HELPING THOSE WITH MEMORY LOSS: UCI MIND MEMORY ASSESSMENT CLINIC
Malcolm B. Dick, Ph.D.

The UCI MIND Memory Assessment Clinic, a non-profit program, provides specialized diagnostic services that focus on the early identification of Alzheimer’s disease and related dementias. Highly skilled professionals are able to differentiate cognitive changes associated with normal aging from “Mild Cognitive Impairment” (MCI) and dementia. Early identification is critical as available treatments for Alzheimer’s are most effective when started before extensive damage to the brain has occurred. Early identification enables families to plan for the future (e.g., advance directives), take advantage of available services, and cope effectively. Knowing the diagnosis is the patient’s right and can also alleviate stress for family members who may have misinterpreted the cause of any symptoms.

Cognitive Changes in Normal Aging
As a part of aging, many healthy adults experience subtle changes in short-term memory (e.g., forgetting where you parked your car or the name of the person you were just introduced to) as well as in a number of other cognitive abilities. For example, many older adults are slower at processing new information and must work harder than young adults to learn and store new material. Many older adults also demonstrate a decreased ability to divide their attention between more than one activity at a time (e.g., engaging in a conversation with a passenger while driving) and are more susceptible to distraction (e.g., trouble reading while the television is playing in the background). Although these cognitive changes can cause concern, it is comforting to know that they are a normal part of aging and not necessarily a sign of dementia. Indeed, there are a number of strategies that can be implemented by a healthy older adult to reduce the frustration that these age-related changes often produce. For instance, strategies such as writing down important information, using a daily calendar to keep track of appointments, and putting easily misplaced items (e.g., glasses, keys, remote control) in a designated spot at home can reduce forgetfulness in those who are aging normally.

When to Seek an Evaluation
When an older adult’s memory and/or cognitive problems become noticeable and affect day-to-day functioning, it is important that he/she seek an evaluation as soon as possible to (1) determine the underlying cause or etiology and (2) institute an effective treatment plan. Unfortunately, many individuals, as well as close family, friends, and even physicians, often dismiss memory loss as “just a part of normal aging.” Although normal
From the Director...

Frank LaFerla, Ph.D.

It’s been a little more than a year that I have had the privilege of serving as Director of UCI MIND. It is has been an incredibly stimulating, busy and fulfilling 12 months!

During the past year, the Institute has grown in many new and exciting directions. First, our name changed from IBAD to UCI MIND, which stands for Memory Impairments and Neurological Disorders. The new name signals our commitment to expand our focus beyond Alzheimer’s disease to other brain disorders like Parkinson’s disease — an essential move because frequently Alzheimer’s patients suffer from Parkinsonian complications, and likewise, it is not uncommon for advanced staged Parkinson’s patients to develop dementia.

...signals our commitment to expand our focus to other brain disorders...

With the assistance of Shirley Sirivong and Linda Scheck, we have markedly increased our profile in Orange County. This newsletter, The Aging Brain, has been revamped and is now published three times a year. We also redesigned our website, including a translation in Spanish, and we developed many new brochures and pamphlets with useful tips and information, which have proven to be very popular at community events. In addition, we have started a student group called ReMIND, which stands for Research and Education in Memory Impairments and Neurological Disorders, to promote training of the next generation of scholars and clinicians.

One of the most exciting developments has been the active partnering of UCI MIND with many local community organizations. This partnership fulfills an important mission of the Institute: to educate the public about dementia and the latest advances in research and clinical care. Over the past year, events have occurred at many locations in the OC, including Laguna Woods, St. Mark’s in Newport Beach, Regents Point, and The Covington — not to mention the many activities we sponsor at UCI. One particularly popular forum has been the “Ask the Doc” program, in which a panel consisting of a neurologist, neuropsychologist, and scientist answers your questions about diagnosis, treatments, and advances in dementia research.

We appreciate all of the positive feedback from the community, as many of you have remarked that we were “one of the best kept secrets in the County.” Educating the public is not only a vital part of the Institute’s mission, but also the key to eventually finding an effective treatment. As the state continues to shrink our operating budget, we need your support and the pressure you can supply to legislators to ensure that the state continues their support for Alzheimer’s clinics such as the one run by UCI MIND.

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Although there have been many positive developments over the past year, Alzheimer’s disease continues to be a major health problem for the country and California. During my one-year tenure as Director, over half-million new cases of Alzheimer’s were diagnosed in the U.S.A. Over the next decade, California will be especially impacted, as we are the state with the highest population of baby boomers, and Orange County is ranked fifth nationally as the county with the most boomers. Against this impending epidemic, the state slashed funding to our clinic by over 50%. A committee of concerned citizens led by Jacqueline DuPont, Ph.D., has organized an event called Save the Clinic: Wine for the MIND with the goal to keep the assessment and diagnostic clinic doors open. Plan to lend your support and consider helping us because if you are currently not worried about the impact that dementia will have on your family or our society, chances are very high that you will be at some point in the not so distant future. Please see the article on Page 10 for further information. Please contact Linda Scheck at (949) 824-3251 or via email (lscheck@uci.edu) to find out how you can help.

Frank LaFerla, Ph.D.
Director
FIRST UCI MIND AWARD RECIPIENT: MALCOLM DICK, PH.D.

Dr. Malcolm Dick is the inaugural recipient of the UCI MIND Award. The award represents the highest honor bestowed by the Institute, and will be presented on an annual basis to an individual who has significantly contributed to the research, diagnosis, or treatment of neurological disorders for the local community in Orange County. During his more than 20-year tenure serving in the UCI MIND Clinic, Dr. Dick, a clinical neuropsychologist, has trained over 60 postdoctoral fellows, students, and other care workers. He has had a major impact on the lives of many Orange County residents, having provided memory assessments to over 6,000 patients, and families greatly appreciate his warm and caring touch.

CARL W. COTMAN SCHOLARS AWARD FOR OUTSTANDING YOUNG INVESTIGATOR

Michael Yassa, a fifth year Ph.D. student in the laboratory of Institute member Dr. Craig Stark, was the 2009 recipient of the “Carl W. Cotman Scholars Award.” The award is named in honor of the founding director, and recognizes outstanding young investigators of the Institute who made significant contributions to our understanding of the neurobiology of memory impairments and neurological disorders. Michael was the lead author on two important studies describing the changes in memory and pattern separation in healthy aging and in mild cognitive impairment patients. In addition, Michael has actively been involved in helping to apply findings from neuroscience to K-12 education.

PROPOSITION 71 CELEBRATES ITS 5TH YEAR ANNIVERSARY

Proposition 71, which created the California Institute for Regenerative Medicine (CIRM), marked its 5th year anniversary with a special celebration at the Regency Club in Los Angeles. Prop 71 authorized $3 billion for stem cell biology, of which more than $1 billion has already been awarded. Many dignitaries and law officials were present for the special celebration. Pictured in the photo (l to r) are Mr. Robert Klein, Chief Author of Prop 71 and chair, Independent Citizens’ Oversight Committee; UCI MIND Director, Dr. Frank LaFerla; CIRM President, Dr. Alan Trounson, and Director of the Sue and Bill Gross Stem Cell Center, Dr. Peter Donovan.

PLAY BRIDGE!

A special “Ask the Doc” event was held on November 12, 2009 at the Laguna Woods Bridge Club with over 300 people in attendance. Special thanks to Mr. Herbert Schwartz for helping to organize and publicize the event, which was also featured in the Orange County Register and Wall Street Journal. County Supervisor Patricia Bates was also in attendance and presented the Institute with a special commendation for the vital role it plays in the community.

RETINAS MAY HELP DETECT ALZHEIMER’S DISEASE

Institute faculty, Drs. Zhiqun Tan and Steven Schreiber reported that the retinas in mice genetically engineered to produce Alzheimer’s disease undergo changes similar to those that occur in the brain, most notably the accumulation of amyloid plaque lesions. The findings may lead to the developmental of imaging technology that focuses on the retina. The study was published in the November issue of The American Journal of Pathology.
Malcolm Dick, Ph.D., a licensed clinical psychologist, has served as the chief neuropsychologist at the UCI MIND Memory Assessment Clinic since its inception in 1989. Dr. Dick, who received a master’s degree from the University of Alabama and doctoral degree from the University of South Carolina, first came to the UCI in 1985 as a post-doctoral research fellow to study areas of ‘preserved’ cognitive functioning in individuals with Alzheimer’s disease.

During the past 25 years, Dr. Dick has helped thousands of families through the diagnostic process and contributed to our understanding of Alzheimer’s disease through a variety of research efforts. Dr. Dick’s research interests include motor skill learning, early identification of cognitive impairment, and assessment of cognitive functioning in non-English-speaking individuals with limited education. In particular, through his studies in motor learning, Dr. Dick has shown that persons with Alzheimer’s retain ‘procedural’ (skill-based) forms of memory even though they lose ‘declarative’ (fact-based) knowledge. For example, in studies that used a simple motor task, Dr. Dick demonstrated that individuals with moderate-to-severe Alzheimer’s could improve in their ability to toss a weighted beanbag at an archery-type target. Even though they became increasingly accurate at hitting the target across 10 weeks of practice, these individuals were unable to recall having performed the tossing task even a few minutes later. Researchers are now translating these kinds of laboratory-based findings into real-world settings (e.g., re-training basic skills such as eating and dressing).

Dr. Dick has been the author of numerous studies and has helped facilitate research of other investigators affiliated with UCI MIND. Finally, Dr. Dick has helped prepare the next generation of professionals to work with people affected by Alzheimer’s disease and their families by mentoring over 60 students, post-doctoral fellows, and other care workers.

My affiliation with UCI began in 1996 as an undergraduate, graduating with a degree in psychology in 2000. As an Eagle Scout, I was always taught to “be prepared” and I have since made every effort to live that motto as part of my everyday life. I was drawn to the patient care field, and have continued to use that motto even in my approach to work. I try to be prepared to assist those around me and others who may be in need of help.

Hired as the Senior Patient Care Coordinator for the UCI MIND Clinic in November of 2001, I have come across many wonderful families in the 8 years I’ve been with the clinical program. I’ve worked with families of different backgrounds and ethnicities, affected by varying types of dementia, all in need of answers and guidance. I’ve seen how dementia is non-discriminating and can afflict anyone regardless of education, ethnic background, race, or lifestyle. I have been touched by the patients and families who have come through, and feel grateful to be able to do my part to help them when they come through the clinic for diagnosis and treatment. Many of the families that I work with will return annually for reassessments as a part of our research program and I feel privileged to be able to work with them.

Working with the Institute gives me a strong sense that I am contributing to seek a cure for Alzheimer’s disease. There have been many obstacles and budgetary challenges in our search for answers, but I am confident that through the dedication of the team at the Institute and the contributions from the many families participating in Alzheimer’s disease research, we will overcome these challenges and find a way to halt the deterioration of the mind and add “life to years”.

Malcolm B. Dick, Ph.D.

Switaya “Ken” Krisnasmit
SCREENING MAMMOGRAPHY IN PATIENTS WITH ALZHEIMER’S
Laura A. Lee, M.D.
Medical/Research Director, Desert Comprehensive Breast Cancer

Guidelines for screening mammography have been in the news recently. The recommendations for women older than 50 seem reasonably clear cut, but decisions regarding either the frequency of screening or whether to perform mammography at all can be complicated by a diagnosis of Alzheimer’s.

In general, women aged 50 to 75 should have yearly mammograms. After age 75, the decision of whether to perform mammograms yearly or instead every two years should be based upon the overall health of the patient and a discussion between the patient and her primary care physician as to her preferences. Similarly, the decision in a patient with Alzheimer’s should be individualized.

In patients with mild to moderate dementia that are expected to live at least an additional five years, performing screening mammography is reasonable since the early detection of breast cancer will offer more treatment options as well as a survival benefit.

Once the decision has been made to proceed with screening mammography, here are a few tips to smooth your loved one’s trip to the imaging center:

1. When making the appointment for the screening mammogram, ask the scheduler if they are able to schedule a slightly longer appointment (so that the patient will not feel rushed thru the process).
2. Ask for an early morning appointment as there is less likelihood that the appointment will be delayed.
3. Ask if it is possible for the screening mammogram can be reviewed by a physician while the patient is there so that if additional views are necessary, they can be performed during that visit.
4. Remember that the person accompanying the patient must have durable power of attorney for medical care to sign consent for the mammogram (if the patient is unable to do so).
5. If possible, have a female caregiver accompany the patient so that they can accompany them into the dressing room.

Helping with Memory Loss, Continued from page 1

aging can indeed contribute to forgetfulness, significant memory loss may indicate a more serious condition such as MCI or a dementia (e.g., Alzheimer’s disease). Older adults with MCI typically show problems with memory, language, or other cognitive abilities (e.g., orientation, judgment, problem-solving) that are more pronounced than those seen in normal aging but do not fulfill the criteria for a dementia. More specifically, in MCI, the problems with memory and other cognitive functions are noticeable to others, particularly friends and family, but they do not seriously impair the individual’s everyday functioning (e.g., preparing meals, doing household chores, and handling finances). In comparison, the cognitive and intellectual changes that occur in dementia are severe enough to impair day-to-day functioning and ultimately result in total dependence on others. Table 1 on page 7 can help to distinguish the nature of memory problems in normal aging, MCI, and Alzheimer’s disease.

Many experts believe that MCI is a transitional state between normal aging and Alzheimer’s. In fact, multiple studies conducted over the past ten years have shown that 8 to 15% of people with MCI progress to Alzheimer’s disease each year, compared to only 1-2% of older adults in general. Not all individuals with MCI progress to Alzheimer’s disease or another form of dementia, however, and a sizable number may actually return to normal levels of functioning. As the relationship between normal aging, MCI, and Alzheimer’s is not well understood,
Helping with Memory Loss, Continued from page 5

Researchers at UCI MIND are attempting to identify (1) specific characteristics that put healthy individuals at risk for developing MCI, (2) why some patients with MCI progress to dementia and others do not, and (3) ways to intervene (e.g., drugs, dietary changes, nutritional supplements, and exercise) at an early stage that may prevent or delay the progression to dementia.

The brain changes seen in Alzheimer’s disease, namely the loss of neurons and synapses, as well as formation of microscopic plaques and neurofibrillary tangles, actually start many years before any clinical symptoms are apparent. Like MCI, Alzheimer’s disease begins with mild symptoms, typically affecting recent memory first and progressing to other cognitive abilities (e.g., language, reasoning, and concentration) over time. Some individuals with Alzheimer’s disease are aware of these cognitive changes, while others lack insight into their disabilities. To increase recognition of Alzheimer’s disease, the Alzheimer’s Association has recommended that individuals and families be aware of the following 10 warning signs. If several of these symptoms are present, the individual and/or family should seek a thorough evaluation.

1. Memory changes that disrupt daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks at home, at work, or at leisure
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships
6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality

Understanding the Diagnostic Process

At present, there is no single diagnostic test for detecting MCI, Alzheimer’s disease, or other forms of dementia. Rather, the diagnosis is based on a complex assessment process to determine the presence (i.e., inclusion) and absence (i.e., exclusion) of particular symptoms. If done thoroughly, such a diagnostic process can yield a highly accurate clinical diagnosis, that is, correct identification of Alzheimer’s disease or another dementia in 9 out of 10 cases. While the overlap between MCI and very mild Alzheimer’s makes this differentiation problematic, by far the most difficult problem clinicians face is identifying the cause or type of dementia. Dementia can result from a variety of ‘irreversible’ and ‘potentially reversible’ causes. For example, as shown in Figure 1, potentially reversible causes of dementia include severe depression, metabolic disorders such as vitamin B12 deficiency and hypothyroidism, as well as structural brain changes such as Normal Pressure Hydrocephalus. Medication side effects are one of the most common reversible causes of cognitive difficulties. If a particular drug, or combination of multiple drugs, are causing the cognitive impairments, then stopping the medication(s) and/or changing the dosage may remove the individual’s symptoms. As you can see in Figure 2, Alzheimer’s disease accounts for more than half of all dementia. In addition to Alzheimer’s disease, irreversible causes of dementia include Ischemic Vascular dementia or dementia due to stroke, Dementia with Lewy Bodies, Fronto-temporal dementia, Parkinson’s disease dementia, and over 30 other disorders not listed in the chart. As the treatment plan for a person with Alzheimer’s will often be quite different from one for an individual with Vascular dementia, Dementia with Lewy Bodies, Fronto-
well as, to identify any infectious diseases (e.g., encephalitis). Physical and neurological examinations are performed by the neurologist during the second visit, which usually lasts one hour. During this visit, the neurologist may request additional brain imaging studies (i.e., CT, MRI, or SPECT) to be performed. Although certain findings on these scans may help support a diagnosis of Alzheimer’s disease or another dementia, their primary purpose is to rule out other possible explanations, such as tumors, strokes, and head trauma. Once all tests are completed, the clinical team reviews the results to determine the diagnosis and develop an individualized treatment plan for the patient. Results of the tests, the diagnosis, and the treatment plan are presented in depth to the patient and family during a two-hour family conference. Families benefit from the opportunity to ask questions about the diagnosis, treatment, and community resources (e.g., adult day services). As needed, a social worker/care manager from the Orange County Chapter of the Alzheimer’s Association may participate to assist families in accessing appropriate services.

### UCI Memory Assessment Clinic

At the UCI MIND Clinic, the diagnostic evaluation is performed across two visits on separate days, usually within the same week. During the first visit, which lasts about three hours, the individual with memory or other cognitive problems is administered a comprehensive battery of neuropsychological tests. The purpose of this testing is to identify the individual’s strengths and weaknesses by evaluating his/her performance on paper-and-pencil tests assessing orientation to time and place, recent memory, language, attention, visual-spatial abilities, and executive functioning (e.g., reasoning, problem-solving, insight, multi-tasking, and planning). While the patient is undergoing the testing, a thorough medical history is being gathered by a clinician from someone who knows the individual well (e.g., spouse, adult child, or close friend). Blood tests for thyroid function, vitamin B12, and folate are usually drawn to help rule out potentially reversible causes, as temporal dementia, or Parkinson’s disease dementia, it is important for the physician to know the most likely cause of the dementia.

### Table 1. Memory Loss

<table>
<thead>
<tr>
<th>Normal Age-Related Forgetfulness</th>
<th>Mild Cognitive Impairment</th>
<th>Alzheimer’s Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Momentarily ‘blanks” on the name of an acquaintance</td>
<td>Frequently forgets names of people and is slow to recall them</td>
<td>May not remember ever knowing the person</td>
</tr>
<tr>
<td>Occasionally misplaces keys, glasses, or other items</td>
<td>Frequently misplaces or loses items but is usually able to retrace steps to find them</td>
<td>Forgets what an item is used for; puts items in unusual places; accuses others of stealing the lost items</td>
</tr>
<tr>
<td>Sometimes needs to ‘search’ for the right word to say in a conversation</td>
<td>Has noticeable word-finding difficulties</td>
<td>Loses language skills; stops in the middle of a conversation and does not know how to proceed; constantly repeats themselves</td>
</tr>
<tr>
<td>May occasionally forget an event from the distant past</td>
<td>Has difficulty recalling recent events and newly learned information but cues and reminders are often helpful</td>
<td>Unable to learn new material despite repeated practice at the task; cues and reminders are not helpful</td>
</tr>
<tr>
<td>May momentarily forget where to turn when driving but quickly re-orient self</td>
<td>May have trouble understanding a map; needs detailed directions written down</td>
<td>Easily disoriented to both time and place; gets lost even in very familiar surroundings</td>
</tr>
</tbody>
</table>

For more information about the UCI Memory Assessment Clinic or to schedule an appointment, please call (949) 824-2382, or visit our website at [www.mind.uci.edu](http://www.mind.uci.edu).
LY2062430 Study for Alzheimer’s Disease Clinical Trial

A double-blind, placebo-controlled 80-week study to evaluate whether LY2062430 is able to slow the rate of mental decline in individuals with Alzheimer’s Disease (AD).

LY2062430 is a passive immunization approach for the possible treatment of Alzheimer’s Disease. “Passive immunization” is when the antibodies are given directly, so the body does not need to make its own antibodies.

This study is recruiting participants who:
- Have a diagnosis of probable AD
- Are 50 years of age or older
- Are able to receive intravenous medications
- Have a study partner – friend or relative who can accompany the participant to all clinic visits and answer questions about him/her
- There are 23 total visits to the UC Irvine campus. Visits are every 2-4 weeks

Nicotinamide (NA) Clinical Trial

A double-blind, placebo-controlled 7-month study to find out more about Nicotinamide and its effects on Alzheimer’s disease progression.

Nicotinamide (NA) is a class of drugs known as a HDAC inhibitor, a dietary supplement that is being studied to determine whether chronic use is safe and effective in improving brain function in subjects with mild to moderate Alzheimer’s disease (AD).

This study is recruiting participants who:
- Have a diagnosis of probable AD
- Are 50 years of age or older
- Have a study partner – friend or relative who can accompany the participant to all clinic visits and answer questions about him/her
- There are 7 total visits to the UC Irvine campus. Visits are every 2-6 weeks

TESTIMONIALS: HELPING THOSE WITH MEMORY LOSS

“...the life changing diagnosis, we were hoping not to hear.”

UCI MIND has been there for our family during a very difficult, life challenge, this past year. The very able team at UCI did the comprehensive testing on my husband, that brought the life changing diagnosis, we were hoping not to hear. However, thanks to all the systems that are currently in place, in concert with the Alzheimer’s Association of Orange County, the support, guidance, and direction have been there to help us through. They caringly guided us through the maze of services available to help families like ours through the steps necessary to put our lives back in place, and to do what we needed to do.

If UCI and the Alzheimer’s Association had not been there, with their experienced referrals to support groups, educational, workshops, and experts in the fields of legal issues, psychological, financial, and health concerns, I do not know where we would be today. I am afraid to think how families would be able to survive this horrific, challenge, without people, and places to turn to, like UCI, and the Alzheimer’s Association. Their concern, support and expertise, in the field of all forms of neurodegenerative brain disorders, and dementias, continue to be a life-line to our family, as we deal with the ongoing repercussions of this progressive disease. We have not met one person, who was not a genuinely caring, capable, individual, knowledgeable in their job. This in and of it self, has allowed us to count our blessings, despite our challenges.

Thank you UCI MIND staff, and Alzheimer’s Association, for your guidance, dedication, love, and support, we appreciate you all.

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GET INVOLVED IN RESEARCH

Help Us Find the Answers...

Research studies can be meaningful and valuable in the understanding of diseases from prevention to treatment. For more information, please call the study coordinators listed.

**Orange County Aging Project**

Are you a healthy adult over the age of 75? Volunteers are needed for a study on gene patterns and thinking in older adults. In this project, you will have your thinking and memory tested and some of your blood will be drawn. Studies will involve 3-5 visits over a period of several years, with each taking between 1 and 2 hours. You will be given a free breakfast each visit.

In order to take part you must be:
- over 75 years of age
- a fluent English speaker
- in good general health
- currently living in the Irvine/Orange County area
- not currently taking medication for your memory

If you would like to participate, or receive further information about the study, please phone or email Dr. Dan Berlau at: 949-824-9124 or aging@uci.edu

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**fMRI Study Measuring Brain Structure and Memory Performance in Normal Older Adults and MCI**

In our lab, we are studying the relationship between changes in brain structures as they relate to memory performance. One way that we can look at changes in these brain structures is to observe changes in memory that occur in normal aging as well as those changes associated with disorders of aging, such as mild cognitive impairment and Alzheimer’s disease. We use fMRI (functional magnetic resonance imaging) to observe changes in activity in the brain while individuals perform memory tasks. By comparing the changes in activity to memory performance, we can observe which areas of the brain are involved in different kinds of memory operations.

Who: Successful aging program participants
Mild cognitive impairment diagnosis
Questionable cognitive impairment

Time: 2 visits, each 1-2 hours each
Risk: Minimal, but we will conduct a thorough screening for MRI compatibility

Compensation for the first session is $15 per hour. Compensation for the second session is $25 per hour. Both sessions are located on the UCI main campus. If you are interested in participating or have any questions, please call the Stark Lab at (949) 824-4230 and ask for Shauna Stark.

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**Physiology and Cognition Research**

We are recruiting for a study that would involve two sessions, each lasting 1.5-2 hours. In the first session you will be asked to give a small saliva sample and to participate in a fitness test on a stationary bicycle that will last approximately 12-14 minutes. During the second session you will be asked to view a short slide show of pictures and to rate each one according to how emotionally arousing you found it. You will also be asked to give several small saliva samples throughout the experiment.

Who: Normal individuals between the ages of 50 and 85 years old
Patients with Mild Cognitive Impairment (MCI)
Patients with Cognitive Impairment, No Dementia (CIND)

Where: The General Clinical Research Center (GCRC) at the UCI Irvine Medical Center in Orange

When: Afternoon (between the hours of noon-6pm)

Time: Two visits, each 1.5-2 hours long

For more information or to sign up call: Sabrina Segal at (805) 338-9246.
The UCI MIND Memory Assessment Clinic has helped thousands of individuals and families cope with a diagnosis of a memory disorder. At this critical time, the Clinic is struggling to survive as the State of California’s allocation was reduced by more than $300,000, which represents more than 50% of our operating budget. This drastic measure jeopardizes the unique role UCI MIND plays as the “gold standard” diagnostic memory assessment and research center for our community.

We have tightened our belts and simplified our activities, however this shortfall threatens to impact the momentum we have built since the Institute was founded and threatens its very survival. It is vital that we “Save the Clinic” and, therefore, our ability to serve the patients and families of Orange County.

What can we do? We have chosen not to hold a lavish gala fundraiser at a hotel with the major costs that would entail. Instead, we have had an outpouring of generous and gracious community supporters and an enthusiastic and energetic committee led by Jacqueline DuPont, Ph.D. Thanks to the hard work of the committee, we now are able to offer an elegant wine tasting event at a private home in Bear Brand Ranch. Many of the evening’s activities will be totally underwritten by sponsors.

We invite you to participate in any way you can. Attend the event on Friday evening, February 26, 2010 from 7 – 10 pm. Tickets are $150 per person. Or, if you cannot attend, send in your contribution of any amount to “Save the Clinic”. Here is a little about the evening the committee has planned.

Enter the grounds of the private estate and before you realize, you will feel transported to a romantic European setting enjoying a sampling of wines selected just for you.

Delight in the hearty hors d’oeuvres and tasty treats offered by Chef Christopher Roman. Roger Mouton’s Jazz Ensemble, Standards, will provide a soothing background, as you enjoy a silent auction full of exquisite donated items such as baskets of wines, spa retreats, private lessons of all kinds, getaways, photography sessions, tickets to sporting events and more.

Savor conversation with friends, old and new, a night-lit sparkling valley view over the infinity pool and the south Orange County evening sky. There will be a spirited live auction bidding as well. The evening will close with desserts and wines and an opportunity to hear the latest information about research at UCI MIND by director Frank LaFerla, Ph.D.

As you do this you will know you are Saving the UCI MIND Memory Assessment Clinic that provides diagnosis and assessment for thousands of individuals
DONATIONS
from September 2009 - December 2009

We thank the following benefactors who are making a difference in supporting our mission to advance research into understanding the causes of memory impairments and neurological disorders. They are helping us reach our goal to diagnose the disease, identify the means to effectively treat it and to provide help to the individuals, families and caregivers.

Hospice Care of California
Ms. Lucille Kuehn
Drs. James Pick and Rosalyn Laudati
Ms. Helen S. Simpson
Mr. and Mrs. Keith Swayne
Ms. Sandra Thacker Sage
Ms. Louise J. Woolsey

In Memory of Wesley D. Anderson
Ms. Beth Flory
Mr. Melvin Gagnon
Mrs. Isabelle Love

In Memory of Virginia Barry
Mr. and Mrs. Mike Hablitzel

All contributions for tickets in excess of $60 per person may be considered tax-deductible to the maximum amount allowed by law. Please consult with your financial advisor to determine your allowable deductions. 501 (c) (3) non-profit Tax ID #95-2226406.

Mail to:
UCI MIND Wine for the MIND
Institute for Memory Impairments and Neurological Disorders
2646 Biological Sciences III
Irvine, CA 92697-4545

Checks should be made payable to UCI MIND. If the donation is being made in memory/honor of someone, please include a note with information as to where the acknowledgements should be sent.

Please mail all donations to:
UCI MIND
Attn: Linda Scheck
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