

Use of Antihypertensives Preserves Cognitive Function in Older African-Americans

Researchers at the Regenstrief Institute and the Indiana University School of Medicine report that the use of antihypertensive medication by older African Americans to reduce high blood pressure also reduced their odds of cognitive impairment by 38 percent. The study was published in the October 14th issue of the *Archives of Internal Medicine*.

The researchers, who followed 1900 older African American men and women for five years, found that the continuous use of medications to lower blood pressure reduced the risk of memory loss by more than a third.

“We have a lot of medications that keep people alive longer, but few to maintain their memories,” says Michael D. Murray, Pharm.D., M.P.H., a research scientist at the Regenstrief Institute, professor of pharmacy at Purdue University, adjunct professor of medicine at the IU School of Medicine and first author of the study. “We have now shown that antihypertensive medications can decrease the risk of cognitive impairment as well as lower the risk of stroke, myocardial infarction, and end-stage renal disease.”

This is the first study to find a relationship between medication taken to control high blood pressure and cognitive impairment in older African Americans, although previous studies suggest that the use of antihypertensive medication by older white adults with high blood pressure preserves cognition. Cognitive impairment is defined as a measurable change in cognitive

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SAVE THE DATE:

January 27, 2003

7:30 p.m. to 9:00 p.m. EST

Legal and Financial Issues teleconference.

See page 10 for details.

Use of Antihypertensives Preserves Cognitive Function in Older African-Americans (Continued from page 1)

function. “Our study provides older African Americans with yet another reason, in addition to preventing stroke, heart attacks and kidney problems, to take their blood pressure pills,” says Dr. Murray.

All the participants were free of cognitive impairment at the beginning of the study and two thirds had high blood pressure. This is the largest longitudinal study to date on the cognitive effects of drugs in older African Americans. According to the National Center for Health Statistics approximately one quarter of Americans between the ages of 20 to 74 years are hypertensive. More than three-quarters of women aged 75 and older in the U.S. have hypertension, as do 64 percent of men of the same age. The prevalence of hypertension is 60 percent higher in African Americans, and their risk of stroke is 80 percent higher than Caucasians.

“This analysis is part of the ongoing Indianapolis-Ibadan dementia project, a study which is designed to identify potentially modifiable risk factors for Alzheimer disease by comparing the disease in two different countries, African Americans living in Indianapolis and Yoruba living in Ibadan, Nigeria”, explains Dr. Hugh Hendrie, a research scientist at the Regenstrief Institute and professor of psychiatry at the IU School of Medicine. Other results from this same study were included in the last issue of this newsletter as well.

Drs. Murray, Hendrie, and colleagues recently began a four-year study sponsored by the National Heart, Lung, Blood Institute to determine whether minority and low-income patients with high blood pressure take their medications better when they are helped by a pharmacist and provided with special medication information aimed at persons with low health literacy. The trial will last four years and will determine whether providing supportive information improves medication-taking and reduces blood pressure in these patients.

In addition to Drs. Murray and Hendrie, co-authors of the *Archives of Internal Medicine* study on antihypertensive medication and preservation of cognition in older African Americans are Kathleen A. Lane, M.S., Sujuan Gao, Ph.D., Rebecca M. Evans, M.D., Frederick W. Unverzagt, Ph.D. and Kathleen S. Hall, Ph.D.

This study was supported by a grant from the National Institute on Aging.

New Study of Families with Late Onset Alzheimer Disease

Tatiana Foroud, Ph.D.

The Indiana Alzheimer Disease Center is pleased to announce the start of a new study **The Genetics of Late Onset Alzheimer Disease**. This research study is funded by the National Institutes of Health and is being conducted at ten Alzheimer Disease Centers throughout the United States. The focus of this new study is to identify, evaluate, study, and follow families who have multiple members with late onset Alzheimer disease (LOAD). Individuals are classified as having late onset Alzheimer disease if they developed signs and symptoms of dementia by 60 years of age or older. Families participating in this study will be helping researchers identify genetic factors that contribute to late onset Alzheimer disease.

Families having **two or more members with late onset Alzheimer disease or serious memory loss** are encouraged to consider participating in this study. As part of their participation, individuals may be asked to provide family information. Family members may be asked to sign a medical release form so that medical records documenting AD can be obtained. Some members may be asked to complete brief survey forms and to undergo physical and/or neurological examinations. In addition, family members may be asked to donate a sample of blood. These samples are a way for us to obtain DNA, the material that is used for genetic research.

If you believe your family has two or more members with late onset Alzheimer disease please contact Jessica Leatherland at **1-800-526-2839** or **317-278-8413** for more information. Through the participation of families with multiple members with late onset Alzheimer disease, we will continue to support investigators in their quest to understand and identify genetic factors affecting an individual's risk of developing AD. Our hope is that through the efforts of families with AD, we will one day unravel the mystery of this disease. We are moving solidly towards this goal and are learning more about AD every day.

Mayor Bart Peterson presents IADC with Proclamation in Honor of National AD Month



L to R: Dr. Hugh C. Hendrie accepting Mayor's award, Ellen Quigley, Deputy Mayor, Dr. P. Michael Conneally



L to R: Drs.: Hugh C. Hendrie, Mary Guerriero Austrom, Martin R. Farlow, P. Michael Conneally

You Asked Us...

Q. Why do so many Alzheimer disease patients lose weight? What can families do about it?

A. Unintended weight loss (losing weight without dieting) is a very common symptom in Alzheimer disease (AD), and can occur in any stage of the disease. In one study, the amount of weight loss was greater for AD than for cancer or heart failure. Another study has shown that AD, cancer, and depression are the 3 most common causes of unintended weight loss in older people. Greater weight loss is associated with an earlier death in AD patients, although we don't know if it is the weight loss itself that hastens the person's death, or if greater weight loss is a sign of more severe dementia.

Many factors probably contribute to the weight loss seen in AD. AD patients have a decreased sense of smell, even before their memory problems start. This will remove the ability for aromas to trigger the appetite, and will also affect the person's sense of taste so that food may not be as enjoyable to them as before. AD may also damage areas of the brain responsible for appetite, or areas that allow people to recognize hunger signals. AD patients may also be more easily distracted from either preparing food or from eating, or they may not have enough initiative to prepare a meal. AD patients have also been found to have higher metabolic requirements. This may be related to the release of inflammatory or other chemicals in the body. It has also been shown that AD patients with the APOE ϵ 4 gene tend to have greater weight loss. Other factors may interfere with eating so it is important for family members to answer the following questions:

- Do they have dental or denture problems that make it difficult or painful to chew?
- Do they have trouble swallowing?
- Do they have stomach pain or other abdominal problems?
- Do they have a tremor that interferes with their ability to use utensils or cups?
- Have they forgotten how to use utensils?

There are several things that can be tried to help the person with AD to improve their food intake. The following suggestions may help.

- Many families notice that the patient never seems to "go out of his way" for food, but they will eat food that is put in front of them. Serve food at mealtimes even if the person doesn't act hungry.
- Share the person's mealtime.
- Eating is a social activity, and the person may be more likely to eat if you are eating, too. Serve small portions. A large portion may be too overwhelming and might discourage the person from eating any of it.
- Serve food that is easy to eat, chew, and digest. For example, sandwiches are easier to eat than soup.
- Make sure that the food is not too hot.
- It is often helpful to cut food into bite-sized pieces.
- Serve food that is easy to eat with a spoon, or serve "finger foods" such as cheese sticks, hot

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Study to Identify Genes Associated with Parkinson's Disease

Investigators at Indiana University and the Indiana Alzheimer Disease Center are actively involved in studies designed to identify the genetic factors contributing to Parkinson's disease (PD). Both PD and Alzheimer disease (AD) are more common among the elderly. During the past decade, it has become increasingly apparent that changes occurring in the brain in both PD and AD may be related. Importantly, about 25% of PD patients develop dementia and there are some AD patients who have shown symptoms of PD.

To unravel the genetic risk factors that contribute to PD, a research study sponsored by the National Institutes of Health has been ongoing for 4 years. This study, called **P**arkinson's **R**esearch: The **O**rganized **G**enetics **I**nitiative, also known as **PROGENI**, is collecting families throughout the United States and Canada who have at least two living siblings (i.e. 2 brothers, 2 sisters or a brother and a sister) who have PD. There are already 400 families enrolled in the study. Indiana University and Indiana Alzheimer Disease Center researchers are actively involved in the PROGENI study.

As a result of the active involvement of families, Indiana University researchers have

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Is Parkinson's Disease in your family portrait?



Is there someone in your family with Parkinson's disease who may have a brother or sister also affected? The PROGENI research study, funded by the National Institutes of Health, would like to hear from them. Please call, toll free, **1-888-830-6299** for more information.

Study to Identify Genes Associated with Parkinson's Disease Continued (Continued from page 6)

already begun to better understand why some individuals develop PD. Previously, researchers had identified a gene called *parkin*, which was abnormal or mutated in many individuals affected by juvenile-onset PD. This is a very rare form of PD, in which individuals begin to show signs and symptoms of disease in their late teens or early 20s. Japanese researchers reported the first cases. Subsequently, researchers in the PROGENI study have also examined the *parkin* gene and found that there may be changes in the *parkin* gene even among individuals who develop PD in adulthood. PROGENI researchers are currently carrying out more studies of the *parkin* gene to understand the types of changes that might occur and to find ways to determine who is most likely to have an abnormality in this gene.

Our hope is that through the efforts of study participants, we will one day unravel the mystery of devastating diseases, like PD and AD. The PROGENI study is always eager to accept new families. If you are interested in learning more about this study or think your family qualifies, please contact Cheryl Halter by phone at **1-888-830-6299** or by e-mail at chalter@iupui.edu.

10 Legal and Financial Issues Everyone Should Consider

While there are many legal and financial issues everyone should consider, the following issues are especially important as you and your loved ones age.

1. Organize and Keep Your Important Papers. This is useful both for yourself and for a family member who will sometime need to review your records. The Purdue County Extension Offices have a booklet, "Keeping Your Important Papers", Document HE-465, which you can complete to list your various financial records and where important documents are located.

2. Health Care Advance Directives: Plan ahead concerning how decisions will be made if you are ever unable to consent to your own health care. You can state who you want to

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10 Legal and Financial Issues Everyone Should Consider

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make health care decisions for you and what care you do or do not want in certain situations, such as at the end of your life.

3. Power of Attorney: Manage your property and financial affairs: Designate who you want to manage your property and finances if you are unable to handle this. If you do not designate someone in advance, then there may not be anyone with legal authority to act and a guardianship may become necessary. A Power of Attorney lets you decide who you want to manage your affairs. It may or may not be the same person that you want to make your health care decisions.

4. Estate Planning: A will or trust determines how your property will be distributed after your death. (A trust can also be used to manage your property during your lifetime.) You should review this at least once a year and whenever anyone named in your will or trust dies before you.

5. Review and Understand Your Health Care Insurance Coverage: It is helpful to review and understand your health insurance coverage. Then you should consider whether you need to purchase additional coverage or whether you may qualify for Medicaid or other assistance. Many people are surprised to learn that most standard insurance covers little, if

any, long term care costs. Though they can be expensive, depending on the age at initial purchase, there are long term care insurance policies available which are useful for some people. You can contact the Senior Health Insurance Information Program (SHIIP) at 1-800-452-4800 or 317-233-3475 for questions about Medicare, Medicare supplement, long term care, other health insurance policies, and assistance programs. SHIIP also has many written informational materials available, including a long term care insurance self-assessment guide.

6. Pre-plan and Possibly Prepay your Funeral: This will help your family when you die and will help insure that your funeral will meet your wishes. Pre-paying is beneficial because the family will not need to pay when you die, the price will be fixed, and any amount prepaid will not affect Medicaid eligibility, if it is ever needed.

7. Review Your Property Taxes (if you own your home): There are additional real estate tax deductions and credits available to seniors for which you may be eligible. A person 65 years or older (or a surviving spouse 60 years or older whose deceased spouse was at least age 65 at the time of death) can qualify for an additional deduction if his or her adjusted gross income, for federal tax purposes, is less than \$25,000. There are also additional deductions for blind

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10 Legal and Financial Issues Everyone Should Consider

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persons, disabled persons and disabled veterans.

8. If Long Term Care is on the horizon, consult an attorney knowledgeable about Medicaid. Nursing home care typically costs \$40,000 per year or more and will quickly drain many persons' assets. An attorney knowledgeable about Medicaid can advise you on what you can or cannot do with your assets to potentially qualify for Medicaid.

9. Avoid Consumer Scams: If it sounds too good to be true, it most likely is not true! Remember that you have the right to say "no". If you are getting calls at home that you do not want, you can telephone 1-888-834-9969 to join the "no call" list. Never sign a contract unless you have read it, understand it, and agree with it. You can also ask a trusted family member, friend, or lawyer to read the contract before you sign it. For direct solicitation at your home, you have three days to cancel your agreement, but you must do so in writing. Do not co-sign a contract for anyone unless you are willing and able to make the payments, as you can be held liable under that contract.

10. Review what assistance you may qualify for. There are various programs available to help seniors in need. Contact

your county Division of Family & Children to inquire about Medicaid, Hoosier Rx, and food stamps. SHIP can also give you information about prescription assistance programs. Your area agency on aging can also assess your needs and help identify potential assistance which may be available. Your local legal services office is also a useful source of information.

This information was provided by Dennis Frick, Senior Law Project, Indiana Legal Services, Inc., Indianapolis, 317-631-9410, 1-800-869-0212. Many of the legal services offices in Indiana have special projects to assist seniors. To locate the office for your area, telephone 1-877-323-6269.



You Asked Us... (Continued from page 5)

dogs, or fruit slices.

- Remember that as a person's sense of taste and smell changes, their food preferences may also change. Try different types of food to see what they like best.
- People who have had restricted diets because of other health conditions may need to loosen up the requirements. Check with their doctor first.
- It may also be helpful to give a daily multiple vitamin and B-complex to be sure the person is getting all the vitamins they need.
- Serving frequent snacks is also helpful to supplement nutrition. Ice cream or instant breakfast seem to be very popular.
- If the patient refuses to eat, don't force the issue. Change the subject and try again later.

Ann M. Hake, M.D., is an assistant clinical professor of Neurology at I.U. School of Medicine.

Please send your questions to Katherine Beckwith, Education Core Indiana ADC, 541 Clinical Dr., CL 590, Indianapolis, IN 46202 or email them to kbeckwit@iupui.edu.

Save the date: January 27, 2003 Save the date: January 27, 2003

An educational program in your living room!

Legal and Financial Issues

Listen from the comfort of your home to a thirty minute presentation on the impact of legal and financial issues facing your family. Participate in an hour of questions and answers following the presentation.

Monday, January 27, 2003

7:30-9:00 p.m. EST

Sponsored by the
I-CARE About AD Project
Call 1-800-272-3900 to register and for additional information

Save the date: January 27, 2003 Save the date: January 27, 2003

In Memory....

The Indiana University Alzheimer Disease Research Fund gratefully thanks and acknowledges the following individuals for their generous contributions

From July 2002 to present



In Memory of Dorothy Baker
Mr. & Mrs. Ken Shoemaker

In Memory of Frank A. Butts
Ms. Pam Hollowell
Mr. & Mrs. Chris Husband
Mr. & Mrs. Dave Nelson
Mr. & Mrs. Eric Nelson
Mr. Jim Nelson

In Memory of Carl Fowler
Mr. & Mrs. Ron Gillum
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James A. Hooker Living Trust

In honor of your loved one, please consider a donation in their memory.

Your contributions are gratefully accepted and are used to further research and education in the area of Alzheimer disease. Please make checks payable to: IU Alzheimer's Disease Research Fund. Forward to: 541 Clinical Dr. CL 590, Indiana University, Indianapolis, IN. 46202-5111. Donations to this fund are a wonderful way to remember or honor a loved one. Contributions are tax deductible. Call 317-274-4939 for information on making a bequest or a planned gift to this fund.

**Is Alzheimer Disease in your family photo?
If there are two or more living members of your family suffering from memory loss, our researchers may be interested in your family.
Please contact Jami Stuck to learn more about the National Cell Repository.
317- 274-7360
1-800-526-2839**