Recent research suggests that maintaining good overall health habits may help lower the chances of developing several serious diseases, including Alzheimer’s Disease (AD). Scientists are studying a number of health, lifestyle, and environmental factors that could make a difference. Many of these factors have been identified in observational and animal studies, but they are only associated with changes in AD risk. Only further research, including clinical trials, will reveal whether these factors can help to actually prevent AD. In the meantime the following practices are suggested:

1. **Lower your cholesterol**
   
   Basic research in laboratories as well as population and animal studies has suggested a connection between AD risk and high levels of cholesterol in the blood. These findings raise the question whether drugs that lower blood cholesterol may also lower the risk of developing symptoms associated with dementia and AD. Two recent population studies have raised the possibility that people who take statins, the most commonly prescribed cholesterol lowering drugs, may have reduced risk of dementia. Other studies, though, have found no association between statins and dementia risk. Thus it is not clear at this time from population studies whether statins do or do not prevent AD.

2. **Lower your blood pressure**
   
   There also are associations among AD, high blood pressure that begins in mid-life, and other risk factors of stroke. It is known that even in relatively healthy older adults, high blood pressure and other stroke risk factors, such as age, diabetes, and cardiovascular disease, can damage blood vessels in the brain and reduce the brain’s oxygen supply. This damage may disrupt nerve cell circuits that are thought to be important to decision-making, memory, and verbal skills.

3. **Manage your diabetes**
   
   Scientists are learning more about the possible relationships between AD and diabetes. For example, since 1993, scientists funded by NIA have been working with a large group of older priests, nuns, and brothers in a research project called the Religious Orders Study. This study has provided a wealth of information about many aspects of AD, including the possible link between diabetes and cognitive decline. In one analysis involving more than 800 participants, researchers examined tests of five “cognitive systems” involved with word and event memory, information processing speed, and the ability to recognize spatial patterns. The researchers found a 65 percent increase in the risk of developing AD among those with diabetes compared with those who did not have diabetes. They also found that diabetes was related to declines in some cognitive systems but not others. Researchers also are becoming increasingly interested in the possible role of insulin resistance (a condition in which the body produces insulin but cells do not use it properly) in AD. Too much insulin in the blood (which happens as a result of insulin resistance) may encourage inflammation and oxidative stress, both of which contribute to the damage seen in AD.

continued on p. 2
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 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.

**Mild Cognitive Impairment Group**
For individuals with a diagnosis of mild cognitive impairment (symptoms not meeting criteria for dementia) and their family members or friends. The group focuses on 1) education, 2) communication, 3) management, and 4) psychosocial concerns.

**Early-Stage Alzheimer’s Patient and Caregiver Group**
This group is for early-stage Alzheimer’s patients and their caregivers. 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.

**Alzheimer’s Treatment Consultation Group**
This group meets every other Wednesday from 10:00am - 11:00am. This is designed for research participants and their caregivers. Dr. Shama Kanchan answers questions about medical issues and medications. This is a drop-in group.

**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 community activities.
- Acknowledge personal strengths and positive aspects.
- Share information about what works and what does not work.

**Discussion topics include:**
- Living with uncertainty.
- Accepting the need for others.
- Retaining physical health and mobility.
- Maintaining interpersonal relationships.
- Incorporating disease into one’s life.
- Maintaining self-esteem / personal identity

All groups meet at the VA Palo Alto Health Care System 3801 Miranda Ave., Bldg. 4, conference room A101 (650) 858-3915 or 493-5000, x 65051 http://arcc.stanford.edu/family.html

Scientists are testing several drugs used to treat diabetes to see whether they can improve AD symptoms or slow the progression of AD.

**4. Keep Your Brain Active**
Studies have shown that keeping the brain active is associated with reduced AD risk. In the Religious Orders Study, for example, investigators periodically asked more than 700 participants to describe the amount of time they spent in seven activities that involve significant information processing. These activities included listening to the radio, reading newspapers, playing puzzle games, and going to museums. After following the participants for 4 years, investigators found that the risk of developing AD was 47 percent lower on average for those who did the activities most frequently than for those who did them least frequently. In a second study of healthy older people and people with possible or probable AD, scientists found that during their early and middle adulthood, the healthy older people had engaged in more of those mentally stimulating activities and spent more hours engaged in them than did those who ultimately developed AD.

**5. Keep Your Body Active**
Accumulating evidence suggests that being physically active may benefit more than just our hearts and waistlines. Research in animals has shown that both physical and mental function improve with aerobic fitness. Two studies in aging adults have shown similar results. The first study used magnetic resonance imaging (MRI) to measure changes in brain activity in healthy adults aged 58-78 before and after a 6-month program of brisk walking. The researchers found that improvements in the participants’ cardiovascular fitness resulted in increased functioning in certain regions of the brain. Compared to a physically inactive group, the walkers were able to pay attention better and focus more clearly on goals while disregarding unimportant information. In the second study, and of 6,000 healthy women 65 years old and older over a period of up to 8 years, they found that the women who were more physically active were less likely to experience a decline in their mental function than were inactive women. Scientists have speculated about why physical activity may help our brains as much as our bodies. It may be that physical activity improves blood flow to the brain so that it responds better to a task or that it activates cellular mechanisms that improve brain function.

Article Reference:
A landmark research study sponsored by the National Institutes of Health

Your participation in this research may help us learn how to stop the progression of mild cognitive impairment (MCI) and Alzheimer’s disease in future generations. Information from the study might, in the future, lead to new treatments or even a cure for Alzheimer’s.

Why are we doing this research study?

Our goal is to determine whether imaging of the brain (through MRI, PET or CAT scans) every six months can help predict and monitor the onset and progression of Alzheimer’s disease. In addition to neuroimaging, the study will collect and test blood and, for some participants, cerebral spinal fluid to determine if biomarkers can predict and monitor the disease. Testing cerebral spinal fluid is the only way to obtain important brain information.

Where will the research study take place?

This research study will take place at 60 major university sites across the U.S. and Canada.

Researchers are looking for persons who:

• Are between 55 and 90 years of age
• Are in good general health with no memory problems
  OR are in good general health but have memory problems or concerns OR have a diagnosis of early Alzheimer’s disease
• Are fluent in English or Spanish
• Are willing and able to undergo the test procedures
• Have a study partner – a friend or relative who can accompany the volunteer to all clinic visits or can answer questions over the phone

⇨ Your health will be closely monitored by a team of doctors and nurses, at no cost to you
⇨ Any new information about your physical health will be shared with you and your physician
  (you are encouraged to continue seeing your regular doctor)
⇨ You will receive compensation for your time and costs incurred for travel, parking and meals.

Stanford/VA Aging Clinical Research Center (650) 852-3234

Through the NIH Foundation, the National Institute on Aging and the National Institute of Bioimaging and Bioengineering are joined in this public-private partnership with other Federal agencies, private companies and organizations.
Valproate is an FDA-approved anticonvulsant medication which may be helpful in slowing cognitive decline in Alzheimer’s disease and other related symptoms. The VALID study is a nationwide clinical research study to evaluate whether Valproate is effective in delaying, weakening or preventing difficult behaviors in individuals with Alzheimer’s disease. Researchers will also examine whether Valproate has an effect on slowing the progression of Alzheimer’s disease overall.

VALID is sponsored by the Alzheimer’s Disease Cooperative Study and funded by the National Institute on Aging (NIA). Participants in this study will be assigned at random to receive Valproate or placebo (inactive pill) for 26 months. Throughout the study, participants will be assessed regularly by physicians and other qualified health care professionals.

The VALID study is currently enrolling eligible participants. For additional information regarding this research study, please contact Alena Pechonkina at (650) 849-0339.

A Stanford University research team is investigating a treatment of memory problems that combines the medication Donepezil with a memory training program. Donepezil, which is used to treat dementia patients, may also help people with memory problems associated with aging. The two-week memory course provides information on various aspects of memory and aging, and teaches techniques designed to improve memory. Participation in this study lasts one year. If you are 55 or older, have a memory complaint and would like to participate, call Beatriz Hernandez and Laura Haagenson at (650) 849-0494.

Are you having problems with your sleep? If you are a caregiver living in the home of a person diagnosed with memory impairment or dementia, you may be eligible to participate in a study using light treatment to improve sleep. The study is designed for the benefit of both patients and caregivers. A Stanford research team will evaluate your sleep problem and set up light equipment for the treatment in your own home. The research team will assist in making your participation in the study as convenient as possible. The patient must be between ages of 55-90 years old. Each pair of participants will receive a total of $500 upon completion of the entire study. For more information, please contact Ellen Kim at (650) 496-2578.
Memantine has been shown to be an effective treatment for the symptoms of moderate to severe Alzheimer’s disease. This study will test whether Memantine is effective in delaying, weakening, or preventing difficult behaviors in people with early stage AD, and whether it has any effect on slowing the progression of AD itself.

Participants must also have a caregiver/study partner who can provide informed consent to participate and is able to attend all clinic visits to report on the study participant’s activities and behavior. Study participants will be assigned at random to receive Memantine or placebo (inactive pill), and will be regularly monitored during the 52-week research study by physicians and qualified health care professionals who specialize in dementia.

If you are age 50–90, have been diagnosed with probable Alzheimer’s disease (AD), are able to ingest oral medication, and would like to participate, please call Dr. Wes Ashford at (650) 852-3287.

Cholesterol lowering drugs (also called “statins”) may also be helpful in treating Alzheimer’s disease (AD). Researchers from the U.S. Government-funded Alzheimer’s Disease Cooperative Study are conducting the CLASP (Cholesterol Lowering Agent to Slow Progression of AD) research study. This 21-month trial will study the effectiveness in treating AD of one statin, called simvastatin (Zocor).

The CLASP trial needs volunteers who have mild to moderate AD, are age 50 or older, speak English, do not currently take or need cholesterol lowering drugs, and have a study partner – a friend or relative who can accompany the volunteer to all clinic visits and answer questions about him/her.

CLASP is a randomized, placebo-controlled research study. Half of the participants will be assigned at random to receive the experimental drug, the other half will receive placebo (inactive pill). Participants will be monitored and assessed regularly by physicians and qualified health care professionals throughout the study. For more information, or to volunteer, contact: Lisa Kinoshita, PhD and Alena Pechonkina at (650) 849-0339.

Through participation in our brain donor program, you can help enhance the overall understanding of Alzheimer’s Disease, which should ultimately lead to improved methods of treatment and even prevention. A detailed report of the neuropathology examination can be made available to the family. ACRC can offer this at no charge, although we ask that participants volunteer their time every year or two for brief clinical evaluations or participate in other ACRC studies. For further information, please call Tamara Karnos at (650) 852-3234.

Can Memantine Prevent or Slow Memory Problems in Alzheimer’s Disease?

“If you or someone you love has been diagnosed with Alzheimer’s disease (AD), you may be wondering whether there is any way to slow down the disease, make symptoms milder, or even prevent them.”

For more information call Dr. Wes Ashford
(650) 852-3287

CLASP
Cholesterol Lowering Agent to Slow Progression of AD

For more information, or to volunteer, contact:
Lisa Kinoshita and Alena Pechonkina
(650) 849-0339

Normal Aging and Alzheimer’s Brain Donor Program

ACRC Assistant Director: Joy Taylor, PhD
Contact: Tamara Karnos
(650) 852-3234

The Stanford/VA Alzheimer’s Disease Center is pleased to announce the establishment of a brand new program to better meet the needs of Hispanic/Latino families in the greater San Francisco Bay Area.

Beginning in October 2005, we welcome referrals of Latino families with an older adult relative with memory loss. We will evaluate the older adult to determine if the problem is Alzheimer’s Disease or a related form of dementia, meet with the family to discuss treatment recommendations, and share suggestions as to what the family can do to be most helpful to their loved one. If you are a professional working with the Latino/Hispanic community or if you are a family member who would like more information about our services, please call:

1 (800) 943-4333

Leave a message in either Spanish or English for Esther Wilson-Arias, our bilingual, bicultural Dementia Education Specialist, who will return your call within 48 hours.

El Centro de enfermedades de Stanford/VA se agrada en presentar un nuevo programa diseñado para mejorar el servicio a las familias Hispanas/Latinas en el Área de la bahía.

En Octubre del 2005 lo invitamos a participar en un nuevo programa para las familias Latinas con un familiar de la tercera edad que sufra de la perdida de la memoria. Evaluaríamos a la persona de la tercera edad para determinar si el problema es causado por la enfermedad de Alzhimers u otra demencia relacionada, estableceremos una cita con la familia para dialogar sobre nuestras recomendaciones para el cuidado, proveermos sugerencias sobre lo que la familia puede hacer para proveer mejor cuidado a sus ser querido. Si usted es un profesional que esta trabajando con la comunidad Latina/Hispana o si le gustaría tener más información para ayudar a un miembro de su familia y le gustaría más información por favor llame: (Hablamos Español)

1(800) 943-4333

Dejen un mensaje en Español o Ingles para Esther Wilson-Arias nuestra bilingüe bicultural Especialista de Educación sobre Demencia quien retornara su llamada en 48 horas.

Northern California & Northern Nevada
Treasure Island– San Francisco, CA
October 8, 2005
Become a Stanford/VA Memory Walk Team
Member or Supporter
Sign up at: http://www.alznorcal.org

VISIT US ON THE WEB
The Stanford Alzheimer’s Center: http://arcc.stanford.edu
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STANFORD/VA AGING CLINICAL RESEARCH CENTER (650) 852-3234

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