The Shiley-Marcos Alzheimer’s Disease Research Center (ADRC) and world-wide Alzheimer’s community lost a visionary and pioneering leader in the field of Alzheimer’s when our director, Dr. Leon Thal, died in a private plane accident on February 3, 2007. While we mourn his loss deeply, we honor his extraordinary life that has shaped so much of what we understand about the treatment of Alzheimer’s disease.

(Cont’d on page 2)
It is a RARE PERSON

Who can live a life of exceptional accomplishment and be humble,
Be held in esteem by so many, while being a dear friend to even more.

Leon Joel Thal was born in New York, on June 17th, 1944. After graduating from high school, he attended Tufts University and then Downstate Medical Center, State University of New York. He did his internship at Kings County Medical Center in Brooklyn, New York. He first met his wife, Donna, in 1959 and they married in 1967.

Dr. Thal served in the United States Public Health Service from 1970 to 1972. He was stationed on the Colorado River Indian Reservation and, with two other young physicians, ran a 25-bed hospital that served the richly diverse Native American community. During this time, he developed an admiration for Native American traditions and culture, as well as an appreciation of the desert landscape. He returned to New York to do his residency in Neurology at the Albert Einstein College of Medicine in Bronx, New York, and held faculty positions at Albert Einstein until his move to San Diego in 1985 to join Robert Katzman, Robert Terry, and a growing team of Alzheimer’s researchers.

Dr. Thal managed his time with astounding efficiency and took on an increasing number of projects. Most recently, he served simultaneously as Director of the Shiley-Marcos Alzheimer’s Disease Research Center, Director of the Alzheimer’s Disease Cooperative Study, and Chair of the UCSD Neurosciences Department, while also serving as an advisor to the Food and Drug Administration, National Institutes of Health, and numerous other prominent organizations and foundations. He was a world leader in the development of drug therapies for Alzheimer’s disease and in 2004 was awarded the Potamkin Prize, the highest honor for Alzheimer’s research.

Dr. Thal was also instrumental in implementing the California Stem Cell Initiative and represented the interests of families facing Alzheimer’s while serving on the Independent Citizen’s Oversight Committee. The first series of grants from this initiative have been named “Leon Thal SEED Grants” in his honor.

Throughout all of his responsibilities, Dr. Thal retained a rare gift of diplomacy and generosity of spirit that drew both admiration and deep appreciation. He united people of strong and varied personalities towards common goals in scientific, academic, administrative, and government arenas, and fostered a rich, dynamic exchange of creative camaraderie where ideas could flourish. His overarching humanitarianism inspired the spirited, dedicated, and respectful manner in which he mentored countless students, junior investigators, and well-seasoned scientists towards promising careers and achievements. Yet, as a scientist, he never lost track of the human toll of Alzheimer’s and other neurodegenerative diseases. He maintained a large private practice and a continued concern for the physical, social, and emotional well being of his patients.

We are sustained now by the legacy of Dr. Thal’s deep humanity, his passion for discovery, his brilliance, and his perseverance. We are dedicated to carrying on the legacy of his work and to fulfilling his dream of a world without Alzheimer’s disease. He would not want us to pause in our efforts, and his life and contributions will be best honored by our working harder than ever towards fulfilling his dream.

The Leon J. Thal Educational Scholarship in Neurosciences honors the memory of Dr. Thal by creating a perpetual scholarship fund for Neuroscience graduate students, residents, and fellows. We are grateful for your interest in helping us establish this lasting legacy.

To make a secure online gift to the Leon J. Thal Educational Scholarship, please visit: http://neurosciences.ucsd.edu/thal_scholarship.htm.
Alzheimer’s Advocates Seek “BREAKTHROUGH” In Washington, DC
By Mary Sundsmo, MBA

Many of our Shiley-Marcos Alzheimer’s Disease Research Center staff work closely with the San Diego/Imperial County Chapter of the Alzheimer’s Association to realize common goals in our efforts to help families facing Alzheimer’s. In mid-March, I had the honor of being a member of the San Diego team representing the Alzheimer’s Association at their annual Public Policy Forum in Washington, DC. At this gathering each year, advocates come from all over the country to learn about key talking points to discuss with our legislators. This year’s platform included the following issues:

1. An increase in funding of $125 million for Alzheimer’s disease research, which only restores the loss of research purchasing power due to inflation over the last 3 years of a declining budget.

2. Continued funding for: the Association’s National 7/24 Call Center, which fields calls in 140 languages; the Brain Health Initiative—a joint effort with the Center for Disease Control (CDC) to promote brain healthy lifestyle choices; the Safe Return Program; and the Alzheimer’s Disease State Matching Grants Program, which fosters models of care targeting underserved minority, rural, and low-income persons.

3. Long-Term Care (LTC): Raising awareness of the cost of long-term care for a family facing Alzheimer’s disease and support for the CLASS Act, legislation introduced in 2005 to establish a national public insurance program for long-term care funded through a voluntary payroll deduction for working Americans, to be supplemented by the private long-term care insurance sector.

4. Encouraging legislators to join the Alzheimer’s Disease Task Force, a bi-partisan caucus to build support for our mission.

While we were in Washington DC, The Alzheimer’s Breakthrough Act of 2007 was introduced in both the Senate and the House of Representatives (SB 898 and HR 1560). The purpose is to strengthen the commitment to Alzheimer’s research, public health promotion, and support for caregivers. These bills propose to double the funding for Alzheimer’s research to $1.3 billion, support the development of better methods of early diagnosis and the need for clinical trials, and will initiate a National Summit on Alzheimer’s. The bills also call for a public education campaign for both consumers and health professionals. The Family Assistance Act of 2007 (SB 897) was also introduced to create a $3,000 tax credit for families caring for a loved one with a chronic condition like Alzheimer’s to help them pay for prescription drugs, home health care, and specialized day care. This bill also includes a long term-care tax deduction, making LTC more affordable.

Our San Diego team met with either the Member him/herself or a senior aide of all local congressmen. The responses from all were very supportive. Of course the issue is always where to find the money. Emotionally and intellectually, our representatives understand the crisis facing our economy as the baby boomer generation reaches an age where risk for Alzheimer’s becomes a significant factor. Reps. Bob Filner, Susan Davis, and Brian Bilbray have all signed on to the Alzheimer’s Disease Task Force.

You too can make your voice heard by signing up as an advocate through the San Diego Chapter of the Alzheimer’s Association.

http://www.sanalz.org/advocacy.html
Researchers in the field of neuropsychology investigate the relationship between the brain and behavior, and neuropsychological testing plays an important role in the assessment of mental abilities in older adults. First, neuropsychological research helps to clarify the subtle changes that characterize the beginning stages of Alzheimer's disease (AD) or a related dementia, as opposed to mild cognitive (thinking) changes that may accompany normal aging. Second, the pattern of deficits or changes on neuropsychological tests differs across the various types of dementia and neuropsychological testing can help in clarifying a diagnosis. Third, annual evaluations done over time provide a valuable tool in following the progression of dementia. Fourth, knowledge of the strengths and weaknesses in thinking abilities in a person with Alzheimer's or a related dementia is a useful tool in the development of treatment and coping strategies. Finally, correlations between performance and neuropsychological measures during life and data collected at autopsy helps researchers to characterize the roles of different brain structures in behavior.

Participants in the UCSD Shiley-Marcos Alzheimer's Disease Research Center (ADRC) undergo an extensive battery of neuropsychological tests as part of their annual evaluation. These tests assess functioning in a wide variety of cognitive domains, including memory, language, attention, problem-solving skills, and visuospatial abilities. The hallmark feature of AD is memory impairment; therefore, the ADRC battery contains a number of measures designed to assess memory for verbal and visual information. For example, verbal memory is assessed by having participants learn and remember short stories and a list of shopping items. Also, individuals are shown pictures of geometric figures, and are asked to reproduce them both immediately and at a later time. This provides a measure of visual memory.

Persons with Alzheimer's have great difficulty with a particular aspect of memory - the storage of new information. They have difficulty retaining new information and rapidly forget the information they are able to learn, sometimes even immediately after it is presented to them. This rapid forgetting may be so striking that caregivers assume that they are simply "not paying attention." In contrast to their difficulties in remembering recent events and newly learned information, memory for childhood or early adulthood may be relatively spared until the late stages of the disease.

In the early stages of Alzheimer's, memory problems occur in a number of ways, including forgetting recent events; difficulty remembering a list of items (for example, a shopping list); problems remembering the names of family members or close friends; repeating the same questions or stories; difficulty following conversations; and misplacing objects. Of course, most people occasionally experience some of these problems.
but people with Alzheimer’s experience these difficulties often and severely enough that they significantly interfere with daily functioning.

The assessment of language abilities is another important aspect of the ADRC neuropsychological evaluation. Language functioning is assessed with several different measures. Individuals are asked to generate as many words as possible beginning with a certain letter or belonging to a certain category (e.g., fruit). Researchers at the ADRC believe that the language difficulties in people with AD may be attributed to a breakdown in their "semantic network." In other words, they have difficulty searching their memory for information about items belonging to a specific category. Individuals are also asked to name pictures of common objects (for example, a tree, a comb, and a house). A person with AD may be able to give a general description of an object or identify some of its characteristics, but not be able to name it. He or she may be able to tell you that a tree is "something that grows" or that it "has leaves and branches," but they may have problems producing the specific name.

Language difficulties may also be apparent in everyday activities. Persons with AD may complain of problems "finding the right word" during conversation. Additionally, they may make “paraphasic” errors - that is, confusing words that are similar in either pronunciation or meaning. For example, a "cat" may be called a "hat" (e.g., phonemically similar) or "dog" (semantically related). Also individuals with AD may have difficulty understanding what others tell them, particularly if the verbal message is too long or complex.

Problems in visuospatial abilities, problem-solving, and abstract thinking are other prominent features of Alzheimer’s. Impairments in these areas may be seen in daily life; for example, a person may become lost in familiar surroundings; may have problems driving; or may have difficulty keeping track of more than one activity at the same time (e.g., holding a conversation while cooking). Also, although it may be easier to perform automatic tasks without difficulty (e.g., dressing, eating etc.), it may become confusing when a daily schedule or environment is disrupted or new tasks are attempted.

At the Shiley-Marcos ADRC, the assessment of visuospatial abilities and problem-solving and abstract thinking skills is accomplished with several different measures. For example, visuospatial abilities are evaluated by having persons copy geometric figures and reproduce puzzles using blocks. Problem-solving and abstract thinking abilities are assessed by having persons alternate between two automatic sequences (e.g., counting and the alphabet), and having them sort cards according to different rules.

In summary, a comprehensive neuropsychological evaluation plays an important role in the assessment and diagnosis of Alzheimer’s and related dementias and provides a rich source of information regarding the relationship between the brain and behavior. Researchers at the Shiley-Marcos ADRC are currently focusing their efforts toward finding the cognitive measures that are most sensitive to detecting dementia in its earliest (preclinical) stages, as well as characterizing dementia at all levels of severity. The ability to detect preclinical dementia and to characterize its progression continues to have important implications for the diagnosis and treatment of Alzheimer’s and related dementia.
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 Galsasko, M.D.

**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**

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**Lecozotan SR 203 Wyeth Research**

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

**TIME INVOLVED**
Approximately 31 weeks

**DESCRIPTION**
This study will determine what effects lecozotan SR has on individuals and AD. It will compare the effects of 3 different doses of lecozotan SR to a placebo. Study Drug Groups are assigned by random selection. Three in four participants will receive lecozotan SR and one in four will receive a placebo.

**REQUIREMENTS**
- 50 years of age or older
- Diagnosis of mild-to-moderate AD
- Currently taking Aricept®, Exelon®, or Razadyne®; memantine is also permitted.
- Not taking antidepressants
- Have a reliable study partner

**OPTIONAL EXTENSION STUDY**
Lecozotan 204
Randomly assigned investigational study drug (Lecozotan SR) for an additional 30 weeks.

**COMPENSATION**
Participants will receive up to $100 per visit.

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**MINA Memory In Normal Aging**

**STUDY DIRECTOR**
Adam Fleisher, M.D.

**TIME INVOLVED**
4 visits over 2 months

**DESCRIPTION**
This study aims to develop advanced imaging techniques that can identify people at risk for developing Alzheimer’s disease. Participants will receive detailed memory testing and MRI scans. Recruitment is currently focusing on family members of people with dementia.

**REQUIREMENTS**
- Normal controls with no neurologic disease
- 25-to-55 years of age
- First degree relative with dementia
- Right-handed
- Able to have an MRI scan
- Fluent in English

---

**Biomarkers in Aging, MCI, and Alzheimer’s Disease**

**STUDY DIRECTOR**
Douglas Galasko, M.D.

**TIME INVOLVED**
Two visits per year for 3 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

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**Huperzine A**

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

**TIME INVOLVED**
Study participation will be 24 weeks

**DESCRIPTION**
This study is to determine whether or not Huperzine A is beneficial in the treatment of patients with mild-to-moderate Alzheimer’s disease. Huperzine A is a natural cholinesterase inhibitor, derived from the Chinese herb huperzia serrata and is used in China to treat AD. Individuals 55 years of age or older who are not currently taking cholinesterase inhibitors and have mild-to-moderate Alzheimer’s disease (MMSE 10-24) are eligible for screening. Treatment with memantine (Namenda) and vitamin E is allowed. Two-thirds of participants will be randomly assigned to receive huperzine A throughout the study; one-third will receive placebo for the first 16 weeks, followed by huperzine A for 8 weeks. An open-label extension study for at least 6 months is anticipated.

**REQUIREMENTS**
- 50 years of age or older
- Diagnosis of Probable AD
- MMSE score 14-26
- No contraindications, in stable health
- Able to ingest oral medication
- Fluent in English or Spanish
- Consumed no more than 200 mg/day of DHA during the past 2 months
- Have a reliable study partner

**COMPENSATION**
Participants will receive up to $200 for undergoing the lumbar punctures.

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**Omega-3 Fatty Acid**

**STUDY DIRECTOR**
Michael Rafii, M.D., Ph.D.
Adam Fleisher, M.D.

**TIME INVOLVED**
Eight visits over 18 months

**DESCRIPTION**
This study will determine whether DHA, an omega-3 fatty acid supplement, can slow the progression of cognitive and functional decline over an 18-month period in patients with mild-to-moderate AD. A subgroup will have MRIs and 2 lumbar punctures, with consent.

**REQUIREMENTS**
- 50 years of age or older
- Diagnosis of Probable AD
- MMSE score 14-26
- No contraindications, in stable health
- Able to ingest oral medication
- Fluent in English or Spanish
- Consumed no more than 200 mg/day of DHA during the past 2 months
- Have a reliable study partner

**COMPENSATION**
Participants will receive up to $200 for undergoing the optional lumbar punctures.

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**PARTICIPATING IN CLINICAL TRIALS**

A clinical trial is a test or study of a new drug, device, or procedure. The following clinical trials are testing how effectively a medication works in relieving symptoms, diagnosing, or providing treatment for Alzheimer’s disease.

Although participation in a clinical trial does require some time commitment with visits to our Shiley-Marcos Alzheimer’s Research Center, in many cases, the visits are infrequent. Some people do not want to participate in a clinical trial if there is a chance of receiving a placebo (a look-alike pill with no medicinal ingredients). It is well documented, however, that people who are unknowingly taking a placebo sometimes experience improvement of their symptoms or condition simply because they believe they are taking something that could be of benefit to them. Also, the ongoing support of the clinical trial coordinator can be a rewarding experience that increases feelings of well being for the participants.

Please contact us with any questions or concerns about our clinical trials. We greatly value your participation so that we can continue to make advances in the treatment and cure of Alzheimer’s disease.
The Alzheimer’s Disease Cooperative Study (ADCS), a Federally-established consortium conducting clinical trials on Alzheimer’s disease (AD), will receive $52 million dollars over 6 years to conduct several new trials. The award is a cooperative agreement between the National Institutes on Aging (NIA) and the University of California, San Diego (UCSD), which coordinates the consortium of nearly 70 sites in the United States and Canada.

The purpose of the award is to test drugs for their effectiveness in slowing down the progression or treating the symptoms of AD, as well as to investigate new methods for conducting dementia research. Specifically, researchers will focus on possible therapies aimed at affecting the beta amyloid peptide and the tau protein, both involved in the development of AD.

“We have learned a great deal from basic and observational research about how Alzheimer’s and other neurodegenerative diseases develop,” says Richard J. Hodes, M.D., Director of the NIA. “The consortium’s work will translate this knowledge in clinical trials of interventions that target the mechanisms underlying AD.”

Among the new studies to be undertaken are:

**Docosahexaenoic Acid (DHA)** – This trial will examine whether treatment with DHA, an omega-3 fatty acid found in fish, will slow decline in AD. Observational studies associate high fish consumption with reduced risk of AD in people, and studies in mouse models of AD show that dietary DHA reduces brain levels of beta amyloid, oxidative damage associated with beta amyloid, and neurotoxicity.

**Home-Based Assessment** – Older individuals, particularly the very elderly, may have physical, social, and health limitations that make it difficult for them to take part in research trials. This study, conducted in people aged 75 and older, will examine the use of mail-in questionnaires, automated telephone technology, and computerized data collection to assess cognitive, functional, and other factors in the home environment to see how home-based assessments might be used in primary prevention trials. Such an approach could significantly reduce the cost and increase the feasibility of participation in these long-term, costly clinical trials.

**Intravenous Immunoglobulin (IVIg)** – There is increased interest in passive immunization strategies against AD. IVIg contains naturally-occurring antibodies against beta amyloid, and preliminary studies have shown that IVIg may improve cognition. In addition, research has demonstrated that IVIg increased levels of anti-beta amyloid antibodies in plasma and promoted clearance of beta amyloid from cerebrospinal fluid. The new ADCS trial will more definitively demonstrate whether IVIg is useful clinically for treating AD.

**Lithium** – The biological activity of lithium, which has been shown in animal models to block abnormal changes in tau, has created interest in lithium as a novel treatment for AD. ADCS investigators will undertake a pilot biomarker study to see whether the drug can lower tau and beta amyloid levels in cerebrospinal fluid and be safely tolerated in older AD patients.

These projects join ongoing ADCS trials testing whether statins and high-dose folate/B6/B12 supplements can slow the clinical signs of AD, as well as a study of valproate to determine whether this drug can either slow decline or help delay the agitation and psychosis that often emerge in AD patients.

**FOR MORE INFORMATION ON CLINICAL TRIALS AND STUDIES, CALL THE SHILEY-MARCOS ALZHEIMER’S DISEASE RESEARCH CENTER AT (858) 622-5800.**
Our Hispanic program held its annual “Thank You” luncheon at the Chula Vista Yacht Club on Friday, February 2, 2007. The event had its usual colorful array of catered Mexican food, delicious fresh fruit, and specially selected decorations. The highlight of the event was bringing our Hispanic participants, caregivers, and guests together with the UCSD Shiley-Marcos Alzheimer’s Disease Research Center staff who together make this program possible.

Our presenters included Dr. Leon Thal, Dr. David Salmon, Judith Rivera, MSN, FNP, and a few words were shared by Mary Sundsmo, MBA our program director. Translation for the medical presentations was done by our one and only Dr. Aida Miller. Dr. Thal provided an Update on New Clinical Trials and Primary Prevention in AD. He mentioned that in order to carry out primary prevention trials, 3000-6000 normal elderly will need to be studied for 5-7 years. He spoke about the need to collect data for primary prevention studies in a more user friendly manner and how a home-based assessment pilot study is underway and scheduled to begin this coming July, 2007. Dr. David Salmon spoke on The Importance of Healthy Elderly Control Participants and touched on the cognitive changes in healthy aging. Judith Rivera provided an overview of the Hispanic program and the two clinics - the La Jolla site, as well as the new satellite clinic in Chula Vista. She stressed the importance of ongoing recruitment to maintain at least 100 Hispanic participants in our research efforts. Judith presented a bouquet of flowers to Mary Sundsmo in honor of her diligent efforts in community outreach and negotiating the new South Bay site. Following the presentations, our participants and their caregiver and/or guest were treated to a sit down luncheon which everyone seemed to thoroughly enjoy.

A few participants shared their reflections about what it has been like for them to be involved in our program. In extending their gracious appreciation for the services we provide to them annually, the event unexpectedly concluded with this expression of mutual admiration. We certainly appreciate our participants’ dedication and interest in research. We look forward to seeing them each year for their annual evaluations.

While everyone enjoyed the company and presentation of our Medical Director, Dr. Leon Thal, little did we know it would be the last day we’d have the pleasure of his company. Dr. Thal was killed in a fatal private plane crash the following day. We all miss him very much and there is no doubt we have lost a giant in the field of scientific research.

Thank You
Prescription drug prices are constantly on the rise and specialty medications, like those for Alzheimer’s disease, can be priced out of reach for many people. Most pharmaceutical companies, however, sponsor patient assistance programs designed to provide free or discounted prescription medications for the uninsured and underinsured. The process of actually obtaining the medications can seem overwhelming, but the following are resources for applications forms and suggestions for working with your physician to fill needed prescriptions.

APPLICATION PROCESS:
The initial application can be time-consuming, but subsequent refill requests are usually much easier. Each pharmaceutical company has its own application and refill process. For example, you must apply to Forest’s program for Namenda and Pfizer’s program for Aricept separately. Applications must be signed by the patient; the doctor may require original prescriptions as well as proof of limited income. By contacting the program’s helpline directly (see below), you will find out exactly what must be included in your application packet. The company either sends a three-month supply of medication or a voucher to be used at a local pharmacy.

WORKING WITH YOUR DOCTOR:
Your physician wants you to take your medicine, so discuss these programs with your doctor if you cannot afford your medications. Some programs will only deliver your medicines to your doctor’s office. It will be easiest for both parties if you devise a plan for getting paperwork signed and picking up your medicine in advance.

ALZHEIMER’S MEDICATIONS:

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<th>MEDICATION</th>
<th>PROGRAM NAME</th>
<th>PHONE NUMBER</th>
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<tr>
<td>Aricept</td>
<td>Aricept Assistance Program (Pfizer)</td>
<td>(800) 226-2072</td>
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<tr>
<td>Razadyne</td>
<td>Johnson &amp; Johnson Patient Assistance Program</td>
<td>(800) 652-6227</td>
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<tr>
<td>Exelon</td>
<td>Novartis Patient Assistance Program</td>
<td>(800) 277-2254</td>
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<tr>
<td>Namenda</td>
<td>Forest Pharmaceuticals</td>
<td>(800) 851-0758</td>
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RESOURCES:
The following organizations provide individuals with information about how to navigate the sea of patient assistance programs:

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<tr>
<th>PARTNERSHIP FOR PRESCRIPTION ASSISTANCE</th>
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<td>(888) 477-2669</td>
<td><a href="http://www.needymeds.com">http://www.needymeds.com</a></td>
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<td><a href="http://www.pparx.org">http://www.pparx.org</a></td>
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I was born and raised in the great city of San Diego and I received my BA in Psychology from UCSD in 2000. Currently I am getting ready to enter my second year in the Marriage & Family Therapy (MFT) MA program at Alliant University so my free time is a thing of the past. I hope to eventually get my clinical license and move into private practice. My passion is mountain biking whenever I have the luxury of free time.

For the past 6 years I have been working as a research associate at the Geriatric Psychiatry clinic at the Veterans Administration (VA) Hospital. I have also been a study coordinator for UCSD. Most of my experience has been working with the schizophrenic population, but I am a trained psychometrist. At the Shiley-Marcos Alzheimer’s Disease Research Center (ADRC), I will be working on a variety of research projects and some that are still to be determined. I will be recruiting, performing assessments and neuropsychiatry evaluations, and assisting in other research related duties. I look forward to working with all of the staff and families at the Shiley-Marcos ADRC, and I hope to keep up the Center’s excellent reputation.

You may be interested in the recent changes made through the Pension Protection Act of 2006. Of special interest is the provision that allows tax-free distribution of up to $100,000 per year from Individual Retirement Accounts directly to qualified nonprofit organizations, including the UC San Diego Foundation. While no charitable income deduction accompanies the transfer, the distribution directly to the charity is not included in taxable income. Gifts must be completed by December 31, 2007, and the owner of the IRA account must be age 70 ½ or older by the date of the contribution.

This is an excellent opportunity to give to the Shiley-Marcos Alzheimer’s Disease Research Center. If you have any questions or would like a free copy of our brochure, How To Make Charitable Gifts From Your IRA, please contact Geoff Graham, at (858) 534-2249 or visit our website at www.plannedgiving.ucsd.edu.
Memories at the Museum

A collaboration between The San Diego Museum of Art and The UCSD Shiley-Marcos Alzheimer’s Disease Research Center

Join us on Friday, April 27th from 2:00-3:00pm at the San Diego Museum of Art, Balboa Park

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

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