

# CONNECTIONS

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## ***Making a Trip to the Emergency Room Easier on Everyone***

**by Anna Ortigara RN, MS**

Going to the emergency room of a hospital is stressful and overwhelming for most people. When the person with Alzheimer's disease or a related dementia has this experience, it is always fraught with difficulties. All of the person's coping abilities are taxed to the limit in this confusing setting.

People with dementia generally do well when their personal environment is calm, predictable, and safe. Familiar and patient people who understand their needs help to create such a comfortable environment. However, patients with dementia are likely to do poorly if they are in unfamiliar surroundings with strange people and are asked to perform complex tasks. An emergency room is anything but calm, familiar, or predictable, especially for those with dementia.

What can a caregiver do to make the experience as non-threatening as possible while meeting urgent medical needs? Here are six ideas

**An emergency room is anything but calm, familiar, or predictable, especially for those with dementia.**

to help maintain some control in an emergency situation:

1. Prepare in advance a list of all the information you will need and keep it ready for any emergency. Include the person's name, nickname, address, insurance companies (including policy numbers and pre-authorization phone numbers), and physicians' names and phone numbers. Also bring copies of advance directives, like durable powers of attorney, to ease decision-making. A current list of medications and dosages is also quite helpful.
2. Call a friend or family member to meet you at the emergency room. While you are filling out forms and dealing with questions, someone else can focus on your family member and help him or her to feel safe.
3. Be prepared to explain the medical symptoms and events many times. You may even want to take notes so that you may

*(Continued on page 2)*



## ***Preventing Falls: Reducing Risk for Individuals with Alzheimer's***

**by Lisa Snyder, LCSW**

Many studies suggest that individuals with Alzheimer's disease (AD) are at an increased risk for injury. Often these injuries, such as cuts and bruises, sprains, and fractured or broken bones, can occur as a result of a fall. Falls can happen in the home or out in the community. They can be caused by tripping, slipping on wet or uneven surfaces, losing one's balance, or misjudging the height of a curb or stair. Although some symptoms of AD can contribute to higher risk of falling, there are ways to take precautions that can reduce risk of an accident.

*(Continued on page 3)*



**News From the ADEAR Center  
Alzheimer's Disease Education & Referral Center  
A Service of the National Institute on Aging**

## ***Making a Trip to the ER*** (Continued from page 1)


quickly review and repeat the facts to different staff members. If you can provide a record of the past few days, it may help with the diagnosis and treatment of the condition. For instance, if your family member has been running an elevated fever or has been vomiting, it is helpful to have an accurate account of these changes.

4. Inform staff about the person's dementia, especially in relation to his or her communication needs. Provide tips on how best to ask questions and make the person feel safe. Tell them to make eye contact and talk slowly and calmly while doing anything.

Keep the tips simple and to the point. Staff in emergency rooms often have little or no training in Alzheimer's disease, so you may be their first and only teacher.

5. The next challenge simply is to wait. And then wait some more. After the initial flurry of activity and questions, you will often spend hours waiting for test results, further examinations, doctor consultations, and a final decision on whether or not to admit the person to the hospital for more tests and treatment. Having a snack can be an excellent way to pass time and to keep up strength during the waiting period. It can also be used to distract the person with dementia and reduce anxiety associated with the unfamiliar setting.

6. Finally, if the person can return home, then make sure you have full instructions for follow-up care. You and the accompanying friend or family member should review these written instructions and ask questions. On the other hand, if hospitalization is recommended, find out if there is any way to avoid this drastic step through outpatient care or home care. If hospitalization is a must, then make sure that others are available to stay with the person with dementia as much as possible.

Reprinted from the *Rush Alzheimer's Disease Center News*, Summer, 1998, published by the Rush Alzheimer's Disease Center, Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL 

## ***Hospitalization Resources from the ADEAR Center***

The following guides were developed by the North Carolina Division of Aging in conjunction with the Joseph and Kathleen Bryan Alzheimer's Disease Research Center at Duke University Medical Center. Each is printed in large, easy-to-read type and made of water-resistant paper in case they get wet at the hospital.

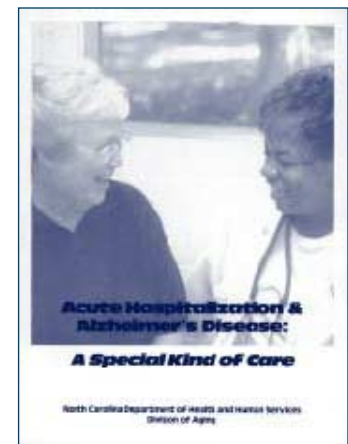



*Hospitalization Happens: A Guide to Hospital Visits for Your Loved Ones With Memory Disorders* is a brochure that may help relieve some of the stress when caregivers face an expected or unexpected visit to the hospital.

Full of helpful suggestions and checklists, the brochure includes instructions for packing the bag, interacting with emergency room personnel, planning an expected hospital stay, and working with hospital staff. It provides a list of national resources to contact for more information about Alzheimer's disease, support groups, and community resources.

*Acute Hospitalization & Alzheimer's Disease: A Special Kind of Care* is a booklet for physicians, nurses, hospital and emergency room personnel, emergency medical technicians, and other health professionals who interact with patients in the hospital setting. It is designed to help meet the needs of hospital patients with Alzheimer's disease who may have a high degree of confusion, anxiety, or agitation. The booklet includes facts about Alzheimer's disease, communication tips, personal care techniques, suggestions for working with behaviors, and environmental factors to consider in the emergency room and hospital. It serves as a guide to help understand and practice the many facets of care

that are needed by a person with Alzheimer's disease or other memory disorder.



*Hospitalization Happens: A Guide to Hospital Visits for Your Loved Ones With Memory Disorders* is available from the ADEAR Center for \$1.50. *Acute Hospitalization & Alzheimer's Disease: A Special Kind of Care* is \$2.50. To order, mail a check, money order, or purchase order (prepaid orders only) to the ADEAR Center, PO Box 8250, Silver Spring, MD 20907-8250. (Do not send cash. Checks on U.S. banks only.) 

Clip and  
COPY!Clip and  
COPY!

## ***Preventing Falls:***

### ***Tips for Reducing Risk for Individuals with Early Stage Alzheimer's and Their Families***

Alzheimer's can affect vision by altering a person's ability to judge both depth and distance. These problems are often referred to as "visual-spatial" difficulties because they affect the way persons with Alzheimer's disease view spaces around them. Something may look closer or farther away, or taller or shorter in height than it really is. Also, some individuals have additional symptoms more associated with Parkinson's disease. These can include a shuffling walk and some inflexibility, also called "rigidity". Others with AD can get a bit restless and feel the need to move about or stay on the go. This restlessness can affect movement and concentration, and increase risk for falls or accidents. Or because of memory loss challenges, a person may be concentrating so hard on locating an item or a place, that he or she is less attentive to objects or uneven surfaces that may be in the path.

It is important to remember that AD affects each person a little differently, and some people may never experience these symptoms. It is helpful, however, to follow some basic principles of safety that can reduce the risk of falling:

#### ***In the home:***

- Use night-lights in the bathroom, bedroom, and hallways.
- Install grab rails in the shower and by the toilet. Use rubber bath mats with suction cups to hold them in place.
- Remove throw rugs that are easily tripped on.
- Keep telephone and electrical cords tacked to floor baseboards or out of pathways.
- Store frequently used objects within reach. Avoid using step stools or chairs to reach things.
- Mop up spills or debris on floors immediately.
- Be aware that a small pet that blends in with the floor or lies in the walkway may be a hazard for tripping.
- Consider marking stairs with brightly colored strips of tape to outline changes in elevation.
- Arrange furniture so that walking routes are not obstructed. Eliminate or pad corners of furniture that has sharp edges or angles.

#### ***In the community:***

- Wear sturdy non-slip, low-heeled shoes that fit snugly.
- Make sure prescriptions for eyeglasses are current.
- Watch out for walking routes that have uneven surfaces and obstructions such as garden hoses, children's toys, or bicycles.
- Consider using a cane for balance. A cane is also helpful to judge distances or heights or curbs and stairs.
- Avoid walking alone on busy streets. Memory loss combined with too much noise and stimulus can affect both concentration and judgment and increase risk for accidents.
- Exercise regularly to maintain muscle flexibility and strength.
- Make sure you let someone know if a fall occurs! Sometimes we are not even aware of an injury and need to be evaluated by a nurse or doctor.

Reprinted with revisions from *Perspectives, A Newsletter for Individuals Diagnosed with Alzheimer's Disease*, May-August, 2000, published by Lisa Snyder of the Alzheimer's Disease Research Center, University of California, San Diego, 9500 Gilman Drive-0948, La Jolla, California 92093, Tel: 858-622-5800, Email: lsnyder@ucsd.edu. Additional tips reprinted from *Home Safety for the Alzheimer's Patient*, published by the Alzheimer's Disease Resource Center, University of California, San Diego and available from the ADEAR Center.

See the next page for the importance of physical fitness and preventing falls.



## Physical Fitness and Preventing Falls:

*Editor's note: The previous "Clip and Copy" discusses a number of excellent ways to prevent falls in people with AD. The following excerpt discusses the role physical fitness plays in helping prevent falls.*

by Marlene Mare, RN

There are many things that can be done to prevent falls. Physical fitness is very beneficial. There are at least three separate components of physical fitness that appear to be important for preservation of function: muscular strength, aerobic power, and balance. These fitness components can be improved by physical training in older individuals. Activities that promote physical well-being include

walking, swimming, and lifting weights. Regular exercise improves conditioning of the muscles, bones, and agility. Tai Chi, a martial arts form used for centuries in certain Asian cultures, enhances balance and body awareness. This type of physical training appears to influence favorably two important physical fitness traits: balance and strength. Finally, be aware that in the case of a falling accident, the problem can compound itself. For example, people who have fallen recently may begin to fear falling; increased nervousness may lead to a loss of balance—and another fall.

Excerpted from *How Can You Prevent Falls in Your Home?* by Marlene Mare, RN, in the *Mount Sinai Alzheimer's Disease Research Center Newsletter*, Fall, 1998, published by the Page and William Black Post-Graduate School, Mount Sinai Alzheimer's Disease Research Center, Box 1070, The Mount Sinai Medical Center, 1 Gustave Levy Place, New York, NY 10029



### **NIA Exercise Kit: A Video and Guide**

In addition to preventing falls, exercise provides great physical and emotional health benefits. Regular exercise is especially important for people coping with



the extra stresses of caregiving. The NIA Exercise Kit includes a 48-minute videotape and a printed guide that promotes the benefits of physical activity for older people. The video begins by explaining the basics of exercise and includes four components of a complete exercise program: endurance or aerobic activities, strength exercises, balance exercises, and stretching exercises. The guide parallels the video and includes instructions and illustrations. To order the NIA Exercise Kit containing a VHS video and guide, send a check or money order (prepaid orders only) for \$7.00 to: NIA Information Center Dept. C, PO Box 8057, Gaithersburg, MD 20898-8057. For those who would like to receive just the guide, a single free copy is available from the NIA Information Center at 800-222-2225 or 800-222-4225 (TTY); or fax or mail the order form on the back of this newsletter.



## Preventing Cognitive Decline in Older Hospitalized Patients

Attention to an important set of risk factors—cognitive impairment, sleep deprivation, immobility, vision impairment, hearing impairment, and dehydration—may help prevent hospital-related decline and delirium, allowing older patients to remain as independent as possible throughout and possibly beyond hospitalization.

In the December 2000 issue of the *Journal of the American Geriatrics Society* (JAGS), researchers led by Sharon K. Inouye, M.D., M.P.H., of the Yale University School of Medicine, report on experience with the Hospital Elder Life Program, a hospital-wide approach that works primarily with nursing staff and volunteers. Originally conceived as an intervention specifically to prevent delirium among older hospitalized patients, the program was expanded to address geriatric

issues and other complications contributing to cognitive and functional decline during hospitalization. An interdisciplinary team—comprised of a geriatric nurse specialist, “elder life” specialists, trained volunteers and geriatricians—works closely with hospital primary care

**...older patients can remain as independent as possible throughout and possibly beyond hospitalization . . .**

nurses on targeted interventions in the six areas of risk. The interventions included cognitive stimulation activities, walking and range-of-motion exercises, visual aids, portable amplifying devices, and feeding and fluid assistance during meals.

Inouye and colleagues studied 1,716 hospital admissions of 1,507 patients during a specific period at the Yale New Haven Hospital. Among those involved in the Elder Life Program, 8 percent of patients declined by 2 or more points on the Mini Mental Status Examination (MMSE) and 14 percent declined by 2 or more points on assessments of activities of daily living (ADL). This compares to results from a control group not involved in the Elder Life Program, in which 26 percent of patients declined by 2 or more points on the MMSE and 33 percent declined by 2 or more points on ADL measurements.

Inouye SK, Bogardus ST Jr, Baker DI, et al. The Hospital Elder Life Program: A Model of Care to Prevent Cognitive and Functional Decline in Older Hospitalized Adults. *J Am Geriatr Soc* 48:1697-1706, 2000.

### CHID Automated Searches

#### Use This Feature to Speed Your Search

The ADEAR Center's Alzheimer's disease subfile of the Combined Health Information Database (CHID) now offers automated searches for professional and family caregivers. An automated search will take you directly to the CHID database entries for that topic. You can bypass the search page, speeding the search process for specific topics. The search on Environmental Design, for example, may help locate resources on home safety and quality of life in assisted-living facilities and nursing homes. You can access the Environmental Design search on the Center's web site at <http://www.alzheimers.org> by following the Bibliographic Database link. Search topics now online include:

- Spanish Language Materials
- Environmental Design
- Special Care Units
- Multimedia:
  - Videotapes
  - Audiotapes
  - Computer Software

New search topics are being added all the time, along with CHID updates, to the topics listed above. Be sure to bookmark and revisit the automated search often for up-to-date and efficient database searches

# CHID Highlights CHID Highlights

CHID Highlights describes materials recently added to the Alzheimer's disease file of the Combined Health Information Database (CHID). The items selected represent topics and formats of general interest to readers of *Connections* and ADEAR Center users or their clients. Please order directly from the source listed for each item. Journal articles are available in many university and medical school libraries. CHID is accessible on the Internet at <http://chid.nih.gov> or by following the link at <http://www.alzheimers.org>, or by following the National Library of Medicine's link to CHID at <http://www.nlm.nih.gov/medlineplus/databases.html>.

## Home Safety and Guns

Firearm Presence in Households of Patients With Alzheimer's Disease and Related Dementias

*Spangenberg, KB, et. al. Journal of the American Geriatrics Society. 47: 1183-1186. 1999*

In recent studies, researchers have expressed concern about potential firearm misuse in demented populations. This journal article examines, for the first time, the prevalence of guns in households with a family member who has dementia. The study also described whether guns were loaded or unloaded. The sample consisted of 106 consecutive outpatients referred to a university-based memory disorders clinic in the southern United States for symptoms suggestive of dementia. A survey of family members indicated the prevalence of firearms in households with the dementia patient was 60.4 percent. Gun ownership was equally prevalent in households regardless of severity of dementia, severity of behavioral disturbance, or depressive symptoms. In households with firearms, 82 percent of family members reported that the guns were loaded or they were unaware of their loaded status. Only 16.9 percent reported that the guns were kept unloaded. Several families noted that the guns were kept "for safety" and not seen as a potential risk. The findings suggest that family members should take action to remove or unload firearms in their households. Health care professionals should also specifically ask families

about the presence of guns and strongly advocate for their removal. Although the study did not look at whether guns were stored or locked, the authors suggest that guns be removed altogether, as a precaution, due to the rummaging behavior of many dementia patients.

## Safe Return

Safe Return

*Chicago, IL: Alzheimer's Association, 919 North Michigan Avenue, Suite 1100, Chicago, IL 60611-1676. (800) 272-3900; FAX: (312) 335-1110. Internet: <http://www.alz.org>. PRICE: free brochure.*

Project Safe Return, sponsored by the Alzheimer's Association, assists in the safe return of people with AD or a related dementia who have wandered and become lost. It is common for people with AD to wander, a behavior that can be dangerous, frightening, and stressful to both patient and caregiver. This brochure describes the project and includes a registration form. To register, a person with dementia or a caregiver completes the form, supplies a photograph, and chooses the type of identification product to be worn or carried. Registration can also be done by telephone. The information is entered into a national database. The registration fee is \$40, and identification jewelry is \$5. Scholarships may be available. This free brochure also is available in Spanish.

## Automobile Safety

Characteristics of Motor Vehicle Crashes of Drivers With Dementia of the Alzheimer Type

*Carr DD, Duchek J, Morris JC. Journal of the American Geriatrics Society. 48(1): 18-22. January 2000.*

Crash rates and characteristics of drivers with AD are compared in this journal article with those of older drivers without dementia. The participants were 63 drivers with AD and 58 control subjects without AD. Participants with AD were in the very mild or mild stage. The main outcome measure was State-recorded traffic accidents during a 5-year retrospective period. Participants also completed a driving diary that estimated miles traveled per year. Participants with mild AD reported less driving time than did drivers with very mild AD or controls. Crashes in all groups were infrequent, with 0.07 State-recorded crashes per driver per year in the control group, 0.06 in the very mild AD group, and 0.04 in the mild AD group. There were no significant differences between groups, even after adjustment for driving time. However, drivers with AD tended to have more at-fault crashes, crashes with injuries, and crashes involving a failure to yield.

## Environmental Design

Physical Design of the Home as a Caregiving Support: An Environment for Persons With Dementia

*Olsen RV, Hutchings BL, Ehrenkrantz E. Care Management Journals. 1(2): 125-131. Spring 1999.*

This journal article describes a study that examined the overall impact of the physical setting of the home on caregiving for people with dementia. Data were collected through in-depth, at-home interviews with 90 family caregivers. Participants were recruited from Alzheimer's disease support groups or dementia care programs. Recruitment efforts targeted caregivers who had been caring for a loved one in their home for several years, and who had made physical changes in their residences to accommodate the needs of the person with dementia. Most of the caregivers were female (66.6 percent), were caring for a spouse (51 percent) or parent (46 percent), and had been providing care in their homes for an average of 6.5 years. They identified eight design features that made it easier to be a dementia caregiver:

- single-level living
- generous space
- simple layout
- open floor plan
- privacy
- safe and accessible bathroom
- safe kitchen
- safe access to the outdoors.

The article includes suggestions for improving safety and accessibility, enhancing patient independence, decreasing the potential for conflict, increasing safe movement, and adapting to changing needs.

## Caregiving

Caregiving From Near and Far: A Guide to Helping Your Older Relative

*Towson, MD: Baltimore County Department of Aging. 1999. 30 p. Available from the Baltimore County Department of Aging, c/o Senior Information and Assistance, 611 Central Avenue, Towson, MD 21204. (410) 887-2594. Internet: <http://www.co.ba.md.us/p.cfm/agencies/aging/index.cfm>. Price: \$5.00*

This booklet is a guide to helping older relatives, including those with cognitive impairment. It discusses the challenges of caregiving, changes that are part of the normal aging process, changes that may indicate potentially serious problems, depression in older people, housing options for older people who need assistance, the nursing home decision, and important documents for the older person and caregiver. It also offers suggestions for holding a family meeting, helping the older person who denies needing help, helping a loved one who has dementia, helping an older person with physical limitations, improving home safety, ensuring good nursing home care, talking with the doctor, long-distance caregiving, and caring for the caregiver. The booklet includes a list of local resources in the Baltimore, Maryland area, lists of national organizations and Web sites, and a glossary of terms.

## Treatment By Primary Care Physicians

Post-Diagnostic Guidelines for Primary Care Providers Designed to Improve Quality of Alzheimer's Care

*John Douglas French Center for Alzheimer's Disease. Journal. 1999. 3 p.*

California's statewide guidelines on the care of people with AD were developed by a group of health

care providers, consumers, and other experts to improve the quality of AD care and ease the burden on caregivers. Aimed for the most part at primary care providers, the guidelines address assessment, treatment, patient and caregiver education and support, and reporting requirements. This article explains why the guidelines were needed, how they were created, who can use them, and how they can be applied during patient visits. It also discusses the reasons for the short format of the guidelines, key issues such as regular reassessment and the treatment of behavioral problems, the reporting requirements for abuse, and future directions for the workgroup.

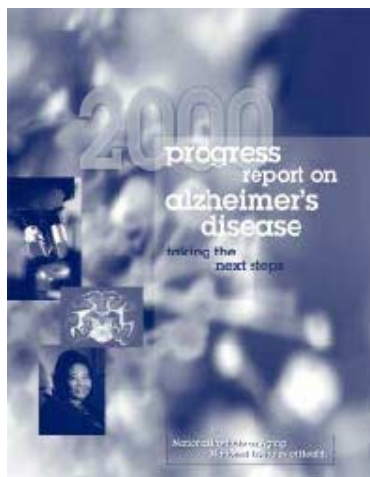
Issues in Education, Service Development, and Research: The Diagnosis and Management of Dementia in Primary Care

*Rait G, Walters K, Iliffe S. Generations. p. 17-23. Fall 1999.*

Obstacles to the optimal management of dementia in primary care, and suggested ways these obstacles could be overcome through education, research, and the development of evidence-based services are explored in this journal article. The first part examines three categories of barriers to the identification and management of dementia in primary care:

- problems related to patients and caregivers
- limited perspectives among family physicians
- wider structural problems in the primary health care system.

The second part proposes a research and development agenda for overcoming these obstacles. The agenda addresses drug therapies for dementia, psychosocial interventions, educational initiatives, evidence-based practice, guidelines for the diagnosis and management of dementia, qualitative research, and integrated care for dementia patients and their families.



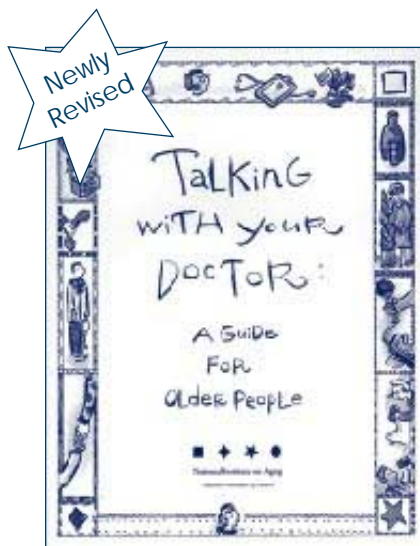
## Progress Report on Alzheimer's Disease, 2000 Now in Print

The National Institute on Aging has released its annual report highlighting the latest findings in AD research. In the 1970s, relatively little was known about the processes in the brain that lead to Alzheimer's disease. Today, major advances have moved the research field ever closer to solving the puzzle of AD. *Progress Report on Alzheimer's Disease, 2000 (PR2000)* presents important scientific advances and information about the major pieces of the puzzle falling into place: AD's main characteristics, its causes, how to diagnose AD, and how to treat it.

*PR2000* spotlights recent research conducted and supported by the NIA and other Institutes at the National Institutes of Health (NIH). It includes new findings and next steps in several important areas of AD research: etiology of AD; improving early diagnosis; developing drug treatments; improving support for caregivers; and building the AD research infrastructure. The report includes more than 100 references and offers a brief future outlook on AD research, including a description of the NIH Alzheimer's Disease Prevention Initiative.

The full text of *PR2000* is available in PDF and HTML formats on the ADEAR Center Web site: <http://www.alzheimers.org> or it may be requested in print form by completing the publications request form on the Web site.

Free, single copies of the report are also available by calling the ADEAR Center, toll-free, at 800-438-4380 or by faxing or mailing the order form on the back of this newsletter.



## Talking With Your Doctor: A Guide For Older People

If you tried to order *Talking With Your Doctor: A Guide For Older People* while it was out of print, you'll want to know that copies are once again available! The very popular *Talking With Your Doctor: A Guide For Older People* has been revised. Doctor and patient communication continues to be one of the most important aspects of getting good health care. The NIA has updated this book to help older people communicate successfully with their doctors. *Talking With Your Doctor: A Guide For Older People* covers five main topic areas: choosing a doctor you can talk to, tips for good communication, getting started with a new doctor, talking about your health, and discussing sensitive subjects. It includes suggestions for involving family and friends in the health care process and a list of additional resources.

Single copies of the guide are available free by calling the ADEAR Center, toll-free, at 800-438-4380 or by faxing or mailing the order form on the back of this newsletter.

## NIA Funds National Alzheimer's Coordinating Center

### To Promote Further Collaboration and New Studies

The National Institute on Aging is supporting the National Alzheimer's Coordinating Center (NACC) to expand collaborative efforts among the Alzheimer's Disease Centers (ADCs). This funding support allows the NACC to review and fund feasibility studies by ADCs, expand collaborative data collection among the Centers, and design studies and analyses to answer important or novel research questions.

"We are very pleased to extend funding support to NACC. Maintaining a common source for data generated by the ADCs is a critical tool in strengthening our research activities," said Creighton Phelps, Ph.D., Director, of the NIA-sponsored Alzheimer's Disease Center's Program.

NACC is collecting comparable data from all Centers and maintaining the Minimum Data Set (MDS), a compilation of about 45 data elements established in 1996. The data are gathered anonymously and describe approximately 40,000 subjects evaluated at ADCs since 1984.

NACC supports a number of collaborative studies, and expects to make several new awards by July 1, 2001. Proposals may use existing data, specimens, or protocols from previously enrolled subjects or enroll new subjects for new data collection. Highlights of findings from the collaborative studies will be reported in future issues of *Connections*.

(Continued on page 9)



NACC welcomes qualified researchers who may be interested in exploring the MDS beyond those elements that are available for public access. Any participating Alzheimer's Disease Center director can assist in granting access to the MDS. Please contact NACC (nacc-mail@alz.washington.edu) if you need further assistance or information concerning expanded use of the NACC database. Detailed instructions can be found on the NACC Web site: <http://www.alz.washington.edu>



### **2001 Alzheimer's Association Conference New Directions in Alzheimer Care**

The Alzheimer's Association will hold its Tenth National Alzheimer's Disease Education Conference, "New Directions In Alzheimer Care," on July 15—18, 2001, at the Hyatt Regency in Chicago, Illinois. This premier conference for informing, educating, and training those involved in the care of people with Alzheimer's disease is expected to draw 1,500 healthcare professionals, including nurses, physicians, administrators, social workers, activity directors, and program directors. Continuing education credits are available.

*New Directions In Alzheimer Care* will offer sessions in the following categories:

- Meeting changing demographic needs
- Providing innovative programs and practices

- Building and supporting the workforce
- Enhancing systems of care

For a registration brochure, call the Association at 312-335-5790 or e-mail Angela Worlds at [angela.worlds@alz.org](mailto:angela.worlds@alz.org). For registration and hotel accommodations, call 800-431-8106 or 847-384-7656. The registration deadline is June 20, 2001. After that, registration must be completed on-site. To obtain exhibitor materials, contact A. Fassano & Company at 856-251-0400.

For more information on the Alzheimer's Association, call 800-272-3900 or visit <http://www.alz.org>.



What do we do at ADEAR?  
Staff will:

- answer questions about Alzheimer's disease
- provide information about the latest research findings on Alzheimer's disease
- tell you about drug testing and studies of new treatments
- suggest additional groups to contact for more information and services
- send you publications about Alzheimer's disease and related disorders

To contact an information specialist, call the Center's toll-free number: 800-438-4380, M-F, 8:30–5 (EST); fax: 301-495-3334; Internet: <http://www.alzheimers.org>, mail: ADEAR Center, PO Box 8250, Silver Spring, MD 20907-8250.



### **Third Leonard Berg Symposium Neurobiology of the Aging Nervous System: Models, Manipulations, & Alzheimer's Disease**

The Alzheimer's Disease Research Center (ADRC) at Washington University School of Medicine in St. Louis, Missouri, is hosting the Third Leonard Berg Symposium, *Neurobiology of the Aging Nervous System: Models, Manipulations, & Alzheimer's Disease* on September 21—22, 2001, at the Chase Park Plaza Hotel in St. Louis. First held in 1997, the Symposium honors Dr. Leonard Berg, professor emeritus of neurology and founder and former director of the ADRC.

The symposium will serve as a catalyst for scientific communication and cross-fertilization in a diverse and growing field. Presenters at the event will showcase some of the best research on the aging nervous system. Sessions will include:

- Aging in Model Organisms: Rodent to Human
- Experimental Manipulation of the Aging Process
- Aging, Alzheimer's Disease, and Therapeutics

For program, registration, and travel information, go to <http://www.adrc.wustl.edu/adrc/Berg2001a.html>




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### **June 28-July 1, 2001**

5th International Care/Case Management Conference: Care/Case Management—Who Needs It? Vancouver, British Columbia, Canada

**Contact:**

American Society on Aging  
833 Market Street, Suite 511  
San Francisco, CA 94013-1824  
800-537-9725 or  
415-974-9600  
customerservice@asaging.org

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### **June 28-July 1, 2001**

U.S. Geriatric & Long Term Care Congress  
New Orleans, LA

**Contact:**

CME Inc.  
2801 McGaw Avenue  
Irvine, CA 92614  
800-447-4474

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### **June 29-July 1, 2001**

International Conference of IAHSAs: One World, Diverse Approaches to Housing and Care  
Vancouver, British Columbia, Canada

**Contact:**

International Association of Homes and Services for the Aging  
2519 Connecticut Avenue, NW  
Washington, DC 20008-1520  
202-508-9410  
202-220-0041 (Fax)  
iahsa@aahsa.org

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### **June 30, 2001**

Facing The Challenges Together (Of Early Stage Alzheimer's Disease)  
San Jose, CA

**Contact:**

Family Caregiver Alliance  
690 Market Street, Suite 600  
San Francisco, CA 94104  
800-445-8106 or  
415-434-3388  
info@caregiver.org

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### **July 1-6, 2001**

International Association of Gerontology 17th World Congress: Global Aging—Working Together In A Changing World  
Vancouver, British Columbia, Canada

**Contact:**

Gerontology Research Centre  
Simon Fraser University  
2800-515 West Hastings St.  
Vancouver, BC V6B 5K3  
Canada  
604-291-5062  
604-291-5066 (Fax)

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### **July 11, 2001**

Foundations of Care: Understanding the Person with Dementia  
Beaver, PA

**Contact:**

University of Pittsburgh  
Alzheimer's Disease Research Center  
4 West Montefiore University Hospital  
200 Lothrop Street  
Pittsburgh, PA 15213  
412-692-2700

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### **July 15-18, 2001**

10th National Alzheimer's Disease Education Conference: New Directions in Alzheimer Care  
Chicago, IL

**Contact:**

Alzheimer's Association  
919 North Michigan Avenue, Suite 1100  
Chicago, IL 60611-1676  
800-272-3900 or  
312-335-5790

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### **July 23-26, 2001**

Summer Series on Aging  
San Francisco, CA

**Contact:**

American Society on Aging Learning Center  
833 Market Street, Suite 511  
San Francisco, CA 94013-1824  
800-537-9725 or  
415-974-9600  
customerservice@asaging.org

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### **July 25-27, 2001**

Challenging Views of Alzheimer's Disease  
Alzheimer Research Forum  
Chicago, IL

**Contact:**

World Events Forum, Inc.  
5030 N. Marine Drive, Suite 2608  
Chicago, IL 60640  
312-286-8601

## **August 13-16, 2001**

The Florida Conference of Aging  
2001: Connections & Directions  
Ft. Lauderdale, FL

### **Contact:**

The Florida Conference on Aging  
1018 Thomasville Road, Suite 110  
Tallahassee, FL 32303  
850-222-8877

## **September 16-20, 2001**

8th World Federation of  
Neuroscience Nurses Congress  
Sydney, Australia

### **Contact:**

WFNN Congress Secretariat  
GPO Box 2609  
SYDNEY NSW 2001 AUSTRALIA  
011-61 2 9241 1278  
011-61 2 9251 3552 (Fax)  
wfnn@icmsaust.com.au

## **September 17-18, 2001**

Virginia Governor's Conference On  
Aging - Touching Lives With  
Creative Solutions  
Blacksburg, VA

### **Contact:**

Virginia Tech Division of Continuing  
Education  
820 University Boulevard,  
Mail Code 0364  
Blacksburg, VA 24061  
540-231-2014

## **September 21-22, 2001**

3rd Leonard Berg Symposium:  
Neurobiology of the Aging Nervous  
System—Models, Manipulations,  
and Alzheimer's Disease  
St. Louis, MO

### **Contact:**

Alzheimer's Disease Research  
Center  
Washington University School of  
Medicine  
4488 Forest Park Avenue, Suite 130  
St. Louis, MO 63108  
800-325-9862 or  
314-362-6891

## **October 10, 2001**

Marketing Adult Day Care Services  
Tampa, FL

### **Contact:**

Partners In Caregiving: The Adult  
Services Program  
Department of Psychiatry  
Wake Forest University School of  
Medicine  
Medical Center Boulevard  
Winston-Salem, NC 27157-1087  
800-795-3676

## **October 10-13, 2001**

Generations United International  
Conference: Intergenerational  
Programs with Adults with Dementia  
(Workshop)  
Alexandria, VA

### **Contact:**

Generations United  
122 C Street, NW, Suite 820  
Washington, DC 20001  
202-638-1263

## **October 11, 2001**

Programming for Adult Day  
Services: Positive Interactions  
Tampa, FL

### **Contact:**

Partners In Caregiving: The Adult  
Services Program  
Department of Psychiatry  
Wake Forest University School of  
Medicine  
Medical Center Boulevard  
Winston-Salem, NC 27157-1087  
800-795-3676

## **October 15-16, 2001**

Northern California Regional Aging  
Summit  
Sacramento, CA

### **Contact:**

University of California, Davis  
Medical Center  
Alzheimer's Disease Center  
50 Muir Road (127A)  
Martinez, CA 94553-4612  
916-734-4767 or  
925-372-2485

## **October 19, 2001**

Boston Alzheimer's Symposium 2001  
Boston, MA

### **Contact:**

Boston Alzheimer's Center  
434 Jamaica Way  
Boston, MA 02130  
617-983-2300

## **November 8-9, 2001**

Brain Aging—Identifying  
Accelerators and Breaks  
San Diego, CA

### **Contact:**

Brain Aging Conference Secretariat  
10b Littlegate Street  
Oxford  
OX1 1QT, UK  
011-44-1865-794-727  
011-44-1865-794-695 (Fax)  
enquiries.oxconf@pop3.hiway.co.uk

## **November 10-15, 2001**

Society for Neuroscience Annual  
Meeting  
San Diego, CA

### **Contact:**

Society for Neuroscience  
11 Dupont Circle, NW, Suite 500  
Washington, DC 20036  
202-462-6688

## **April 4-7, 2002**

Second Joint Conference of the  
National Council on the Aging and  
the American Society on Aging:  
Crossing the Great Divide—A Call  
for Compassion and Creativity  
Denver, CO

### **Contact:**

American Society on Aging  
833 Market Street, Suite 511  
San Francisco, CA 94103-1824  
800-537-9725 or  
415-974-9600  
info@asaging.org



# Order Form

## ***Alzheimer's Disease Education and Referral Center***

- Progress Report on Alzheimer's Disease, 2000*
- Talking With Your Doctor: A Guide for Older People* (newly revised)

## ***National Institute on Aging Information Center***

- Exercise: A Guide from the NIA* (NIA-48)

You may ask the ADEAR Center for a topical search (a list of materials) on another subject related to Alzheimer's disease. Outline the subject for your search in the space below.

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To ensure that we can contact you with any questions regarding the search, please provide a daytime telephone number: (\_\_\_\_)\_\_\_\_\_.

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Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

- Check here if you are a health professional or a professional caregiver and would like your name added to the ADEAR Center mailing list to receive future issues of *Connections*.

To order any of the above materials, send this page to:  
**ADEAR Center, PO Box 8250, Silver Spring, MD 20907-8250**

You also may call our toll-free telephone number: 800-438-4380; reach us by fax: 301-495-3334; or contact us on the Internet: e-mail = [adear@alzheimers.org](mailto:adear@alzheimers.org) and Web site = <http://www.alzheimers.org>

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