

Two websites host store for Alzheimer's merchandise sales

To expand awareness of Alzheimer's disease and the Alzheimer's Association and broaden our consumer-focused initiatives, we are launching an online store for the general public, featuring a selection of branded apparel, merchandise and Memory Walk items. These items can be accessed online at www.alz.org or www.actionalz.org.

The e-commerce store went live in September and features the MOVE, OPEN, VOICE T-shirts plus new items, including a champion coffee mug; Memory Walk caps; forget-me-not charms for children's and adult's Croc® shoes; fleece scarves and MOVE bandanas.

"We are excited about the opportunity to offer these much sought-after items," said Tonda Ames, vice president of marketing and programs for the Oklahoma and Arkansas Chapter. "We have received numerous calls from the pub-

lic wanting these items after they were first introduced during the Move, Open and Voice awareness campaign earlier this year."

How will the public find Shop for the Cause?

www.alz.org and www.actionalz.org will feature direct links on the websites' home page.

How often will new merchandise be added to the store?

Initially, we will offer our champion T-shirts and other select merchandise. In the coming months, we will add educational and informational materials. We expect to offer new items monthly so keep checking the product sites.

Ten tips for coping with the holiday season

Drawn on your faith and traditions.

Think about those things from past holidays that are most important to you and your loved ones and concentrate on those. Determine what **REALLY** matters and focus your energy and time on being together and enjoying people instead of things.

Plan ahead. Do as many things as possible ahead of time. Adapt and simplify gift-giving, meals, entertaining, travel and number of visitors in your home, especially for overnights. Try to plan quiet activities and time with your loved one with dementia. Involve him/her in as many activities as their interest and functional abilities will allow.

Familiarize family and friends with the behavior and condition of the person with dementia, and the disease diagnosis, if it has happened recently. Know where your loved one is in the disease process, and focus on present abilities, interests and likes. A simple email or letter to family and close friends before Thanksgiving will alert them to the changes in your spouse or parent and prepare them for changes since they last visited or saw them.

Share a list of useful and or needed gift

hints to help with bathing, dressing and living with Alzheimer's as the disease progresses. Your local chapter can provide ideas. Specific gift ideas for care partners and for people with dementia are available.

Prepare the person with dementia for coming events. "Set the stage", with early decorations, music of the season and magazines and Christmas books and stories to read. Start talking early about the holiday, people who may come to visit, what you used to do in your family, etc. Let the person with dementia participate in decorating, baking cookies, stamping cards, even wrapping packages as they are able.

Consider smaller, simpler gatherings, with fewer people at a time and spread over a week or two, especially if the person with the disease has lost their sense of time. **Be flexible and adaptable,** and set limits on what you can do as the care partner.

Pick and choose specific activities that the Alzheimer's person can enjoy and participate in, based on their present abilities, tolerance for change, noise and large numbers of people present.

ASK FOR HELP- Delegate some

responsibilities to others. When family and friends ask what you need/want, tell them! Prepare lists in advance of tasks that you need help with, items that would make your care giving easier, and things that the person with dementia and you can do together or might be fun for you. Consider "Because I care coupons" for a meal a month, a movie with a friend, funds for respite, a trip ticket or free hugs. Gift certificates for meals out, movies, manicures, pedicures or haircuts are good ideas.

CELEBRATE early in the day to reduce the likelihood of sundowner syndrome. Keep lights on to keep the room bright.

GIVE your self a gift. Take some time off. Utilize respite care, day care services or another family member to care for your loved one so you can take care of yourself. Avoid long days. Gratefully accept praise, help and gifts!

Remember that making **this** holiday joyful for you and your loved one, counts so much more than re-creating past extravaganzas or meeting unrealistic expectations of yourself or of other family members.

Research and AD News Update

Alzheimer's Disease Therapeutics Outlook

Note: This is a brief summary of the Closing Plenary Session given by Dr. Paul S. Aisen at the 15th annual Dementia Care Conference in Chicago, August 2007.

Dr. Aisen gave those of us in attendance at the session new insights into the hope for new treatments and a cure for Alzheimer in the coming years, as he reviewed the current status of treatments, research in progress and a glimpse of what the next 3-5 years may bring. He briefly reviewed the history that brought us the first treatment in 1985, and the subsequent FDA approval of the current cholinesterase inhibitors used for today's therapeutics over the next 15 years. He then reminded us of the Amyloid Hypothesis and the outlook for new Alzheimer's disease therapeutics in the next 5 years, many of them aimed at amyloid binding or inactivation.

Since 1999, there has been growing consensus that the specific molecular cause of Alzheimer's is the amyloid beta peptide (AB). There is growing optimism that disease modifying and possibly disease halting treatments can be developed which target this molecule. Much of the current research is centered on beta and gamma secretases that convert the large amyloid precursor protein (APP) to AB, which when deposited in the nerve cell leads to neuronal cell death. Many scientists believe that this nerve cell death is the cause of Alzheimer's. Several compounds that can modulate the secretase activity are reaching human clinical trials (phase I, II or III) in the next few months.

Lilly will begin phase III trials of one such compound in 2008. A phase III trial of R-flurbiprofen, (Flurizan), a NSAD gamma secretase-modulator, is now underway. The first beta-secretase has also entered clinical trials. The long awaited Alzhemed phase III trial was completed in late summer, 2007. The results were inconclusive and further study of the data is underway.

Work continues on immunotherapy (vaccines), gene therapy, neuroprotectants, such as nerve growth factor (NGF) and intranasal NAP. Several groups are pursuing development of new vaccines using both active and passive immunity. Merck and Élan have compounds in phase II and III trials. Leuprolide, Dimebon, statins (the cholesterol lowering drugs), NMDA/AMPA drugs, nicotine, homocysteine reduction agents, clioquinol, and DHA (a long chain omega3-fatty acid) are some of the possible therapeutic strategies mentioned that we should watch in the next few years. The more strategies that scientists explore, the greater the likelihood of finding the missing puzzle pieces in the search for better treatments and a cure for AD.

A recent search of the www.ClinicalTrials.gov listed 149 research trials for Alzheimer's. You can search this website for trials in your area, by confining the search to your state or zipcode and Alzheimer's. You may also obtain information from your local Alzheimer's Chapter. A link to clinical studies is also available on the national association website, www.alz.org.

First Alzheimer's Patch Gains Approval

The first skin patch to treat Alzheimer's and other dementias gained FDA approval in July. Novartis Pharmaceuticals is distributing the Exelon patch in the USA. Delivery of the drug through the patch via the skin, provides a continuous steady dose of the drug rivastigmine throughout the day. Since the drug enters the blood stream directly some of the gastrointestinal side effects associated with swallowing the drug may be eliminated. The patch should be available in late 2007. Check with a pharmacy in your area, concerning availability.

Statins continue to offer hope for thwarting Alzheimer's disease progress

New findings continue to link the statins with staving off Alzheimer's. These give credence to the slogan, "*what is good for the heart is good for the brain*", and gives impetus to the Healthy Brain Initiative partnership between the Alzheimer's Association and the Centers for Disease control (CDC).

A report out of Seattle with 110 elderly volunteers age 65-79, who had volunteered their brains for research and whose cognitive function was monitored over several years prior to their death, was released a couple of months ago. Dr. Eric Larson out of Seattle reported that those who took statins to lower cholesterol had fewer nerve-damaging plaques and tangles in their brains that those not taking these medications. These plaques and tangles are the hallmark of Alzheimer's. Earlier studies had found conflicting results. Dr. Larson's study is the first to compare brains on autopsy of statin users and non-users. "This data does give us some additional hope that statins may turn out to have a relationship in slowing Alzheimer's disease," says William Thies, vice president of medical and scientific relations of the Alzheimer's Association. As with most all early, small studies, this one will have to be replicated on much larger samples of individuals, several times, before final conclusions and recommendations can be made.

Ending the Two year waiting period for Medicare

A bill (S2102) has been introduced in the senate by Senator Jeff Bingman (D-N.M.), which would provide great benefit and assistance to those with early-onset Alzheimer's disease. These people often lose their jobs and related health care insurance when diagnosed. Currently there is a two year waiting period after the beginning of SSDI before Medicare benefits start. This bill would phase out the waiting period over a 10-year period, and would in the interim, create a process by which those with life threatening diseases could get an exemption to the waiting period. This bill is a result of the very active advocacy of early-onset individuals and the Public Policy office of the Association in Washington, D.C. over the past 3-4 years.