The Stanford/VA Alzheimer’s Disease Research Center of California offers a comprehensive evaluation to both non-veteran and veteran individuals with symptoms of memory loss, disorientation, or confusion.

The Center is one of ten Academic Centers supported by the California Department of Public Health whose mission is to evaluate, educate, and conduct collaborative research to improve the lives of individuals with memory problems and their families. Our multi-disciplinary staff comprised of geri-psychiatrists, advanced practice registered nurses, clinical psychologists and professional research staff is involved in the assessment and follow-up of every case. Each patient and family is followed by one clinician who reviews the case with the entire team and monitors the patient’s care and progress.

Evaluations take place at the Older Veterans Evaluation Unit (OVEU) located at the Palo Alto VA hospital and are available to both veterans and non-veterans. Patients may be self-referred or referred by family, their private physician or a community agency.

Obtaining an Evaluation

The first step in scheduling an evaluation with our Center is a phone interview. During this interview, the caregiver will be asked questions regarding the patient’s medical history. If we determine that a more comprehensive evaluation is appropriate, we will schedule an appointment and ask the caregiver to obtain the patient’s medical records so that we may review his/her medical history. We may refer individuals back to their personal physicians to complete additional tests. This may include a brain scan to look for tumors or strokes as well as laboratory tests to rule out metabolic abnormalities.

During the three-hour evaluation, a clinician will meet with the caregiver to discuss the patient’s symptoms as well as their personal and family health history. This medical work-up will help us determine if the patient’s symptoms might be caused by something other than Alzheimer’s Disease; for example, Parkinson’s Disease, stroke, or major depression. The clinician will also interview the patient and administer cognitive tests assessing orientation, concentration, expressive language, task

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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:

**Caregivers Support Groups**

This small group is 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.

**Mild Cognitive Impairment Group**

This group is for individuals with a diagnosis of mild cognitive impairment (symptoms not meeting criteria for dementia) and their family members or friends. The main focus is on education, communication, management, and psychosocial concerns.

**Early-Stage Alzheimer’s Patient and Caregiver**

This group is for early-stage Alzheimer’s patients and their caregivers. It 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. Patients and caregivers meet simultaneously but separately.

**Treatment Consultation and Education Meetings**

These meetings are designed for research participants and their caregivers. Drs. Shamala Kanthan and Suhaib Sheikh answer questions about medical issues and medications. These drop-in meetings meet the fourth Wednesday of every month from 10:00am - 11:00am.

Some of our basic goals include helping participants to:

- Develop new connections with fellow participants.
- Lessen feelings of isolation and being alone.
- Gain a better understanding of Alzheimer’s Disease and Mild Cognitive Impairment.
- Keep abreast of new research and possible treatments.
- Keep current with legal, financial, long term planning issues and community resources.
- Learn about opportunities for participation in research and community activities.
- Acknowledge personal strengths and positive aspects.
- Share information about what works and what does not work.

All groups meet at the Palo Alto VA Health Care System 3801 Miranda Ave., Bldg. 6, conference room C258 (650) 858-3915 or 493-5000, x 65051 http://arcc.stanford.edu/family.html

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completion, and short and long-term memory. The evaluation also includes a neurological screening examination conducted by a physician, and extensive cognitive testing administered by research personnel. Following the evaluation, the clinician will present the findings to the multi-disciplinary team. A consensus diagnosis is determined by the team and recommendations for follow-up are made.

A family conference is then scheduled to explain the diagnosis and recommendations to the patient and family and to answer any questions. The Center can provide referrals to local, state, and national services as needed. The patient and caregiver may also be offered the opportunity to participate in ongoing Center research studies and receive regularly scheduled follow-up evaluations.

Support groups developed by our Center and conducted by our professional staff are available to patients and their families to help them cope with a diagnosis of memory problems. We also provide treatment consultation and education meetings led by staff psychiatrists that provide patients and caregivers an opportunity to learn new information and ask questions concerning medications that they are currently taking. Additionally, our Center sponsors and coordinates educational seminars and presentations throughout the year that are open to both participants and health care professionals.

We are currently doing collaborative research on the following studies:

**SEXUALITY IN ALZHEIMER’S DISEASE**

This study evaluates the impact of Alzheimer’s Disease on physical and emotional intimacy in marital relationships.

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Spotlight: Sneha Sridhar, BS, BA.
Clinical Research Coordinator at the Stanford / VA Alzheimer’s Disease Research Center of California

Sneha Sridhar has a BS in Mathematics and BA in Psychology from the University of California at Davis. As an intern at the UC Davis Developmental Research Center, she worked on several studies including one project evaluating the accuracy of children’s eyewitness memories. While at UC Davis she completed a longitudinal integrated leadership development program and volunteered for a youth outreach program furthering education for Southeast Asians. She also worked at the UC Davis Statistics Department for 2 years. Prior to this she spent many years working in child care.

Sneha joined the Stanford/VA Alzheimer’s Disease Research Center of California in 2004. Currently Sneha conducts intake telephone assessments to screen for potential research participants. Additionally, she administers neuropsychological testing at patients’ initial memory screenings and co-facilitates the Early Stage Patient-and-Caregivers Support Group along with several clinicians. Sneha is gratified to be working with some of the most highly regarded researchers in the country and enjoys meeting the diverse population of families that participate in research at the Center. Outside of work, Sneha is a Stroke Survivors & Caregivers Support Services Associate for the Peninsula Stroke Association. Additionally, she is a trained Dog Socializer for the Humane Society of Silicon Valley and is an Usher for the Stanford Lively Arts Program. Outside of work, Sneha enjoys jewelry-making, kick boxing, cooking, traveling, and whitewater rafting. She eventually plans to return to school to obtain her Masters in Public Health with an emphasis on international health and community education.

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PSYCHOSOCIAL FACTORS IN ALZHEIMER’S DISEASE PROGRESSION

This study evaluates whether non-drug interventions can make a significant difference in Alzheimer’s Disease. The goal is to help health care providers make better recommendations, inform policy-makers on how to better allocate funds, and help patients and their families choose resources.

EXERCISE AND ALZHEIMER’S DISEASE

This study evaluates whether patients who engage in exercise and stimulating activities have less depression and slower functional decline.

HEALTH ECONOMICS & UTILITIES

This study evaluates the cost-effectiveness of care and treatments for people with Alzheimer’s Disease who are residing in California.

If you have questions or would like to schedule an evaluation, please contact Sneha Sridhar at the Stanford/VA Alzheimer’s Research Center at 650-858-3915.
RESEARCH OPPORTUNITIES

Light Study

This study is testing light treatment to improve daytime alertness and nighttime sleep. It is designed to benefit both the individual with memory impairment and their caregiver. A Stanford research team will set up light equipment for the treatment in your home and assist in making your participation in the study as convenient as possible.
Participants should:
• Be 55 years or older
• Have memory impairment or dementia

To sign up for the Light study
Contact: Ellen Kim
(650) 496-2578

Exercise and Alzheimer’s Disease

There is evidence that physical exercise can protect and enhance cognitive functions in aging populations. This multi-site study, which is part of the Alzheimer’s Research Centers of California, will ask caregivers to fill out questionnaires about the amount of activity the individual with cognitive impairment participates in on a weekly basis. The questionnaires will be administered once a year, for two years, either in person or over the phone. Each session will take 1-3 hours.
Participants should:
• Be older than 60 years
• Be English or Spanish speaking
• Have someone who has frequent contact (3-4 days per week)
• Agree to follow-up in 12 months.

To sign up for the Exercise study
Contact: Christine Coughlin
(650) 858-3915

National Memory Screening Day, November 13

This project is developing an approach 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

To sign up for the Free Memory Screening
Contact: (650) 852-3287
Alzheimer's Disease Medications Fact Sheet

Five prescription drugs currently are approved by the U.S. Food and Drug Administration to treat people who have been diagnosed with Alzheimer's disease (AD). Treating the symptoms of AD can provide patients with comfort, dignity, and independence for a longer period of time and can encourage and assist their caregivers as well. It is important to understand that none of these medications stops the disease itself.

Treatment for Mild to Moderate AD

Four of these medications are called cholinesterase inhibitors. These drugs are prescribed for the treatment of mild to moderate AD. They may help delay or prevent symptoms from becoming worse for a limited time and may help control some behavioral symptoms. The medications are: Razadyne ER® (formerly known as Reminyl®) (galantamine), Exelon® (rivastigmine), Aricept® (donepezil), and Cognex® (tacrine). Scientists do not yet fully understand how cholinesterase inhibitors work to treat AD, but current research indicates that they prevent the breakdown of acetylcholine, a brain chemical believed to be important for memory and thinking. Some researchers believe that as AD progresses, the brain produces less and less acetylcholine; therefore, cholinesterase inhibitors may eventually lose their effect.

No published study directly compares these drugs. Because all four work in a similar way, it is not expected that switching from one of these drugs to another will produce significantly different results. However, an AD patient may respond better to one drug than another. Cognex® (tacrine) is no longer actively marketed by the manufacturer.

Treatment for Moderate to Severe AD

The fifth approved medication, known as Namenda® (memantine), is an N-methyl D-aspartate (NMDA) antagonist. It is prescribed for the treatment of moderate to severe AD. Studies have shown that the main effect of Namenda® is to delay progression of some of the symptoms in moderate to severe AD. The medication may allow patients to maintain certain daily functions a little longer. For example, Namenda® may help a patient in the later stages of AD maintain his or her ability to go to the bathroom independently for several more months, a benefit for both patients and caregivers.

Namenda® is believed to work by regulating glutamate, another important brain chemical that, when produced in excessive amounts, may be toxic to brain cells. Because NMDA antagonists work very differently from cholinesterase inhibitors, the two types of drugs can be prescribed in combination.

Dosage and Side Effects

Doctors usually start patients at low drug doses and gradually increase the dosage based on how well a patient tolerates the drug. There is some evidence that certain patients may benefit from higher doses of the cholinesterase inhibitor medications. However, the higher the dose, the more likely are side effects. The recommended effective dosage of Namenda® is 20 mg/day after the patient has successfully tolerated lower doses.

Patients may be drug sensitive in other ways, and they should be monitored when a drug is started. Report any unusual symptoms to the prescribing doctor right away. It is important to follow the doctor's instructions when taking any medication, including vitamins and herbal supplements. Also, let the doctor know before adding or changing any medications.

* This article courtesy of Alzheimer's Disease Education and Referral (ADEAR) Center.
Recent Research Findings

The Stanford/VA Alzheimer’s Disease Research Center of California (ARCC) continues to evaluate the latest information available from patients and caregivers and to report its findings in peer-reviewed journals.

Medications that Impair Cognition

We recently published findings from our research which focused on the idea that some Alzheimer’s disease (AD) patients take medications for non-AD conditions that may inadvertently add to their memory impairment and cause other problems (Huey et al., 2006). We were interested in finding which patients were more likely to be taking these drugs.

In a study of 1,954 patients with a diagnosis of probable or possible Alzheimer’s disease, we found that 15% of the Alzheimer’s patients were on a medication with the potential to impair cognition. Patient characteristics associated with the prescription of these medications included: total number of medications taken, low education level, low scores on the Mini-Mental Status Examination (MMSE), older age, reported lack of vitamin use, and multiple medical diagnoses.

Determining the patient characteristics associated with the prescription of a medication with potential to impair cognition can help physicians identify patients who are at risk for drug-related problems. To address this issue, our Center has established a monthly meeting for our patients and their caregivers to discuss questions about anti-AD medications. Drs. Shamala Kanchan and Suhail Sheikh lead these meetings, and also address other issues involving drugs in older people. Please contact Sneha Sridhar at 650-493-5000 x67729 if you are interested in more information about these meetings.

Alzheimer’s Disease Medications

The Stanford/VA ARCC is also the lead site for an ongoing multi-center collaborative study assessing medications specifically used to treat patients with Alzheimer’s disease. Participating in this study are nine Alzheimer’s Disease Research Centers of California (ARCCs): University of California (UC) Davis - Martinez, UC Davis - Sacramento, UC San Francisco - Fresno, UC Irvine, UC Los Angeles, UC San Diego, UC San Francisco, University of Southern California – Rancho Los Amigos, and University of Southern California – Los Angeles. Six Department of Veterans Affairs Mental Illness Research and Education Centers (MIRECCs) also participate in this project: The Core MIRECC at the VA Palo Alto and five other MIRECCs, located at VA hospitals in San Francisco, Martinez, Reno, Fresno and Hawaii. This project, begun in 1989, is the largest long-term evaluation of commonly used anti-AD drugs in the world.

Our first peer-reviewed publication from this project was designed to compare the validity of information from studies of patients being treated in the community with more typical FDA-type double-blind randomized clinical trials in which participants are often selected with rigorous research criteria (Tinklenberg, et al., in press). We found that with proper analyses, information from our California centers is quite similar to information from FDA trials. These results indicate that observational studies can help the typical physician in his or her clinical practice with practical decisions about AD medications.

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Participants in this on-going project are assured of getting whatever treatment their personal physician thinks is best for them. If you are interested in participating in the community part of this Follow-up Medication Assessment research project please contact Sneha Sridhar at 650-493-5000 extension 67729.

References Cited


Make a difference: Help end Alzheimer’s Disease!

A contribution to the Aging Clinical Research Center is a gift to future generations in our quest to cure 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 (151Y)
Stanford/VA Aging Clinical Research Center
3801 Miranda Avenue
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 and opportunities to contribute, call (650) 852-3287. All donations are tax-deductible.
UPCOMING EVENTS

The Caregiver’s Journey: Fourth Annual Caregiver Conference
Saturday, September 29, 2007  8:30am to 3:30pm
Avenidas Rose Kleiner Senior Day Health Center And Mountain View Senior Center
270 & 266 Escuela Avenue, Mountain View, CA 94040
Keynote Speaker: John Timbs, LMFT , Family Care Specialist Alzheimer’s Association
  • 9 Breakout Sessions
  • Breakfast, Lunch & Ice Cream Social
  • Raffles & Prizes
For information call 650-289-5445  or go to the Web Site: www.avenidas.org

Memory Walk
Saturday, October 6, 2007  (7:30 am all areas open; 9:30 am walk begins).
Treasure Island, San Francisco Bay
A non-competitive fund-raising walk designed to support the mission of the Alzheimer’s Association.
Participants sign up as teams, and collect pledges from their friends, family, coworkers, and others to raise as many dollars as possible. To register, make donations, and to become a Stanford/VA Memory Walkers Team Member, call 800-272-3900, or go online at www.alznorcal.org/MemoryWalk.

Alzheimer’s Disease: Circle of Care III
Saturday, October 27, 2007  8:30am to 3:00pm
Crowne Plaza Hotel, Foster City.
  • Stephen McConnell, PhD, national Alzheimer’s Association Vice President for Advocacy and Public Policy, on “Alzheimer’s Politics and Policy: The View from Washington.”
  • Frank Longo, MD, PhD, Stanford University School of Medicine, will provide an insider’s view with “Update on Therapeutic Clinical Trials for Alzheimer’s Disease.”
  • Both then join Alzheimer’s Association Chapter CEO William Fisher for an armchair discussion: “Funding Alzheimer’s Research in a Changing Political Environment.”
  • An Exhibitors’ Faire runs throughout the day.
Information/Registration: Contact Blanca Vazquez (education@alznorcal.org; 800-272-3900).

National Memory Screening Day
Tuesday, November 13, 2007, 10:00am to 11:30am.
Aging Clinical Research Center, VA Palo Alto Health Care System, 3801 Miranda Avenue, Palo Alto
To register, call 650-852-3287

Stanford/VA Aging Clinical Research Center
3801 Miranda Ave. (151Y)
Palo Alto, CA 94304
650-852-3287

Visit us on the web:
Stanford/VA Aging Clinical Research Center (ACRC): http://alzheimer.stanford.edu
Stanford/VA Alzheimer’s Research Center of California: http://arcc.stanford.edu
MIRECC: http://mirecc.stanford.edu

To add or remove your name from our mailing list, call (650) 852-3287 or visit the ACRC web site.

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