Introducing The Dementia With Lewy Bodies Program at the Shiley-Marcos Alzheimer’s Disease Research Center

LEWY BODY DEMENTIA is an umbrella term for two related diagnoses: Parkinson’s disease dementia (PDD) and dementia with Lewy bodies (DLB). Dementia with Lewy bodies is one of the common types of progressive dementia, affecting an estimated 1.3 million individuals and their families in the United States, accounting for up to 20% of dementia cases in autopsy studies. DLB most commonly results in deficits in visuospatial and attention abilities, and executive functioning (organization and planning). Memory impairment may not be prominent in the early stages.

Because DLB symptoms can closely resemble other more commonly known diseases like Alzheimer’s and Parkinson’s, and because many clinicians are still not familiar with DLB, only 30-50% of persons with DLB are accurately diagnosed. Early and accurate diagnosis is important because some antipsychotic drugs commonly prescribed to treat Alzheimer’s symptoms can cause severe side effects in persons with DLB, while other Alzheimer’s-related medications may be helpful. (Continued on Page 2)

SMART Memory Screenings at San Ysidro Health Center

By Frances Martinez-Goodrich, MSW

In December 2009, the UCSD Shiley-Marcos Alzheimer’s Disease Research Center (ADRC) and the San Ysidro Health Center (SYHC) launched a new community service in the South Bay for physicians and their elderly patients who have memory concerns. The ADRC’s Director, Doug Galasko, MD, Chief Neuropsychologist, David Salmon, PhD and Program Director, Mary Sundsmo, MBA collaborated with SYHC’s Mr. Ed Martinez, Jairo Romero, MD, Dr. Greg Talavera, MD and Social Worker, Tina Estrada to launch the Senior Memory and Referral Team (SMART) Memory Screening Clinic at SYHC.

FOR COMPLETE DETAILS AND TO SCHEDULE A MEMORY SCREENING, TURN TO PAGE 4.
To provide more comprehensive care for people with DLB, and to conduct research aimed at improving our understanding of these disorders and developing better forms of treatment, we have developed a Dementia with Lewy Bodies Program at the Shiley-Marcos ADRC co-directed by Joanne Hamilton, PhD and Douglas Galsako, MD.

**Symptoms of DLB and PDD:** The symptoms of DLB are caused by the build-up of Lewy bodies. Lewy bodies are made up of a protein called alpha-synuclein. Together with other components, they develop inside of neurons in areas of the brain that are important for control of movement and aspects of intellectual function. Researchers don’t know exactly why alpha-synuclein aggregates (clumps) into Lewy bodies and other structures, or how Lewy bodies cause the symptoms of DLB. The abnormal buildup of alpha-synuclein is also typical of Parkinson’s disease and several other disorders.

The central feature of DLB is progressive cognitive decline. Three additional defining features are often present:

1. Marked “fluctuations” in alertness and attention, such as daytime drowsiness, periods of staring into space, or disorganized speech.
2. Visual hallucinations, which are usually highly detailed and recur.
3. Parkinsonian motor symptoms, such as rigidity and slowing of movement.

Other symptoms such as REM Sleep Behavior Disorder in which patients appear to act out their dreams by thrashing and making noises during sleep, are common and may precede cognitive problems in DLB. Since eventually over 30% of people with Parkinson’s disease (PD) develop dementia, many scientists question the distinction between DLB and PD with dementia (PDD) because of the degree of overlap regarding clinical features and brain pathology. For research purposes, PDD is the diagnosis if motor symptoms precede cognitive decline by more than a year; DLB is used if cognitive decline precedes or accompanies the first motor symptoms. Sometimes, however, it is difficult to judge which symptom came first.

On cognitive testing, people with DLB and PDD show prominent difficulties with attention and concentration, cognitive flexibility, problem-solving, and visuospatial abilities. Visuospatial problems can be striking, even before changes in memory and language occur; and may include difficulty drawing or writing, sitting down on the edges of chairs, tripping on stairs, or misjudging distances while driving. Visual hallucinations are common in patients with DLB and PDD, and can also be disturbing.

Since cognitive complaints are common among people with PD, assessment of memory and cognitive abilities can be helpful to determine a baseline or onset of dementia. In June of 2010, our Dementia with Lewy Bodies Program hosted its first ever PD Memory Screening Day. Persons aged 60 and older with PD and concerns about their memory received a 30-minute cognitive assessment with trained psychometrists followed by feedback about their performance. They were given additional information about cognitive changes in PD and had the opportunity to talk with Joanne Hamilton, PhD (an ADRC neuropsychologist) or James Brewer, MD, (an ADRC neurologist) and several other ADRC staff members about helpful community resources and enrolling in research studies.

**Research Participation Opportunities:** Numerous investigators at the ADRC are seeking volunteers with PDD, and DLB for research studies through our Dementia with Lewy Bodies Program:

**The ADRC Longitudinal Study:** This ongoing study is seeking persons who have early-stage PDD and DLB, have a study partner, and who can come to the ADRC for an annual free evaluation. The evaluation includes a physical and neurological exam and neuropsychological tests to assess all areas of cognition. A feedback letter that includes a diagnosis and recommendations is sent to the participant and his/her study partner following the annual appointment. Participants in the ADRC longitudinal study are asked to donate their brains for autopsy at the time of death to confirm the diagnosis and help researchers learn more about these diseases. To participate in this study, contact Christina Gigliotti, PhD at (858) 622-5800.
Improving Diagnostic Accuracy – The AVID Study: 
Our ADRC director, Douglas Galasko, MD is enrolling eligible participants for a study to evaluate the utility of two new radiotracers, AV-45 and AV-133, used in positron emission tomography (PET) to distinguish between patients with PD and DLB from those with Alzheimer’s disease (AD) and healthy elderly individuals. A PET scan produces images of the brain which highlight specific proteins or chemicals by using radiotracers which bind to the pathway of interest. The radiotracers we are testing provide information about amyloid and dopamine in the brain, and may help us to make an early and more accurate diagnosis of DLB, PD, and AD. This will improve the ability of physicians to provide appropriate treatment.
For more information, contact Judith Rivera, NP, study coordinator for AV-45-133, or Christina Gigliotti, PhD at (858) 622-5800.

Neuroimaging: James Brewer, MD, PhD is evaluating new neuroimaging techniques that might distinguish DLB from other diseases. In this study, participants simply rest in an MRI scanner for about 40 minutes while images are taken of the brain. Dr. Brewer then measures the volumes of several brain structures involved in memory and visual processing and uses a new imaging procedure (diffusion tensor imaging) to examine how well different brain regions are interconnected in patients with DLB. The knowledge gained may aid in the development of noninvasive methods to use in clinical diagnosis and for evaluating the effects of new therapeutics for various neurodegenerative diseases.
To participate in this study you must also participate in Dr. Hamilton’s study and/or the longitudinal study. Please call Christina Gigliotti, PhD at (858) 622-5800.

Understanding Visual and Perceptual Problems: 
Joanne Hamilton, PhD is conducting a study to learn more about visual perceptual problems including changes in recognizing color, motion, orientation, and objects in persons with DLB, PD, and AD. These tests may improve accuracy in diagnosis and provide a way to evaluate the effects of future therapeutic drugs. Participants commit up to three hours to complete an assortment of tests examining visual perception, and a few brief tests examining overall cognition. We are seeking participants with AD, PD, and DBL as well as healthy older adults to serve as a comparison group. Symptoms of difficulty with visual perception are not required for participation. Call Kelly Landy, BA at (858) 622-5839.

Detecting Patterns of Cognitive Impairment: David Salmon, PhD, is studying whether patients with DLB, PDD, and AD produce distinct patterns of impairment on various cognitive tasks that measure abilities in learning, visuospatial function, and certain types of memory. The primary purpose of this study is to increase and refine our knowledge about neuropsychological deficits in DLB and PDD and to better clarify how they differ from those of AD. To participate in this study you must also participate in Dr. Hamilton’s study and/or the longitudinal study. Call Christina Gigliotti, PhD at (858) 622-5800.

Predictors of Future Cognitive Decline: Vincent Filoteo, PhD, is conducting a study examining predictors of future cognitive decline in patients with PD. Participants must only have PD and no other neurological conditions (e.g., history of stroke) and have not undergone any neurosurgical treatment for PD (such as deep brain stimulation). Participants take a series of paper/pencil and computer tests that assess various abilities. Each appointment lasts approximately 6 hours and is conducted over 2 days. Participants will be seen for baseline testing and then at follow-up 2-3 years later. Some transportation and financial compensation is available and participants can receive feedback regarding their cognitive and memory functioning.
Call Shannon Earl, BA at (858) 552-8585, ext. 5593.

Improving Memory: Drs. Schiehser and Filoteo are conducting a study to determine the efficacy of a 10-week course that is designed to improve memory in persons with PD through education and use of cognitive strategies. Participants attend a 1.5 hour class once a week for 10 weeks at the VA San Diego Medical Center. They undergo cognitive testing prior to the start of the course and at three additional times following the completion of the course. Participants may meet with Drs. Schiehser or Filoteo to discuss the results of their cognitive testing. Call Shannon Earl, BA at (858) 552-8585, ext. 5593.

For more information about DLB, we recommend the Lewy Body Disorders Association website at http://www.lbda.org, or the UCSD DLB website at http://dlb.ucsd.edu
What is the service and what does it entail? The SMART Memory Screening Clinic is a UC San Diego Shiley-Marcos ADRC service housed within SYHC. When patients have memory concerns, physicians are now able to channel them through Dr. Jairo Romero’s office for a referral to the SMART Memory Screening Clinic, which entails a 30-45 minute battery of neuropsychological tests. The testing is administered by a bilingual (English/Spanish) ADRC psychometrist, Sarah Espinoza, and it requires that the patients answer questions, draw figures, and write. The results are used to evaluate the patients’ attention, concentration, language skills, and ability to learn and remember new information. The results are interpreted and summarized by Drs. Salmon and Galasko at the Shiley-Marcos ADRC and a feedback letter is supplied to the referring physician.

Why are we offering this service? The Shiley-Marcos ADRC will be offering the SMART Memory Screening Clinic at SYHC to address an unmet need in the South Bay Community. To date, there have been limited opportunities for physicians to obtain cognitive testing for their patients in order to assist them in completing a comprehensive dementia workup. Because SYHC does not have a neurologist on staff, this service is beneficial to the patients, the families, and the physicians. In addition, the SMART Memory Screening Clinic is being provided at SYHC to establish a strong working relationship between the Shiley-Marcos ADRC staff and the SYHC physicians, staff, and patients. The hope is that the presence of the Shiley-Marcos ADRC at SYHC will enhance opportunities for South Bay Community members, many of whom are monolingual Spanish speaking, to participate in memory-related research studies.

There are two ways to schedule a memory screening:

1. If you ARE an SYHC or SYHC network patient, you can inform your Primary Care Physician about your memory concerns and ask for a referral for a memory screening. Your physician will then refer you to SMART Memory Screenings at SYHC. You will be contacted once the appointment has been scheduled.

2. If you are NOT an SYHC or SYHC network patient and you have a memory concern, you MUST be referred to us by your Primary Care Physician. You can inform your physician about our FREE Memory Screenings and ask for a referral. Your physician will need to contact Carmen Contreras at (858) 622-5800 to schedule an appointment. Appointments MUST be set up by your Primary Care Physician or their staff.

How often is it offered? For SYHC or SYHC network patients, memory screening is offered every 2nd and 4th Monday of the month at SYHC from 8:30am-12:30pm. In addition, appointments can be scheduled all month long for Non-SYHC network patients at the Shiley-Marcos ADRC.

Cultural Issues: In order to best meet the needs of the largely Hispanic community in South Bay, the SMART Memory Screenings are available in English and Spanish and are administered by a bilingual, bicultural psychometrist. Another important issue specific to the Hispanic senior population is the limited number of years of formal education they have historically obtained. Because many neuropsychological tests are interpreted relative to age and educational norms, limitations in the number of years of formal education have made interpretation of test results difficult. In fact, until recently, there were no normative data for individuals who had less than 5 years of formal education. This was particularly problematic in the South Bay community where many Hispanic seniors, not native to the U.S., had not obtained formal education beyond a 3rd grade level. To address this issue, Tamar Gollan, PhD, Director of the Hispanic Program at UCSD, identified and integrated the Woodcock-Muñoz test into the battery of assessments administered to all monolingual SMART patients. The Woodcock-Muñoz test enables neuropsychologists to clarify the patients’ educational potential and interpret their test scores, expanding this service to a larger group of Hispanic patients and increasing their eligibility for research participation.
Studying Electrical Activity in the Brain to Detect Early Alzheimer’s Disease
New Research Study Looking for Participants

Although we have made great progress in using imaging methods such as MRI to demonstrate changes in brain structure in aging and Alzheimer’s disease (AD), there remains a need for better, quantitative measures of synaptic function and synaptic plasticity. Synaptic plasticity is the ability of the connections, or synapses, between nerve cells (neurons) to change in strength. Since memories may be represented by vastly interconnected networks of synapses in the brain, synaptic plasticity is an important basis of learning and memory. Many studies have indicated that synaptic dysfunction is an early feature of AD, and may precede the deposition of beta amyloid plaques.

One method to assess synaptic plasticity uses electroencephalography (EEG), a test that measures electrical activity of the brain through electrodes placed on the scalp that measure cognitive Event-Related Potentials (ERPs). ERPs measure the spread of electrical activity through brain regions as they process particular types of stimuli. For example, in response to a visual stimulus such as a flashing checkerboard pattern, ERPs can trace the spread of electrical activity from the retina through visual pathways to the back of the brain.

Most ERP features are named with a letter, N or P, indicating polarity (negative or positive) followed by a number. For example, the N100 ERP component is a negative voltage occurring about 100 milliseconds after a stimulus is given. We are particularly interested in later ERPs, such as the N400 and P600. These depend on complex brain functions such as attention, expectation, or memory. The N400 ERP is seen in response to potentially meaningful stimuli, such as words, pictures, or sounds. The P600 ERP occurs after stimuli with errors in grammar, tense, gender, etc., (e.g., "the child throw the toy"). When we perceive that these do not sound right, the P600 can be recorded. In mild AD, abnormalities of both the N400 and P600 are present, suggesting a widespread failure of synaptic connectivity.

To study these further, a “Consortium Grant”, funded by the State of California’s Alzheimer’s Disease Program since 2007, supports the collaboration of three leading ERP laboratories, headed by Marta Kutas, PhD and Vicente Iragui, MD, PhD (UCSD), and John Olichney, MD (UC Davis). These researchers have previously found that certain ERP abnormalities, when present in patients with Mild Cognitive Impairment (MCI), helped to predict who had the highest risk of progressing to develop dementia due to AD (Olichney, 2008). The latest research studies are using a refined method to obtain and analyze ERPs related to the N400 and P600.

The Shiley-Marcos ADRC is supporting this new research study. Participants have a standard EEG recorded, using an elastic cap placed over the scalp. The EEG electrodes are then attached to a computer, and brainwaves are recorded while the participant receives stimuli such as flashing words, auditory speech, or tones. Participants also receive about 20 minutes of pencil and paper tests of memory and other cognitive functions. The testing session takes about three hours.

INCLUSIONS AND EXCLUSIONS:
We are looking for persons with Mild Cognitive Impairment or healthy older controls, aged 65-90. People with severe hearing or vision problems, not corrected by hearing aids or glasses, are not eligible. If you are interested in participating, please contact Cecily Jenkins, PhD at (858) 622-5800.
The Shiley-Marcos ADRC is under the direction of Douglas Galasko, MD. They can all be reached at the Shiley-Marcos ADRC - (858) 622-5800. If you are interested in participating or would like more information, please contact the Study Coordinator listed with each trial.

### AVID-45-133
**Principal Investigator**
Douglas Galasko, MD

**Time Involved**
1.5 - 2 Months

**DESCRIPTION**
The purpose is to evaluate two new radiotracers, AV-45 and AV-133, which are used in conjunction with a PET scan to distinguish between Dementia with Lewy Bodies from Alzheimer’s disease, or PD medications prior to scans of doctors and nurses.

**REQUIREMENTS**
- Age 50 or older
- Diagnosis of Dementia with Lewy Bodies or Alzheimer’s disease, or healthy seniors
- Diagnosis of Parkinson’s disease diagnosed within four years, on stable dose of dopamine, and able to endure overnight withdrawal of PD medications prior to scans

**CONTACT**
Judit Rivera, NP at (858) 622-5800 and ask for the "AVID-45-133" study jrivera@ucsd.edu

### Nerve Growth Factor
**Principal Investigator**
Michael Rafii, MD, PhD

**Time Involved**
24 Months

**DESCRIPTION**
Nerve growth factor (NGF) research is a phase 2 double-blind, placebo controlled study. The purpose is to test the safety, tolerability, and effectiveness of a novel experimental gene transfer drug called Cere-110 in those with mild-to-moderate AD. Studies suggest that NGF may help increase the survival of neurons that degenerate in AD. The ability of NGF to prevent brain cell loss in animal models of AD has led to delivering NGF to humans. In this study NGF is delivered directly by surgical insertion into the region of the brain where cell death occurs. Gene therapy is experimental and has not yet been approved by the FDA.

**REQUIREMENTS**
- 55-80 years old
- On stable AD medication for 3 months
- Have a study partner for all visits
- Fluent in English
- Are in general good health

**CONTACT**
Christina Gigliotti, PhD at (858) 622-5800 and ask for the "Nerve Growth Factor" study cgigliotti@ucsd.edu

### BMS-708163
**Principal Investigator**
Michael Rafii, MD, PhD

**Time Involved**
Minimum of two years

**DESCRIPTION**
Identifying AD in the earliest phase of the disease process offers the opportunity to explore whether the use of potentially disease-modifying agents might alter the long-term course of the illness and prevent the neurodegenerative cascade associated with the disease. No drug therapy is currently indicated for prodromal AD. Studying the effect of BMS-708163, a potentially disease modifying agent, earlier in the disease process may have greater impact in delaying the progression of the illness.

**REQUIREMENTS**
- 45-90 years old
- Diagnosis of Mild Cognitive Impairment (not dementia)
- Have a study partner for all visits
- MMSE scores between 24 and 30 (inclusive)
- Able to read and write English
- Stable health and medications

**CONTACT**
Elizabeth Ortega, NP at (858) 677-1567 and ask for the "BMS study" ejortega@ucsd.edu

### Passive Immunization-Amyloid Antibody Treatment for Alzheimer’s Disease
**Principal Investigator**
James Brewer, MD, PhD

**Time Involved**
18 months with at least 15 visits

**DESCRIPTION**
A research study to learn if the investigational drug, bapineuzumab (AAB-001) is safe, well tolerated and effective for use in individuals with Alzheimer’s disease (AD). It is hoped that bapineuzumab will attach to amyloid in the brain and help remove it from the body. Participants will have a 60% chance of receiving the study drug vs a 40% chance of receiving a placebo (inactive drug). Throughout the study, participants will be monitored by a medical team of doctors and nurses.

**REQUIREMENTS**
- 50 to 88 years of age
- Diagnosis of probable Alzheimer’s disease
- Are in good physical health
- Have a reliable caregiver
- Blood tests, memory testing, MRIs of the brain and other study-related physical examinations

**CONTACT**
Helen Vanderswag, RNC, BSN. at (858) 622-5800 and ask for the "Passive Immunization" study hvanderswag@ucsd.edu

### Alzheimer’s Disease Neuroimaging Initiative Grand Opportunity (ADNI-GO)
**Principal Investigator**
James Brewer, MD, PhD

**Time Involved**
18 months

**DESCRIPTION**
We are studying the earliest memory changes that occur with aging and are seeking people between ages 55 and 90 who have a concern about their memory. We will screen their memory using a standard memory test, and if it is mildly abnormal, we will examine brain structure and function using Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET). We will also draw blood and cerebro-spinal fluid to determine the best approach for early diagnosis of neurodegenerative disease, such as Alzheimer’s disease.

**REQUIREMENTS**
- Able and willing to undergo lumbar puncture and MRI
- In good general health

**CONTACT**
Helen Vanderswag, RNC, BSN. at (858) 622-5800 and ask for the "ADNI-GO" study hvanderswag@ucsd.edu

### Immune Globulin Intravenous (Human)
**Principal Investigator**
Michael Rafii, MD, PhD

**Time Involved**
Approximately 2.5 years

**DESCRIPTION**
This study aims to evaluate the novel use of an agent (Immune Globulin Intravenous (Human), 10% that is approved in the United States to treat various immunodeficiency and auto-immune disorders. IGIV is a biologic agent with anti-inflammatory and immunomodulating properties containing human immunoglobulin G antibodies derived from the blood plasma of healthy donors. Passive immunization could provide a safe and effective alternative to active vaccination for the treatment of AD patients, providing a strong rationale for studying passive immunization with IGIV.

**REQUIREMENTS**
- 50-89 years old, (inclusive)
- Diagnosis of probable AD
- MMSE scores of 16 to 26 (inclusive)
- Have a study partner for all visits
- Able to read and write English
- Stable health and medications

**CONTACT**
Elizabeth Ortega, NP at (858) 677-1567 and ask for the "IGIV/GAP" study ejortega@ucsd.edu
In July 2010, researchers convened in Honolulu, Hawaii for the annual Alzheimer’s Association International Conference on Alzheimer’s Disease (ICAD). During the six-day conference, draft reports recommending updating the diagnostic criteria for AD for the first time in 25 years were presented. The National Institute on Aging (NIA) and the Alzheimer’s Association organized three workgroups around the three stages of Alzheimer’s disease that are commonly thought to exist today, 1) pre-clinical Alzheimer’s, 2) mild cognitive impairment (MCI) due to Alzheimer’s, and 3) Alzheimer’s dementia. Due to significant advances in research and technology since 1984, when the current diagnostic criteria were developed, the proposed modifications would better characterize the various stages of the disease and include AD biomarkers as an integral tool in detection, diagnosis, and treatment evaluation.

The role of biomarkers differs in each of the three stages, and additional research is necessary to confirm their reliability and validity in diagnosis. Biomarkers can be used to identify the risk of developing an illness (antecedent biomarkers), aid in identifying disease (diagnostic biomarkers), or predict future disease course, including response to therapy (prognostic biomarkers). Biomarkers for AD have been developed and fall into several categories:

- Beta amyloid pathology, including amyloid PET imaging and levels of beta amyloid in cerebrospinal fluid (CSF).
- Neuronal injury, including levels of CSF tau and phospho-tau.
- Neuronal dysfunction, as suggested on PET scans.
- Neurodegeneration, including brain atrophy on structural MRI scans.

To date, there is no test or procedure that is diagnostic for AD in living patients; therefore, the burden falls on clinicians. Due to this limitation, AD remains underdiagnosed and undertreated. In addition, research has demonstrated that the clinical symptoms currently required for diagnosis appear to develop only after the underlying disease process has taken hold for years and even decades. At this point substantial cell loss has already occurred in the brain. This shortcoming, in terms of detection and diagnosis at the earliest stages, is cited as one explanation for why current therapies have shown only modest benefit. The development of valid and reliable biomarkers for AD will not only aid clinicians in recognizing the disease in its earliest symptomatic stages, but may also help with the identification of the disease before symptoms appear. The detection of preclinical AD will be especially important if effective disease-modifying therapies are developed so that interventions can be initiated before substantial neuropathological damage has occurred.

The Shiley-Marcos ADRC is committed to remaining at the forefront of cutting edge research in the realm of detection, diagnosis, and treatment of AD. Therefore, we will continue to conduct biomarker studies on eligible participants from a wide range of other ADRC protocols, including the longitudinal study and clinical trials. Participation in biomarker studies will become a higher priority at our ADRC and opportunities for inclusion in these protocols will become more widely available. Participants in biomarkers studies will be asked to undergo some or all of the following procedures: blood work, brain imaging (MRI and PET scans) and lumbar puncture procedures.

Stay tuned for our next issue of Currents which will focus extensively on ADRC research using Biomarkers!
Meet Charlene and Erich, 2010 Visiting Scholars From the Chinese University of Hong Kong

Each year, the Veterans Affairs Medical Center (VAMC) and the UC San Diego Shiley-Marcos ADRC hosts two students from the Chinese University of Hong Kong. This year, the two visiting students were Charlene Lam and Erich Chan. Both are working towards a Master’s degree in clinical psychology under the mentorship of Agnes Sui Yin Chan, PhD, who also completed her training at UCSD.

The students obtained academic and practical learning experiences in Alzheimer’s disease and related dementias research at the ADRC and the VAMC. Within the ADRC, the students shadowed participants during their annual longitudinal visits and subsequently attended the clinical core meeting to observe ADRC clinicians come to consensus about the participants’ diagnoses and treatment recommendations. They also had the opportunity to observe the early stage support group meeting and attend lectures and seminars from scholars representing various UCSD departments. The students were taught neuropsychological testing methods and how to interpret results at the VAMC.

Both Charlene and Erich highlighted their interest in neuropsychology and were impressed by the state of the art in dementia research at UCSD. When asked about major differences between the US and Hong Kong in terms of dementia research and care, they pointed to the multidisciplinary approach adopted by the ADRC and the integration of psychosocial services. Erich stated that he was particularly impressed with the fact that ADRC research participation appears to result in a “win-win situation” due to the quality of care and access to quality of life programs provided at the ADRC.

The ADRC Welcomes New Staff

Carmen is responsible for scheduling physician referrals to the SMART Program and referring interested and eligible ADRC participants to affiliated researchers’ studies.

I was born and raised in San Diego, CA. I have a great husband and two wonderful sons. After high school I decided to pursue a career as a Medical Assistant. I went to Apollo College and graduated after 9 months. I got my first job in a community clinic in Chula Vista. After 4 years of experience I decided to apply to UCSD. I have been with the university now for 15 years in the Department of Internal Medicine, Socare Clinic, and now here at the ADRC as an Administrative Assistant. I enjoy spending time with my family, especially with my three boys. I enjoy taking my dog for walks at the beach, teaching Sunday school to 3 and 4 year olds, going shopping with my mom and having barbecues or Carne Asadas with close friends and family.

Brenda assists with a number of administrative responsibilities at our ADRC, makes travel arrangements for visiting speakers, and assists with recruitment of new ADRC participants.

I grew up in southern Idaho and then moved to the San Francisco Bay Area, where I lived for almost 30 years. I worked as an administrative assistant for Syntex Pharmaceuticals in Palo Alto, which was bought by Roche Bioscience. I worked there for 6 years. I moved to San Diego and worked for Agouron Pharmaceuticals, which was bought by Pfizer, and I worked there for almost 7 years. I have worked for UCSD for 2 ½ years.

I have one daughter, a son-in-law and three granddaughters. They live in Las Vegas, so I make many trips to that fun city—no time to gamble, just babysitting—and I accumulate lots of miles on Southwest. I love to garden and paint and I spend as much time as I can with my little Las Vegas people.
Helpful Resources

Living Your Best with Early-Stage Alzheimer’s - An Essential Guide
By Lisa Snyder, MSW, LCSW; Foreword by Douglas Galasko, MD

Many people living with early-stage Alzheimer’s or a related disorder want information about how to cope effectively with memory loss and other symptoms and move forward with life. Almost all books are written to caregivers, and people with Alzheimer’s have long needed a comprehensive resource that addresses their own experiences and concerns. Written by Lisa Snyder, a clinical social worker at the Shiley-Marcos ADRC for over 20 years, *Living Your Best with Early-Stage Alzheimer’s—An Essential Guide*, is a new 280-page book that is organized into 30 short, easy-to-read chapters on topics including: talking about the diagnosis; managing memory loss and other symptoms; finding meaningful activity; social and family relationships; maintaining hope and humor; updates in nutrition, exercise, and research; and the unique needs of young-onset people or those who live alone. Each chapter ends with practical suggestions and discussion questions to facilitate conversation between persons with Alzheimer's and their loved ones.

*The book is available in our Shiley-Marcos ADRC waiting room, in bookstores, or online at amazon.com or Barnes & Noble.com.*

Encouraging Comfort Care: A Guide for Families of People with Dementia Living in Care Facilities

A free online resource, this 21-page booklet provides useful information to families about Alzheimer’s disease and related dementias, particularly care issues related to the late and final stages. For families, this guide will enable them to make informed choices about a variety of medical decisions they may face on behalf of loved ones with dementia living at home or in nursing homes, assisted living facilities, and other types of care facilities. It will also equip families to ask good questions aimed at obtaining the best care for their loved ones, including a handy checklist of comfort care measures to be discussed with staff members of care facilities.

*View and download the free guide (print copies are not available) at: www.alzheimers-illinois.org/pti/comfort_care_guide.asp.*

End of Life – Helping with Comfort and Care

End-of-life care is the term used to describe the support and medical care given during the days, weeks, or months approaching the time of death. This free 68-page booklet from The National Institute on Aging aims to make late-stage care more comfortable for everyone involved. Throughout the booklet, the terms *comfort care, supportive care*, and *palliative care* are used to describe individualized care that can provide a dying person with the best quality of life until the end. This booklet can help you to work with health care providers to complement their medical and caregiving efforts so you can better understand what is happening with your loved one and make informed decisions.

*You can order a print copy of the booklet by calling 1-800-438-4380 or download it at www.nia.nih.gov/healthinformation/publications/endoflife/*.
Support Groups

The Shiley-Marcos ADRC has long recognized the value of support groups for people living with Alzheimer’s or a related disorder. Both the person with Alzheimer’s and those providing care can benefit from meeting with peers to discuss common challenges, problem-solve, and share emotional support. People often refer to their support group as a ‘lifeline” or a “safe haven” and testify to the benefit of the shared information, wisdom, and camaraderie. The following support groups are offered through our Shiley-Marcos ADRC. They are facilitated by our staff and are co-sponsored by the Alzheimer’s Association. You do not need to be enrolled in research to participate, and all groups are free of charge and open to the public.

**Bilingual (English/Spanish Young Caregiver Support Group** is for Caregivers under the age 60 (primarily adult children) who are caring for a loved one with Alzheimer’s or a related disorder. This group affords the unique opportunity for younger Hispanic Bilingual caregivers to build community and receive support. This group is facilitated by Jorge Porras, MD and Frances Martinez-Goodrich, MSW, co-sponsored by the Alzheimer’s Association and G.G. Glenner Alzheimer’s Family Center. Meetings are on the 4th Tuesday of every month from 5:00-6:30pm in National City (please call Frances @ (858) 622-5800 for specific location).

**Call Frances for specific location at (858) 622-5800.**

**Younger Caregiver Support Group** is for young English speaking caregivers under age 60 who are caring for a loved one. Younger caregivers face unique challenges as they juggle career, family, economic, and social challenges. This group is facilitated by Frances Martinez-Goodrich, MSW and co-sponsored by the Alzheimer’s Association and G.G. Glenner Alzheimer’s Family Center. Meetings are on the 2nd Wednesday of every month from 6:30-8:30pm in Hillcrest at 3702 4th Ave.

**Call Frances Martinez Goodrich for more information at (858) 622-5800.**

**Caregiver Support Group** is for caregivers of any age who are caring for a loved one with Alzheimer’s or a related dementia at any stage in the disease. This group is facilitated by Lisa Snyder, LCSW and meets on the 2nd Wednesday of every month from 2:00-3:30 at our Shiley-Marcos ADRC.

**Call Lisa at (858) 622-5800 if you would like to participate in this group.**

**Early-Stage Alzheimer’s Support Group** is for people diagnosed with early-stage Alzheimer’s or a related disorder. People newly diagnosed or in the beginning stages of Alzheimer’s often find relief in knowing that they are not alone and in sharing their experiences with others who are living with memory loss and other symptoms. This group is co-facilitated by Lisa Snyder, LCSW and Cecily Jenkins, PhD. A concurrent caregiver group meets at the same time and is limited to caregivers who have a loved one with Alzheimer’s or a related dementia enrolled in this support group. **Pre-registration is required for this weekly group** that meets at the Shiley-Marcos ADRC.

**Call Lisa Snyder, LCSW at (858) 622-5800 for more information.**
This monthly program is in collaboration with San Diego Museum of Art, Mingei International Museum, Timken Museum of Art, and Museum of Photographic Arts. Museum docents guide visitors with mild-to-moderate Alzheimer’s and an accompanying family member or friend through the exhibits and provide a stimulating interactive experience. Memories at the Museums alternates between the four co-sponsoring museums and is entirely free of charge.

Each monthly docent tour is limited to 8 pairs (16 participants total). Pre-registration is required. Please call Lisa Snyder at the Shiley-Marcos Alzheimer’s Disease Research Center at (858) 622-5800 to register.