Doug Galasko, MD, Named New Shiley-Marcos ADRC Director

In May, 2007, Dr. Galasko assumed the role of Director of our Shiley-Marcos ADRC. He has graciously shared his thoughts with our readers by answering our questions in this article.

Tell us about your medical and research training.
After completing medical school in South Africa, I came to the U.S. in the early 1980’s. I was lucky to be able to train in Neurology at John Hopkins, and followed this with fellowship training in dementia at UCSD. Drs. Katzman and Terry, pioneers in dementia research, had recently moved to UCSD, and my fellowship included training with them and with a protégé of Dr. Katzman’s who had accompanied them from New York to UCSD – Dr. Leon Thal. A stellar cast of characters! (Continued on Page 2)

Come and meet Dr. Galasko in person and have an opportunity to ask him questions of your own at our Open House on December 11 (see back page for details).

REPROGRAMMING CELLS

A Conversation with Lawrence S. B. Goldstein, PhD.
UCSD Professor of Cellular and Molecular Medicine and Director of the UCSD Stem Cell Program

Dr. Goldstein, what is a stem cell?
Our bodies are made out of cells and all of the cells in our bodies are different. A stem cell is a cell that when it divides, makes two daughter cells; one of the cells can go off and make one of the mature cells of the body and the other cell remains a stem cell, so it replenishes itself. “Pluripotent” describes a property or behavior of a type of stem cell. “Pluri” comes from the same root as plural (many); potent comes from the same root as potential. A pluripotent stem cell has many abilities and the potential to make every single cell type in the adult – brain cells, muscle cells, skin cells, what have you. Not all stem cells are pluripotent, and that’s why the pluripotent ones are so important for studying diseases of the brain because very few if any other types of stem cells can make brain cells. (Continued on Page 4)
What attracted you to medicine and neurology?

I have been interested in biology and nature at least since high school. Medicine offered the appeal of learning about how the body and its parts functioned. At the same time, the practical aspects of interacting with patients with the hope of helping, and sometimes even curing their problems, added greatly to the attraction. Along the path of medical training, I became intrigued with the mysterious workings of the brain, and in particular the questions of how it stores memories and carries out language and complicated functions. Neurology, with its emphasis on trying to understand how abnormalities or lesions in the brain produced their clinical effects, blended knowledge of how the brain was wired and organized, with a systematic approach of examining patients, and then trying to synthesize the information to decide which areas were working normally and which were not. When I started my training, a revolutionary new method to check our findings had recently been developed, namely CAT scanning. Since then, the remarkable growth of MRI and other means of imaging the brain has added to the excitement of clinical neurology. I chose to focus on dementia after encounters with a number of unfortunate patients, in particular those with early onset Alzheimer’s disease, or fronto-temporal dementia. These disorders struck me as a great unmet need, as well as a research challenge. Research into dementia touches on so many interesting areas – genetics, the basic biology of the brain, and how and why we age, to name just three.

Do you think that we will have better treatment for Alzheimer’s in the next 5 years?

I am optimistic. Our understanding of the molecules and mechanisms involved in Alzheimer’s disease has made tremendous strides, and targets for intervention have been defined reasonably clearly. At least in animal models, there are many promising interventions. A big bottleneck is the time it takes to test a drug, from the stage of initial animal results to definitive studies in humans. As we improve methods of assessing and measuring brain function and chemistry in Alzheimer’s disease, I’m hopeful that this interval can be shortened.

What do you see as most promising in the AD research field?

The field has focused on a molecule called amyloid beta protein (Aß), based on a large and impressive body of evidence from genetics and pathology. Two of the most promising approaches are reducing the production of Aß with drugs called secretase inhibitors, or helping to remove Aß from the brain with the use of antibodies. In the short term, these approaches to treatment have the highest priority.

Do you think amyloid is the whole story and if we get rid of amyloid, we can treat Alzheimer’s? Or is it more complicated?

I think amyloid is the leading actor in Alzheimer’s disease - at present it provides the most complete and compelling story. However, it is possible that removing amyloid or decreasing its production once substantial pathology is built up in the brain may be too late. We may need to examine anti-amyloid treatments as preventive factors in Alzheimer’s disease. We don’t understand the chain of events that leads to amyloid being deposited in the brain, nor do we understand downstream events that result in neurodegeneration. Any of these could provide other points for treatment intervention, and are well worthy of research.
Do you have a specific research focus in AD?
My research has focused on biological markers. I have tried to identify and study proteins in spinal fluid or in blood, to improve our diagnosis of patients with memory complaints or mild dementia. Along the way, I have participated in many efforts to develop treatments for AD. This has led me to try to apply biomarkers to identify effects of treatment. I believe that this may become the most important role for biomarkers, because our ability to make an early and accurate diagnosis of dementia has raced ahead of our ability to offer treatment that slows down progression.

Are there other neurological diseases that interest you besides Alzheimer's?
Yes. I am curious about other degenerative and progressive disorders of the nervous system, such as Parkinson's disease, ALS, and fronto-temporal dementia. It is sobering that, despite tremendous advances in genetics and laboratory research over the past three decades, we still do not have effective treatment that can slow down the progression of any of these disorders. As a side line to my interest in dementia, I have participated in studies of neurodegenerative disorders on the island of Guam over the past 15 years. The Chamorros of Guam develop ALS (Lou Gehrig's disease), or a combination of Parkinson's with dementia, for unclear reasons that relate to environmental and genetic factors. I've collaborated with many other scientists to try to understand these factors better, as they may shed light on other types of degenerative brain disorders.

As the new director of the Shiley-Marcos ADRC, what is your vision for the future?
The ADRC consists of a wonderful group of people, and supports a diverse group of research endeavors and programs. So I would like to make sure that everything functions smoothly as we go forward to explore new opportunities. I would like to see our research focus include areas of strength at UCSD such as neuroimaging. We have had some ventures with developing bench-to-beside treatment approaches, including initiating early stage clinical trials in gene therapy and R-flurbiprofen, and I would like to encourage and promote innovative attempts at treatment in AD. We should continue to remain at the cutting edge of basic research into molecular and cell biology of neurodegeneration. Many of these programs will depend on recruiting and training new scientists, staff, and faculty. Attracting and training new investigators, including clinicians and basic scientists, is an extremely high priority. At a time of increasing difficulty obtaining funding from the National Institutes of Health (NIH), the ADRC needs to look to continued fundraising and to new sources of grant funding.

What do you do for leisure and fun?
I have a number of interests. I enjoy reading, and usually dabble in two or three books simultaneously. My musical preferences run to classical and jazz and I greatly enjoy attending live performances. I have always been interested in the outdoors and wildlife, and in the past few years have become engrossed by bird watching and digital photography - I have been known to inflict images of obscure birds or far away places on ADRC staff.
What are the potential uses of human stem cells?

There are many potential uses. The kind of use that is most often talked about in the newspaper is to use human stem cells to replace cells in adult patients that have been lost or damaged due to disease. For example, in Parkinson's disease (PD), there are special cells in the brain that control movement that have died so they can't do their job anymore. If you could put new brain cells into the brain of a person with PD that replace that function, then that person might get better. There is a great deal of interest in this use of human stem cells. In the short term, this may not be feasible for Alzheimer's disease (AD) because we don't completely understand what is going wrong. Another use of stem cells, however, is to control the genes in laboratory stem cells so that they have the same genetic constitution as people who get AD. We could then study the brain cells that come from those stem cells to find out how the different genetic changes that we all have, in different combinations, lead to diseases such as AD, and PD.

There's been a lot of controversy about stem cells. How do you justify the use of stem cells?

That's a very important question that I ask myself every morning before I go to work. Are the ethical concerns so significant that I should stop? Are the ethics justified and therefore should I proceed? I think there are two different aspects to the ethics. One is the current source for human embryonic stem cells, derived from human embryos that are frozen in a freezer and are no longer needed for couples requiring in-vitro fertilization to get pregnant. In this process, embryos are made in a laboratory dish; some get used to start a pregnancy, but more are generated than can typically be used. Sometimes couples donate those embryos to other couples, but that is very rare. So, they are faced with the decision to store them in the freezer indefinitely where they slowly die over time, discard them as medical waste, or donate them to research. Many people want to donate them to research, so the embryos can lead to embryonic stem cells for use in understanding and hopefully treating disease. If you believe that a frozen embryo has the same moral status and rights as a person, then you will believe that destroying that embryo to make stem cells is murder regardless of scientific or medical justification. People who think that there is an ethical barrier to doing any work of this sort with embryonic stem cells may only support the use of adult stem cells in research. Some adult stem cells do come from aborted fetuses, however, but that is not always dealt with precisely in the news media. Now, if you are someone such as myself, who does not believe that a frozen embryo (essentially a cluster of microscopic cells at this stage of development) is equivalent to one of my children or to a relative suffering from a disease—that it has a certain moral status, but not equivalent to that of a person, then I believe I must do research with those cells, when there is scientific justification, to try to understand and treat disease. So, that's one of the major controversies.

The other controversy is whether it is appropriate for humans to gain control over such powerful technology, and whether we can be trusted to use it in an appropriate way. What guidelines should there be for our use of materials? While this is controversial, as scientists we are actually highly regulated in what we can do. Everything we propose must be approved by review boards of ethicists, physicians, scientists, and community members, and we welcome that regulation.

What will prevent you from doing human cloning?

There are three things that will prevent me from doing human cloning. One is my own intent. I have no intention of doing human cloning, where human cloning is defined as trying to make an adult or baby human.
I only want to work with cells or groups of cells in a dish. There are two other restrictions. One is legal. Cloning people in the state of California is illegal and is a criminal violation with oversight and regulation in place so if I try that, I will suffer severe penalties. The third deterrent is that I don’t think it is technically possible. With our present technology, I think human cloning is extremely unlikely. In my research I will only be trying to clone cells in a laboratory dish.

What is the purpose of your UCSD study, “Generating Human Models of Sporadic Alzheimer’s Disease”? I am proposing to take skin cells from people with AD and reprogram those cells to the pluripotent state. We can then make them become brain cells that have the same genetic composition as a person who has AD. We hope that it will help us learn whether non-hereditary AD is the same or different from the hereditary forms. Each person may have hundreds or thousands of small changes in their genetic architecture that make them uniquely susceptible to one disease but uniquely resistant to another. By using this type of approach we hope to learn how those different changes lead to different behaviors of brain cells and ask if those changes are characteristic of AD.

How will the skin cells be collected, and how will you then store them? In order to collect the skin cells, a small area of your forearm is first cleaned and disinfected. The area is numbed so there will be no pain. A small piece of skin, no larger than a pencil eraser, is then surgically removed. There is no need for stitches. The area will be covered by a band-aid and allowed to heal naturally, which should only take a few days. The skin samples will then be stored in our laboratory in a secured, locked freezer with a code number, so that we never know the donor’s identity. The only people who will have access to those materials are the physician or nurse who collects the sample and members of my laboratory staff. We keep them locked unless they are requested in writing for a purpose that is reviewed by our University Internal Review Board and approved. Only then would we make them available as described in the informed consent document that the subjects will be asked to sign, prior to participation.

Are there risks to participating? The risks are minor. There might be a small risk of infection or a little bit of scarring resulting from taking the skin sample.

How would participating in the study benefit a potential volunteer? This study is not intended to benefit any specific participant. It is a research study designed to understand the features of AD. One always hopes that we will make rapid progress that could benefit a current participant. There certainly might be benefits for future generations as research progresses. I think that most research scientists really don’t know where their research will go because when you make a discovery, it is often unexpected. What I sometimes say is when you look in interesting places with interesting ideas, you will make interesting discoveries. That’s what you hope for in a disease like Alzheimer’s.

Who can participate in your study? All participants will need to be part of the ADRC longitudinal study to be eligible. Almost anybody of any age or ethnicity will be eligible to participate in my study. We need participants with and without AD, as long as they don’t have a different brain disorder.

How do interested persons sign up? Interested persons should contact Christina Gigliotti at (858) 622-5800 or cgigliotti@ucsd.edu.
Clinical Trials Registry

Are you interested in clinical trials but don’t find one that suits you? You can now join our Shiley-Marcos ADRC to be placed on a list for future studies.

Participants can be:

- Normal Controls
- Have a mild memory problem
- Be diagnosed with early-to-moderate Alzheimer’s

Call the Shiley-Marcos ADRC at (858) 622-5800

ATTENTION CAREGIVERS

The Alzheimer Caregiver Study at UCSD is currently enrolling participants in their study examining the health of caregivers of Alzheimer’s patients. Specifically, this study is investigating the role of stress on the cardiovascular system. If eligible, a health professional will visit caregivers’ homes to provide an annual medical checkup (for up to 5 years), and information from this checkup can be shared with participants’ primary care physician. This checkup includes counseling and a lipid, glucose, and ultrasound scan to determine the health of the caregiver’s arteries. Caregivers who are feeling healthy or unhealthy are strongly encouraged to participate because the reasons why some caregivers are healthy and others are not are of strong interest to investigators.

To be eligible, participants must be 55 years of age or older and must provide in-home care for a spouse with a diagnosis of Alzheimer’s disease (or probable Alzheimer’s disease).

To learn more about or to participate in this study, please call 1-888-534-3495 or email thresher@ucsd.edu.

Clinical Trials

THERE ARE MANY NEW CLINICAL TRIALS AND RESEARCH PROTOCOLS ENROLLING AT THE SHILEY-MARCOS ADRC

If you are interested in participating or would like more information, please contact the Study Coordinator listed with each trial.

They can all be reached at the Shiley-Marcos ADRC - (858) 622-5800

There is no cost to participate in any of these research protocols

The Shiley-Marcos ADRC is under the direction of Douglas Galasko, M.D.

Home-Based Assessments

STUDY DIRECTOR
Mary Margaret Pay, G.N.P.

TIME INVOLVED
Monthly, Quarterly, or Annually over the course of 4 years

DESCRIPTION
Currently, in order to participate in a research study, volunteers must visit a clinic to meet with a health care professional who collects important information for the study. Such visits are time-consuming and limiting. This study will evaluate three in-home types of information gathering and determine how practical each method is. The final analysis will compare these methods to the traditional way of collecting information in a clinic.

REQUIREMENTS
- Age 75 or older
- Normal mental function
- Fluent in English
- Able to live independently
- Willing to take multi-vitamins provided by the study
- Able to answer and dial a telephone, have access to secure mail, possess minimal computer skills or a willingness to learn

CONTACT
Sigfrido Urtecho, B.A.
at (858) 622-5900 and ask for the "Home-Based Assessments Study" surtecho@ucsd.edu

R.A.G.E. Inhibitor (R.I.)

STUDY DIRECTOR
Jody Corey-Bloom, M.D., Ph.D.

TIME INVOLVED
22 Months

DESCRIPTION
Basic research studies found that blocking the interaction of amyloid beta protein and a receptor called Receptor for Advanced Glycation Endproducts (RAGE) led to a decrease in amyloid deposits. In this study, researchers will test whether a drug that acts as a RAGE inhibitor (RI) slows the progression of Alzheimer’s disease as well as behavioral problems that may occur. Participants will be randomly assigned to one of three groups: one group will receive a high dose of RI, a second group will receive a lower dose of RI, and the third group will receive an identical placebo (inactive pill).

REQUIREMENTS
- Age 50 or older
- Have mild to moderate AD
- Are not diabetic (Type 1 or 2) and do not have a history or symptoms of autoimmune disorders
- Able to see and hear well
- Able to read and write in English or Spanish
- Have a reliable caregiver

CONTACT
Karen Wetzel, M.P.A.S., PA-C
at (858) 622-5900 and ask for the "RAGE Inhibitor Study" kwetzel@ucsd.edu

Biomarkers in Aging, MCI, and Alzheimer’s Disease

STUDY DIRECTOR
Douglas Galasko, M.D.

TIME INVOLVED
Two visits per year for 5 years

DESCRIPTION
This study will measure levels of a number of different proteins in cerebrospinal fluid (CSF) and in blood in order to compare these biomarker levels amongst people who have normal cognitive ability, mild memory problems, or early Alzheimer’s disease (AD). Participation involves a lumbar puncture and bloodwork.

REQUIREMENTS
- 40-to-90 years of age with no memory problems
- 60-to-90 years of age with Mild Cognitive Impairment (MCI)
- 60-to-90 years of age with Early AD
- In general good health
- No major lower back problems
- Have a reliable study partner

COMPENSATION
Participants will receive up to $200 per year of the study for undergoing the lumbar punctures.

CONTACT
Helen Vanderswag, R.N.C., B.S.N.
at (858) 622-5900 and ask for the "Biomarkers Study" hvanderswag@ucsd.edu

Enhancing Consent for Alzheimer’s Research

Barton W. Palmer, Ph.D., Associate Professor at the University of California, San Diego (UCSD), is conducting a novel study to evaluate the informed consent process for patients with mild-to-moderate Alzheimer’s disease.

Prior to participating in any study, all participants must review and sign an informed consent. This process is lengthy, and can be difficult for those struggling with Alzheimer’s. Consent forms are often 7-10 pages long and if one has memory problems, it is unlikely that by the end of the consent process he or she will remember what information was given at the start. Dr. Palmer is conducting his study to learn what methods might increase an Alzheimer’s patient’s understanding, appreciation, and reasoning when consenting for research studies.

The study involves two 2-hour visits in the participant’s home. Both the participant and the caregiver will be included in the study and will be asked to complete a number of questions. The participant will be presented with a fictitious consent form, using a variety of presentation methods, and then be asked to complete a questionnaire pertaining to the presented information. The caregiver will simultaneously be asked to answer questions about the participant’s medical and functional status.

To learn more about or to participate in this study, please call Tina Thrasher at (888) 534-5795 or email her at thrasher@ucsd.edu.
August 8th, 2007, marked our Research Center’s 8th Hispanic Caregivers Conference, an annual event presented entirely in Spanish. This year’s 183 attendees proved that hard work and determination brings positive results. We clearly met our goal of reaching out to our San Diego County Hispanic community.

Our Master of Ceremonies from Univision, Ricardo Vela, was ever so gracious and professional and we had excellent speakers throughout the day. Judith Rivera, MSN, FNP, our Hispanic program nurse practitioner spoke on the importance of our longitudinal studies and clinical drug trials, and presented a short educational video on lumbar punctures. Fabiola Manriquez, the daughter of Mr. Jose Manriquez, our wonderful participant, shared her encouraging views regarding autopsy consents and the overall benefits of our program. Dr. Guillermo Cantu-Reyna, M.D., gave an informative overview on Alzheimer’s; Dr. Gloria Sotelo spoke on the importance of Nutrition. Lourdes Contreras, BSW, from Aging and Independent Services, advocated on behalf of those in community residential care and nursing homes needing an Ombudsman. Liz Reinhofer of the George G. Glenner Alzheimer’s Family Centers, Inc. spoke on the benefits of day care for both the person with Alzheimer’s and the caregiver. Roberto Velasquez, MSG, from the Alzheimer’s Association spoke on caregiver stress.

A heartwarming email from Tina Estrada, BSW, from San Ysidro Health Center (SYHC) regarding the conference read: “The conference has consistently grown each year and family/caregivers affected by this disease appreciate the major effort and time required to organize this unique educational opportunity, as well as the SYHC staff. UCSD is a blessing to many families suffering with this disease and maintains a high standard of professionalism. The SYHC Social Services department is honored to participate and support Frances Martinez-Goodrich, MSW, with her efforts to educate the Latino community on Alzheimer’s. She is a model for all Social Workers, especially Latinos and we look forward to her and the UCSD Shiley-Marcos Alzheimer’s Disease Research Center’s continued success in this area of healthcare.”

“Community Spirit and Working Together Creates Miracles,” is our conference motto and is confirmed by the support and sponsorship from The George G. Glenner Alzheimer’s Family Center, Alzheimer’s Association, and Silverado Senior Living. It proves San Diego County is a shining example of community spirit. This year, SYHC and Aging and Independent Services joined in as major conference sponsors and were welcomed with open arms. We also thank all our contributors who participated and had an exhibit table. Very special “thanks” goes to Eileen da Pena, Rosa Montoya, Daniel Novoa, Sigfrido Urtecho, Larry Janus, Tina Estrada, Lynn DePaur, Rebeca Chavez, Myrna Castro, Celia Medina, as well as David Joy from ALL STAR video who provided such heartfelt support.
Christina Gigliotti, Ph.D., our Community Health Program Supervisor, was recently awarded the Charles A. Lewis Excellence in Research Award by the American Horticultural Therapy Association (AHTA).

The award was established by the AHTA in 2005 to honor Charlie’s lifetime of contributions to the field of horticultural therapy. The award seeks to honor outstanding research in the field, in the belief that the publication of evidence-based research demonstrating the effectiveness of horticultural therapy (HT) is critical. The award is given annually to an individual who has published outstanding HT research in a professional journal.

Christina’s award winning paper, “Growing Gardenias; The Effects of Horticulture Therapy on Persons with Dementia,” was published in the Canadian Journal on Aging. The article highlights her master’s thesis work, which involved the development, implementation, and systematic evaluation of a dementia-specific horticulture therapy program at four adult day care programs in rural southwest Virginia. Findings indicated that during the HT activities, the older adults with dementia spent more time actively doing the presented activities and spent less time doing nothing than during the traditional adult day care activities. The HT activities also enhanced the moods of the elders with dementia, as compared to the traditional activities. These findings indicate that HT offers dementia-care staff an activity alternative that is interesting and inclusive of a wide range of program participants. HT programming provides an age appropriate activity that supports elders’ dignity and well-being in a group setting, such as adult day care programs.


We welcome our new graduate social work intern

It is a real pleasure to be part of such a highly respected and dedicated organization. I started here in late August as a graduate social work intern from San Diego State University, and my experience so far has been very enriching. After receiving my BA in History from Boston College, I spent two years in Brooklyn in the Jesuit Volunteer Corps, working as a case manager at a small community center. It was there that I developed a real love for seniors and decided I would ultimately pursue a career in geriatrics.

While living on the East Coast I met my eventual fiancée Maria, a San Diego native, and I moved back to Southern California with her two years ago. Before starting the MSW program, I worked for two years as a case manager in a mental health and substance abuse program at St. Vincent de Paul Village, a homeless shelter in downtown San Diego. Now I am excited to learn all I can about Alzheimer’s and aging.

While I have spent my adult life on the coasts, I am originally from the Kansas City area, and I haven’t lost my love of great barbecue. I also enjoy taking walks, playing or watching baseball and basketball, cooking, reading, and playing the piano.
A new booklet written specifically for people living with the early stages of dementia is now available from the National Institute of Aging's Alzheimer's Disease Education and Referral (ADEAR) Center.

What Happens Next? was developed by the members of an early-stage support group at the Northwestern University Alzheimer's Disease Center in Chicago who chose to share their thoughts and feelings because they wanted to help others like themselves. The purpose of the booklet is to offer encouragement to those who have been diagnosed with early-stage dementia and to let you know that you are not alone. Readers will find a series of quotes from support group members about diagnosis, what to expect, how to talk with others about the disease, ways to cope, and more.

The 12-page booklet also includes a list of helpful organizations that offer written materials about dementia, information about support groups and services, and ways to get involved in research that may help yourself or others in the future.

To preview “What Happens Next?” go to: http://www.nia.nih.gov/Alzheimers/Publications/WhatHappensNext.htm

You can order a FREE print copy online, or you can call ADEAR at (800) 438-4380. You can also send an e-mail to adear@nia.nih.gov to place an order.

Journey to Discovery – The 2005-2006 Progress Report on Alzheimer’s Disease

The National Institute on Aging (NIA), part of the Federal Government’s National Institutes of Health (NIH), has primary responsibility for research into the cause of Alzheimer’s as well as research aimed at finding ways to prevent and treat the disease. The Institute’s Alzheimer’s research program is vital to one of its main goals, which is to enhance the quality of life of older people by expanding knowledge about the aging brain and nervous system.

The 2005-2006 Progress Report on Alzheimer’s Disease “Journey to Discovery” summarizes recent Alzheimer’s research conducted or supported by NIA and other components of NIH. The 84-page booklet is beautifully illustrated and provides an overview of Alzheimer’s, current trends in research and research advances, and emerging treatments. A section of the booklet is devoted to the impact of lifestyle, exercise, and diet on preventing and slowing of disease progression. The Progress Report also outlines a number of interesting research initiatives in genetics, brain imaging, and mental and emotional health in aging and Alzheimer’s.

You can view the entire Progress Report online or place your order at: http://www.nia.nih.gov/Alzheimers/Publications/ADProgress2005_2006/

You can also obtain a FREE copy of the Progress Report by calling Alzheimer’s Disease Education and Referral (ADEAR) at (800) 438-4380.
Accurate, up-to-date information on health issues affecting Hispanic seniors is now available online in Spanish from the National Institute on Aging (NIA), part of the National Institutes of Health. The user-friendly website has information on a wide range of health topics, including diseases such as Alzheimer’s, cancer, and diabetes. Helpful tips on choosing a doctor and maintaining a healthy lifestyle also are available at www.nia.nih.gov/Espanol.

The website offers free publications in Spanish, as well as links to other health-related, Spanish-language websites such as Medicare and MedlinePlus. Publications include La enfermedad de Alzheimer: Desentrañando el misterio, El ejercicio y su salud, Accidente cerebrovascular, Conversando con su médico and Cuidado a largo plazo. These materials have been carefully adapted into Spanish and reviewed by Hispanic seniors.

Making health information available to minority elders is a vital part of NIA’s outreach to older adults. The older population in the United States is becoming more racially and ethnically diverse. According to the U.S. Census Bureau, the number of older Hispanic adults in the United States is expected to increase from 6 percent in 2003 to 11 percent by 2030.

San Diego Museum of Art docents guide visitors with memory loss through the painting and sculpture exhibits. They facilitate discussions to engage their visual, verbal, and mental abilities, and provide a fun interactive experience. A separate simultaneous tour is provided for an accompanying friend or family member. This program is entirely free of charge to both participants with memory loss and their companions, and is offered quarterly.

Pre-registration is required. If you would like to participate please contact Lisa Snyder at (858) 622-5800.
YOU'RE INVITED!

DECEMBER 11, 2007
10:00 AM - 11:30 AM

Shiley-Marcos ADRC OPEN HOUSE

Sheraton Hotel
3299 Holiday Court
La Jolla, CA 92039

(Across the street from the ADRC, behind the gas station as you're coming up the hill)

To RSVP for this event, please call (858) 622-5800

University of California, San Diego
9500 Gilman Drive
La Jolla, CA 92093-0948
(858) 622-5800
http://adrc.ucsd.edu

Director:
Douglas Galsko, MD

Program Director:
Mary P. Sundsmo, MBA

Editor:
Lisa Snyder, LCSW

Layout and Graphics:
Larry Janus

Shiley-Marcos Alzheimer's Disease Research Center