Or Beware?*

Miracle drugs for diseases such as Alzheimer's are reported every day in the news, in magazines, and especially on the World Wide Web. Several products claim to cure Alzheimer's and even prevent it from ever occurring. Some of them are plant extracts, such as huperzine A, while others occur naturally in the body, such as coenzyme Q10 and phosphatidyl serine. So how do you know which medical claims to believe and which are just hype?

First of all, if there were a cure or prevention for Alzheimer's, doctors would be prescribing it. Unfortunately, researchers have not yet found such a miracle medication. Until then, buyers of these products must beware.

"Although many of these products are herbal or all natural, it doesn't mean they are safe," says Lon Schneider, MD, professor of psychiatry, neurology, and gerontology at the Keck School of Medicine of the University of Southern California. "In most cases there is not enough scientific evidence backing these products—neither proving their effectiveness nor disproving the existence of harmful side effects."

A better way to avoid dangerous side effects is to first try treatments that have

undergone sufficient scrutiny by the U.S. Food and Drug Administration (FDA). In other words, try medications that your doctor can prescribe. FDA-approved drugs have undergone years of thorough research, so that by the time they reach pharmacy shelves, effectiveness and most side effects are already known.

In most cases there is not enough scientific evidence backing these products—neither proving their effectiveness nor disproving the existence of harmful side effects.

If you are still interested in taking nutritional supplements, or "nutraceuticals," keep in mind that these products are not regulated in the way that pharmaceutical drugs are. "In most cases, these products are manufactured by small, unregulated

laboratories," says Schneider. "Therefore, you never know how pure the product is or what dosage is contained within each capsule or pill."

Always consult your physician before self-prescribing an alternative treatment. Even if your physician is hesitant about your wish to try something new and unproven, at least keep him apprised of what medications you or your loved one is taking. That way, your physician can help keep an eye out for harmful side effects or potential drug-drug interactions.

Below is some information on the latest alternative treatments to hit the news: huperzine A, coenzyme Q10, and phosphatidyl serine.

Huperzine A

Huperzine A is a moss extract that has been used in traditional Chinese medicine for centuries. Because it acts as an acetylcholinesterase inhibitor, it has now surfaced as a potential treatment for Alzheimer's disease.

Researchers have found that huperzine A is just as potent as donepezil (Aricept®), rivastigmine (Exelon®), and tacrine (Cognex®). The difference, however, is that huperzine A is unregulated and manufactured with no

uniform standards in place. Because it is an acetylcholinesterase inhibitor, there could be dangers associated with its use. “If used in combination with donepezil, rivastigmine, or tacrine, the results can be devastating,” warns Schneider. “It would be like giving an overdose of any one of these drugs.”

So far, researchers don’t know much about the effectiveness of huperzine A in treating Alzheimer’s. Few studies have been done in this area of research. “Until we see results from large-scale clinical studies,” says Schneider, “I would not recommend its use, especially since there are FDA-approved drugs that do the same thing. If you still want to try huperzine A, I would caution that you do so only under direct supervision from your physician.”

Coenzyme Q10

Coenzyme Q10, also known as ubiquinone, is an antioxidant that occurs naturally in the body and is needed for normal cell reactions to occur. This compound has not been researched to determine its effectiveness in treating Alzheimer’s.

A synthetic version of this compound, called idebenone, was tested for Alzheimer’s disease but did not show favorable results. Little is known about what dosage of coenzyme Q10 is considered safe, and there could be harmful effects if too much is taken.

Phosphatidyl Serine

Phosphatidyl serine is a fatty substance, known as a phospholipid, that is essential to all cells in the human body. It had been studied as a potential treatment for Alzheimer’s disease about a

[CONTINUED ON PAGE 11]

Ethics and Dementia Research

Have you ever wondered whether you should enroll your loved one in a research study? Because individuals with Alzheimer’s disease and other forms of dementia in most cases aren’t able to give their consent, it can be a difficult decision to make.

Protecting individuals with dementia who participate in research and encouraging the advancement of dementia research are twin goals for the Alzheimer’s Association.

Drawing on the work of its Ethics Advisory Panel, the Association’s board of directors has adopted a position statement on dementia research. The following guidelines can help you make your decision about participating in research.

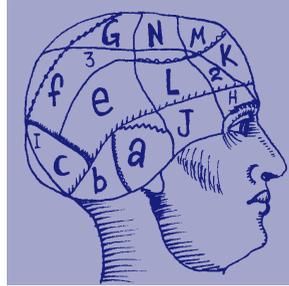
- For research that involves minimal risk, all individuals should be allowed to enroll even if there are no potential benefits. Consent from a family member or caregiver is acceptable if no advance directive was given by the person with dementia.
- For research that has greater than minimal risk with potential for benefit to the individual, the enrollment of all individuals with Alzheimer’s is allowable based on an advance directive or on consent from a family member or caregiver (if

believed to be in the best interest of the individual).

- For research involving greater than minimal risk with no potential benefit to the individual, only those who can give their own informed consent, or have an advance directive, can participate. In these cases, a caregiver or family member must be available to monitor their loved one’s condition throughout the study.
- In any case, family members or caregivers may refuse to enroll their loved ones in a research study if it is not in their loved ones’ best interest.
- An individual who’s incapable of deciding whether to participate in a research study retains the right to refuse. But if the research has a very high potential benefit and very low risk, and is the only way the individual could receive the beneficial treatment, a family member or caregiver can give consent for participation.

It is important to keep each of these factors in mind if you’re thinking of enrolling a loved one in a research study. If at any point you have questions about a specific study, ask one of the researchers involved to sit down with you and speak to your concerns.

When the Diagnosis
Is More
Than Alzheimer's



COPING *with*

COEXISTING CONDITIONS

UNFORTUNATELY, AS WE AGE, WE ARE AT HIGHER RISK NOT ONLY FOR ALZHEIMER'S DISEASE BUT ALSO FOR DEPRESSION, DIABETES, AND HIGH BLOOD PRESSURE. ANY ONE OF THESE CONDITIONS CAN PROVE DIFFICULT TO MANAGE, SO WHAT SHOULD YOU DO IF YOU'RE CARING FOR SOMEONE WHO NOT ONLY HAS ALZHEIMER'S BUT ALSO SUFFERS FROM ANOTHER COEXISTING CONDITION?

Caring for someone with Alzheimer's disease who is otherwise healthy can be a challenge. But the situation can become much more complicated when the individual has another disabling condition as well. Many times the effects of a coexisting condition or its treatment regimen can induce increasing confusion and memory loss as well as unexpected behavioral changes in persons with Alzheimer's disease.

Because of the brain cell damage caused by Alzheimer's, affected individuals are often very vulnerable to developing side effects related to other conditions or the medicines prescribed for those conditions, says Constantine Lyketsos, MD, director of the Neuropsychiatry and Memory Group at Johns Hopkins Hospital in Baltimore, Maryland.

"Usually someone with Alzheimer's develops side effects more often and severely, and in an atypical way. For example, if a person is diabetic, he or she may exhibit confusion, sleep trouble, or agitation as a result of an imbalance in blood sugar level," he says. "These symptoms can exacerbate the confusion, sleep trouble, and agitation that already may be a result of Alzheimer's."

"Coexisting conditions, if not properly treated, can have a negative effect on individuals with dementia," adds Elizabeth Smith-Boivin, an administrator at the Millview Adult Home in Waterford, New York.

Start low and go slow

The presence of another disabling condition makes it even more critical that caregivers monitor treatment of the person with Alzheimer's, says Jeffrey Cummings, MD, professor of neurology and director of the University of California, Los Angeles, Alzheimer's Disease Center. "Physicians also should realize that it is imperative to involve the caregiver in all therapeutic decisions."

Typically more than one physician is treating the person with Alzheimer's, especially when coexisting conditions occur. To avoid medication mishaps, the caregiver should inform each physician that the individual has Alzheimer's and state whether he or she is in the early, middle, or late stage of the disease. Armed with this knowledge, "The physician can consider these factors when prescribing medicine and determining dosage for another condition," Lyketsos says.

If a person with Alzheimer's has more than one physician for different coexisting conditions, his or her caregiver may want to designate one of the physicians as the *primary* physician. The caregiver should then keep the primary physician abreast of all other disabling conditions and treatments and the impact they are having on the individual, Smith-Boivin says. "Make sure at least one physician has all of the pieces of this complicated puzzle. Every bit of information should be shared so that the physician is well-equipped and can give the appropriate guidance," she says.

One way to minimize the side effects is to question the necessity of medicine for treating a condition, Lyketsos says. In cases where treatment is necessary, such as heart disease and diabetes, he suggests that the "caregiver find out the

starting dosage and ask the doctor whether it can be halved."

Martin Farlow, MD, professor of neurology and director of Indiana University's Alzheimer Disease Center in Indianapolis agrees: "You should start low in terms of the dosage and frequently evaluate the effects of the medicines on the condition it is meant to treat and on the person's cognitive abilities."

The strategy for treating an individual with Alzheimer's who also suffers from a coexisting condition will vary depending on the situation. The following are some suggestions for minimizing the effects of three of the most common coexisting conditions: depression, diabetes, and high blood pressure.



"BECAUSE OF THE BRAIN CELL DAMAGE CAUSED BY ALZHEIMER'S, AFFECTED INDIVIDUALS ARE OFTEN VERY VULNERABLE TO DEVELOPING SIDE EFFECTS RELATED TO OTHER CONDITIONS OR THE MEDICINES PRESCRIBED FOR THOSE CONDITIONS."

Depression

Some signs of depression are similar to those of Alzheimer's, but physicians stress that Alzheimer symptoms are more progressive and include profound memory loss. Typical signs of depression are social withdrawal, confusion, sadness, irritability, and change in sleep patterns and appetite. Lyketsos estimates that 20–25 percent of people with Alzheimer's also suffer from depression. Many individuals with Alzheimer's become depressed because they are aware of losing their cognitive abilities.

Lyketsos recommends that activity-based therapy be tried first, particularly

if the individual has a case of mild depression. If a medication must be prescribed, caregivers might want to seek advice from a specialist—a geriatric psychiatrist or neurologist. The specialist will likely prescribe an antidepressant that might work best for someone with Alzheimer's disease, with fewer side effects.

Diabetes

In individuals who suffer from Alzheimer's and diabetes, medicines may not be causing the cognitive problems. Diabetic treatment taken orally is unlikely to cause side effects, Lyketsos says. But a fluctuation in blood sugar level is likely the culprit behind worsening of cognitive abilities or behavioral changes, he says. Lyketsos recommends

that caregivers monitor their loved one's sugar level more often during the day and, if necessary, consult with a physician to adjust medication accordingly.

High blood pressure

Persons with Alzheimer's with high blood pressure should avoid diuretics and antihypertensive drugs, which could cause memory deficit, disorientation, and behavioral problems, Farlow says. Another group of drugs used to treat high blood pressure, called ACE inhibitors, have minimal side effects and might be a better choice for individuals with dementia.

[CONTINUED ON PAGE 11]

Q&A provides answers to your research or caregiving questions from leading professionals in the field of Alzheimer's disease. Murray Raskind, MD, responds to the following question about early-onset Alzheimer's disease.

Q: My father developed Alzheimer's disease at the age of 55. I have been told that he has early-onset Alzheimer's, which I understand is very rare. How does this type of the disease differ from late-onset Alzheimer's?

A: A person whose Alzheimer symptoms occur at the age of 65 or younger is considered to have the early-onset form of the disease. This type of Alzheimer's disease is rare—accounting for less than 10 percent of all Alzheimer cases—and can affect people in their 40s and 50s, or even someone as young as 30. Although early-onset Alzheimer's is not a new concept, the number of cases has risen in the past several years, partly because physicians are getting better at diagnosing it.

A person who has early-onset Alzheimer's experiences symptoms similar to those found in late-onset Alzheimer's but is often still active in his or her career, family, and social obligations when the symptoms begin. As with late-onset Alzheimer's, early-onset Alzheimer's affects each person differently. In the early stages of the disease, most individuals continue to lead productive lives and are able to participate in many of the activities they enjoy.

A type of Alzheimer's known as familial Alzheimer's disease (FAD), where the disease follows a specific inheritance pattern, has been associated with early onset. Currently, there are at least three genes that have been connected to early-onset FAD. Early-onset Alzheimer's often progresses faster than the late-onset form of the disease. Families of early-onset Alzheimer's should talk openly about the

changes experienced by the individual as a result of the disease. It might be necessary to have a spouse or other family member manage the household or assist the individual with Alzheimer's in certain activities. Some job-related tasks may be more difficult for the individual to perform as the disease progresses, but the person should continue to work as long as he or she feels able. The individual may want to discuss with his or her employer the possibility of switching to a position that better matches his or her abilities.

Due to their younger age and healthy appearance, early-onset individuals may have a difficult time obtaining an accurate diagnosis. Physicians may attribute the early symptoms to stress or give a diagnosis of depression instead. Local chapters of the Alzheimer's Association can provide information, support, and referrals to early-onset families.

Murray Raskind, MD, is director of the Alzheimer's Disease Research Center at the Veterans Affairs Puget Sound Health Care System and the University of Washington in Seattle, Washington. He also serves as vice chair of the Alzheimer's Association Medical and Scientific Advisory Council. 

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 1100, Chicago, Illinois 60611-1676, Attn: Michele Pellissier, or send e-mail to: michele.pellissier@alz.org.



[DIVERSITY... CONTINUED FROM PAGE 3]

to become sensitized to ethnic and cultural differences and to customize their programs and services to individual needs.

More than 255 agencies nationwide are delivering services and programs to more than 20 different ethnic groups and several rural families. The Los Angeles Chapter sponsors one of the projects, El Portal, a network of dementia services for Latinos that includes adult day care and support groups.

“Before we started this program, few Latinos in our community used adult day care or participated in local research, and it was assumed that they did not need these resources,” Ramirez says. “But we have since found that if Latinos are made aware that they have options, and that these resources are offered in Spanish and accommodate their cultural beliefs, they will use them.” *#*

[ALTERNATIVE TREATMENTS... CONTINUED FROM PAGE 7]

decade ago but was ineffective in improving cognitive abilities in individuals with Alzheimer’s disease. Some small studies have shown that people who don’t have Alzheimer’s experienced slightly enhanced cognition while taking phosphatidyl serine, but this research is thought to be inconclusive.

Your doctor might not have all the answers you need, especially when your questions concern alternative treatments. It’s not that your doctor isn’t interested in learning about these treatments or trying to use them to your benefit. More often it is because there is

no solid research backing most of these “miracle cures.” So before you go the alternative route, learn as much as you can about the remedy you’re interested in, and consult your physician. *#*

[COEXISTING CONDITIONS... CONTINUED FROM PAGE 9]

These suggestions are a starting point for discussions among the caregiver, individual with Alzheimer’s, and physician to determine which options are available and which are best. When in doubt as to whether the treatment regimen prescribed is the best choice for someone with Alzheimer’s, consult a physician for a thorough evaluation.

Health care professionals stress that keeping the person with Alzheimer’s in general good health will lessen the effects of coexisting conditions or their treatments. *#*

Make a Difference— WALK!

From Los Angeles to our nation's capital, from Rudolph Giuliani to Maureen Reagan, this fall nearly 150,000 walkers joined forces nationwide in a fight against Alzheimer's disease.

This year participants from more than 400 communities across the country united once again for the Alzheimer's Association's annual Memory Walk. The goal of this year's walk was to raise \$17.5 million, to be used for programs and services that will help persons with Alzheimer's disease, their caregivers, and their families.

Bottom left: Among enthusiastic walkers this year were actor David Hyde Pierce, singer and songwriter Deborah Franco, and actor Shelley Fabares.

Web site: <http://www.alz.org>
Fax: (312) 335-1110
(800) 272-3900

Alzheimer's Disease and
Related Disorders Association, Inc.
919 North Michigan Avenue, Suite 1100
Chicago, Illinois 60611-1676

VOL. 19 NO. 4 WINTER 2000

ALZHEIMER'S
ASSOCIATION

advANCES