



2005 Boston Alzheimer's Symposium

The fourth biennial symposium for professional and family care providers, researchers, policy makers, advocates and others interested in Alzheimer's disease.

Wellness for Persons with Dementia

Promising Areas of Research • Care and Practice Innovation

Featuring keynote and breakout presentations by a multidisciplinary international faculty, with emphasis on single and multifaceted approaches and support for wellness, including rehabilitation, nutrition, exercise, and cognitive stimulation.

The Conference Center
at Marlborough, Marlborough, MA

Friday,
October 21, 2005

Presented by:

Rogerson House/Rogerson Communities
Carleton-Willard Homes, Inc.
Boston University School of Medicine*
Boston University Gerontology Center**

With support:

Charles H. Farnsworth Charitable Trust

*Accredited for Continuing Medical Education by Boston University School of Medicine

**BUGC is approved by the APA to offer continuing education for psychologists.

8:15 AM
MORNING PLENARY

The Person Beyond The Diagnosis: I Am Still Here
Elaine Silverio, RN, BS

The most powerful tool we have to date to change the public misperception of what it means to have a dementia diagnosis is to *listen* to people with Alzheimer's disease—to learn from them about their own experience. Their courage, strength, wisdom and words give a voice to people everywhere living today with this disease. Hear the personal perspective of the diagnostic process, the emotional response to the news and how early-stage persons can attempt to take control of their own lives. Hear their concept of wellness and their hopes for research and practice. Leave with new insights into understanding their needs and how to directly support people living with the disease and their care-partners.

A Message from Greece: Miracles Happen When We Collaborate
Magda Tsolaki, MD

The Greek Alzheimer Association has established a collaborative network for people living with Alzheimer's disease. Together with the Municipality of Thessaloniki, we run a program for AD people funded by the European Commission. The Aristotle University of Thessaloniki and Church provides rooms for educational programs, family therapy, reminiscence, day centers, exercise programs, music and art therapy, and psychotherapy for patients and caregivers. The Ministry of Macedonia and Thrace provides transportation for AD people between homes and day centers, and will fund an educational program for health professionals. The Memory and Dementia Clinic of Aristotle University of Thessaloniki provides neuropsychological assessment laboratory workups. Collaboration works!

The Promise and Methodological Challenges of Nutritional Interventions Applied to Persons with Dementia
Akira Ueki, MD, Ph.D.

Preliminary results from the Japanese diet trial, which builds on previous epidemiological and animal studies, suggest that nutritional interventions hold great promise for slowing progression or lowering risk of AD. Gene-environmental interactions affecting AD pertinent to nutrition will be outlined. However there are challenging methodological issues applying nutritional interventions to persons with dementia. Caregivers are absolutely necessary for dietary recording and assessment, cooking, and correcting abnormal eating behavior of the patients. Positive effects of a dietary intervention on cognitive function do not necessarily establish that the dietary factors are effective per se. Being part of the treatment group, effects of the diet on emotion, and unmeasured factors, can all affect clinical results.

A-1

Person-Centered Care and Coordinated Non-Pharmacologic Treatment for People Living with Alzheimer's Disease
Bill Keane, BA, MS, Health Administration MBA
and John Zeisel, Ph.D.

The presenters have collectively worked on the challenges of dementia care and staff development for more than fifty years. This session proposes a philosophy of living with dementia that is person-centered and relationship-based, and introduces several program approaches and treatment interventions intended to effect this philosophy in the behaviors of staff and the life of the community. "The S.E.L.F. Program" is a new train-the-trainer program that empowers all staff to be problem-solvers in the daily life of residents with dementia. "The Hearthstone Way" coordinated treatment approach links medications with non-pharmacologic social and physical modalities to reduce primary and secondary symptoms of the disease among people living with Alzheimer's disease. In this session the audience experiences these approaches and their own possibilities in transforming the culture of dementia care.

A-2

Nutrition and Alzheimer's Disease: What the Evidence Shows
Martha Clare Morris, Ph.D

The field of diet and Alzheimer's disease is in its infancy. Even so, there is promising evidence that a number of dietary factors may be related to the development of Alzheimer's disease. Dr. Morris's talk summarizes the evidence thus far for several areas of study including: 1) antioxidants, fruits & vegetables, 2) fish and the omega-3 fatty acids, 3) the B-vitamins, and 4) fat composition and trace metals. For each set of dietary components, she presents evidence from laboratory and animal models that shed light on possible biologic mechanisms, as well as the available evidence from epidemiologic studies.

Differences on Dietary Intake and Cognitive Function.
Antonio Martin, MD, Ph.D.

Dr. Martin's previous studies identifying nutritional factors implicated in cognitive decline associated with aging demonstrated that vitamins E and C and omega 3 fatty acids may be very important in the removal of amyloid, protecting brain cells and modulating inflammatory processes relevant to onset of AD and its progress. The presentation will also draw on his studies to show that these nutrients are important in brain cell membrane repair and function, microglialosis, inflammation, impaired blood flow, and oxidative damage. He will present the evidence-based Memory Preservation Diet™ © (Emerson Lombardo, Martin, Volicer et al) aimed to improve the nutritional status of the elderly and preserve their cognitive functions.

A-3

Keep Them on Their Feet:

Benefits of Exercise and Tai Chi for People with AD

Rebecca Logsdon, Ph.D. and Lin Noyes Simon, RN, Ph.D.

Fear of falls and injuries lead caregivers to keep people with AD “safe” and *off* their feet. A better route to safety is keeping AD patients *on* their feet. Learn about a research project implementing in-home exercises that benefits both the caregiver and the person with AD physically, behaviorally and psychologically. Participate in a group exercise routine, developed by physical therapists and a Tai Chi instructor, for people with AD in an adult day care setting. Leave knowing how you can break through the cascade of physical decline for people with AD, by promote their wellbeing and bringing fun and pleasure to them and their caregivers.

A-4

Seeing is Believing: Innovative Strategies to Enhance Cognitive Function. It's Happening Now!

New Cognitive Treatment for Early Alzheimer's Disease

David Loewenstein, Ph.D., ABPP/CN

Cognitive Rehabilitation (CR) is effective in the treatment of neurocognitive deficits resulting from a variety of neurological disorders including traumatic brain injury and stroke. Until recently, the assumption has been that any benefits from a CR intervention would be negated by the progressive nature of AD. We placed mildly impaired persons with AD who were on a stable dose of an acetylcholinesterase inhibitor (AChEI) in a CR program using techniques such as spaced retrieval, dual cognitive support, procedural learning and exercises to increase speed of cognitive processing. We discuss application of these paradigms to more ecologically relevant tasks and the maintenance of functional independence.

Cognitive Environment as a Treatment for Brain Healing

Lynn Lazarus Serper, Ed.D. and Jane Guertin, NAAP/NCCAP

Cognitive education is a new and effective method for treating brain illness and injury including memory, cognition, quality of life, confidence and social functioning. The Serper Method™ was initially developed as a treatment for brain injury (i.e. stroke), and with the results of the Brain Enhancement Strengthening Treatment (BEST) research study, the method is now addressing cognitive changes in persons with early stage Alzheimer's disease (AD). This method treats memory loss, impairments in decision-making, and cognitive/memory/social disabilities. We also provide anecdotal information in using the Serper Method™ for small group programs in an Alzheimer's residence setting, and review activities that motivate and activate the brain.

B-1

The Falling Constellation

Joan Hyde, Ph.D

For many people with dementia, the causes, effects and fear of falling are closely tied to overall health and quality of life. This session explores the complex constellation of issues related to falling in dementia: exercise and strength, sensory impairments, neurological, cardiovascular, diet, medications, fatigue, sleep patterns, incontinence, lighting, and social and environmental factors.

Be Safe to Be Well

Kathy Horvath, RN, Ph.D

Wellness and quality of life for persons with dementia and their caregivers are directly related to safety in the home and community. Adults over the age of 65 are twice as likely as middle-aged people to have an injury. Persons with dementia are at higher risk even than the general population because of the additional cognitive and motor changes that accompany Alzheimer's disease and related disorders. An injury to either the person with dementia or the primary caregiver can alter the equilibrium in the home environment leading to increased morbidity and institutionalization. This presentation reports quantitative and qualitative findings from a home safety project begun five years ago, with recommendations for practice, education and further research.

Innovative Therapies to Improve Wellness of Persons in Early/Mid Stage Alzheimer's Disease Living at Home or in Assisted Living

Jane Guertin, NAAP/NCCAP

People living with dementia thrive on activities and occupations that both challenge and satisfy their basic human need for sense of purpose, self-worth and accomplishment, as well as companionship and social engagement. This session will share the approach, methods and results of a set of activities and programs that help boost assisted living residents sense of self-esteem and sense of achievement e.g. in creating art, writing poetry, discussing books in a book club, cognitive education (which residents refer to as going back to school, delighted to discover they can still learn and their mind still works!) as well as growing vegetables all can enjoy eating.

B-2

Nutritional Status Predicts Progression to Dementia and Rapid Cognitive Decline; Consequences of Malnutrition in Persons with Alzheimer's Disease.

Bruno Vellas, MD, Ph.D.

It is well known that nutritional problems are very often associated with dementia of the Alzheimer's type (DAT). Some studies have demonstrated that weight loss can precede the diagnosis by several years. One of several studies that will be discussed in

B-2 *continued*

this session demonstrated that nutritional status of (157 persons with early stage probable Alzheimer's disease with CDR of .05), is strongly associated with patients progress in a year's time to full blown dementia with a CDR of 1.0. Dr. Vellas and colleagues developed the Mini Nutritional Assessment Instrument to measure nutrition status, which will be shared with session participants.

The Japanese Diet Trial for Persons with Alzheimer's Disease: Proper Nutrition Can Slow Progression of AD Akira Ueki, MD, Ph.D.

Dr. Ueki directs the Japanese Diet Study, the world's only reported trial of a human diet intervention with persons with Alzheimer's disease. This is an efficacy controlled study, with approximately 50 early stage AD patients, reporting clinically and statistically significant results for the first 30 months—stabilizing cognition in the diet intervention group compared with 6 point decline in MMSE of a comparison group. These results, if verified, suggest dietary programs can produce stronger and longer lasting effects on cognition than current pharmacological treatments for AD. Preliminary Ueki diet trial results further establish the importance of fish, vegetables, fruit, and fewer sweets to slowing progression of AD.

Alzheimer's Disease: Working Now Towards Future Prevention

Bruno Vellas, MD, Ph.D.

In the next 20 years, we will probably be able to prevent neuro-degenerative diseases like Alzheimer's disease. We have already identified many risk factors: obesity, high blood pressure, hypercholesterolemia, diabetes, and fat. Conversely, we also have identified protective measure that focus on nutrition, fish, vitamins, physical and intellectual activity. This session presents two 5-year studies and methodologies: the GuidAge Study, a randomized, placebo controlled trial of Ginko biloba EGB 761 in 2800 elderly persons with memory complaints, and the Omega 3 Study, a double-blind randomized trial in 4000 elderly persons.

B-3

Non-pharmacological Management of Alzheimer's Disease in Greece

Magda Tsolaki, MD

Come and learn what we are doing in Greece! We have a host of therapeutic approaches for the management of Alzheimer's disease: neuropsychological assessment, individual traditional and computerized cognitive programs, cognitive interventions, motion and art therapy, physical activity, relaxation, massage, and mental imagery, reminiscence, and even an Alzheimer's café! For caregivers, we offer a 24-hour help line providing scientific help and information to everybody interested in dementia, individual and family counseling and psychotherapy for the caregivers, and organized education by expert health professionals volunteers. Join us.

Let's Give People with AD what the Beagles Got: Rx for Human Behavioral Enrichment

Sharon Arkin, Psy.D

Several months ago, researchers reported that learning ability in aged beagle dogs was preserved by behavioral enrichment and an anti-oxidant-fortified diet. Four years ago at this symposium, I reported positive outcomes from an early Alzheimer's intervention study that included all three of the behavioral treatments that the beagles got: physical exercise, cognitive stimulation, and environmental enrichment. In this talk, I review those treatments and show how they are beneficial and may be adapted and implemented with persons with MCI and moderate dementia and, as a prevention strategy, for baby boomers and Gen-Xers worried about infrequent but panic-inducing "senior moments."

B-4

Using Montessori-based Dementia Programming™ to Improve Quality of Life

Cameron J. Camp, Ph.D.

Quality of life does not equate with taking medications on time, or even with a lack of physical discomfort. Instead, a person's quality of life primarily depends on the activities in which he or she engages during the day. This is also true of persons with dementia. Our challenge is to provide meaningful social roles and engaging activities to these individuals. This can be done, within existing caregiving systems, using Montessori-based Dementia Programming™. Examples of activities based on this approach in a variety of caregiving settings will be provided.

Stage-Specific Training Methodologies for Persons with Dementia

Stephanie Auer, Ph.D.

As part of a study funded for 3.5 years and ending in 2005, we developed a stage-specific individualized training methodology for dementia patients, based on the *Retrogenesis Theory of Alzheimer's Disease* (Reisberg). We recruit persons in different stages of dementia through a general practitioner referral system; we evaluate them with psychological testing, and then randomly assign them to either treatment or control conditions within a special dementia work-up unit. In the treatment condition, persons receive comprehensive, stage-specific training, held three hours per week at the research center in small groups or in the person's home. Trained personnel conduct the sessions and also provide caregiver training.

2:00 PM
AFTERNOON PLENARY SESSION

**Modifiable and Non-Modifiable Risk Factors
for Alzheimer's Disease**

Robert Green, MD, Ph.D.

Recent research in the epidemiology and genetic epidemiology of Alzheimer's disease (AD) has uncovered numerous risk factors. Some of these can be modified by lifestyle or health choices. Others are less readily modified. This talk will review our current understanding of these risk factors.

Non-pharmacologic Interventions for Dementia

Cameron J. Camp, Ph.D.

Addressing problematic behaviors associated with dementia demands that caregivers start with some basic assumptions: 1) Persons with dementia do not behave randomly; 2) When confronted with problematic behavior, we must always ask "Why is this happening?" (the answer CANNOT be "Because they have dementia."); 3) Interventions must focus on abilities that remain and be meaningful to the person with dementia. Examples of implementing this approach using interventions such as spaced-retrieval and Montessori-based Dementia Programming™ will be given.

Strategies to Enhance Quality of Life: Exercise and Health Promotion in Dementia Care

Rebecca Logsdon, Ph.D.

Regular exercise is a mainstay of preventive health care for individuals of all ages. Research with older adults has shown that exercise reduces risk of chronic illnesses, maintains mobility and function, enhances mood, and may even improve cognitive function. For individuals with dementia, exercise programs are particularly likely to improve health, mood, and quality of life; the challenge at this time is to make exercise accessible and enjoyable, demonstrate its benefits, and convince health care providers and family caregivers of its worth for individuals with dementia.

Nutrition and Prevention of Alzheimer Disease

Bruno Vellas, MD

Epidemiology studies, including both regional incidence and the analysis of specific risk factors for Alzheimer's disease, indicate that substantial prevention of the disease is a practical possibility. Epidemiology has identified a rich diversity of specific prevention strategies relating to nutrition, dietary supplements, lifestyle, food and environmental toxins, and in some cases medication, many of which have a capacity to reduce Alzheimer's risk significantly. Omega 3, fish, ginkgo, Vitamins are some examples with now some large long-term double blind randomized trials in process. The interaction of these risk factors with brain biology is increasingly understood.

C-1

Understanding and Treating the Physical, Emotional and Spiritual Effects of AD on People and their Care Partners

U.S. and Asian Research Suggests Acupuncture Relieves Anxiety in Persons with Alzheimer's Disease

Nancy B. Emerson Lombardo, Ph.D.

A Boston area team of scientists, physicians, psychologists, and acupuncturists demonstrated in the first US study on acupuncture to treat persons with early stage Alzheimer's disease that acupuncture relieves anxiety and reduces depression. These findings are consistent with Asian research. Eleven participants received acupuncture treatments twice a week, for a total of 22-26 treatments, during 3-month period. Results: Not one participant quit! We also found clinically and statistically significant improvements in anxious and depressive mood symptoms. This indicates that acupuncture is feasible with American seniors.

Acupuncture: Treating the Physical, Emotional and Spiritual Effects of Dementia on People and Their Care Partners

Nancy Jenkins, Lic.Ac., NCCAD

Acupuncture works with the electromagnetic circulatory system of our bodies to alleviate a myriad of physical, emotional, and psychic problems arising from dementia. Nausea can be overcome. Relief from uncomfortable side effects of medications is attainable, allowing the body to adapt to new drugs, detoxification, or withdrawal. Acupuncture decreases arthritis and migraine symptoms, creating more comfort for patients and caregivers. An acupuncturist can detect systemic imbalances, relate them to emotional and spiritual distress, and provide treatment.

Understanding the Effects of Alzheimer's Disease on the Marital Relationship: A Clinical and Spiritual Perspective

Erlene Rosowsky, Psych.D.

As the world of the person with dementia becomes increasingly compromised and limited, the marital relationship becomes correspondingly affected. Dementia does not preclude the older couple from needing to meet other developmental challenges. Rather, dementia presents new challenges against the background of a profound existential loss that is not death. Challenges arise. How does the spouse with dementia continue to function in the marital role? How does the marriage survive the progressive loss of personhood? Might a spiritual perspective be intertwined with a clinical perspective to offer help to the couple?

C-2

Eating Your Way to Healthy Brain Aging

James Joseph, Ph.D.

It is prudent to try to establish methods that may be utilized today to alter the course of aging. Research from our laboratory suggests that eating a variety of vegetables and fruits high in antioxidants, especially berries, which are very nutrient intense foods, can decrease the enhanced vulnerability to oxidative stress (OS) that occurs in aging. These reductions in OS are expressed as improvements in behavior. There appear to be additional multiple mechanisms, including enhancement of neuronal communication that involves increased signaling, neurogenesis, and anti-inflammatory action involved in the beneficial effects observed from these nutrient intense foods.

Thomas E. Shea, Ph.D.

A growing body of evidence indicates that consumption of diets rich in fruits and vegetables can delay the onset and/or progression of neurodegeneration, including that which accompanies Alzheimer's disease. We discuss recent studies demonstrating that apple juice represents one excellent dietary source and how it works, an overlooked mechanism by which S-adenosyl methionine maximizes use of our endogenous antioxidants, and how combinatorial supplements provide maximal neuroprotection.

C-3

Curry Spice and Healthy Fats: an Ounce of Prevention from AD?

Greg M. Cole, Ph.D.

Epidemiology suggests that Cox inhibitors like naproxen and antioxidants like vitamin E may reduce risk for Alzheimer's and possibly other diseases, but clinical trials have raised serious questions about their safety and efficacy. Alternatives include the omega-3 fatty acid, DHA, and the curry spice component, curcumin, which has been used as an antioxidant food preservative and anti-inflammatory drug in India. Curcumin and DHA have compelling safety profiles making them candidates for primary prevention and treatment trials, respectively. Join us as we share the positive lab results regarding curcumin and DHA efficacy.

What the Beagles Got: Healthy Brain Aging with an Antioxidant Diet and Behavioral Enrichment

Elizabeth Head, Ph.D.

Aged canines (beagles) experience progressive cognitive decline and accumulate brain pathology. We provided aged beagles with: a diet of Vitamins E, C, fruits, vegetables and two mitochondrial co-factors (lipoic acid and carnitine), and/or behavioral enrichment (social interaction, physical exercise and cognitive enrichment). Over time, both treatments improved their memory and maintained their learning ability. The combination of both treatments was more efficacious than either treatment alone. The antioxidant diet reduced beta-amyloid plaques in the brain. An antioxidant enriched diet and behavioral enrichments may improve and maintain cognition, as well as promote successful brain aging.

C-4

Enhancing Quality of Life In All Stages of Dementia

Joyce Simard MSW and Ladislav Volicer, MD, Ph.D.

Quality of life in all stages of dementia requires addressing three main areas: meaningful activities, medical interventions, and management of behavioral symptoms. *The Memory Enhancement Program (MEP)*, *The Club*, and *Namaste Care* provide continuous activity programming for early-, mid- and late-stage dementia, respectively. Appropriate medical management takes into consideration the burdens and benefits of aggressive medical interventions. The primary behavioral consequences of Alzheimer's disease are functional impairment, mood disorders, and hallucinations/delusions. One or more of these cause secondary and peripheral symptoms. It is important to treat the primary causes of peripheral symptoms instead of each individual symptom. Agitation and resistiveness to care require different management strategies. Join us, as we discuss these critical areas for Quality of Life.

FACULTY

Robert C. Green, MD, MPH., Course Director, joined the faculty of Boston University School of Medicine in 1999, where he directs Boston University's Alzheimer's Disease Clinical and Research Program, and is the Clinical Director of the NIA-funded Alzheimer's Disease Center. Dr. Green is the author of over 120 publications, serves on a number of advisory, editorial and grant review boards, and is immediate past President of the Society for Behavioral and Cognitive Neurology. His peers have voted him one of America's "Best Doctors". Dr. Green's research interests are in early and preclinical detection, treatment and prevention of Alzheimer's disease.

Sharon Arkin, Psy.D., M.Ed., is a licensed clinical psychologist and Alzheimer's rehabilitation consultant in Tucson, Arizona. From 1996 to 2001, she directed the AD Rehab by Students Program (also known as Elder Rehab), an interventions research project at the University of Arizona Department of Speech and Hearing Sciences. Funded by the National Institute on Aging and winner of ASA's 2001 Mind Alert award, the program provided student-supervised physical fitness training, memory and language stimulation, and volunteer work experiences for early stage Alzheimer's patients. Her program is described at: www.u.arizona.edu/~sarkin/elderrehab.html. See also her monograph on Exercise and Alzheimer's on the website of the National Center for Physical Activity and Disability.

Stefanie R. Auer, Ph.D. is presently the Scientific Director of the Morbus Alzheimer Society (M.A.S) Austria, and formerly she served as Research Assistant Professor, Department of Psychiatry, NYU Medical Center, New York, NY. Since 1988, Dr. Auer has focused on psychological studies and practice, studying patients with cerebral aneurysm surgery at the University Clinic for Neurosurgery, Graz (Austria). She brings a wealth of fresh psychological viewpoints to the Alzheimer field, and has developed a new method for assessing late stage AD patients for the purpose of designing appropriate activities.

Cameron Camp, Ph.D. is Director and Senior Research Scientist at the Myers Research Institute, which is a program within the Menorah Park Center for Senior Living in Beachwood, Ohio. Dr. Camp conducts research focusing on cognitive and behavioral interventions for persons with dementia, supervising research associates engaged in these projects. He is a licensed psychologist in the State of Ohio, and gives workshops on designing interventions for dementia across the country. His research has been funded by the National Institute on Aging, the National Institute of Mental Health, and the Alzheimer's Association.

Greg M. Cole, Ph.D. is currently Professor of Medicine and Neurology at UCLA where he is also the Associate Director of the UCLA Alzheimer's Center and Associate Director for Research at the Geriatric Research, Education and Clinical Center for the Greater Los Angeles Veterans Administration System. His work over the last two decades has been centered on the production and role of beta amyloid in Alzheimer's disease. The primary goal of his lab is to develop safe and widely available methods for the prevention of Alzheimer's and possibly other degenerative diseases of aging.

Jane Guertin, NAAP/NCCAP received her Activity Professional Certificate in 1999, and has been Activity Program Director at the Atrium at Drum Hill for the past three years. Her prior experience includes both nursing home and assisted living activity program development, including specific focus on the needs of the memory impaired. Her commitment to developing age appropriate, "self" enhancing programs provides the foundation for the therapeutic programming at the Atrium. She is also degreed in Early Childhood Education and has completed courses in computer education for businesses.

Elizabeth Head, Ph.D. received her M.A. and Ph.D. at the University of Toronto, and is currently Assistant Professor in Residence in the Department of Neurology at the Institute for Brain Aging & Dementia at the University of California-Irvine. She also serves as Co-Leader of the Neuropathology Core in the UCI Alzheimer's Disease Research Center. Dr. Head is interested in identifying therapeutics that may slow Alzheimer's disease in the general population and in adults with Down Syndrome, and that may lead to healthy brain aging by testing hypotheses in animal models and translating the results for possible future human clinical trials.

Kathy Horvath, Ph.D., RN Currently, Dr. Horvath is Co-Leader of the Education Core of the Boston University Alzheimer's Disease Center and Associate Director for Education and Program Evaluation at the New England GRECC, with divisions in Boston and Bedford, MA. She is also Adjunct Associate Professor at Northeastern University, School of Nursing. Dr. Horvath received her undergraduate and clinical education at Rutgers University College of Nursing and University of Colorado School of Nursing. She received her doctorate in nursing science from Boston College School of Nursing. Prior to joining the ADCC and the GRECC, Dr. Horvath was Director of Nursing Scholarship and Professional Development at Beth Israel Deaconess Medical Center.

Joan Hyde, Ph.D. has worked for the past twenty years in the field of dementia specific services, environmental and program design and implementation, including nursing homes, adult day health centers, and caregiver support. Since 1992 she has served as Co-Founder and Chief Executive Officer of Hearthstone Alzheimer Care, a group which manages seven dementia-specific assisted living facilities in the north-east. She has simultaneously been involved in long-term care and senior housing policy and health care quality research. She has authored numerous publications and delivered many presentations in her field. Dr. Hyde received Commonwealth Institute's, "Top 100 Women Led Companies in MA", in 2002, 2003, and 2004.

Nancy Jenkins, Lic.Ac., NCCAD, is an Acupuncturist, licensed by the Massachusetts Board of Registration in Medicine, and the National Commission for the Certification of Acupuncturists in

Washington, DC. She established the Energetic Healing Center of Cambridge, which has been the location of her primary practice for 22 years. Ms. Jenkins has 25 years of Acupuncture practice, and is sought after for speaking engagements, cable and television appearances. She has served on various acupuncture research panels for Harvard and the Wellesley Centers for Women/Bader Foundation study to treat anxiety and depression in persons with AD.

James Joseph, Ph.D. is a USDA Scientist, Neuroscience Laboratory at the Tufts Human Nutrition Research Center on Aging and Associate Professor at Tufts University School of Nutrition Science and Policy. Dr. Joseph received his Ph.D. in Behavioral Neuroscience from the University of South Carolina in 1976. He is the author or co-author of more than 205 publications and has shared in the Sandoz Award in Gerontology, received a JAFEH fellowship from the National Institute for Longevity Science in Japan, the Stephanie Overstreet award in Alzheimer Research from the Alzheimer Foundation, the Alex Wetherbee Award from the North American Blueberry Council, the 2002 Glenn Foundation Award for Aging Research, the 2004 Harmon Research Award and the 2005 International Award for Modern Nutrition. He also serves on editorial review boards for several journals.

Bill Keane, BA, MS, Health Administration MBA is Director of Special Programs for the Mather LifeWays Institute on Aging in Evanston, Illinois where he coordinates a number of projects within the Mather residential, community and research programs. Mr. Keane has served on numerous Boards and Councils including the National Board of Directors of the Alzheimer's Association where he chaired their Program and Public Policy Committees. In recognition of his significant service and advocacy on behalf of older adult and long term care issues; Bill received the "Distinguished Service" Award of the national Alzheimer's Association and the first "Stanley J. Brody" Award of the University of Pennsylvania's Wharton School of Health Care Management.

Rebecca Logsdon, Ph.D. is a clinical psychologist and Research Associate Professor in the Department of Psychosocial and Community Health, University of Washington School of Nursing, and is also Co-Investigator in the UW Alzheimer's Disease Research Center. She has authored over 50 scientific publications on dementia, and she is Principal Investigator of an NIA project investigating quality of life of individuals with Alzheimer's disease and their caregivers. Most recently, she has been co-investigator on two NIA-funded randomized clinical trials of exercise and health promotion interventions for frail older adults with and without cognitive impairment.

Nancy Emerson Lombardo, Ph.D. is Adjunct Research Assistant Professor at the Boston University School of Medicine's Department of Neurology, Co-Investigator with the Boston University Alzheimer's Disease Center, and Primary Investigator for the BEST (Brain Enhancement Strengthening Treatment) study. She recently completed two studies: using acupuncture to treat anxiety and depression in persons with AD and vascular dementia, and national policy study on dementia caregiver interventions. She leads the development of the Memory Preservation Diet, and a Nutritional Intervention for Persons with Early Alzheimer's Disease. A founder of the national Alzheimer's Association she received their "Distinguished Service" Award.

David Loewenstein, Ph.D., ABPP/CN is Professor of Psychiatry at the Miller School of Medicine, University of Miami. He is also Director of Research of the Wien Center for Alzheimer's Disease and Memory Disorders at Mount Sinai Medical Center. Dr. Loewenstein has authored numerous scientific articles on the subjects of neuropsychology of aging, neuropsychological and neuroimaging correlates of neurodegenerative disease, development of measures for the early detection of Alzheimer's disease, and cognitive rehabilitation of the elderly. Dr. Loewenstein is Principal Investigator of several NIH/NIA funded studies including the cognitive rehabilitation of early Alzheimer's disease.

Antonio Martin, MD, Ph.D. has worked as a Scientist III, Nutrition and Neurocognition Laboratory at Tufts University until his recent relocation and return to Spain. His research focuses on micronutrient status, essential fatty acids, proinflammatory cytokines, and adhesion molecules and cognitive impairment in aging and Alzheimer's disease; role of vitamins E and C and anti-inflammatory drugs in modulating these processes. Dr. Martin has written and co-authored numerous publications on the effects of nutrition and diet on Alzheimer's disease.

Martha Clare Morris, Ph.D. is Associate Professor at the Rush Institute on Healthy Aging and Department of Internal Medicine at Rush University Medical Center. Dr. Morris is one of the pioneers in research on dietary risk factors for Alzheimer's disease and cognitive change with aging. She has published findings on the relation of antioxidant nutrients, dietary fats, and the B-vitamins to these conditions. She is the Epidemiologist for the Chicago Health and Aging Project funded by the National Institute on Aging. The study, which began in 1993 and continues today, examines dietary risk factors among 8,700 African American and Caucasian residents of a south side Chicago community.

Erlene Rosowsky, Psy.D. is a licensed psychologist and past-president of Needham Psychotherapy Associates, LLC. She specializes in the assessment and treatment of emotional problems at middle age through later life. Specific interests are personality in older age, health and aging, and the older couple. Dr. Rosowsky is Assistant Clinical Professor in Psychology in the Department of Psychiatry, Harvard Medical School, and is affiliated with the Beth Israel Deaconess Medical Center and Beth Israel Deaconess Medical Center. She is on the faculty of the Massachusetts School of Professional Psychology and is Director of their Center for Mental Health and Aging.

Lynn Lazarus Serper, Ed.D. is Developer of the Serper Method™, an innovative cognitive intervention program. As Co-Investigator of the Brain Enhancement Strengthening Treatment (BEST) research study through Boston University School of Medicine, Dr. Serper used her intervention with seven persons with early-stage AD. The method has also been used with dozens of stroke, brain injured and persons with dementia who were not in the study. Dr. Serper is the author of the book *Brainstorming: the Serper Method™ of Brain Recovery, Regrowth and Vitality*, and five workbooks. She is establishing small group programs in Alzheimer's Assisted Living residences.

Thomas E. Shea, Ph.D. is Professor of Biological Sciences and Director, Center for Cellular Neurobiology & Neurodegeneration Research at University of Massachusetts at Lowell. Tom Shea's laboratory has studied neuronal development and degeneration for over 25 years, initially at McLean Hospital, and for the last decade at University of Massachusetts, Lowell. More recently, he and his students have focused on molecular mechanisms by which nutrition can maintain neuronal health.

Elaine Silverio, RN, BS is Coordinator of Early Stage Programs for the Alzheimer's Association, developing programs that offer support, education and socialization for people with early stage dementia, their families and professionals. In addition, she trains and supports all of the early-stage support group facilitators in Massachusetts. Her 24-year experience within the dementia field includes directing and developing long-term care and community-based programs; facilitator for children, caregiver and patient support groups; past member of the Association board of directors, and co-author of guidelines for care of people with dementia in nursing homes, day programs and assisted living. She is a nationally renowned expert in early-stage dementia.

Joyce Simard, MSW received her master's degree from the University of Minnesota and has been active in long term care for over 25 years. She has worked for many large health care corporations, designing

programs and services for people with all stages of dementia residing in nursing facilities and assisted living communities. Ms. Simard is a popular speaker for both healthcare professionals and the general public. She developed "Grandma Joyce & The Kids", a program for elementary school children to help them understand memory loss. She is a private consultant residing in Land O Lakes, Florida.

Lin Noyes Simon, RN, Ph.D. founded the first and only dementia-specific adult day care center in Northern Virginia. She turned a concept of caring for people in the late stages of dementia into a viable non-profit business that increases the quality of life for people with dementia in all stages and their families. In August 2002, she became Project Director for an Administration on Aging Demonstration Project: "Demonstrating the Benefits of Physical Therapy and Tai Chi for People with Dementia in Adult Day Care," the results of which is a 45 minute program of exercises for people in the middle to late stages of dementia to improve balance, gait and sit to stand ability.

Magda Tsolaki, MD is Associate Professor of Neurology, and has been a Neuropsychiatrist over 20 years. She has worked at the University of Aristotle and the University of Thessaloniki. Dr. Tsolaki is president of the Greek Alzheimer Association, which she established in 1995. Her focus is to improve the quality of life of Greek patients with Alzheimer's disease and their families. She is a native of Greece, lives in Thessaloniki, Greece with her family.

Akira Ueki, MD, Ph.D. is Professor of Neurology, Jichi Medical School, Omiya Medical Center. Dr. Ueki's research interests include nutritional interventions for maintaining and improving cognitive function in patients with Alzheimer's disease and vascular dementia. He is a member of the Japanese Society of Internal Medicine, Japanese Neurological Society, the Society of Movement Disorder International Academy on Nutrition and Aging, as well as the associate editor of *The Journal of Nutrition, Health & Aging*.

Bruno Vellas, MD, Ph.D. is Professor of Medicine, Chairman of the Department of Internal and Geriatric Medicine, and Chief of Alzheimer's Disease Clinical and Research Center at the University Hospital Center in Toulouse, France. Dr. Vellas is also a member of the Faculty of Medicine at the University of Paul Sabatier in Toulouse. He is the Chairman of the International Academy on Nutrition and Aging, and Principal Investigator for the European Alzheimer's Disease Consortium. He is Editor in Chief of *The Journal of Nutrition Health and Aging*, and the author of 170 scientific papers listed in *Medline*.

Ladislav Volicer, MD, Ph.D received an MD degree from the Charles University in Prague, Czech Republic and PhD degree in pharmacology from the Czechoslovak Academy of Sciences. He established one of the first Dementia Special Care Units that provided palliative care for residents with advanced dementia at the E.N. Rogers Memorial Veterans Hospital, in Bedford, Massachusetts. Dr. Volicer has published over 200 articles and 5 books, and is internationally known for his research on issues regarding care of advanced dementia. Dr. Volicer is a Courtesy Full Professor at the School of Aging Studies, University of South Florida in Tampa.

John Zeisel, Ph.D. is President and Co-Founder of Hearthstone Alzheimer Care and the Hearthstone Alzheimer's Family Foundation. Hearthstone manages seven assisted living treatment residences for people living with Alzheimer's disease. The Foundation promotes non-pharmacologic treatment for this illness, including environmental design, music, communication, caregiver education, and art. The author of numerous books and articles, Dr. Zeisel lectures throughout the world, and his work has been featured extensively in the media. Dr. Zeisel has received numerous awards and citations for programming and assessing health care facilities, seniors housing, family housing, office buildings and schools.

Symposium Registration

Copy this form to save symposium location information and directions on the back.

1. Name: _____
2. Title: _____
3. Organization: _____
4. Degree /License: _____ State: _____ License #: _____ Specialty: _____
5. Address: _____
6. City: _____ State: _____ Zip: _____
7. Office Telephone: (_____) _____ 8. Office Fax: (_____) _____
9. E-mail: _____

10. Tuition/ fees*	Discount Rate <i>If received with payment by Sept 19, 2005</i>	Regular Rate
___ MD/ Ph.D.	\$ 195	\$ 245
___ Other Professional	\$ 125	\$ 175
___ Full Time Student**/Scholarship	\$ 50	\$ 100

*Tuition/registration fees include syllabus/handout/proceedings, continental breakfast, breaks and lunch at the Conference Center at Marlborough **Students must submit evidence of current full time student status with registration and payment. Scholarship support is available for a limited number of caregivers who cannot afford full tuition and submit a letter of request with registration and payment.

11. Because sessions may fill up quickly, please write in your first ("1") and second ("2") choice in each time block.

Symposium Workshops - A: 9:30-11:15 AM

- ___ **A-1 Person-Centered Care** - Keane and Zeisel
- ___ **A-2 Nutrition and Alzheimer's Disease** - Morris, **Differences in Dietary Intake and Cognitive Function** - Martin
- ___ **A-3 Keep Them on Their Feet** - Logsdon and Noyes Simon
- ___ **A-4 Seeing is Believing** - Loewenstein and Lazarus Serper

Symposium Workshops - B: 11:30 AM-12:45 PM

- ___ **B-1 The Falling Constellation** - Hyde, **Be Safe to Be Well** - Horvath, **Innovative Therapies** - Guertin
- ___ **B-2 Nutritional Status, Working Now Towards Future Prevention** - Vellas, **The Japanese Diet** - Ueki
- ___ **B-3 Non-pharmacological Management...in Greece** - Tsolaki, **Let's Give People with AD What the Beagles Got** - Arkin
- ___ **B-4 Using Montessori-based Dementia Programming™** - Camp, **Stage-Specific Training** - Auer

Symposium Workshops - C: 3:00-4:30 PM

- ___ **C-1 Understanding and Treating the Physical, Emotional and Spiritual Effects of AD** - Emerson Lombardo, Jenkins, Rosowsky
- ___ **C-2 Eating Your Way to Healthy Brain Aging** - Joseph, Shea
- ___ **C-3 Curry Spice and Healthy Fats** - Cole, **What the Beagles Got** - Head
- ___ **C-4 Enhancing Quality of Life In All Stages** - Simard, Volicer

12. ___ **Please reserve a sleeping room for me for Thursday night.** I understand that check-in is at 4:00 PM and that the overnight package includes dinner Thursday evening (6:00-7:30 PM), full breakfast Friday morning (6:45-8:30 AM) and use of pool and fitness center. **I agree to add \$143.22 to this registration.** Refunds are available for cancellations received two weeks prior to the Symposium.

13. PAYMENT ___ Check ___ Amex ___ MasterCard ___ Visa

Make your check payable to: *Rogerson Communities*

CREDIT CARD

PRINT NAME ON CARD _____ ZIP CODE _____

CREDIT CARD # _____ EXPIRATION DATE ____/____

SIGNATURE APPROVING TUITION & FEES _____

You may FAX your credit-card registration to (617) 363-2319

Tuition: \$ _____

Overnight room package: \$ _____

TOTAL: \$ _____

Mail payment and form to:
 Rogerson Communities
 1 Florence Street
 Boston, MA 02131-9900



Symposium Support (As of June 17, 2005)

We wish to thank the following organizations for providing unrestricted educational grants and in-kind support for the 2005 Boston Alzheimer's Symposium:

Rogerson House / Rogerson Communities
Charles H. Farnsworth Charitable Trust
Carleton-Willard Homes, Inc.

Educational needs addressed and objectives

This symposium, developed in response to surveys conducted with past and potential attendees, brings together state, national and international experts in Alzheimer's disease and related disorders in order to share the latest scientific, research and care-related findings about dementia. Presenters come from a wide range of disciplines and experience including ethics; neurology; psychology; psychiatry; pharmacology; nursing; spiritual well-being and patient and family caregiver perspectives. At the conclusion of this activity, attendees will be able to: identify new information on topics including wellness programming, research and support, through enhancing their knowledge of dementia; describe the most current behavioral strategies and management of disease systems and implement care and support changes in their organizations.

Target Audience

This symposium is designed for professionals working in the field of Alzheimer's and dementia who already have a basic level of understanding of Alzheimer's disease and related disorders. This symposium will provide "the next level" of information. The target audience includes professional caregivers; physicians and other clinicians; researchers; service providers; care managers; policy-makers; insurers; and other professionals; as well as persons with early stage dementia and their caretakers.

Accreditation

CME - Continuing Medical Education: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Boston University School of Medicine and Rogerson House/Rogerson Communities. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Boston University School of Medicine designates this educational activity for a maximum of 6.5 Category 1 credits toward the Physicians' Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

CE - Continuing Education: This activity is being co-sponsored by the Boston University Gerontology Center and Rogerson House/Rogerson Communities/Boston Alzheimer's Center. The Boston University Gerontology Center is approved by the American Psychological Association to offer continuing education for psychologists. The Boston University Gerontology Center maintains responsibility for the program. This program is approved for 6.5 credit hours.

ADA: to request reasonable accommodations for a disability notify Rogerson Communities, in writing, two weeks before the symposium.

Cancellation Policy: Attendee substitutions may be made with written notice at any time without additional charge. Refunds, less a \$50 administrative fee, will be issued for all cancellations received two weeks prior to the symposium. No refunds will be issued within two weeks of the symposium. No-shows are subject to full fees. Cancellations/substitutions must be made in writing. This symposium is subject to change. Breakout selection will be honored on a first come, first served basis until session is full.

CEUs -Professional Continuing Education

Nursing Home Administrators: This program has been submitted (but not yet approved) for 6.5 hours of continuing education clock hours from NAB/NCERS. Contact Jeffrey Melin, Symposium Coordinator at (508) 886-4447 or jeff@JDMevents.com for further information.

Social Work: Continuing education credit has been applied for from the Massachusetts Collaborative of NASW et. al. for a maximum of 6.5 program CEUs. Contact Jeffrey Melin, Symposium Coordinator at (508) 886-4447 or jeff@JDMevents.com for further information

Nursing: This program meets requirements for 7.8 contact hours for nurses as specified by the Massachusetts Board of Registration in Nursing - 244 CMR 5.04

Mental Health Counselors: CE credit has been applied for through MaMHCA. Its agent MMCEP has been designated by the Board of Allied Mental Health and Human Service Professions to approve sponsors of continuing education for licensed mental health counselors in the Commonwealth of MA for licensure renewal, in accordance with 262 CMR 7.00.

The Conference Center at Marlborough

The 2005 Boston Alzheimer's Symposium will be held at:

The Conference Center at Marlborough
280 Locke Drive, Marlborough, MA
an Aramark Harrison Conference Center
www.ahl-marlborough.com

Overnight rooms: Forego the early morning commute by checking in at 4:00 PM Thursday, have dinner, and stay Thursday night at the Conference Center. Single sleeping rooms (including Thursday night dinner, full breakfast Friday morning, pool and fitness center) are available for \$143.22 (including tax). Just reserve a room on the registration form.

Directions and Parking: From the Mass Pike (exit 11A) take Route 495 North to exit 24B onto Route 20 West. Take immediate right onto Felton Street (before the gas station). Follow Felton Street (becomes Locke Drive) all the way to the end and drive into The Conference Center. Guest parking is available on the right and left sides of the building. For more detailed directions see www.ahl-marlborough.com

Dress and Climate: Business casual is suggested. The conference center is climate controlled but it is recommended that you plan for individual differences.