We are increasingly a 24-hour society, and our sleep suffers the consequences. Effects of sleep loss are not limited to feeling tired during the daytime – there are real medical, cognitive, physical, and psychiatric consequences to sleep loss and even public safety concerns. The most common forms of poor sleep are insomnia and sleep apnea. Other health problems, such as depression, chronic pain, and Post-Traumatic Stress Disorder (PTSD) add to the likelihood of experiencing poor sleep.

**Effects of Insomnia**

When people do not get enough sleep, they are at risk for developing a range of health problems including obesity, cancer, poor sexual performance, cognitive decline, poor attention and concentration, depression, and an overall lower quality of life. Many accidents are linked to inadequate sleep.

Insomnia is characterized by difficulty falling asleep, difficulty staying asleep, waking up too early, and/or non-refreshing sleep. Approximately 40% of Veterans in primary care have probable insomnia (vs. 19% in the general community).

Insomnia can be treated with both behavior techniques and medication. The most basic behavior techniques for improving sleep are referred to as “sleep hygiene”. These are healthy sleep habits that are necessary for good sleep but are rarely sufficient to improve the sleep of individuals suffering from significant sleep disruption.

**Cognitive-Behavioral Therapy for Insomnia**

CBT-I, or Cognitive-Behavioral Therapy for Insomnia consists of a cluster of behavioral techniques, tailored to the individual, that help treat the underlying causes of insomnia. In large studies, CBT-I has been shown to be at least as effective as medication and is currently considered the first line treatment for insomnia. The VA Palo Alto conducted some of the early research that tested the effectiveness of several CBT-I components in older individuals. Currently, VA Palo Alto is helping to develop a competency-based training program enabling licensed health professionals throughout the VA system to administer CBT-I.

**Medications**

Two broad types of medication are available for insomnia: for short-term or for long-term management of the problem. Drugs may be prescribed for short-term management of insomnia associated with specific, unusual life events such as a death in the family. Most commonly, benzodiazepines or similar drugs such as zolpidem (Ambien™) or eszopiclone (Lunesta™) are prescribed for short-term use (just a week or two). These medications are not appropriate for use with chronic insomnia because of concerns about abuse and drug tolerance. Chronic insomnia is often managed with drugs such as anti-depressants because these often help lessen the root cause of the insomnia and permit good sleep habits to be formed. Trazodone is commonly prescribed for
There are issues unique to individuals with memory changes and to their family members. We are trying to learn how to better address these issues by developing new services and providing support groups that meet the needs of individuals with memory problems and their families. We are involved in ongoing development of support groups to achieve these goals. Currently the following groups are available at our center:

**Tai Chi for Older Adults**
This is a small group in which participants will learn about Tai Chi Chuan and its many physical and mental benefits, including stress reduction, gaining balance, and reduction of back pain. In this group, we will explore the basic principles of this ancient Chinese martial art and practice some warm-ups and basic movements. The group meets twice a month, on the second and fourth Wednesdays, from 1:00 pm to 2:00 pm. You are welcome to come to both dates, or to just one.

**Mild Cognitive Impairment (MCI) Group:**
This group is designed for individuals with a diagnosis of mild cognitive impairment (symptoms not meeting criteria for dementia) and their family members or friends. This group focuses on 1) education, 2) communication, 3) management, and 4) psychosocial concerns. The group meets on the 2nd and 4th Wednesdays of the month from 11 a.m. to 12:30 p.m.

**Educational Seminars**
These are monthly informational/educational seminars given by professional staff addressing a variety of topics pertinent to memory loss and caregiver issues. These seminars are open to all participants and their caregivers and will include a question-and-answer session. Seminars meet on the fourth Wednesday of each month from 10-11 a.m.

All groups meet at the
VA Palo Alto Health Care System
3801 Miranda Ave., Bldg. 6,
2nd floor Conference Room (C-258)
Palo Alto, CA 94304

If you are interested in the support groups or would like additional information, please contact Virginia Dao at (650) 493-5000 ext. 66121.

Website: http://svalz.stanford.edu/groups.html

---

**Sleep Apnea**

Sleep apnea is another very common sleep disorder, involving problems with breathing during sleep. There are two broad types of sleep apnea, obstructive and central.

Individuals with sleep apnea will stop breathing for a few seconds, wake-up, take a breath, and then return to sleep. This repeats from 100 (mild) to 400 (severe) or more times every night. Sleep apnea is associated with significant medical and cognitive problems, including heart disease, obesity, and cognitive decline.

Most cases of sleep apnea are treatable with a device that provides continuous positive airway pressure (CPAP), keeping the throat open and allowing for normal breathing during sleep. While very effective, many people find wearing this device on their face while sleeping to be uncomfortable and difficult to use, yet nightly use of the CPAP is critical for the proper treatment of sleep apnea.

Many people with sleep apnea are unaware that they have the condition. Most commonly, people with sleep apnea report spending enough time in bed, but always feeling tired during the daytime.

Sleep apnea is also associated with heavy snoring, although the absence of snoring does not mean the absence of sleep apnea. The only way for you to know for sure is to make an appointment with the sleep clinic at your local hospital.

A visit to the sleep clinic will normally involve filling out sleep diaries and questionnaires, and staying for an overnight visit during which your brain waves, breathing, heart rate, and muscle tone will be recorded. This information will be used to determine if you have a sleep disorder and if so, what type. The sleep study can also look at other disruptions in your breathing, heart, and brain activity.

By:
Leah Friedman, PhD and Jamie Zeitzer, PhD
Spotlight: Lisa Kinoshita, PhD
Mental Illness Research, Education, and Clinical Center (MIRECC),
VA Memory Clinic
VA Palo Alto Health Care System

Dr. Lisa Kinoshita received her B.S. in Psychology from Santa Clara University and her Ph.D. in Clinical Psychology with an emphasis in Clinical Neuropsychology from the Pacific Graduate School of Psychology in Palo Alto. She completed her internship training at the VA Palo Alto Health Care System with an emphasis in geropsychology and neuropsychology. After completing her internship, she received the first MIRECC postdoctoral fellowship (aging and dementia focus) at our Sierra Pacific MIRECC. As a MIRECC fellow, Dr. Kinoshita worked on studies which examined the relationship between PTSD and cognitive functioning. She also collected pilot data to develop a culture-fair neuropsychological screening for Japanese and Chinese older adults with memory concerns. After completing her fellowship, Dr. Kinoshita served as a Research Associate at the Stanford/VA Aging Clinical Research Center for five years. During this time, she worked on clinical trials that examined the efficacy of FDA-approved medications to slow the progression of Alzheimer’s disease and to treat the problematic symptoms in Alzheimer’s disease, such as psychosis and agitation. She was also one of the investigators on an innovative study which piloted the use of an automated telephone memory assessment with dementia patients.

Currently, Dr. Kinoshita is the Director of the VA Memory Clinic at the VA Palo Alto Health Care System. The staff at the VA Memory Clinic have served over 400 veterans and their families conducting cognitive assessments and providing helpful treatment recommendations to VA providers throughout our area.

Dr. Kinoshita’s professional and research interests include predictors of cognitive decline in Post Traumatic Stress Disorder (PTSD) and dementia, cognitive disorders, and sleep disorders. Dr. Kinoshita has served on the executive board of the Asian American Psychological Association (AAPA) for 4 years as the Secretary/Historian and as a Board Member.

A Study of Sleep Apnea and Hypertension in Veterans with PTSD

Staff at the Sierra Pacific MIRECC and the Aging Clinical Research Center are conducting an innovative project examining the effects of Post Traumatic Stress Disorder (PTSD), obstructive sleep apnea, and genetics on cognitive performance in a group of older Veterans. Preliminary results were recently published in the journal “Sleep and Breathing”, and show that older Veterans with PTSD frequently experience higher rates of sleep apnea compared to the general population. The data also indicate that PTSD and sleep apnea are associated with cognitive impairment. Our investigators are interested to see if sleep apnea and hypertension are associated with worse cognitive performance, namely verbal memory function and executive function (a set of cognitive abilities that control and regulate other abilities and behaviors).

The current hypertension and sleep apnea study measures cognition using a battery of neuropsychological tests, including those that assess learning, memory and executive function. Statistical analysis found that Veterans whose lowest oxygen saturation during sleep was less than 85% scored worse on the auditory learning and memory test. Veterans whose lowest oxygen saturation level was less than 80% scored worse on the executive function measure. These results suggest that it is important to provide apnea patients with treatment to keep oxygen saturation levels during sleep above 85%. In addition, hypertension and sleep apnea were both predictive of lower performance on tests of verbal learning and memory. Hypertension alone predicted lower scores on executive function. Future studies will use more accurate measures of hypertension to determine the specific interactions between sleep apnea, PTSD, hypertension, and cognitive decline.

To participate in this on-going study, contact: Emily Luther at (650) 849-0482
RESEARCH OPPORTUNITIES

Alzheimer's Disease Neuroimaging Initiative (ADNI)

The Alzheimer’s Disease Neuroimaging Initiative (ADNI) is a nationwide study with the goal of determining whether imaging of the brain (through MRI, PET and amyloid imaging scans) and collection of blood and cerebrospinal fluid (via lumbar puncture) can help predict and monitor the progression of mild cognitive impairment (MCI) and Alzheimer’s disease.

Participants should be:
- 55-90 years of age with some memory problems or a diagnosis of mild cognitive impairment or Alzheimer’s disease
- Have a study partner- a friend or relative who can accompany the volunteer to some clinic visits
- Available for 5-10 clinic visits per year for 5 years

To sign up for this study
Contact: Michelle Farrell
(650) 849-0491

Citalopram for Agitation in Alzheimer’s Disease (CitAD)

The goal of the CitAD study is to see if a medication called Citalopram (Celexa) is helpful for people experiencing memory problems and anxiety. Benefits include a review of current medications by the study physicians, psycho-social support from a gero-psychologist for the care partner, and a 24-hour help line.

You may be able to participate in the CitAD study if:
- You are over 50 years old
- You have a diagnosis of probable Alzheimer’s disease, and are experiencing some anxiety
- You have a study partner- a friend or relative who can accompany you to all clinic visits

To sign up for this study
Contact: Jeff Newell
(650) 493-5000 1,1, ext. 65275

Computer Games and Well-being Study

Are you feeling anxious or down most of the time? Are you interested in how computer games can improve your concentration and well-being?

The study consists of several laboratory visits during which you will complete computerized exercises and questionnaires, and daily homework completed either at home or in our laboratory.

You may be eligible to participate if:
- You have anxiety or depression
- You have internet access and a computer at home

To sign up for this study
Contact: Etkin Lab at (650) 725-9510
(please leave a voicemail) or stanfordpsychiatry@gmail.com
RESEARCH OPPORTUNITIES

Are you distressed by memories of a traumatic event? Participants with Post Traumatic Stress Disorder (PTSD) will receive the gold standard psychotherapy treatment for PTSD. All participants will receive brain scans before and after treatment. The goal is to identify changes that occur in the brains of people with PTSD during psychotherapy to help guide the development of new treatments.

You may be eligible to participate if:
• You have experienced a traumatic event
• Your life is affected negatively by unwanted memories of that event

This project is developing new approaches to screen for memory problems in group sessions.
Each screening session:
• Begins with a brief talk on memory & aging
• Involves simple memory games many enjoy
• Reviews your results and concerns with staff

Please call for the next Memory Screening session.

To sign up for this study
Contact: Etkin Lab at (650) 725-9510
(please leave a voicemail) or stanfordpsychiatry@gmail.com

The Stanford/VA Alzheimer’s Research Center provides no-cost, comprehensive memory evaluations and follow-ups for individuals with memory concerns. Patients may be eligible to participate whether or not they have previously been diagnosed with memory problems. Evaluations are open to both veterans and non-veterans. The memory evaluation consists of a meeting with a clinician, a brief neurological exam, and neuropsychological testing. Upon completion of the evaluation, the patient and family will meet with a clinician to review the diagnosis and any recommendations or referrals to community resources, and to discuss other issues or concerns.

You may be able to participate if:
• You have memory concerns or would like a “baseline” assessment
• You are community-dwelling (i.e., not residing in a nursing home)
• You have a study partner (friend or relative) who is willing to provide information for a baseline visit and possibly for subsequent annual visits

To sign up for this study
Contact: (650) 858-3915

Memory Screening
For dates of Memory Screening sessions,
Contact: (650) 852-3287

Memory Evaluations
To sign up for this study
Contact: (650) 858-3915
Memory and Sleep Apnea Study

Are you a healthy male VETERAN interested in research on sleep, memory, and aging? VA Researchers are studying how sleep disordered breathing, age, and genetics may affect memory in older veterans WITHOUT Post Traumatic Stress Disorder.

You may be eligible to participate if you are:

• A healthy male VETERAN
• 55 years old or older
• NOT experiencing Post Traumatic Stress Disorder
• Willing to travel to the Palo Alto VA for yearly testing
• Willing to have yearly sleep apnea screening overnight at the VA

To sign up for this study
Contact: Emily Luther
(650) 849-0482

Physical Exercise and Memory Training for Persons with MCI

Study participants needed for exercise and memory training in older adults with MCI.

• Do you need to start exercising?
• Do you have problems with your memory?
• Are you 55 or older?

Eligible participants will receive free memory training and exercise sessions.

To sign up for this study
Contact: Kaci Fairchild
650-493-5000 ext. 63432

Updates on Dementia Conference

The annual Updates on Dementia: Translating Research into Practice Conference will be held on Wednesday, May 16, 2012 at the Crowne Plaza Hotel in Foster City. This conference, which is now in its 14th year, is presented by the Alzheimer’s Association, Family Caregiver Alliance, Institute on Aging; the Stanford Geriatric Education Center, the VA Palo Alto MIRECC (Mental Illness, Research, Education, and Clinical Center) and the VA Palo Alto GRECC (Geriatric Research, Education, and Clinical Center). Faculty includes:

• Frank Longo, MD, PhD, will present the latest research on Treatments for Alzheimer’s disease
• Michael Weiner, MD, will speak about the clinical implications of the Alzheimer’s Disease Neuroimaging Initiative (ADNI)
• Brian de Vries, PhD, Amy Whelan, Esq., and Heather Gray, MA will give an overview of the issues associated with Lesbian, Gay, Bisexual, and Transgender (LGBT) aging in research and practice, including discussions of law and cases
• G. Allen Power, MD, will close the conference with a workshop on nonpharmacologic interventions for dementia

For registration information, go to http://edconference.kintera.org/FosterCity2012 or contact Blanca Vazquez at blanca.vazquez@alz.org, or (650) 962-8111.
The idea of music as a healing influence which could affect health and behavior is as old as the writings of Aristotle and Plato. The 20th century discipline began after World War II when community musicians of all types, both amateur and professional, went to Veterans hospitals around the country to play for the thousands of veterans suffering both physical and emotional trauma from the wars. The patients’ notable physical and emotional responses to music led the doctors and nurses to request the hiring of musicians by the hospitals. Referrals to music therapy services may be made by other health care professionals or clients can also choose to pursue music therapy services without a referral.

What is Music Therapy?

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapists assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses; design music sessions for individuals and groups based on client needs using music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music; participate in interdisciplinary treatment planning, ongoing evaluation, and follow up.

A Promising Future

The future of music therapy is promising because state of the art music therapy research in physical rehabilitation, Alzheimer’s disease, and psychoneuroimmunology is documenting the effectiveness of music therapy in terms that are important in the context of a biological medical model. Music has been shown to affect portions of the brain, especially those parts involved with emotions and social interactions. Research by Nayak et al. showed that music therapy is associated with a decrease in depression, improved mood, and a reduction in anxiety.

Music is used with elderly persons to increase or maintain their level of physical, mental, and social/emotional functioning. The sensory and intellectual stimulation of music can help maintain a person’s quality of life.

Music therapy -- using music to calm and heal -- cannot slow or reverse dementia. However, it may improve quality of life for both a person with Alzheimer’s disease and their caregiver. Clinical reports suggest that music therapy may reduce wandering and restlessness and increase chemicals in the brain that promote sleep and ease anxiety. Music also improves mood.

A patient’s enjoyment is typically increased as they move or sing with the music. Singing along, swaying, or clapping hands with the music should be encouraged. Music therapy may awaken a desire to dance, which can be therapeutic. Music therapy can also be linked to other memory-stirring activities such as looking at photographs.

Recent Research

Dr. Concetta Tomaino, executive director of the Institute for Music and Neurologic Function, who has studied the therapeutic effects of music for more than 30 years, is spearheading a new program to provide iPods loaded with customized playlists to help spread the benefits of music therapy to Alzheimer’s patients even at home. “If someone loved opera or classical or jazz or religious music, or if they sang and danced when the family got together, we can recreate that music and help them relive those experiences,” she says.

Dr. Tomaino says she frequently sees dementia patients make gains in cognitive function after music therapy. In one unpublished study she led a few years ago, with funding from the New York State Department of Health, 45 patients with mid- to late-stage dementia had one hour of personalized music therapy, three times a week, for 10 months, and improved their scores on a cognitive-function test by 50% on average. One patient in the study recognized his wife for the first time in months.

The Alzheimer’s Association recognizes the enriching benefits of music therapy. Music can stir long-term memories; and best results may be obtained from music popular during the patient’s youth. Some patients might respond well to rhythm-and-blues, or to instrumental hymns and spiritual songs. For those in their 80s or older, music from Glenn Miller and Lawrence Welk might be invaluable.

For further information:  http://www.music-therapy.org/

Article by Gerald Georgette, RN
Do You Have Concerns About Your Memory?

It is common for people to have more trouble with memory as they age. Occasionally forgetting where you put your keys or the name of an acquaintance is typical. But when you start to have more consistent difficulties with memory, it may be evidence of a condition called Mild Cognitive Impairment (MCI). Some common symptoms of mild cognitive impairment include increased difficulty with:

- Remembering the names of people and places or recent events and conversations
- Finding the right words to say
- Understanding what people are saying
- Completing tasks and solving problems
- Completing several tasks at once
- Finding your way to familiar places

It is very important to note that all of these symptoms involve an increase in memory-related difficulties. You may have had problems all your life with occasionally forgetting why you entered a room or coming up with a word. It is possible that you may have a more serious problem when you and your loved ones notice a recent and marked increase in memory problems.

MCI can be reversible when caused by factors ranging from stress and depression to lack of sleep. However, MCI may also be an early sign of illnesses such as Alzheimer’s disease and vascular dementia. Ignoring consistent forgetfulness and dismissing it as a natural sign of aging creates the risk of allowing brain illnesses, such as Alzheimer’s disease, to go untreated. An early diagnosis may greatly improve your health and may slow the progression of the disease.

In order to keep your brain healthy as you age, it is important to exercise regularly and make healthy food choices. But it is just as important to stay socially and mentally active. Filling up your calendar with activities you enjoy helps to reduce stress while also helping to keep your brain fit.

If you are concerned that your memory problems are significant, you may contact either of these two programs for a free evaluation:

1) The Stanford/VA Alzheimer’s Center provides a free clinical evaluation that includes assessment and diagnosis of memory problems through neurological, psychiatric, and psychological evaluations, as well as a review of medical history, and a family conference to review the results of the evaluation and to discuss recommendations for care. Individuals with memory concerns who are interested may be referred by themselves, their family, or personal physician. For more information or to set up an appointment, please call (650) 858-3915.

2) Additionally, you can participate in a research study called the Alzheimer’s Disease Neuroimaging Initiative that includes free memory testing, MRI scans, PET scans, blood draws and lumbar punctures to provide a more extensive assessment of whether memory problems are likely to be related to Alzheimer’s disease. This research study includes yearly follow-ups for at least 4 years, to determine if memory problems and other markers show evidence of worsening. By participating in this research, you will be helping researchers to learn more about mild cognitive impairment, the early stages of Alzheimer’s disease and contribute to the effort to prevent Alzheimer’s disease in the future. If interested, please call Michelle Farrell at (650) 849-0491.

Both the Stanford/VA Alzheimer’s Center and the research study provide feedback that you can share with your primary physician in order to seek appropriate treatment. As mentioned above, many factors can contribute to memory problems, some of which are reversible. It could be as simple as improving the quality of your sleep or seeking out treatment for depression. If your memory problems are related to Alzheimer’s disease, vascular dementia, or other disorders, there are treatments available that may slow the progression of the disease. Your doctor can also help you and your family prepare for the future.

by Michelle Farrell
Some Elements of Good Sleep Hygiene

Improving the quantity and quality of sleep by changing one’s daytime and nighttime behaviors

- Get some exposure to bright light in the morning.
  Outdoor light is best.
- Get some physical activity during the day.
- Eat at the same time every day - no large meals close to bedtime.
- Create a peaceful and comfortable sleep environment.
- Caffeine - no more than 3 cups per day and none after lunch.
- Alcohol - none within 3 hours of bedtime - it can contribute to waking up at night.
- Avoid stimulating activities before bedtime - find ways to relax.

Elements of Cognitive-Behavioral Therapy for Insomnia

- Basic information about Sleep/Wake Regulation
- Stimulus Control Instruction
- Sleep Restriction Therapy
- Cognitive Restructuring
- Relaxation Techniques
- Sleep Hygiene

Make a difference: Help end Alzheimer’s Disease!

A contribution to the Aging Clinical Research Center is a gift to present and future generations in our quest to find a cure for Alzheimer’s disease. Your generous support ensures that the Center continues to conduct top-quality clinical research to improve treatment options and to provide education and support for patients and families. With your help, our clinical researchers investigate the causes of memory loss and neurodegeneration, develop and test better treatments for Alzheimer’s disease, and share these discoveries with the local community and with scientists around the world.

Tax-deductible contributions can be made by check, payable to: Stanford University

Please indicate Stanford/VA Aging Clinical Research Center in the memo line.

Mail your contributions to:

Jerome Yesavage, MD, Director  
Stanford/VA Aging Clinical Research Center  
3801 Miranda Avenue (151Y)  
Palo Alto, CA 94304

Gifts may be made in honor of someone’s special occasion or in memory of someone who has passed away. Please provide the name of the person you wish to honor, as well as the name and address of anyone whom you wish to receive an acknowledgement of the gift.

For additional information about the Stanford/VA Aging Clinical Research Center, or to contribute, call (650) 852-3287. All donations are tax-deductible. ✨
UPCOMING EVENTS

Updates on Dementia Conference

When: Wednesday, May 16, 2012
Where: Crowne Plaza Hotel, 1221 Chess Drive, Foster City, CA

Register at: http://edconference.kintera.org/FosterCity2012
or contact Blanca Vazquez at blanca.vazquez@alz.org,
or call (650) 962-8111.

This conference, which is now in its 14th year, will convene with faculty from backgrounds in both research and clinical care, and is presented by the VA Palo Alto, the Alzheimer’s Association, Family Caregiver Alliance, Institute on Aging and the Stanford Geriatric Education Center.

This conference is designed to help you:

1. Discuss recent emerging research and medical treatments for dementia.
2. Discuss the potential impact of the Alzheimer’s Disease Neuroimaging Initiative on clinical decision making.
3. Identify optimal service needs for the lesbian, gay, bisexual and transgender (LGBT) communities.
4. Identify non-pharmacological approaches and techniques in dementia care.