NEW STUDY FOR IMPROVING SLEEP IN ALZHEIMER’S PATIENTS AND CAREGIVERS

As people age, sleep disturbances become more common. This may be due to changes in the part of the brain that controls the daily rhythm of sleep and wake cycles. Disturbed sleep adds to the burden of Alzheimer's disease (AD) for both patient and caregiver and has a negative impact on quality of life. Bright light therapy has been used in prior research to remedy disturbed sleep in AD patients. While the results are optimistic, studies of bright light treatment in AD have not on the whole been conducted in the home. Further, although it is known that the sleep of AD caregivers is often disturbed, there are no studies in which the caregiver is included in the treatment. We hope to remedy this situation by conducting a well-designed study that includes both patients and their caregivers who will receive the treatment in their own homes. The protocol involves collecting baseline measures including: daily sleep diaries, wrist actigraphy (wearing a wristwatch-like device that measures both activity and light), and several questionnaires about mood and sleep that will tell us how participants' sleep and mood are prior to the start of treatment baseline. To minimize any possibility of risk, all participants will receive a free ophthalmologic examination. We will also provide light boxes for the treatment. The light boxes will be placed on top of a television set and, after a few days of gradual introduction to the treatment, patients and their caregivers will sit side-by-side watching television or videos for 60-minute daily light exposure sessions. This treatment will last a total of six weeks. At the end of the treatment phase of the study, we will repeat the measures collected at baseline to determine the extent of treatment effectiveness. If you’d like to participate in this innovative study, contact Edward Wakabayashi at 650-493-5000, extension 65431.

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Our Clinical Research Staff

Back row standing (from left): Pauline Luu, Malathy Kuppuswamy, M.D., Marion Williams, Jean Thompson, Helen Davies, R.N.C.S., Jared Tinklenberg, M.D., Kellie Takagi, Ph.D., and Joy Taylor, Ph.D.
Front row seated (from left): Catherine McFeeters, R.N., Lori Newkirk, Jessica Hawkins, Heather Sawyer, Janise Kim, Heather Greene, and Aimee Mott.
Not pictured: Terry Miller, M.D.; Deryl Wicks, Claire Daniels, Hazel Lam, and Edward Wakabayashi.
Q: WHAT IS MCI?

A: Mild Cognitive Impairment (MCI) refers to a condition characterized primarily by a memory problem in the presence of otherwise normal cognitive functioning. MCI is not a form of dementia; however, people with MCI are at greater risk of eventually developing signs of Alzheimer’s disease (AD), than similarly aged people in the general population.

Q: WHAT CAUSES MCI, AND DOES IT RUN IN FAMILIES?

A: As with Alzheimer’s disease, the causes of MCI remain unclear. No genetic link has been found for the condition. Nevertheless, it is possible that, like AD, a genetic component might be a risk factor for people with MCI to develop AD.

Q: HOW IS MCI DIAGNOSED?

A: The diagnosis of MCI is usually precipitated by a complaint from the patient and/or an informant regarding trouble remembering specific incidents that occur on a daily basis. Given this information, the clinician will most likely obtain pertinent medical history and administer routine paper and pencil tests to get an objective assessment of the patient’s memory and cognitive functioning. The following guidelines are typically used by health care professionals in making the diagnosis of MCI:

a) Subjective memory complaint corroborated by an informant
b) Objective indicators of memory impairment (i.e. testing) in relation to age and education
c) Normal general cognitive function
d) Intact activities of daily living
e) Not demented

Q: WILL MY MEMORY PROBLEMS GET WORSE?

A: Although different theories have been developed to determine which MCI patients are at risk of progressing to AD, so far there are no sure answers. Unfortunately, this means that thousands of people are given a diagnosis with no clear understanding of what it means for the future. Many people get stuck at this stage trying to prove that “they” are wrong and there is no problem, while the family struggles with how to deal with the difficulties they see the patient experiencing.

Q: SO WHAT CAN I DO?

A: Health professionals suggest that first and foremost patients learn to “let go” and accept that there is a problem. The sooner this happens, the easier it will be to cope with the stresses of daily life. In doing so, both the patient and family will feel better and can focus on what is under their control. Admit that there are no easy answers and move on with your life. Live each day to the fullest and try not to focus on what may or not happen down the line. This does not mean that you should ignore the problem, but instead that you should make the best of what you have. If you don’t let go, the chances for family conflict increase and valuable time can be lost unnecessarily.  

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In addition, we know that there are certain things that can exacerbate memory problems, including stress. Therefore it is suggested that patients try keeping stress levels down through exercise, good nutrition, support groups, open communication, pleasurable activities and information seeking.

Q: WHAT IS THE BEST WAY FOR MY FAMILY AND I TO COMMUNICATE ABOUT THE DIAGNOSIS?

A: Communication is key to healthy relationships so it is important to be open with one another. This can be difficult with a diagnosis as confusing and uncertain as MCI because more often than not, each person has a different idea of what the problem actually is and how it should be dealt with. Identifying problems and acknowledging feelings that emerge, is a good way to begin. Working together can reduce stress and identify new ways of coping. The more open everybody is to addressing the issue, the less chance of conflict and the better life will be.

FINAL THOUGHTS...

If you or a family member has been diagnosed with MCI, you are not alone. If you are looking for help, you may want to consider joining a support group. To find out about support groups and get further information about MCI and current research, ask your healthcare provider or call the local Alzheimer’s Association (1-800-660-1993). You can also find additional support at these websites: www.alzsf.org (Alzheimer’s Association of Northern California) and www.caregiver.com (Family Caregiver Alliance).

Although we are hopeful to have more answers in the future, there are many people living with the uncertainty of MCI now. What we recommend: talk to your doctor, join a support group, keep informed, communicate with one another and, most importantly, advocate for yourselves.

MEMORY WALK 2001 IS A HUGE SUCCESS

On October 6th, 2001, an estimated 3,500 walkers participated in the Alzheimer’s Association’s annual fundraiser, the Memory Walk. The event was held at Treasure Island. A record 144 Teams participated and helped raise over $400,000 to benefit Alzheimer's patients and their families. Among these teams was the Stanford/VA Alzheimer’s Center, clad in cardinal red t-shirts with the center’s logo. Our team raised $1882, over twice the amount we raised last year!

A special thanks to the 2001 Stanford/VA Alzheimer’s Center Memory Walk Team:
Aimee Mott (team captain), Alexandra Velasquez, Deryl Wicks, Quinn Kennedy, Marion Williams, Heather Sawyer, Daniel Sawyer, Joy Taylor, Jessica Hawkins, Claire Danielson, Kevin Morgan, Beatriz Hernandez, Jessica Sanderson, Laura Raybould, Erica Krisztal, Vao Pele, Veronica Cardenas, Ron Rabinowitz, Lisa Kinoshita, Sean Lauderdale, Laurie Leung, & Dolores Gallagher-Thompson.
Spotlight: Kellie Takagi, Ph.D.
Clinician and Director of Education Core at the Stanford/VA Alzheimer’s Disease Research Center of California

Kellie Takagi has a Ph.D. in Clinical Psychology, a Masters of Science in Gerontology (MSG) and a Masters in Social Work (MSW). She completed a 3-year Postdoctoral Fellowship in the Department of Endocrinology, Gerontology, and Metabolism at Stanford University School of Medicine. In 2001 she was offered her first job at the Stanford/VA Alzheimer’s Disease Research Center of California. She is very honored to be working with a team of very competent clinicians and researchers. Currently she is working on a study that evaluates the effectiveness of various FDA-approved anti-Alzheimer’s drug treatments in Asian American AD patients. She is also implementing a comprehensive 4-year plan to expand ethnic minority outreach throughout Northern California. A comprehensive approach to increasing our knowledge of dementia requires that we increase the rate of ethnic minority patients with memory problems into our center for a comprehensive diagnostic evaluation, educational family meetings, phone follow-ups, and yearly clinic visits. Kellie also works for the Stanford Geriatric Education in the Department of Internal Medicine. In addition, she is working for the Alzheimer’s Association on a 3-year project funded by the Administration on Aging Alzheimer’s Disease Demonstration Project Grants to States Programs. The project is called the Asian Pacific Islander Dementia Care Network. These projects are vital to the growing ethnic minority communities in California because it ensures that educational material, diagnostic services, and research are available to the elders affected by dementia and their families. Outside of work, Kellie enjoys cooking, hiking, high impact aerobic classes, and visiting her family in Southern California.

If you have a memory problem or know someone with memory problems and you would like to schedule a clinical assessment, contact:
CLAIREDANIELSEN
650-858-3915

INTERNET CONNECTIONS

VISIT THE STANFORD/VA ALZHEIMER’S CENTER ON THE WEB:
http://arcc.stanford.edu/

VISIT ACRC ON THE WEB:
http://alzheimer.stanford.edu

VISIT MIRECC ON THE WEB:
http://mirecc.stanford.edu

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**Support Groups**

**Gero-Psychiatric Evaluation Unit**

**Stanford/VA Alzheimer’s Center**

**All groups meet at the Palo Alto VA Health Care System**

3801 Miranda Ave., Bldg. 4, Conference Room A101

(650) 858-3915 or (650) 493-5000, Extension 63538

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**Caregivers Support Group**

This is a small group designed to provide answers to individual questions and concerns of caregivers as well as educational information. It also provides a network to offer support and guidance. Since this is a small group, we do request regular attendance to the meetings. The group meets on the 2nd Friday of each month from 1:30-3:00 PM. Helen Davies, MS, RNCS, is the facilitator for this group. If you are interested in the group or would like some additional information, please contact Hazel Lam at 650-493-5000 x63538.

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**Early-Stage Alzheimer's Patient and Caregiver Group**

This group for early-stage Alzheimer's patients and their caregivers is co-facilitated by Helen Davies, MS, RNCS, and Catherine McFeeters, RN. The group is designed to provide a forum for participants to discuss their concerns and ask questions about the illness. Sessions combine education, psychotherapeutic principles, and support to enhance understanding and coping mechanisms. The group meets on every Wednesday from 2:00-3:30 PM for a period of three months. In order to enhance group cohesiveness, participants are asked to commit to regular attendance for the duration of the group. An arrangement is provided for caregivers to meet with other caregivers while patients are attending the group. If you are interested in the group or have any questions, please contact Hazel Lam at (650) 493-5000 x63538.

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**Brain Donor Program Seeks Healthy Seniors**

As you may already be aware, the Stanford/VA Aging Clinical Research Center (ACRC) offers an organ donor program where an Alzheimer's patient followed at our Center can donate her/his brain to research upon death. We are excited to be able expand our efforts to help fight this disease. Our expanded donor program now seeks brain donations from older adults who do not have Alzheimer's. By comparing brains of Alzheimer patients with brains of similarly aged individuals who do not have AD, researchers may gain clues on how to treat and eventually prevent the disease.

We believe this donor program may be worthwhile to you as you have already contributed to research efforts here while caring for your loved one afflicted with Alzheimer's. We ask for help from you in our efforts. But, we also know that unless careful arrangements are made in advance, this can not happen. Now, we have a way to make these arrangements. The brain donation itself will take little time and it will not interfere with funeral plans or add to the cost of funeral arrangements. Your participation can be crucial to fighting this disease.

We have a donor program information packet that contains all the forms necessary to enroll in this program. Our staff would be happy to assist you in filling out the forms. Of course, your decision not to enroll in no way affects future contact with us. Moreover, you always have the option of withdrawing consent. Please do not hesitate to call us at (650) 852-3234 with any questions you might have. This work is extremely important as we are making major advances in understanding the neurochemistry of the Alzheimer's process and we need volunteers to help with this effort.
**Caregiver Assistance Programs**

Helping Women Cope With Caring For Family Members With Memory Loss

**What services do we offer?**

*Weekly telephone support services*

*Weekly group meetings that teach specific strategies to cope with the difficulties associated with caregiving*

*In-home evaluation of your health, including blood pressure and stress assessment (no blood will be drawn at any time)*

**How will you benefit?**

*Learn ways to reduce your stress*

*Learn how others cope with caregiving*

*Contact with trained staff who understand your needs*

*You will receive payment for the health assessment ($25)*

**Services are available in Spanish, Mandarin, Cantonese and English**

**Please call us at 1-800-943-4333 for more information**

*Our services are FREE of charge for all women eligible for our project*