MOUNT SINAI SCHOOL OF MEDICINE

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Alzheimer's Disease Research Center Newsletter

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Can simvastatin slow the progression of AD?: An interview with the National Principal Investigator and the Director of the ADRC, Dr. Mary Sano.

By Kathleen Van Dyk

As the last few months of this nation-wide study of simvastatin's effects on Alzheimer's Disease wind down, we managed to catch up with Dr. Mary Sano, the Project Director, and steal a few moments of her time to help us understand the importance of this drug trial and what simvastatin, an FDA approved drug used to treat high cholesterol, could possibly do for people with Alzheimer's Disease.

Why are you studying the effects of simvastatin on Alzheimer's Disease?

Well, there have been several different types of evidence that made us think simvastatin could do something positive for people with Alzheimer's. Cholesterol is very closely linked to amyloid, and amyloid is what causes plaques in the Alzheimer's brain, a trademark of the disease. Decreases in cholesterol have been shown to lead to decreases in amyloid. It's been found in studies of mice that those on a diet lower in cholesterol appear to have fewer plaques in the brain. Also, people who've taken cholesterol lowering drugs appear to be less likely to develop Alzheimer's disease. All of these things point to an exciting prospect for treatment in Alzheimer's disease that needs to be carefully studied.

What kinds of effects are you looking for in this trial on the lives of persons with AD?

One of the most important things to look at as volunteer Alzheimer's disease patients go through this study is their performance on tests of their memory, attention, naming, and concentration. These are the areas that Alzheimer's affects the most, the things that are most important to take us through daily life, and this is where we are looking to see what happens as the volunteer patients go through this drug trial. They get scored on their performance on these tests and then we compare the scores before and after they've received treatment.

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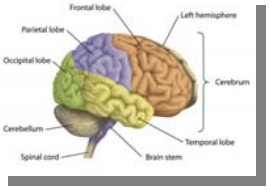
INSIDE THIS ISSUE:

SPECIAL POINTS OF INTEREST:

- ***Need a support group or information about our Caregivers Program****?* Call Elizabeth Fine at 212-241-5673.
- ***Please visit our website!*** *www.mssm.edu/psychiatry/adrc*
- *Join us on Sunday, October 23, for the* ***2005 Memory Walk in Riverside Park!*** *Our team, NYCARE (New York Consortium for Alzheimer's Research and Education), represents all three New York City Alzheimer's Centers as well as the local chapter of the Alzheimer's Association. Call Dr. Sewell for more information: 212-241-0188*




Hillel T. Grossman, M.D.

Ask The Expert:
Hillel Grossman, M.D.
Medical Director, Clinical Core

Q: **I've been hearing that maybe Vitamin E is dangerous--is it still safe to take? How much? My husband has Alzheimer's disease--is it safe for him to take Vitamin E? Will it help?**

A: Doctors have been prescribing vitamin E for Alzheimer's disease (AD) for several years because research has suggested it has anti-oxidant properties. Oxidation is a naturally occurring process that increases with aging and is thought to be responsible for the many age related disease including AD. A randomized clinical trial of vitamin E in AD showed that high dose vitamin E (2,000 IU per day) is beneficial in slowing clinical disease progression, in the treatment of those at the moderate stage of disease. In a another study looking at the effects of the same dose of vitamin E for up to 36 months in patients with Mild Cognitive Impairment, there was no overall benefit. In both studies there was no increased risk of death. These were not large trials and a small degree of increased risk of death might have been missed.

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Simvastatin Study: (*continued from headline)*

Simvastatin is already available to everyone for treatment of high cholesterol. Why would someone come into a drug trial like this one to risk getting a sugar pill and not the actual drug?

What's important to understand is that as of yet, we really have no idea if drugs that lower cholesterol will help or harm people suffering from dementia. If you remember, in the cases of Estrogen and Vitamin E there were unknown toxic findings from trials of these treatments for persons with dementia, and those who were in the trials were the first to know about it. As opposed to getting simvastatin from your regular doctor, in this trial we have experts carefully following each of our volunteer patients with sensitive tests over time, making sure that being on this treatment does not result in harm. If signs of the most likely problems are detected by our clinicians, they are usually detected early. Also, if there appears to be a problem or evidence of any harm anywhere in this nation-wide study, our volunteer patients will be the first to know. It's really a matter of safety for the volunteer patient.

What is the most common reason people decide to participate in a drug trial like this one?

Alzheimer's is a devastating disease, and people who have been diagnosed with it are looking for hope in new treatments. People participate in a trial like this because there's a chance it might help to slow or reverse this terribly damaging disease. There's another reason, though, that many choose to come into a drug trial like this one and that's the hope for new treatments for the future. The volunteer patients and their families are incredibly generous to Alzheimer's research. They donate much of their time and efforts to the challenge of finding new treatments for everyone afflicted with this disease, now and for future generations. It's such a partnership between the researchers and the volunteer patients that make important Alzheimer's disease research, like this trial, possible.

"People participate in a trial like this because there's a chance it might help to slow or reverse this terribly damaging disease. There's another reason, though, that many choose to come into a drug trial like this one and that's the hope for new treatments for the future."

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Ask The Expert: (*continued from page 1)*

A recent study suggested that high doses of vitamin E may be associated with increased number of deaths. Many of these deaths were reported in patients who already had cardiovascular disease and cardiovascular risk factors. Additionally, it appears that the protective effects of statins, drugs used to lower cholesterol, may be reduced by vitamin E. With this new information it is thus unclear whether the benefits of continued use of 2,000 IU of vitamin E for AD outweigh the risks, or whether a lower dose should be recommended. Several leading experts in Alzheimer's disease have suggested that it is reasonable to maintain AD patients on 2,000 IU of vitamin E per day ***unless coronary artery disease is present, or if a patient is currently using a statin.*** In such a case a reduction in dose or a discontinuation might be considered by the treating physician. Also, while patients with Alzheimer's disease may get some benefit there is no evidence of a benefit for healthy people on cognition or protection against cognitive loss with any dose of vitamin E.

Research studies will continue to investigate vitamin E at various doses, as well as combinations of antioxidants, and will take appropriate precautions to monitor the well being of research participants.

What is The MARC?

Mount Sinai's **Memory and Aging Research Center (MARC)** provides comprehensive, streamlined evaluation, treatment, and management for those who have memory complaints.

Experts: Our team includes experts in geriatrics, geriatric psychiatry and neuropsychology, neurology, and radiology.

Quick: The evaluation can be completed in one visit, including evaluation by a geriatric memory specialist, neuropsychological testing, and neuroimaging.

Consistent: Patients see the same clinicians each time, and may choose to be followed on a yearly basis or have their report sent to their primary physician.

Research: This service also provides interested patients with a gateway to clinical research opportunities, including clinical trials of new medications and genetics studies.

To make an appointment please call our coordinator, Ms. Norma O'Neill at 212-241-1844.

Research programs are available at our other locations:

Elmhurst Hospital, Queens
Tel: (718) 334-3983

Bronx VA Medical Center
Tel: (718) 584-9000 x5199

What's new in the ADRC?

Statin Study
We are seeking patients with Alzheimer's disease to participate in this multi-center, randomized, double-blind, placebo-controlled trial of simvastatin, a cholesterol-lowering drug. This study will test whether this drug can slow the progression of symptoms in AD. For more information, contact our ADRC research coordinator at (212) 241-8329. GCO #91-208(10), Principal Investigator: Dr. Hillel Grossman, MSSM IRB approved through 11/14/05.

The ADRC is committed to developing new treatments for AD and memory loss. We are recruiting for many studies sponsored by the National Institute of Aging and by Industry, which will provide answers about new drugs and better ways to assess treatment effects. This list is always changing and new studies are always in the planning process. Please call us for more information (212-241-8329).

A Multi-Center, Double Blind, Placebo-Controlled Therapeutic Trial To Determine Whether Natural Huperzine-A Improves Cognitive Function
The objective of this research study is to determine whether natural Huperzine-A improves cognitive (thinking/memory) function of patients diagnosed with Alzheimer's disease (AD). Huperzine-A is a natural cholinesterase inhibitor (stops the breakdown of helpful chemicals in the brain) and is extracted from the Chinese herb Huperzia serrate. There is evidence which suggests that Huperzine-A may be as effective as the medications currently approved by the FDA for the treatment of AD. Patients over the age of 55 who have a diagnosis of Alzheimer's disease and who are not currently taking one of the FDA approved medications for AD (except namenda) are eligible to participate. For more information, please call our ADRC research coordinator at (212) 241-8329. GCO #04-0418, Principal Investigator: Dr. Hillel Grossman, MSSM IRB approved through 8/31/06.

Rasagaline study: The purpose of this randomized, placebo-controlled study is to determine whether rasagaline mesylate will improve memory in patients with Alzheimer's disease. Rasagaline is a medication that has been submitted to the FDA for the approval to treat Parkinson's disease, but studies done outside the United States have shown that rasagaline may improve cognitive function (thinking, memory) in those with Alzheimer's disease. Patients with mild to moderate Alzheimer's disease who are age 45 to 90, and are taking Aricept are eligible for the study. All study medications are free of charge. For more information, please contact our research coordinator at 212-241-8329. Principal investigator: Dr. Hillel Grossman. GCO# 04-0828; Approved for the period 11/2/2004 to 11/1/2005.

Alzheimer's Disease Genetics Initiative: A Multiplex Family Study: The Family Studies Research Center, in conjunction with the Department of Psychiatry and the Alzheimer's Disease Research Center, is conducting a study on the genetics of Alzheimer's disease. We are looking for families in which there are two siblings with Alzheimer's disease, as well as a third blood relative (parent, child, sibling, half sibling, aunt, uncle or first cousin) who is 50 years old or above and may or may not have a memory problem. For more information, or to participate in this study, please contact Joy Wang at (718) 584-9000, ext 2784 or (718) 367-5727. GCO#84-119, Principal Investigator: Dr. Jeremy Silverman, MSSM IRB approved through 3/31/06.

Note:
Spanish-speaking participants are welcome. All study participants receive reimbursement for any related expenses. Participants without AD receive monetary compensation for their time.

Protective/Risk Factors for Alzheimer's Disease in Healthy Adults
This study aims to identify biological factors that might either predispose or protect individuals from developing Alzheimer's disease. The 2-3 hour interview would be completed at the subjects' home. A small blood sample is drawn to allow investigators to examine possible protective factors. Participants will be compensated for their time. Men and women who are 85+ years old with no memory impairment or dementia will be eligible for the study. If interested, please call the Family Studies Office at (718) 584-9000, ext 2713. GCO# 84-119, Principal Investigator: Dr. Jeremy Silverman, MSSM IRB approved through 3/31/06.

Brain Tissue Donation Program
The goal of this program is to improve existing treatments and to develop new treatments for AD, which is not possible without the generosity and altruism of individuals who partner with Mount Sinai by participating in our brain donation program. Therefore, men and women, with and without memory impairment are eligible to provide their "intent" to consent for this program. There are several benefits to participation and we have specially trained staff available to discuss these benefits, the donation process, and any related concerns that you and your family might have. For more information, please contact Dr. Karen Dahlman at (212) 241-2968. GCO #84-119 and #79-141, Principal Investigator: Dr. Vahram Haroutunian, MSSM IRB approved through 3/31/06.

COMING SOON...
Alzheimer's Disease Neuroimaging Study:
The objective of this upcoming study is to determine whether imaging of the brain (through MRI, PET, or CAT scans) can help predict and monitor the onset and progression of AD in those with and without the disease. To hear more about this new study, call the ADRC at 212-241-8329.

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Meet our volunteers:

A Brief Interview with ADRC Volunteers
by Kathleen Van Dyk

Sisters Adele Arpadi and Mollie Vogel first volunteered to participate in the Alzheimer's Disease Research Center in November of 1985, when the center itself was a mere year old. Since then, they have volunteered to participate in over 15 different ADRC research studies and continue to be seen at least once a year for ADRC related research. Mrs. Vogel and Mrs. Arpadi graciously agreed to provide this interview to share some of their experiences with us.

KV: Why did you first start participating with ADRC 20 years ago?

AA: We did it because friends of ours had done it at New York hospital and found it was a very interesting kind of procedure, and we found that in general it was the beginning of our volunteering for other kinds of studies. We find it interesting, enjoyable and educational, educational for *us*.

MV: Yes.

KV: Did you think at the time that you would be participating for this long?

MV and AA: (laughing) No!

AA: No, once or twice and then we'd all be done. And then they kept calling us back, and we thought, 'ok, we'll go'. We had a third friend come with us and…[she dropped out] and we thought, 'well, this is kind of interesting, we'll keep going…'

KV: Why have you continued?

MV: I think, personally, it's that we do see differences in ourselves, and we want confirmation that it's nothing.

KV: And you're both planning to participate for the rest of your lives?

MV: Yes

AA: Yes. As long as we can get there, that might become an issue…

MV: (both laughing) I mean, you know, we're participating longer than we expected because we're living longer than we expected to be.

KV: You've participated in several different studies, is there one in particular that sticks out and why?

AA: Well, I think what interested me most was the scopolamine one, when we became aware of the…

MV: The effects of Alzheimer's…

AA: …the devastating effects that dementia has on people, I think when you begin to hold up a fork and ask us to name it, it's kind of devastating, that's when you begin to understand the devastation.

MV: Actually, I think the injection one was the least interesting. I found the diet one to be interesting, we had to stay overnight for that one too.

KV: Did either of you have any reservations about joining the ADRC?

MV: No.

AA: No, because it was non-invasive. Oh, well, I don't know about you, but I was very nervous the first few interviews, until I began to say, 'but they're not testing me to see how smart I am', cause I approached it the way you do an exam: 'am I going to do well'? And then I took two interviews and I said, 'but that's not what the interview is all about, so relax.'

Ms. Van Dyk, an ADRC Research Assistant, here at a recent health fair

KV: Why have you encouraged others you know to participate?

MV: Because it's fun, it really is.

AA: Yes. And we'll continue, we'll try to recruit more people. Once they find out it's painless, which it is. You know, I will never forget one of those early tests, we had to identify people from another name, like what's-his-name, 'Rebel Without a Cause', he died young?

KV: James Dean?

AA: Yeah, but we had to say 'James Dean', and they showed us a picture of 'Rebel Without a Cause' and we had to say, 'James Dean'. But the worst of it for me was that they showed me an instrument, and I will never forget this, and I said, 'They use it for checking heart and blood pressure…it's not a sphygmomanometer...' I said, 'I can't think of the name.' and I walked out of there embarrassed!...

MV: Yeah, but you know what? We would go through these tests and… we did not ridicule. If you held up this [holds up a pencil] and said, 'what is this?' It was painful because we knew there were some people who couldn't name it. We don't 'pooh-pooh' it.

KV: What do you hope will come out of the research you're volunteering for?

MV: A diagnosis of Alzheimer's before death, an early diagnosis.

AA: Yes, and medications.

KV: Thank you so much for talking with me today.

Have you participated in a research study?
Would you like to share your story with us?
If so, call Dr. Margaret Sewell at 212-241-0188