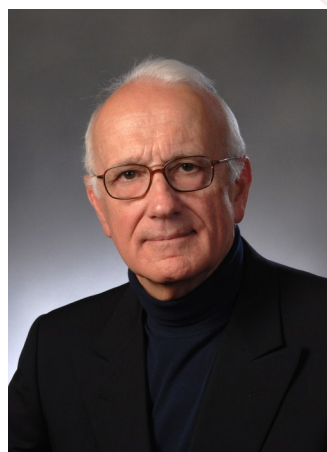


## From the Director's Desk

...Dr. Bernardino Ghetti, MD; Director, iADC



The Indiana Alzheimer Disease Center has just completed the 21<sup>st</sup> year of its existence. At this time, we pause for reflection. As I look back over the past 21 years, I am proud of Indiana Alzheimer Disease Center. We have contributed significantly to the field of dementia by

1. the characterization of new diseases,
2. discovery of novel genetic mutations and characterization of the associated disease processes, and
3. production and characterization of transgenic animal models.

These contributions have been greatly impacted by the growth of our center in functionality through the addition of cores as well as new faculty and staff.

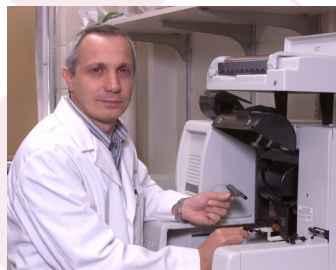
Last summer, the Indiana Alzheimer Disease Center received the award from the National Institute on Aging for the 21<sup>st</sup> through 25<sup>th</sup> years of funding. We feel that this is a tremendous accomplishment given the economic trend nationwide. Our commitment to finding new ways to help individuals affected by Alzheimer disease and other dementing illnesses remains steadfast. Looking ahead we are excited to see what outcomes will result from new research techniques and the potential impact those will have on the field.

### Inside this issue:

New Mouse Model	2
IU Research...AD Gene	3
Get Up and Get Moving	4
Memory University 2012	5
iADC Clinical Core	6
Veteran's Benefits	6
Moved to the Neuroscience Center	7
Resources for Caregivers	8
Books for Caregivers	9
Symposia Success	10
In Memory of:	11
Save the Dates	12

## New mouse model of Alzheimer disease developed at the IADC

...Ruben Vidal, PhD, Associate Professor, Department of Pathology & Laboratory Medicine, IADC Neuropathology Core




Alzheimer disease (AD) is a neurological disorder characterized by a steady decline in cognitive ability. It is the

most common form of dementia for which there is no disease modifying treatment. Given the prevalence of and poor prognosis for AD, the development of animal models is a high research priority. Because of the well-developed state of techniques for manipulating the murine genome, the rapid breeding time, the lower maintenance costs of mice compared with larger animals, and our general knowledge of mouse genetics, mice have been used extensively to model AD. One of the main objectives has been to reproduce in mice the pathological lesions found in the brain of patients with AD, in particular the accumulation of the insoluble 4 kDa amyloid- $\beta$  ( $A\beta$ ) peptide generated by the proteolytic cleavage of the amyloid  $\beta$  precursor protein ( $A\beta PP$ ). Modeling has taken advantage of mutations in the  $A\beta PP$  and the *Presenilin* (*PSEN*) genes that cause familial forms of Alzheimer disease (FAD). Despite the fact that none of the current models fully replicates the human disease, they have advanced significantly our understanding of the pathological basis of AD and the mechanism by which genetic lesions may cause FAD. They have also been widely used in the preclinical testing of potential therapies for AD, some of which are currently in clinical trials. One problem with current models, when assessing some forms of therapy or studying the pathogenesis of the disease, is that the most frequently used models are based on the over-expression of mutant sequences of  $A\beta PP$  using strong neuron-specific promoters.

To circumvent these problems, researchers at the IADC developed a new mouse model for AD, reported recently in the Journal of the Federation of American Societies for Experimental Biology (1). The model carries the human wild-type  $A\beta PP$  gene (the entire human gene, without mutations) and a mutant form of the murine *Psen-1* gene. To create the model, the mouse *Psen-1* gene was modified by the introduction of a single nucleotide change (nucleotides are the single blocks that make DNA). This nucleotide change was previously found in a patient with very early-onset FAD by researchers at the IADC. The most prominent changes in the brain of these mice were an elevation in the production of amyloid peptides, marked amyloid accumulation and inflammation. Since in the brain and other tissues of these mice,  $A\beta PP$  mRNA and protein levels are comparable to those of human  $A\beta PP$ , **this model may allow novel studies about the role of  $A\beta PP$  and its isoforms in the pathogenesis of AD.** Furthermore, because the model is based on the use of a human wild-type  $A\beta PP$  sequence without artifacts due to over-expression, **it recreates more faithfully the amyloid pathology seen in patients with AD, which may be critical to study the beginning of AD.** We expect these mice to be highly valuable for exploring the molecular mechanisms involved in AD pathogenesis and for testing therapeutic agents aimed at delaying or preventing the progression of AD.

### Reference

1) Vidal R, Sammeta N, Garringer HJ, Sambamurti K, Miravalle L, Lamb BT, Ghetti B. (2012) The Psen1-L166P-knock-in mutation leads to amyloid deposition in human wild-type amyloid precursor protein YAC transgenic mice. FASEB J. Mar 29. [Epub ahead of print] 

## I.U. Research on an Important AD Gene



Dr. Andrew J. Saykin,  
PsyD.

*Dr. Andrew Saykin, Raymond C. Beeler Professor of Radiology, Indiana University School of Medicine; Director of the IU Center for Neuroimaging and iADC Neuroimaging Core.*

Alzheimer disease (AD) is the most common form of dementia affecting an estimated 5.4 million Americans. A hallmark abnormality of AD is the presence of amyloid plaques, made up of a protein fragment called beta-amyloid (A $\beta$ ), in between nerve cells. Pittsburgh Compound-B (PiB), a positron emission tomography (PET) ligand, allows the visual inspection of amyloid plaques in the brains of living individuals. Its distribution in AD patients has been shown to closely match the *post-mortem* histological distribution of amyloid plaques seen in AD. Thus, it can be used as a quantitative measure to identify new areas associated with AD pathology.

To test this hypothesis, Shanker Swaminathan, a PhD student in Medical and Molecular Genetics, working with Dr. Andrew J. Saykin, Director of the iADC neuroimaging Core), and his group at Indiana University School of Medicine performed a gene pathway based association analysis of 15 amyloid related candidate genes in 103 participants from the NIA-sponsored Alzheimer Disease Neuroimaging Initiative (ADNI) who had initial PiB-PET scans as well as genotype data. They used the average of four PiB uptake values, one from each of brain regions known to have amyloid deposition in AD as the quantitative phenotype. ADNI is an ongoing multiyear public-private partnership to test whether serial magnetic resonance imaging (MRI), PET, other biological markers, and clinical and neuropsychological assessments can be combined to measure the progression of mild cognitive impairment (MCI) and early AD (<http://www.adni-info.org>). The investigators identified an intronic single nucleotide polymorphism (SNP) within the *DHCR24* gene associated with the average PiB uptake. Carriers of the minor allele were found to have a lower average PiB uptake compared to non-carriers. On further investigation of this SNP across the whole brain, non-carriers of the

minor allele when compared to carriers had a higher PiB uptake in frontal regions. These regions have been associated with higher PiB retention in AD patients compared to controls.

The *DHCR24* (24-dehydrocholesterol reductase) gene, also known as *seladin-1* or SElective AD INDicator-1, encodes the enzyme 3- $\beta$ -hydroxysterol  $\delta$ -24-reductase. The enzyme catalyzes the reduction of the  $\delta$ -24 double bond in desmosterol, the immediate precursor of cholesterol, to form cholesterol. The gene was initially identified based on its reduced expression in brain regions vulnerable to AD relative to normal brains. By inhibiting caspase-3 activation, a key mediator of apoptosis, it has been shown to confer resistance to A $\beta$  toxicity and oxidative stress-induced apoptosis, and thus thought to play a neuroprotective role.

This finding is particularly timely in that a report published in *Science* recently demonstrated that oral administration of bexarotene, a retinoid X receptor (RXR) agonist, to an AD mouse model led to improved clearance of soluble A $\beta$ , rapid reversal of cognitive, social, and olfactory deficits, and improved neural circuit function. The clearance of A $\beta$  from the brain is facilitated by apolipoprotein E, coded for by *APOE*, the leading genetic risk factor for late-onset AD. The nuclear receptors peroxisome proliferator-activated receptor gamma (PPAR $\gamma$ ) and liver X receptors (LXRs) act in coordination with RXRs to induce the expression of apoE. Interestingly, *DHCR24* is an LXR target gene and it has been shown by cell culture that treatment of neuroblastoma cells with a *DHCR24* inhibitor resulted in increased A $\beta$  accumulation. This corresponds with the findings in the present study, where genetic variation in the gene was found to be associated with amyloid deposition.

Thus, the findings of the present study as well as other recent studies strongly suggest the role of *DHCR24* in AD pathophysiology warranting further investigation of this gene. The paper associated with the present study can be found online at <http://www.springerlink.com/content/pg2p81p52x801437/> and was published in the March 2012 issue of *Brain Imaging and Behavior*.



Shanker Swaminathan,  
PhD student

## Exercise is good for you so get up and get moving...

Being physically active is vital to maintaining health and independence as we age. But only 25 percent of people aged 65-74 say they engage in regular physical activity. Collaboration between the National Institutes of Health (NIH) and other agencies in the U.S. Department of Health and Human Services, national organizations, corporations, insurers, health care providers, and nonprofit organizations has resulted in **Go4Life**, a campaign to encourage older adults to get active and stay active.

The campaign was conceived, and is being led by the National Institute on Aging (NIA), the component of NIH devoted to research on aging. The NIA will work with the **Go4Life** community on events and will highlight participating organizations and their activities on the website. "If we want to become a healthy and fit nation, we need to increase the number of Americans who are healthy at every stage of life," said U.S. Surgeon General, Regina Benjamin, M.D., M.B.A. "**Go4Life** provides older adults with the tools and resources to get moving and keep moving.... we are moving our health care system from a focus on sickness and disease to a focus on wellness and prevention." **The campaign developed from concerns that, despite proven health benefits, exercise and physical activity rates among older people are low.**

About 30 percent of people aged 45-64 say they engage in regular leisure-time physical activity. Only a quarter of those ages 65-74 say they do. And while experts say people age 85 and older, can benefit from exercise, only 11 percent of that age group report being active. At the same time, some older adults were contacting NIA for guidance on kinds of exercises to do, indicating interest in becoming more active. **"You're never too old to increase your level of physical activity and exercise,"** says Richard J. Hodes, M.D., director of the NIA. "**Go4Life** is based on studies demonstrating the benefits of exercise and physical activity for older people, including those with chronic health conditions.

This new campaign reaches out to older people who traditionally have not embraced exercise and shows them

ways that even those with physical limitations may be able to exercise safely as well." The research-based resources of **Go4Life** are on a colorful, interactive website ([www.nia.nih.gov/Go4Life](http://www.nia.nih.gov/Go4Life)) providing information and motivation for exercise for individuals, families and friends, organizations, and health care professionals. The site features specific exercises, success stories, and free materials to motivate growing numbers of older people to start exercising and keep going. It even offers online virtual coaches to help motivate participants. Many materials are also available in Spanish at <http://go4life.niapublications.org/resources/spanish#espanol>

*"As the scientific evidence supporting the importance of physical exercise in maintaining brain health continues to accumulate, it may be just as important for physicians to prescribe 30 minutes of exercise 5-7 days per week as it is to prescribe the available medications to manage cognitive and behavioral symptoms in dementia."*

*Brandy R. Matthews, MD  
Assistant Professor of Clinical  
Neurology  
Associate Leader, iADC Education Core*

To develop the program, NIA brought together some of the nation's leading experts on aging, exercise, and motivation. Over two years, the task force reviewed the research and worked with the institute to develop a book, "Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging." Some specific benefits of exercise for health and aging include:

- Fitness and cardiorespiratory health: In one study, moderately fit women and men had a 50 percent lower risk of type 2 diabetes, hypertension, coronary heart disease, obesity and some cancers when compared with their low-fit peers. High-fit people obtained additional benefit, typically another 10-15 percent lower risk.
- Reduced pain, better function with osteoarthritis: In a clinical trial of people age 60 and older with knee osteoarthritis, those who participated in an aerobic exercise or resistance exercise program reported less pain and better function than those in the group assigned to a health education program without aerobic exercise.
- Preventing diabetes: Results from the NIH-sponsored Diabetes Prevention Program, which examined ways to prevent or delay the development of non-insulin-dependent diabetes, found that people over age 60 at high risk for diabetes reduced their risk by 71 percent by adopting a moderate exercise routine and a low-fat diet.

The benefits of adding exercise to your day are very positive but always check with your doctor before starting an exercise program.  
*Adapted from NIA ADEAR.*



Event was a  
HUGE Success

## MEMORY UNIVERSITY 2012 - Modifiable Risk Factors



Ruth Lilly Learning Center, Riley Outpatient Center  
575 Riley Hospital Drive, Indianapolis, Indiana

For recordings and handouts of Memory University 2012 sessions go to  
<http://iadc.iupui.edu/current-events/>

The Indiana Alzheimer Disease Center (iADC) presented the 4th Annual Memory University, a unique program for both professionals and families to learn more about Alzheimer disease (AD) from nationally known clinicians working at or with the iADC.

### Memory University 2012 included:

#### THE IMPORTANCE OF EMOTIONAL ENGAGEMENT AND SOCIAL WELL-BEING AS WE AGE — June 7

—**Brad Mossbarger, PhD**, Staff psychologist at the Roudebush VAMC and Assistant Professor of Clinical Psychology in Clinical Psychiatry at IU School of Medicine. Dr. Mossbarger's primary interest is in addressing mental health needs of 'seasoned citizens' in the Older Adult Mental Health Clinic at the VA, with evaluation and treatment of memory, mood, adjustment, and other disorders. Dr. Mossbarger also serves as the mental health liaison for the GRACE team at the VA, and chairs the facility's dementia work group.



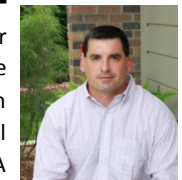
#### COGNITIVE STIMULATION AND AGING — June 14

—**Frederick W. Unverzagt, PhD**, Professor of Clinical Psychology in Clinical Psychiatry and Professor of Clinical Medical and Molecular Genetics at Indiana University School of Medicine. Dr. Unverzagt is the training director for the APPCN-affiliated, two-year residency in Clinical Neuropsychology. He performs outpatient consultations for patients with possible brain disorders in the Neuropsychology Clinic in Psychiatry. His research interests are focused on the clinical assessment of memory loss and cognitive impairment associated with neurodegenerative disease and breast cancer. He also developed and adapted cognitive assessments for use in cross-cultural studies in Nigeria, Kenya, Jamaica, and China. He is site PI for one of the largest randomized, controlled trials of a cognitive intervention ever undertaken, the ACTIVE (Advanced Cognitive Training for Independent Vital Elderly) study.



#### THE IMPORTANCE AND IMPACT OF EXERCISE AS WE AGE — June 21

—**Mark G. Urtel, EDD, MS**, Associate Professor in the Department of Kinesiology at IUPUI. Dr. Urtel is a faculty partner in the department sponsored PACE (Physical Activity using Civic Engagement) program. The PACE program strives to serve diverse individuals by creating comprehensive and innovative opportunities for physical activity and health programming while civically engaging IUPUI students in our surrounding community. He currently runs two physical activity-based programs within PACE. His focus is on the utilization of technology to facilitate time spent, daily, in MVPA (moderate to vigorous physical activity).



#### IMPORTANCE OF DIET AND NUTRITION AS WE AGE — June 28

—**Sara A. Blackburn, DSc., RD**, Clinical Associate Professor of Nutrition and Co-Director of the Dietetic Internship in the Nutrition and Dietetics Program, School of Health & Rehabilitation Sciences, IUPUI; Dr. Blackburn is a Registered Dietitian. She holds a doctorate in nutritional sciences from Boston University, and a Master's and a Bachelor's Degree from Purdue University. Her interest in the importance of nutrition for seniors stems from her work in long term care. Dr. Blackburn joins us to share her knowledge, wisdom, passion and insights on nutrition for seniors.

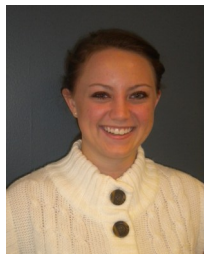


Memory University 2013 is being developed. Watch your email. Please call 317-963-7297 or email [dwert@iupui.edu](mailto:dwert@iupui.edu) for materials from Memory University 2012 or to be added to our mailing list.

## The iADC Clinical Core

### Introducing:

Welcome to Katherine Johnson, the newest member of the iADC team where she will be serving as Scheduler.



Katherine is a student at IUPUI pursuing a nursing degree and will be working part time for the iADC. If you call for information, or if it is time to schedule your annual appointment, expect to hear from Katherine. We wish her a warm welcome to the iADC family!

You can contact Katherine at 317-274-1668 or by email at [katjohn@iupui.edu](mailto:katjohn@iupui.edu).

For Martin Farlow, M.D., every day is a fight in the battle to end Alzheimer disease. Dr. Farlow has been involved in Alzheimer Disease research for 20 years and believes we are in an exciting time. "There's an explosion in knowledge, in technology, in capability," he said. Dr. Farlow serves as Associate Co-Director of the Indiana Alzheimer Disease Center and the Leader of the Clinical Core. The Clinical Core is currently involved in nearly a dozen studies and is accepting volunteers for several projects. "We are very hopeful about these new potential treatments, but


until we have a positive result, we don't know," Dr. Farlow said.

A variety of drugs have been developed to try to get amyloid out of the brain. Amyloid- $\beta$  is an abnormal protein in the brain commonly found in Alzheimer patients. Just as cholesterol medications are used to ward off strokes, Farlow said these new drugs would fight amyloid to ward off Alzheimer disease. Some studies being organized on a national level are directed at patients even before they develop cognitive impairment. "It is likely that patients will be treated in the future who are in the stage



Dr. Martin Farlow, M.D.

where there is amyloid present, but clinical symptoms have not yet started to occur," Dr. Farlow said.

Volunteers play a vital role in research. Please call Christina Brown at 317-963-7426 to add your name to our Research Registry or to find out more about a specific study. 



For more useful

information check out

<http://>

[www.caregiver.va.gov/](http://www.caregiver.va.gov/)

[pdfs/](#)

[FamilyCaregiversGuideTo](#)

[\\_Alzheimers.pdf](#)

## Veterans and Alzheimer Disease: Get the help you need

If you are a veteran or if you are caring for a veteran with dementia or AD contact the Veteran's Administration (VA) as they have services to help. The VA knows that being a caregiver can be both rewarding and difficult. You can find more information at [www.caregiver.va.gov](http://www.caregiver.va.gov), including contact information for the VA Caregiver Support Coordinator nearest you. Or you can call VA's Caregiver Support Line toll-free at 1-855-260-3274. The Caregiver Support Line is open Monday through Friday, 8:00 am – 11:00 pm ET, and Saturday, 10:30 am – 6:00 pm ET.

### The professionals on the caregiver support line can:

- ⇒ Tell you about the assistance available from VA.
- ⇒ Help you access services and benefits.
- ⇒ Connect you with your local Caregiver Support Coordinator at a VA Medical Center near you.
- ⇒ Just listen, if that's what you need right now.

## Some of our Cores have moved to new Neuroscience Center.

Check out who has **MOVED** to provide better care to our patients.



### Neuroscience Center of Excellence

A new era in neurological care in Indiana happened as the new Indiana University (IU) Health Neuroscience Center officially opened its doors to patients. Here, highly skilled physicians and researchers work together to deliver well-coordinated care for the full range of neurological disorders—everything from Alzheimer disease and brain tumors, to spinal conditions, epilepsy and stroke.

This center, which is located just south of IU Health Methodist Hospital, will serve as a convenient “one-stop shop” for people, combining the collective resources of IU Health and IU School of Medicine into a single facility.

Phase I of the center, an ambulatory care and imaging facility, opened in August 2012. Here, patients can see all their specialists and receive all their diagnostic imaging in a single visit. Phase II, an innovative research facility led by the IU School of Medicine, is scheduled to open in 2014, and will enable patients to have easier, faster access to clinical trials and breakthrough treatments.

This new center, combined with nationally ranked expertise and a recent expansion of the neurosurgical suites at IU Health Methodist Hospital, enables us to continue providing superior neurological care and treatment.

Indiana University Health Neuroscience Center  
Goodman Hall  
355 W. 16th Street  
Indianapolis, IN 46202-7176  
(across from IU Health Methodist Hospital)

The iADC Clinical Core  
Indiana University Health Neuroscience Center  
Goodman Hall, Third Floor  
355 W. 16th Street  
Indianapolis, IN 46202-7176  
Tel: 317-963-7426 Fax: 317-963-7533  
Website: [iadc.iupui.edu](http://iadc.iupui.edu)

The iADC Education Core  
Indiana University Health Neuroscience Center  
Goodman Hall, Suite 2250  
355 W. 16th Street  
Indianapolis, IN 46202-7176  
Tel: 317-963-7297 Fax: 317-963-7325  
Website: [iadc.iupui.edu](http://iadc.iupui.edu)

The iADC Neuroimaging Core  
Indiana University Health Neuroscience Center  
Goodman Hall  
355 W. 16th Street  
Indianapolis, IN 46202-7176  
**MOVING IN OCTOBER, 2012**  
Website: [iadc.iupui.edu](http://iadc.iupui.edu)

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Indianapolis, IN 46202-7176  
Tel: 317-963-7300 Fax: 317-963-7325  
email: [funverza@iupui.edu](mailto:funverza@iupui.edu)

Below are Web links with descriptions highlighting practical resources you can print or download at no cost. The web sites contain much more information than we can include here. Surf the net and find some useful information.

### **Alzheimer's Association**

<http://www.alz.org>

Over 140 [publications](#) on all aspects of the disease are free to download. Health care professionals and families can access the [Alzheimer's Association Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes](#) which contain their official recommendations for dementia care. Visitors have access to information in other languages, including a bilingual [Latinos and Alzheimer's](#) portal and an [Asian portal](#) that includes resources in Chinese, Korean and Vietnamese. [TrialMatch™](#) helps families locate clinical trials based on personal criteria. [Comfort Zone](#) uses the Internet and a device to track the location of a person with Alzheimer Disease. The "[Research Center](#)" presents an extensive portfolio of information for finding the latest research from around the globe, how to volunteer for clinical trials in your area, and more.

### **Alzheimer's Disease Education and Referral Center (ADEAR)**

<http://www.nia.nih.gov/Alzheimers>

This Web site includes information for consumers on Alzheimer disease from the National Institute on Aging. Notable are the booklets, fact sheets, newsletter and training programs available through the [publications](#) link on their home page. View a 4-minute captioned [video](#) showing the intricate mechanisms involved in the progression of Alzheimer disease in the brain. [Unraveling the Mystery](#), contains both basic and technical information on the scientific and social aspects of Alzheimer. Resources are available in English and Spanish.

### **ClinicalTrials.gov**

<http://clinicaltrials.gov>

Identify regularly updated federally and privately funded clinical research with human volunteers. Locate information about a trial's purpose, who may participate, locations, phone numbers and whether a trial is still recruiting. Find information about participating in an Alzheimer Disease research study, see our [alz.org](#) section called [Participating in Clinical Studies](#).

### **Family Caregiver Alliance (FCA)**

<http://www.caregiver.org>

FCA's [Publications](#) section includes fact sheets, newsletters, research studies, reports, policy briefs and more available for anyone needing information on caregiving or developing programs and services for families. The [National Center on Caregiving](#) provides a state-by-state, online guide to identify programs and services nationwide for anyone involved in caregiving. Materials are available in Spanish and Chinese.

## **RESOURCES FOR CAREGIVERS...**

### **Four Pocket Films**

<http://www.agingresearch.org/content/article/detail/1653>

Four brief films on Alzheimer disease written by David Shenk, produced by Alliance Aging Channel and MetLife, and narrated by David Hyde Pierce can be watched online or purchased inexpensively and include: *What is Alzheimer disease?* *Alzheimer disease: an urgent epidemic*; *Alzheimer disease: Race to the cure*; and *Alzheimer disease: a message for newly diagnosed patients and their families*.

### **'My Thinker's Not Working'**

<http://www.aadmd.org/ntg>

<http://www.rrtcadd.org>

A national strategy for enabling adults with intellectual disabilities affected by dementia to remain in their community and receive quality supports. The plan, developed by the National Task Group on Intellectual Disabilities and Dementia Practices presents findings and recommendations on the impact of Alzheimer disease. It includes an overview of the population, challenges facing them, community services, education and training, financing, and possible solutions. It also provides an action plan for national, state, and local agencies and recommends a specific assessment tool for recognizing dementia in this special population.

### **National Library of Medicine – MedlinePlus**

<http://www.nlm.nih.gov/medlineplus>

MedlinePlus is a goldmine of health information. It also has extensive information about drugs, an illustrated medical encyclopedia, interactive patient tutorials and health news. Pages related to dementia and dementia care are: [Alzheimer Disease](#), [Dementia](#), [Alzheimer's Caregivers](#) and [Memory](#). The Information is also available in Spanish: [Enfermedad de Alzheimer](#), [Demencia](#), [Proveedores de atención al paciente con Alzheimer](#), [Memoria](#). Additionally, MedlinePlus [email updates](#) deliver messages about new sites on MedlinePlus along with other notices. You can sign up to receive general emails covering all health topics, or you can sign up to receive emails about specific topics, like Alzheimer disease.

### **NIH Senior Health – Alzheimer's Disease**

<http://nihseniorhealth.gov/index.html>

If you are a computer savvy senior, or even if you're not, search the National Institutes of Health Web site on [eating well as you get old](#), [exercise for older adults](#), [talking with your doctor](#), [Alzheimer disease](#), [home care](#), [residential care](#), [caregiver support](#), [safety issues](#), [participating in clinical trials](#), and more. View the pages in different options like font size, contrast, speech capability, and printer friendly versions.

***Please note that the resources listed here are not owned or managed by the iADC and the iADC cannot be not responsible for their content. The iADC is providing these resources for information and convenience. All resources should be used with discretion.***



## BOOKS FOR THE CAREGIVER....

### **Wrinkles Don't Hurt Daily**

Meditations on the Joy of Aging Mindfully

By Ruth Fishel

A whole calendar year of enjoying the present and finding fulfillment while letting go of the fears of the future. From the author of *Time For Joy* and other inspirational books comes a new bundle of wisdom from an expert in the field of aging mindfully.

### **Leaning Into Sharp Points: Practical Guidance and Nurturing Support for Caregivers**

By Stan Golberg, PhD

A comprehensive guide filled with real-world wisdom for every stage of caring.

### **Caregivers:**

Drowning in a Sea of Cognitive Challenges

By Delaune Pollard, AccOT

A book that answers questions about why people with dementia act how they do.

### **When My Mother Know Longer Knew My Name**

A Son's "Course" in "Rational" Caregiving

By Stephen L. Goldstein

It's a one-man support group, talking anecdotally, but authoritatively, to a friend who needs help.. Each brief, highly readable chapter tells how a son learned "on-the-job" to deal with different situations all caregivers face as his caregiving role evolved from nominal to 24/7. The book is packed with practical advice and tips to make caregiving manageable-even joyful. There's even a unique self-assessment guide so caregivers and potential caregivers can benchmark and enhance their ability to manage the often lonely, challenging, unpredictable, and overwhelming roles they may assume.

### **I Know How Hard You Work:**

A Journey Through Stroke Recovery

By Paul Sybert

Paul Sybert's book relates his inspiring journey from a debilitating stroke to his remarkable return to health.



### **Alzheimer's Disease and Other Dementias**

By Nataly Rubinstein

Alzheimer disease can be difficult for a caregiver, this book can help family caregivers understand and cope with this difficult diagnosis.

### **The 36-Hour Day: A Family Guide to Caring for People Who Have Alzheimer Disease, Related Dementias, and Memory Loss, fifth edition**

by Nancy L. Mace, M.A., and Peter V. Rabins, M.D., M.P.H.

Originally published in 1981, The 36-Hour Day was the first book of its kind. Thirty years later, with dozens of other books on the market, it remains a helpful guide for people caring for someone with dementia.

### **Alzheimer's: The Identity Thief of the 21st Century**

By Robert B. Schaefer

This is a true, inspiring story of love directed toward anyone - family or professional who is affected by Alzheimer disease. It is filled with realistic suggestions as experienced by the average person and their care-partner following a diagnosis of dementia and/or AD.

### **A Walk in the Garden**

An Illustrated Journey with Verse

This beautiful series of large-print, hard-bound books offers a wonderful way for caregivers and people with dementia to engage and reminisce.

### **Nursing Homes and Assisted Living:**

The Family's Guide to Making Decisions and Getting Good Care, *second edition*

By Peter S. Silin

### **Still Alice**

By Lisa Genova

A compelling debut novel about a 50-year-old woman's sudden descent into early onset Alzheimer disease, written by first-time author Lisa Genova, who holds a PhD in neuroscience from Harvard University.

## iADC 2012 Spring Symposia a Success

The Indiana ADC hosted its annual spring symposia, entitled *Familial Dementias* on March 30th and 31st, 2012. The scientific program, held on March 30th, entitled *Familial Dementias: Recent Progress* provided participants with an overview of the recent advancements in the understanding of the biological relationship between two of the most devastating disease of the nervous system: frontotemporal dementia and amyotrophic lateral sclerosis. The afternoon session provided information on the genetics of dementia. On March 31st, the 6th Annual Martin Family AD Caregiver Symposium, entitled, *Familial Dementias: Implications for Patients and Families* provided participants with an update on the latest scientific research on hereditary dementias, genetic testing, brain donation, caregiver coping, and community services.

Over 200 participants attended and the evaluations were very positive. Comments included: "The talk on *Decoding the Alphabet of Familial Dementias* was very good in summarizing genetic basis for dementias and was a nice clarification of Friday's presentations." "The explanation of differences between autopsy and donation was helpful." "The family caregiver's story brought the science full circle by focusing on the human element; very informative and well organized." and "The tour of the NCRAD (National Cell Repository for Alzheimer Disease) was very interesting."

We are particularly thankful to our sponsors and exhibitors whose generous support helped to make this year's symposia a huge success.

### Sponsors

- IUPUI Conference Fund
- IU Department of Psychiatry Wesley P Martin Professorship for AD Education
- Avanir Pharmaceuticals, Inc.

### Exhibitors

- IU Center for Alzheimer Disease and Related Disorders National Cell Repository Clinical Drug Trials, Basic and Social Behavioral Research
- The Alzheimer's Association of Greater Indiana
- Central Indiana Council on Aging Inc. (CICOA)
- Avanir Pharmaceuticals, Inc.

**We look forward  
to seeing everyone  
at the 7th annual  
symposia in 2013.  
Watch your email  
for date and  
details.**



Indiana Alzheimer Disease Center

### Is Alzheimer Disease in your family photo?

If there are two or more living members of your family suffering from serious memory loss, our researchers may be interested in your family.

Please contact the National Cell Repository for Alzheimer Disease, (NCRAD) to learn more about this research opportunity.

E-mail NCRAD at [alzstudy@iupui.edu](mailto:alzstudy@iupui.edu)  
or call 317- 274-7360 or 1-800-526-2839

# In Memory....

*The Indiana University Alzheimer Disease Research Fund gratefully thanks and acknowledges the following individuals for their generous contributions from April 1, 2011 to present*



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## Save the Date....Save the Date....Save the Date

Indiana Alzheimer  
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Visit Our Website:  
[iadc.iupui.edu](http://iadc.iupui.edu)

### Caregiver Support Group Available: ...NOTE the change of address.

Are you caring for a family member or friend with AD, dementia or related disorder? Do you have questions or concerns about providing care, about AD or other dementia? Our support group meeting may be your answer. The iADC together with the Healthy Aging Brain Center and the Alzheimer's Association, facilitates a monthly support for caregivers. All family members are welcome.

The meeting is held on **the 4th Friday of each month from 1:00—3:00 pm.** We now meet at **Cottage Corner Health Center, 1434 S. Shelby St., Indianapolis, IN (317-655-3200).**



**Mark your calendar!**

Feel free to join for education and social support.

For more information on the above events please contact the Education Core at 317.963.7297 or email: [dwert@iupui.edu](mailto:dwert@iupui.edu).

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