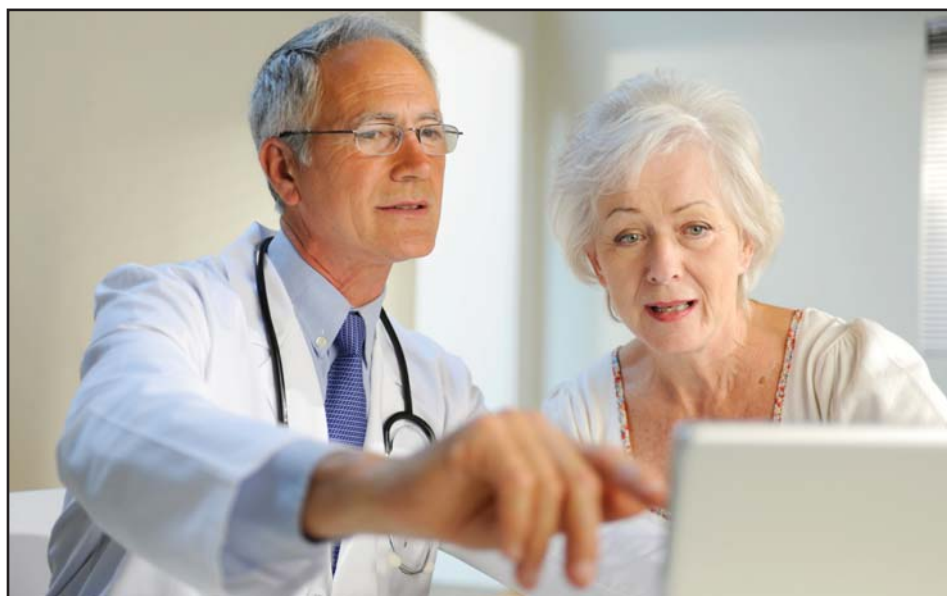


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FALL 2011



Alzheimer's diagnostic guidelines updated for first time in decades

(Excerpted from the website of the Alzheimer's Disease Education and Referral Center, A Service of the National Institute on Aging)

For the first time in 27 years, clinical diagnostic criteria for Alzheimer's disease dementia have been revised, and research guidelines for earlier stages of the disease have been characterized to reflect a deeper understanding of the disorder. The new guidelines mark a major change in how experts think about and study Alzheimer's disease.

The original criteria were the first to address the disease and described only later stages, when symptoms

of dementia are already evident. The updated guidelines cover the full spectrum of the disease as it gradually changes over many years. They describe the earliest preclinical stages of the disease, mild cognitive

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impairment, and dementia due to Alzheimer's pathology. Importantly, the guidelines now address the use of imaging and biomarkers in blood and

spinal fluid that may help determine whether changes in the brain and those in body fluids are due to Alzheimer's disease. Biomarkers are

WHAT'S HAPPENING

- Friday, September 16th
Black Tie from the
Waist High Charity Auction
Hilton Orlando / Altamonte Springs
6:00 p.m. – 10:00 p.m.
Silent and Live Auction
Tickets \$100,
Sponsorships available

- Saturday, November 5th
Annual Caregiver Conference
Naomi Feil, M.S.W., A.C.S.W.
Developer of Validation Therapy
Winter Park Towers
9:00 a.m. – 4:00 p.m.
RSVP Required

- Month of September
Columbia Restaurant
Community Harvest Fundraiser

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increasingly employed in the research setting to detect onset of the disease and to track progression, but cannot yet be used routinely in clinical diagnosis without further testing and validation.

“Alzheimer’s research has greatly evolved over the past quarter of a century. Bringing the diagnostic guidelines up to speed with those advances is both a necessary and rewarding effort that will benefit patients and accelerate the pace of research,” said National Institute on Aging Director Richard J. Hodes, M.D.

The National Institute on Aging has developed answers to “frequently asked questions” in order to help the public better understand what these changes mean.

Frequently Asked Questions for the General Public

1. What are the main differences between the 1984 diagnostic criteria for Alzheimer’s disease and the new guidelines?

The new guidelines differ from the 1984 diagnostic criteria in a few key ways:

- The new guidelines propose that Alzheimer’s disease progresses on a spectrum with three stages—an early, preclinical stage with no symptoms; a middle stage of mild cognitive impairment (MCI); and a final stage of Alzheimer’s dementia. The 1984 criteria recognized only one stage of disease, Alzheimer’s dementia.

- The new guidelines expand the criteria for Alzheimer’s dementia beyond memory loss as the initial or major symptom. They recognize that problems with other aspects of cognition, such as word-finding ability or judgment, may be the first symptom to appear. The 1984 criteria focused on memory loss as the central characteristic of Alzheimer’s dementia.

- The new guidelines reflect a better understanding of the distinctions between Alzheimer’s and non-Alzheimer’s dementias and the possible relationship between Alzheimer’s and cerebrovascular disease (which affects blood vessels that supply the brain). In 1984, these relationships were not well recognized or understood.

- The new guidelines address the use of biomarkers—measures in blood, fluid or imaging that could indicate possible Alzheimer’s disease. The use of biomarkers for Alzheimer’s disease is still considered experimental and is appropriate only for use by researchers at this time. The guidelines call for validating and standardizing the use of biomarkers before they can be applied in a clinical setting, like a doctor’s office. Biomarkers for Alzheimer’s disease did not exist when the original criteria were developed in 1984, and have been studied intensively in recent years.

2. Why were the diagnostic criteria for Alzheimer’s disease revised and who led the effort?

The diagnostic criteria for Alzheimer’s disease were revised to reflect a better understanding of the disease. During the past 27 years, scientists have learned much about how Alzheimer’s changes the brain, how these changes progress over time, and how they correspond to clinical symptoms.

3. How will doctors use the updated guidelines to better diagnose Alzheimer’s disease?

Doctors in clinical practice will use the updated guidelines to better inform their diagnosis of Alzheimer’s dementia and mild cognitive impairment (MCI). Other aspects of cognition, in addition to memory loss, will now be considered as a possible first symptom of the disorder.

At this time, however, the use of neuroimaging and biomarkers is not yet developed enough for clinicians to diagnose the disease in symptom-free people.

4. My family has a history of Alzheimer’s disease. Will the new guidelines help my doctor know if I will or will not one day get the disease?

At this time, doctors cannot predict with any certainty who will or will not develop Alzheimer’s dementia. Researchers are studying markers in blood and spinal fluid, as well as changes in the brain shown on brain scans, that one day may be able to tell us who is at risk for developing Alzheimer’s dementia. The guidelines, as used by researchers, will help make this possible.



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5. What is “preclinical” Alzheimer’s disease?

Preclinical Alzheimer’s disease is a new concept that indicates that changes in the brain, including deposition of abnormal proteins, can be detected before there are any clinical symptoms. Research will investigate the usefulness of this concept under the new guidelines. The course of Alzheimer’s disease varies widely from one person to the next, but, generally, scientists have observed that changes in the brain can begin 10 or more years before clinical symptoms like memory loss appear.

6. What is mild cognitive impairment? How is it different from Alzheimer’s dementia?

Mild cognitive impairment (MCI) is a condition characterized by memory issues or other thinking problems that are greater than normal for a person’s age and education, but not serious enough to interfere with a person’s ability to function independently. Many, but not all, people with MCI progress to Alzheimer’s dementia. The kinds of problems associated with MCI may also be caused by certain medications, cerebrovascular disease (which affects blood vessels that supply the brain), and other factors. It is important to talk with your doctor because some of the problems brought on by these conditions can be managed or reversed.

7. How can doctors know when mild cognitive impairment becomes early-stage Alzheimer’s dementia?

The Alzheimer’s disease process progresses slowly, and it can be difficult to identify the transition from MCI to the early stages of dementia. If the symptoms of MCI continue or worsen over time and other cognitive problems become apparent, everyday functions may become compromised, and the patient will have more and more trouble functioning independently. Today—just as it was a quarter of century ago—the key factor in diagnosing Alzheimer’s dementia is losing the ability to live independently. It may be, some experts suggest and the new guidelines discuss, that MCI with minor loss of independent function indicates early-stage Alzheimer’s disease.

Experts can evaluate the extent of cognitive impairment by using neuropsychological tests to measure changes in memory, language, and other cognitive abilities. They also talk to the person and their caregivers and family about any changes in the person’s ability to carry out everyday activities, such as paying bills and preparing meals. Not everyone with MCI develops Alzheimer’s. Among people with MCI, impaired ability to learn and retain new information, such as remembering a story or something that happened recently, is associated with an increased likelihood of worsening memory problems leading to Alzheimer’s dementia.

8. What are biomarkers?

Biomarkers are measures that indicate the presence or absence of disease or factors that can increase or decrease your risk of disease. You are most likely familiar with elevated blood cholesterol as a risk factor for heart disease. In the case of Alzheimer’s disease, biomarkers being studied include physical changes in the brain, such as shrinkage in specific brain regions, and certain protein levels in blood and cerebrospinal fluid. These changes, which are measured by imaging, blood, and lumbar puncture tests, may detect who is at risk for Alzheimer’s disease. Biomarkers are also being studied to see how they may be used to measure disease progression or the effect of interventions.

9. Why are some of the new guidelines to be used only for research?

At this time, biomarkers are to be used only for research. Investigators are working hard to better understand how biomarkers relate to the underlying disease process and whether biomarker measures can accurately predict who will or will not develop Alzheimer’s dementia. Biomarker tests also must be standardized to ensure they are measured correctly and consistently before they can be used in all clinical settings.

10. Can doctors use the guidelines to diagnose other kinds of dementia besides Alzheimer’s?

No. The guidelines apply only to Alzheimer’s disease. In specialized clinical settings and research settings, they may be used to confirm or rule out Alzheimer’s as a cause of cognitive impairment and dementia. Alzheimer’s disease is the most common form of dementia. Other forms include vascular dementia, which results from strokes or changes in the brain’s blood supply; dementia with Lewy bodies; and the frontotemporal disorders. Researchers are still working on the best ways to diagnose these other types of dementia.

11. Will the new guidelines be updated as new information becomes available?

Alzheimer’s disease research is ongoing. As results become available, future panels will consider emerging technologies and advances in the understanding of biomarkers and the disease process itself. Individuals with and without Alzheimer’s disease can participate in this research by volunteering for clinical studies and trials. To find out more about Alzheimer’s clinical trials, call the Alzheimer’s & Dementia Resource Center, talk to your health care provider or contact NIA’s ADEAR Center at 1-800-438-4380 or visit www.nia.nih.gov/Alzheimers.

A message from the EXECUTIVE DIRECTOR

Dear Friends,

Our readers will find this issue of our newsletter packed with important information, starting with our cover article about the new guidelines unveiled last month at the annual International Conference on Alzheimer's Disease in Paris.

We've excerpted highlights of these guidelines published on the National Institute of Health website (www.nih.gov), which we felt clearly explained exactly what the new guidelines are and why they were changed after 27 years. The "frequently asked questions" posed in the article are also very helpful in understanding more about the diagnostic and research perspectives related to Alzheimer's disease and related dementias.

The staff and I are particularly excited about this year's upcoming Caregiver Conference in November. Our featured speaker, Naomi Feil, is internationally known for her work in a communication and treatment technique for those diagnosed with Alzheimer's disease or related dementias called **Validation Therapy**.

What is Validation Therapy? Prior to Naomi's work in the early 1960s, those caring for individuals with some form of dementia thought the best way to "treat" the behavioral issues and constant questions that arose from patients was to "reorient" the individual to the present day. If a patient stated that they needed to "go home because my mother is waiting for me", caregivers were taught to respond that "your mother died many years ago and this is your home", a response which assuredly would confuse and upset the person with dementia.

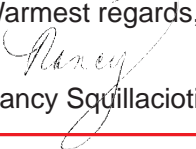
Naomi found that by joining the patient in "their world", and acknowledging their statements and concerns, there were far fewer unpleasant or upsetting scenes for everyone involved, and the care recipient's self-confidence increased. When a loved one makes a statement like the example described above, it is best to distract or divert the care recipient's attention to other matters than to insist on clearing up the confusion they are experiencing.

Ms. Feil also hypothesized that as Alzheimer's patients regress to earlier and earlier events in their lives, they may have unresolved issues to deal with from those situations. It is important for a caregiver to understand and be sensitive to what their loved one may be experiencing as they recall past events and people.

We are honored and excited to bring Ms. Feil's work and perspective to Central Florida and encourage everyone interested in learning more about Validation Therapy to attend this once in a lifetime event.

Enjoy our newsletter and don't hesitate to call on our staff if we can be of assistance to you and your loved ones.

Warmest regards,



Nancy Squillaciotti

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We are proud to announce the addition of Dr. Ira Goodman to the Compass Clinic. Dr. Ira Goodman was named the Top Neurologist in Central Florida by Orlando Magazine 11 years in a row! He has been serving the central Florida community for 28 years. Dr. Goodman is a Board Certified Neurologist, Associate Professor of Neurology for the University of Central Florida, College of Medicine as well as Associate Clinical Professor of Neurology for the University of Florida, College of Medicine. The new office is located at 100 W. Gore Street, Suite 607, Orlando, FL 32806. Dr. Goodman is now accepting patients and accepts most forms of insurance. Call today for an appointment at 407-210-1320.

Upcoming Events



Black Tie from the Waist High Charity Auction
Friday, September 16, 2011
6:00 p.m. – 10:00 p.m.
Hilton Orlando/Altamonte Springs

Black Tie from the Waist High is our “signature” fundraising event and helps the Alzheimer’s & Dementia Resource Center continue providing critical services to caregivers in the community. Come dressed to impress from the waist up and casually from the waist down. Be original and have fun with your apparel! Be ready to bid on unique items with our silent and live auction. Tickets are \$100 each and include two free drinks, appetizers, gourmet dinner and a cash bar. Corporate sponsorships are available. For more information and to make reservations, contact us at 407-843-1910 or info@ADRCcares.org.

Caregiver Conference
Saturday, November 5, 2011 • Winter Park Towers

The Alzheimer’s & Dementia Resource Center is offering a special educational conference. Our usual one-day caregiver conference has been expanded to two separate sessions...a morning session for professionals and an afternoon session for our family caregivers, featuring one of the most highly regard pioneers in the field of dementia care.



Naomi Feil, M.S.W., A.C.S.W., developed the concept of Validation Therapy in the 1960s which has proven to be a significant breakthrough in understanding and communicating with those suffering from some form of dementia. Validation is a method of communicating with and helping dementia individuals. It is a practical way of working that helps reduce stress, enhance dignity and increase happiness. Validation is built on an empathetic attitude and a holistic view of individuals. When one can “step into the shoes” of another human being and “see through their eyes,” one can step into their world and understand the meaning of what may appear to be bizarre behavior. Naomi is Executive Director of the Validation Training Institute and a popular speaker in North America and Europe.

Light refreshments and beverages will be available. Meet and greet with sponsors throughout the day.

Professional Caregivers \$25*

Registration: 8:30 am to 9:00 am

Morning Session: 9:00 am to 11:30 am

Family Caregivers \$25 (Only \$10 for additional family members)

Registration: 8:30 am to 9:00 am

Afternoon Session: 1:00 pm to 4:00 pm



*CEU's are available for social workers at an additional cost of \$45 (\$70 total)
 (CEU's are pending for nurses)

To ensure a seat, please register on or before October 28, 2011.

Payment can be made in advance by credit / debt card or at the door if seating is available.

For more information call Cindi Spurgeon at 407.843.1910, ext. 301

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During the month of September, Columbia Restaurant hosts the Community Harvest Fundraiser. The restaurant donates 5% of all guests' lunch and dinner checks to local charitable organizations in the form of gift certificates. For the fifth year in a row, the Alzheimer's & Dementia Resource Center has been selected to participate. Our agency has received over \$4,300 in gift certificates which are used as gifts of appreciation for our volunteers, caregivers and as auction items for our fundraisers. All you have to do is enjoy an amazing meal at the Columbia Restaurant in Celebration and select The Alzheimer's & Dementia Resource Center on the ballot provided by your server. If you have any questions call 407-843-1910.

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Meet Other Caregivers

The Center has several support group meetings available throughout the Central Florida community. If one of these does not fit your schedule, please give us a call so that we can put you in touch with other support groups that can assist you.

1st Tuesday @ 10 A.M.
 Easter Seals Daybreak at the
 Miller Center
 2010 Mizell Avenue
 Winter Park, FL 32792
 (Respite Care Available 407-629-4565)

1st Tuesday @ 6:30 P.M.
 The Heritage of Lake Forest
 5433 West State Road 46
 Sanford, FL 32771

**1st Thursday @ 10 A.M. and
 3rd Thursday @ 10 A.M.**
 "Men's Breakfast Club"
 (An informal and unstructured
 gathering of male caregivers)
 Mt. Vernon Inn
 110 S. Orlando Avenue
 Winter Park, FL 32789

2nd Tuesday @ 10 A.M.
 Reeves United Methodist Church
 1100 N. Ferncreek Avenue
 Orlando, FL 32803
 (use the fellowship entrance in the back)

2nd Tuesday @ 6 P.M.
 Arden Courts
 1057 Willa Springs Drive
 Winter Springs, FL 32708
 (Respite Care Available 407-629-4565)

2nd Friday @ 12 Noon
 Osceola County Council on Aging
 (bring brown bag lunch, if you want)
 700 Generation Pointe
 Kissimmee, FL 34744

3rd Thursday @ 12 Noon
 "Coping as Couples" - Patient & caregiver
 open and willing to share their challenges
 dealing with dementia. For new attend-
 ees, contact Martha at 407-843-1910 Ext.
 308 prior to attending.
 Arden Courts
 1057 Willa Springs Drive
 Winter Springs, FL 32708

3rd Thursday @ 6:30 P.M.
 Emeritus at Ocoee
 80 N. Clark Road
 Ocoee, FL 34761

4th Monday @ 6:30 P.M.
 Horizon Bay at Lake Orienta
 217 Boston Avenue
 Altamonte Springs, FL 32701

4th Tuesday @ 6:30 P.M.
 Golden Pond Communities
 400 Lakeview Road
 Winter Garden, FL 34787

NEW BEREAVEMENT SUPPORT GROUP

The Alzheimer's & Dementia Resource Center will be offering a bereavement support group for caregivers who have recently experienced the loss of their loved one. If you have an interest in or questions regarding this group, call Elizabeth Bosserman, who will facilitate the group. She can be reached at 407-843-1910, x 302.

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