

iADC

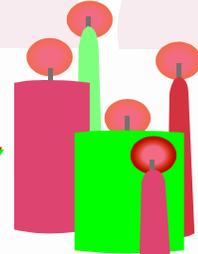
Indiana Alzheimer Disease Center

Reflections

INDIANA ALZHEIMER DISEASE CENTER NEWSLETTER
INDIANA UNIVERSITY SCHOOL OF MEDICINE

2013
Volume 22
Issue 2

*Happy
Holidays*



Wishing you all the
best for the holiday
season and the new
year.

**from the Indiana Alzheimer
Disease Center**



Inside this issue:

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Occupational Therapy Can Help People with Alzheimer's Disease or Other Dementia Remain Safely at Home

...Arlene Schmid, PhD, OTR and Chiung-ju Liu, PhD, OTR

Putting mirrors in unexpected places such as the entry door and keeping old photo albums handy might make life a little easier when taking care of people with Alzheimer's disease (AD) or other dementia. These are just a couple of suggestions offered by occupational therapists as ways to modify the environment as degenerative brain diseases like AD progress.

“Occupational therapists can maximize the remaining abilities in people with AD or other types of dementia, and offer strategies such as rearrange the home environment to reduce caregiver burden and keep care recipients safe at home. However, occupational therapy is sometimes underused in this population...”
said Dr. Liu, our colleague from the Indiana University Department of Occupational Therapy.

According to the American Occupational Therapy Association, occupational therapy can help people with AD and their caregivers by:

- Helping the person with AD do things independently,
- Keeping the person with AD safe,
- Preventing falls and other injuries,
- Safeguarding against wandering,
- Helping to manage behaviors related to AD,
- Helping families maintain an emotional connection.

The primary objective with occupational therapy is to keep people as independent as possible, for as



long as possible. Occupational therapists (OT's) help people by teaching them how to maintain relationships, engage in meaningful activities or occupations, and help them with their activities of daily living -- such as eating, bathing, dressing and grooming. OT's work to rehabilitate anything that's important to a person with AD or other disability. OT's can also help to identify a person's remaining abilities and use these abilities to maximize their independence. For example, while people with AD may not be able to learn new things, it is possible to help them maintain their ability for self-care by using procedural memory—existing memory for how to do routine things such as riding a bike or taking a shower. That means setting up patterns and routines that need to be the same every day. Then, with cues, the person with AD can tap into his or her procedural memory. For example, when someone is getting dressed, they should get dressed in exactly the same order and in the same place every day (if possible). Shirt first, then trousers, then socks,

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Occupational Therapy Can Help People with Alzheimer's Disease or Other Dementia Remain Safely at Home

...Arlene Schmid, PhD, OTR and Chiung-ju Liu, PhD, OTR

(Continued from page 2)

then shoes. It's the same sequence every time. An alarm clock or a reminder on a smart phone can remind someone to do certain tasks, instead of a caregiver having to tell him or her constantly.

Additionally, OT's are also able to assess the environment and help with safety issues. Sometimes, adapting the environment is as simple as removing throw rugs, increasing lighting, and installing grab bars in the bathroom. These simple changes may keep people independent and in their home longer. A simple way to help prevent wandering, a common issue of AD, is to place a mirror on the doors that lead outside. It's unexpected and may distract the person long enough to forget the original idea of going outside.

When someone with AD gets flustered or agitated, which is another common problem, try walking away for a few minutes (make sure they are safe first, of course). When you come back, they may have forgotten why they were upset. Use audio and video monitors to keep an eye on them without limiting their sense of independence in the home.

To help maintain an emotional connection, which can be especially hard when a parent or grandparent no longer remembers who you are, OT's recommend looking



at family pictures, especially older pictures, and asking them to talk about the people in the pictures.

People with AD can typically remember things from 30, 40 or 50 years ago, so sitting down with old picture albums and reliving those shared interests with them can have a big impact on quality of life for both the person with AD and their caregiver. Keeping people with AD engaged in activities they enjoy and giving them tasks that help them feel they're doing something worthwhile—like taking out the trash, raking leaves, and knitting—can give their day meaning while helping them maintain walking strength and balance or fine motor and visual perception skills. Incorporating meaningful activities into their day also improves quality of life and makes day-to-day life more enjoyable for everyone involved.

Arlene Schmid, PhD, OTR and
Chiung-ju (CJ) Liu, PhD, OTR
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Sources

American Occupational Therapy Association has more on how OT's can help care for people with Alzheimer's disease...check out the website.

http://www.healthfinder.gov/News/Article.aspx?id=673993&source=govdelivery&utm_medium=email&utm_source=govdelivery

Dr. Ghetti named fellow of the American Association for the Advancement of Science



Bernardino Ghetti, M.D.

Bernardino Ghetti, M.D., IUPUI Chancellor's Professor and Distinguished Professor of Pathology and Laboratory Medicine at the IU School of Medicine, and Director of the IADC Neuropathology Core, was recently named a fellow of the American Association for the Advancement of Science in recognition of his distinguished efforts to advance science.

Dr. Ghetti received accolades from Jay L. Hess, M.D., Ph.D., dean of the IU School of Medicine and vice president for university clinical affairs at IU, who called Ghetti a pioneer in his field who is respected by peers around the world.

"We are pleased that Dr. Ghetti has received this well-deserved recognition," Dr. Hess said, "and are all called to now work toward that same standard of excellence that the members of AAAS have recognized in him."

IU President Michael A. McRobbie, Ph.D.,

congratulated Dr. Ghetti and four other IU scholars on being recognized by an organization of peers that represents the largest general scientific society in the world, with 261 affiliated societies and academies of science that serve 10 million individuals.

"These five individuals have dedicated their lives to taking on intellectual challenges the answers to which mean to address and resolve some of society's most vexing issues -- from understanding and combating Alzheimer Disease to advancing the field of genomics for the purpose of promoting public health," Dr. McRobbie said. "We are indebted to each of them for their long and distinguished service to both Indiana University and to mankind."

The AAAS, founded in 1848, is the world's largest general scientific society and publisher of the journal *Science*, as well as *Science Translational Medicine* and *Science Signaling*. With an estimated total readership of 1 million, *Science* has the largest paid circulation of any peer-reviewed general science journal in the world.

The total number of AAAS Fellows affiliated with IU now numbers 86.



Vijay K. Ramanan, MD, PhD

IADC Student Researcher receives the Gill Graduate Student Award

Dr. Vijay K. Ramanan is a MD/PhD student at IU School of medicine. After successfully defending his PhD thesis, he returned to complete the 3rd and 4th years of medical school. He is considering Neurology as his clinical specialty along with continuing research with Dr. Saykin and others with the Neuroscience Center and IADC.

Dr. Ramanan was selected as the 2013 Linda and Jack Gill Outstanding Thesis Award winner. His 2013 PhD thesis in Medical and Molecular Genetics which earned him the award was titled "Pathways to dementia: genetic predictors of cognitive and brain imaging endophenotypes in Alzheimer's disease". The presentation was made at the 2013 Gill Symposium on Wednesday, September 25th, at Whittenberger Auditorium, Indiana Memorial Union on the IU Bloomington campus.

The IU Gill Center for Biomolecular Science 2013 Gill Symposium & Awards recognizes scientists who have emerged as international leaders in cellular, membrane, or molecular neuroscience. Congratulations to Dr. Ramanan.

Surrogate Decision Makers and the Importance of Advance-Care Planning.

...Mary Guerriero Austrom, PhD.

It has been estimated that 4 out of 10 adults in the hospital have a cognitive impairment severe enough to interfere with their ability to make their own decisions. These adults need surrogate decision makers. Dr. Alexia Torke, an associate professor of medicine at IU School of Medicine and an IU Center for Aging Research scientist, one of her medical students, Jenna Fritsch, and others recently published a paper on how complicated it can be for a surrogate when making decisions, especially health care ones.

Ms. Fritsch, Dr. Torke and colleagues talked to 35 surrogates who had made major decisions — about life-sustaining treatments, surgery or other procedures, or about where the patient would go when discharged — on behalf of older adults with cognitive impairment in two local hospitals. The surrogates were not legally designated health care proxies, for the most part, because most patients had no advance directives and hadn't chosen a decision maker. The surrogates were simply the family members — mostly daughters — to whom the doctors turned for guidance.

Following face-to face interviews with the relatives, the researchers found that these surrogates often make decisions about health care based on considerations other than what the patients might want. They analyzed how surrogates made decisions for their older adult and found two basic approaches—"patient-centered" or "surrogate-centered." Patient-centered decisions focused on the sick person's wishes and interests. If they couldn't rely on documents, the relatives might recall past conversations to infer what the person wanted. "More often, it was based on a general knowledge of the person," Dr. Torke said. "They knew Mom was 'a fighter,' or they knew she 'wouldn't want to suffer'." They also tried to make decisions based on what they felt was in the patient's best interests, sometimes seeking the advice of a physician or other professional. The surrogates often found it stressful to make such big decisions without more information and were worried that they might have interpreted a patient's interests differently than the patient would have, or guessed the

patient's preferences incorrectly. But they were trying to do what they thought their loved one would want.

Decision making that is surrogate-centered was somewhat different. Some family members might make a decision based on what they would want in a similar situation, "consistent with the concept of the golden rule," Dr. Torke said. Or families might be guided by their own spiritual or religious beliefs. Several surrogates explained that they had followed God's plan, though they had differing views on what that might be. The majority of study participants were Protestant, but "we found rationales that were both accepting of death or fighting against it," Dr. Torke said.

Surrogates also drew other family members into the decision, looking for agreement with the decision. "Regardless of what happens to the patient, families have to live with each other," Dr. Torke said. "It's a way to share the responsibility," and have everyone "on the same page."

Many of the family members in this study said that they wished they knew more about their loved one's views on medical care. Dr. Torke recommends finding a trusted family member or friend to be a surrogate decision maker for you, should the need ever arise. Make advanced-care planning part of your discussions when you are together with family this holiday season. This can help make such difficult and sensitive decisions easier for surrogates, especially during stressful hospital stays.

Sources:

American Society on Aging. Study reveals complexities of surrogacy. *Aging Today*, November-December, 2013.

Fritsch J, Petronio S, Helft PR, and Torke AM. Making decisions for hospitalized older adults: ethical factors considered by family surrogates. *Journal of Clinical Ethics*. 2013, 24(2):125-34.

http://newoldage.blogs.nytimes.com/2013/09/03/values-conflict-at-the-end-of-life/?_r=0



Enjoy the Season

..... **Mary Guerriero Austrom, Ph.D.**

While the holidays are a wonderful time of the year, they can also be very stressful. This is especially true for families caring for someone with Alzheimer disease (AD) or other dementia. The increased activities, decorations, visiting and visitors can stress the best of us. How can you enjoy the season, stay healthy and keep things calm around the house? Here are some helpful tips to consider:

- * You cannot take care of your loved one if you are not well.
- * Eat well.
- * Make sure that you get enough rest.
- * Drink plenty of water.
- * Get your flu shot; take your medications as prescribed and see your own physician if you do not feel well.
- * Exercise regularly. A walk in the neighborhood three to four times a week is fine. If the weather is bad try walking at the mall in the middle of a week-day when it is not too busy. Take your family member with you on walks too, if possible.
- * Do not feel you have to attend every holiday function you are invited to. Pick and choose your activities carefully, especially if you take your family member. Large, noisy gatherings can increase confusion, so try to avoid those or just go for a short time.
- * Rather than having the whole family over at one time, which can overwhelm a person with AD ask them to visit in small groups, or to visit frequently but for shorter periods of time. Visits early in the day are generally easier because the person with AD is better rested.
- * Many people with AD feel better in the morning. Plan holiday breakfasts instead of dinner parties.
- * If the person with AD does get upset when your children and grandchildren visit, do not make a big deal out of it. Immediately move them to a quiet place and explain to everyone that he or she is tired. Tell the family that this is common for people with AD and not to take it personally.
- * If possible, decorate the house together with the person with AD and talk about previous holidays. This may spark some pleasant memories. However, do not feel pressured to decorate the house, particularly if the decorations confused or bothered them last year.
- * Church services are often very crowded at this time of year. Try to attend an early service that may not be as busy. Sit on the aisle close to a door so that you can move if it is too stressful for the patient. If the patient can no longer attend services, take turns going to church in shifts so that the patient can stay home.
- * Ask for help.
- * Relax. Enjoy the spirit of the season!



Holiday Gift Ideas

....Mary Guerriero Austrom, Ph.D.



It is often difficult to figure out what to give at holiday time.

If you have a family caregiver on your list, consider giving something that will offer them a much needed break in their day.

- ξ Tickets to a movie, show or concert.
- ξ 'Respite visits' to give the caregiver some time off.
- ξ Offer to run errands for the caregiver.
- ξ Dinner out or dinner delivered to the home.
- ξ Books that can pass the time but not be too time consuming.
- ξ Housekeeping tasks done or paid visits by a housekeeping service.
- ξ Subscription to a favorite magazine.
- ξ Coupon for one day at an adult day care for the person with AD or dementia.
- ξ Telephone gift coupons or long-distance calls to their friends and family members who live out of town.



For a person with AD or dementia, consider giving one of the following:

- ξ A gift registration to Medic Alert Safe Return (call the Alzheimer's Association at 1-800-272-3900);
- ξ Regular visits at home or in the nursing home;
- ξ A stuffed animal to hug;
- ξ A picture album filled with old family photos;
- ξ Exercise equipment such as a stationary bike, or a membership to a swimming pool;
- ξ Comfortable, easy care clothing, slip-on or Velcro shoes with non-slip soles;
- ξ Music, tapes or old records;
- ξ Books on tape, or record your own for them;
- ξ Tickets to a musical or concert;
- ξ Favorite foods;
- ξ Home health care equipment, for example, home safety bars installed in the bath or shower;
- ξ Lap blanket;
- ξ Bird feeder and bird food.

Do not give gifts that require a lot of care and attention. Keep in mind that expensive or fragile gifts can be broken or lost.

IADC Current Studies on AD and Related Disorders Research Enrolling Participants

<u>Who is needed?</u>	<u>For which study?</u>	<u>Length of study?</u>	<u>Please contact...</u>
<p>To participate, volunteers must have a diagnosis of one of the following:</p> <ul style="list-style-type: none"> • Probable Alzheimer’s disease • Mixed Dementia • Mild Cognitive Impairment • Vascular Dementia • Lewy Body Disease • Parkinson Dementia • Frontotemporal Dementia 	<p>Research Registry/ database used to capture data for self-referred volunteers and established clinic patients interested in participating in clinical research studies, drug studies now and in the future.</p>	<p>Information regarding research projects will be disclosed prior to enrollment in specific research studies. Length varies by individual study.</p>	<p>Christina Brown 317-963-7426 chbrown@iupui.edu</p>
<p>Participants need to:</p> <ul style="list-style-type: none"> • Be member of family with 3 or more living siblings diagnosed with probable AD. 	<p>The Genetics of Late Onset Alzheimer’s Disease (LOAD) Study</p>	<ul style="list-style-type: none"> • Longitudinal; over a lifetime or as long as person is willing. • Visits include: neurological exam, cognitive evaluation, informant interview and provide a blood sample for DNA at first visit. 	<p>National Cell Repository for AD 1-800-526-2839 alzstudy@iupui.edu</p>
<p>Participants need to:</p> <ul style="list-style-type: none"> • Have mild to moderate memory difficulties; • Be 60 years of age +; • Be right-handed; • Have completed at least 8th grade. 	<p>Healthy Older Adults Study of memory in healthy older adults. Study includes brain scans, blood draw, eye exam and cognitive testing</p>	<ul style="list-style-type: none"> • Longitudinal; over a lifetime or as long as person is willing; • Assessments are 18 months apart; • Each visit is 10.5 hours and will be scheduled over 2 days; • Compensation for time and effort provided. 	<p>Eileen Tallman 317-278-3121 etallman@iupui.edu</p>
<p>Participants need to:</p> <ul style="list-style-type: none"> • Be part of a family with two or more living members with AD or symptoms of serious memory loss; • Be eager to involve new families from all locations. 	<p>The National Cell Repository for Alzheimer's Disease (NCRAD)</p>	<ul style="list-style-type: none"> • Longitudinal; over a lifetime or as long as person is willing. • Visits are done by telephone or mail. 	<p>National Cell Repository for AD 1-800-526-2839 alzstudy@iupui.edu</p>

IADC Current Studies on AD and Related Disorders Research Enrolling Participants

(Continued from page 8)

<u>Who is needed?</u>	<u>For which study?</u>	<u>Length of study?</u>	<u>Please contact...</u>
Participants need to: <ul style="list-style-type: none"> • Adult, aged 60 years of age +; • Have a diagnosis of mild cognitive impairment; • Have support by an adult family member; • Both be able to read and speak English; • Both participate in the study. 	Daily Enhancement of Meaningful Activity (DEMA).	<ul style="list-style-type: none"> • 3-month skill-building and health promotion program; • 2 face-to-face sessions on the IUPUI campus; • 4 telephone sessions; • 3 telephone interviews; • Total time involvement will be one hour per week for 3 months; • Final phone interview after 6 months. Compensation: <ul style="list-style-type: none"> • Up to \$60 in gift cards and parking passes as needed 	Katie Sundt, DEMA program manager; 317-274-7739 kalmcdan@iupui.edu
Participants need to: <ul style="list-style-type: none"> • Have a first degree relative with Alzheimer disease caused by a known mutation; • Be at least 18 years of age; • Speak and read English; • Have someone who knows them well and be willing to answer questions about their memory and thinking. 	Dominantly Inherited Alzheimer Network (DIAN)	<ul style="list-style-type: none"> • Longitudinal, visits every 1-3 years, as long as the person is willing; • Visits include: neurological exam, cognitive evaluation, PET and MRI imaging, informant interview, blood draw and spinal tap. Compensation: <ul style="list-style-type: none"> • Travel, meals, accommodation, and completion of some procedures. 	Francine Epperson 317-274-1590 freppers@iupui.edu
Participants need to: <ul style="list-style-type: none"> • Be 55-90 years of age; • Have Mild Alzheimer's Disease; • Have a MMSE score between 20-26; • Have amyloid pathology present at screening. 	Lilly: H8A-MC-LZAX A research study to access the effects of passive immunization on the progression of mild AD; Solanezumab (LY2062430) versus Placebo.	<ul style="list-style-type: none"> • Approx. 18 months; • Approx. 25 visits to center; • Visits are 3-6 hours long; • You will receive monthly IV infusion if eligible for study. Compensation: <ul style="list-style-type: none"> • For time available 	Lyla Christner, LPN 317-963-7411 lychrist@iupui.edu or Scott Herring, RN 317-963-7418 sherring@iupui.edu

IADC Current Studies on AD and Related Disorders Research Enrolling Participants

(Continued from page 9)

<u>Who is needed?</u>	<u>For which study?</u>	<u>Length of study?</u>	<u>Please contact...</u>
<p>Participants need to:</p> <ul style="list-style-type: none"> • Be 50-90 years of age; • AChEIs and/or memantine allowed if stable dose for at least 12 weeks prior to baseline; • Have a BMI < 35 at screening; • Have a MMSE 22+. 	<p>Eisai A placebo-controlled, double-blind, parallel-group, dose regimen-finding study to evaluate safety, tolerability, and efficacy of BAN2401 in subjects with early Alzheimer's disease, defined as mild cognitive impairment due to AD.</p>	<ul style="list-style-type: none"> • Up to 41 months <p>Compensation:</p> <ul style="list-style-type: none"> • varies from \$50 to \$100 visit; up to \$2600 maximum. 	<p>Lyla Christner 317-963-7411 lychrist@iupui.edu</p> <p>or</p> <p>Christina Brown 317-963-7426 chbrown@iupui.edu</p>
<p>Participants need to:</p> <ul style="list-style-type: none"> • Be 66-85 years of age; • Be up to 90 years of age with medical monitor approval; • Have a MMSE 14-26 (mild to moderate AD); • AChEIs, Namenda if stable 12 weeks prior to screen. 	<p>Nourish Placebo-controlled study of effects of daily administration of AC-1204 in participants with mild to moderate AD.</p>	<ul style="list-style-type: none"> • 26 weeks double blind and optional 26 weeks open label extension; • also includes a screening period of up to 28 days (to determine eligibility) followed by the treatment period. <p>Compensation:</p> <ul style="list-style-type: none"> • 5 Clinic visits - \$75.00 each; • phone interviews - \$25.00 each 	<p>Scott Herring 317-963-7418; sherring@iupui.edu</p> <p>or</p> <p>Christina Brown 317-963-7426 chbrown@iupui.edu</p>

Dr. Brandy Matthews: Who Knew??

...from InScope 12/5/13



Dr. Matthews in 2003, performing at the first Talent Review, which she founded while serving as a resident at the Mayo Clinic.

The path to medical school is different for everyone. But not many neurologists get their start as a wedding singer.

Brandy R. Matthews, M.D., an assistant professor of clinical neurology at the IU School of Medicine who conducts clinical research on neurodegenerative dementias at the Indiana Alzheimer Disease Center and directs the school's neurology residency program, is the first to admit she took the road less traveled to a

career in science and medicine.

As a graduate of Wes-Del High School in Gaston, Indiana, Dr. Matthews made a non-traditional decision to sing, rather than speak, her valedictorian address. "As a child I always perceived myself -- and was perceived by others -- as a 'creative type,'" said Dr. Matthews, who enrolled at Ball State University as a musical theater major.

(Continued on page 11)

Dr. Brandy Matthews: Who Knew??

(Continued from page 10)

"I never imagined straight out of high school that things like advanced math or science would resonate with me; it felt like you had to choose one or the other: science or the arts," she said. "Since then I've realized that it's a completely false dichotomy; creative pursuits are critically important for people studying science and medicine because it's absolutely necessary to be creative in order to generate unique ideas that advance medical science and make progress for patients."

While at Wes-Del High School she began singing at churches and weddings, earning extra spending cash on weekends. Dr. Matthews' interest in theater persisted at Ball State, where she envisioned herself "on the fast track to Broadway." Then, after much deliberation, she switched majors to psychology, continuing to pursue performance through a minor in theater.

Being set on the path to a medical degree, Dr. Matthews, eventually had to put singing on hold to contend with the rigors of medical school pre-requisites at the University of Colorado-Boulder, where she studied before her acceptance at the IU School of Medicine.

"It actually wasn't until my third year of medical school here at IU that I finally started singing again," said Dr. Matthews. She had then been encouraged to perform at the Evening of the Arts, an annual talent revue founded by IU medical students in the early '90s which raises funds for local charities.

While completing her residency in neurology, two years later, Dr. Matthews founded a talent revue at the Mayo Clinic in Rochester, MN and took her show on the road. Then, during a fellowship at the University of California-San Francisco, she once again found time to sing on a weekly basis, meeting with a vocal coach and performing in small venues such as coffee shops and wine bars.

Dr. Matthews' professional experiences at the Mayo Clinic and UCSF have also helped shape the creative way in which she approaches both medical care and student education, including employing stories about creative

...from InScope 12/5/13

historical figures with neurodegenerative disorders in order to keep students engaged during lectures. This interest also informed work she published in 2010 titled "Bravo! Neurology at the Opera," and a companion chapter on neurological disorders in the works of Shakespeare in "Neurological Disorders of Famous Artists," a book that attempts to bridge the gap between medicine and the creative arts.

Moreover, Dr. Matthews' research also attempts to forge connections between the arts and sciences, including a project titled "MEANING: Musical Emotion and Affect Naming In NeurodeGeneration," which earned a grant in 2007 from the Grammy Foundation, an organization more commonly known for its awards show honoring rock stars rather than scientists. The research, which was conducted at UCSF, yielded preliminary data suggesting that patients with some forms of dementia may retain the ability to understand emotion in music despite the loss of the ability to communicate with language.

"My research primarily aims to find creative ways to improve my patients' care by discovering or studying methods and techniques to improve quality of life," Dr. Matthews said. "Similarly, my work with curriculum development focuses on finding creative ways to improve students' and residents' ability to diagnose, treat and deliver care to neurological patients on an individual level."

While research, education and patient care leave little personal time, Dr. Matthews is exploring new opportunities to participate in the arts -- especially now as a mother with a toddler son who loves to dance and a 4-year-old daughter taking violin lessons.

"I'm right alongside her learning to play violin for the first time," said Dr. Matthews, who's never been one to shy away from the stage -- or a new challenge.





Keeping the Memory Alive....

Honor or remember a loved one this holiday season by making a gift in support of the Indiana Alzheimer Disease Center. All gifts are 100% tax-deductible and gratefully appreciated. Thank you for making a difference.

I would like to donate:

- \$100
- \$250
- \$500
- \$1,000
- \$2,500
- Other \$ _____

My gift is In Honor of In Memory of

Print tribute name here

This Gift will be matched by

(Print name of company or foundation)

I would like additional information about giving to the Indiana Alzheimer Disease Center

Your support will be valuable to research on Alzheimer's disease and related disorders including:

- **Basic science (cellular, molecular and neuropathological studies)**
- **Clinical research (biomarkers, genetics, advanced brain imaging, new treatment and prevention studies)**
- **Caregiver, outreach and education services**

Your Name(s) _____

Address: _____

City, State, Zip _____

Phone(____) _____

E-mail _____

My check is enclosed, payable to:
Indiana Alzheimer Disease Center

Please make checks payable to:

Indiana Alzheimer Disease Center

Mail to: Brad Glazier

Administrator, Indiana Alzheimer Disease Center

Indiana University School of Medicine

IU Health Neuroscience Center, Suite 4100

355 West 16th Street

Indianapolis, IN 46202

For more information on making a bequest or planned giving to the Indiana Alzheimer Disease Center you may also call 317-963-7599 or email

bsglazie@iupui.edu

To use a credit card to make a gift, please go to our secure website at <http://iadc.iupui.edu/give-now/>

Reflections is published by the Indiana Alzheimer Disease Center

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In-Scope

The editor welcomes your comments and letters
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Save the Dates...



Link to our Calendar:

<http://iadc.iupui.edu/current-events/151/>

Caregiver Support Group Available:

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 normally held on the **4th Friday of each month from 1:00—3:00 pm** at **Cottage Corner Health Center, 1434 S. Shelby St, Indianapolis, IN (317.655.3200)**. Feel free to join us for education and social support.

NOTE CHANGE OF DATE

To facilitate holiday schedules, the 4th Friday meeting dates in November and December are combined for one meeting on December 6th.

FTD Caregiver Support Group

Has a loved one been diagnosed with frontotemporal dementia (FTD)?

Do you have questions about the disease and how to manage it?

You are not alone.

IADC FTD Caregiver Support Group meets the 2nd Tuesday of each month from 6:30–8:30 pm. at **Indianapolis First Friends Church, 3030 Kessler Blvd. East Dr., Indianapolis, IN.**

Memory University 2014: “Research Updates...What You Have Helped Us Learn So Far.” Mark your calendar for the 6th Annual Memory University which is scheduled for three Fridays next June. June 13th, 20th and 27th, 2014.

Thank You!



7th Annual Martin Family Alzheimer's Disease Symposium *Mind Your Health and Exercise Your Brain*

The 2013 event was a big success with over 150 registrations.

We wish to thank the following sponsors and exhibitors for their help and generosity

Title Sponsor: *CICOA Aging & In-Home Solutions*

Lunch Sponsor: *IU School of Medicine, Department of Psychiatry*

Break Sponsor: *Alliance Home Health Care*

Exhibitors: *The Alzheimer's Association of Greater Indiana
Center for Alzheimer Disease*

National Cell Repository for Alzheimer Disease

Tour: *IU Department of Radiology and Imaging Sciences Center for Neuroimaging*



Plans are underway for the 8th Annual Martin Family Alzheimer's Disease Symposium.

Mark your calendars now and **SAVE THE DATE**

Friday, September 12, 2014.