



# M A G E C M E S S E N G E R

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## *Cognitive Rehabilitation is possible in early dementia stage*

by **Martha H. Corvea, PhD**

**D**avid A. Loewenstein, Ph.D., and other colleagues at UM and Mount Sinai Medical Center have shown promising results in two separate studies with people who have early stages of Alzheimer's Disease (AD). Their studies found that mildly impaired AD people who participated in a structured program of cognitive rehabilitation showed considerable improvement on two specific tasks: recall of faces and names (average improvement: 170%) and providing proper change for a purchase (average improvement: 71%) as well as enhanced abilities to process new information or respond to orientation-related questions. Most importantly, these improvements in the performance of daily tasks were still evident 3 months after this targeted intervention had ended!



Although other researchers have focused on understanding the recognition and recall of common skills and activities in recent years, it appears that Dr. Loewenstein and his colleagues are the first to combine several cognitive memory techniques into a specific training program to improve the memory of those who are mildly impaired with AD and also the first researchers to effectively focus on functional skills (e.g., calculating change) which closely resemble tasks that non-impaired individuals are expected to complete independently. During the 4-months training program, while taking cholinesterase inhibitors (e.g., Aricept), participants were divided into two groups, exposed to different stimulating exercises, and assessed an array of skills. Results indicated that the 25 participants in the cognitive rehabilitation group outperformed those in the control group (N=19) in most areas tested even though deficits in specific areas (i.e., using a calculator) remained unchanged across both groups.

“Our study shows that people with early AD can learn. This learning can be greatly enhanced if you teach them certain techniques that target particular areas of the brain,” Dr. Loewenstein says. “More importantly, by combining specific cognitive rehabilitation strategies, we can help people with AD remain engaged in daily activities and retain a connection to their family and friends and the world as a whole for a longer period of time.”

Source: Loewenstein, DA., Acevedo, A., Czaja, SJ. and Duara, R. *Cognitive rehabilitation of mildly impaired Alzheimer's Disease patients on cholinesterase inhibitors*. American Journal of Geriatric Psychiatry, 2004, 12 (4): 395 – 402.

**T**he University of Miami's Center on Aging uses a multidisciplinary approach to prevent disability, increase independence and/or prolong the "good days" of those afflicted by irreversible diseases. Faculty members conduct research in diverse areas, including Alzheimer's Disease (AD) and its effect on patients and their families. These research efforts have enhanced clinical understanding of dementia and its sequelae as well as expanded options for interventions with family members and/or treatment of cognitive decline in affected individual. Examples of recent studies completed by faculty from the Center on Aging, many of whom are also associated with MAGEC, include:

***The Effect of a Family Therapy and Technology-Based Intervention on Caregiver Depression*** (Eisdorfer, et al., 2003)

demonstrated that information technology (through a computer-telephone integrated system) has a promising role in alleviating distress and depression among AD caregivers, especially when combined with family-oriented therapeutic interventions. The results of this study also demonstrated that therapeutic interventions have differential impacts according to ethnic group and the caregiver-patient relationship. The Gerontologist. 43(4):521-31, 2003 Aug.



***Relative Frequencies of Alzheimer's Disease, Lewy Body, Vascular and Fronto-Temporal Dementia, and Hippocampal Sclerosis in the State of Florida Brain Bank*** (Barker, et al., 2002)

provides a comprehensive review of the ambiguity inherited in the diagnosis of different types of dementias. Hence the focus of this study was to calculate the relative frequency of all dementia illnesses present in 382 samples collected by the State of Florida Brain Bank. Findings confirmed that while Alzheimer's presents most frequently, other conditions also show in unequivocal profiles. However, mixed pathology was commonly identified. When considering specific factors such as age and gender, the authors pointed out that Vascular Dementia increase with age while the relative frequencies of other dementias decline with age or that a specific gender appeared to be overrepresented in some conditions. Estimates of the a priori probabilities of dementing disorders have implications for clinicians and researchers. Alzheimer's Disease & Associate Disorders. 16(4): 203-12, 2002 Oct-Dec.

***Putting a Face on HIV Infection/AIDS in Older Adults: A Psychosocial Context*** (Goodkin, et al., 2003)

stressed the emotional and social needs of this growing subgroup of HIV-1-seropositive infected individuals. In this study, the authors reported the characteristics of mood state, life stressor burden, social support network, and coping strategies that individuals older than 50 years are likely to adopt in adjusting to HIV-1 infection. In addition, issues associated with caregivers' burden were discussed. Their conclusions supported a stressor-support-coping intervention model for this age group. Journal of Acquired Immune Deficiency Syndromes: JAIDS. 33 Suppl 2:S171-84, 2003 Jun 1.

***Therapeutic Interaction in Nursing***

Drs. Christine L. Williams, DNSc, RN, CS and Carol M. Davis, PT, EdD, MS, FAPTA offer an advanced theoretical explanation of therapeutic communications skills for nurses and other health care professions. These verbal and nonverbal skills are required for effective interactions with a variety of individuals including the cognitively impaired, the critically ill and/or the psychiatrically impaired. Excellence in nursing care requires the ability to effectively deal with problematic situation. Therapeutic Interaction in Nursing. Thorofare, NJ: SLACK, Inc.



THE UNIVERSITY OF MIAMI  
MEMORY DISORDERS CENTER (UM-MDC)

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# Alzheimer's Disease Facts

1. Scientists estimate that 4.5 million people currently have Alzheimer's Disease.

2. In most people with AD, first symptoms appear after age 60.

3. Alzheimer's Disease is the most common type of dementia among older adults.

4. Although the risk of developing AD increases with age, AD and dementias symptoms are not part of normal aging.

5. The U.S. Census Bureau estimates that nearly 19 million will be aged 85 and older by the year 2050.

6. Researchers estimate that by 2050, 13.2 million Americans will have AD if current population trends continue and no preventive treatments become available (Herbert et al, 2003).

7. On average, patients with AD live for 8 to 10 years after they are diagnosed, though the disease can last for up to 20 years.

Sources: Alzheimer's Association;  
Alzheimer's Disease Education &  
Referral (ADEAR) Center

*The UM-MDC, partly supported by the State of Florida Department of Elder Affairs Alzheimer's Disease Initiative (ADI), is devoted to high quality patient care, education of caregivers and health professionals, and pursuit of research aimed at better diagnosing and treating Alzheimer's disease and related memory disorders.*

*Its services include:*

## **Comprehensive Evaluation and Diagnostic Services**

including psychosocial, neurological, psychiatric, and cognitive assessments; labs, brain imaging, and other diagnostic procedures as well as family conference to discuss diagnostic results, treatment and management strategies thru applied community referral options.

## **Psychosocial Services**

including supportive services for patients and caregivers (counseling and psychotherapy) and referrals to health care professionals community resources.

## **Education and Training**

including events for health professionals and general public. Caregiver training sessions, both in English and Spanish, are also conducted throughout the year as part of the ADI Caregiver Educational Series.

## **Research**

aimed at enhancing our understanding of Alzheimer's disease and related disorders, encompasses the biological, clinical, and psychosocial domains through the participation of both patients and their families in many research studies.

## **Outreach**

through educational materials and workshops in Spanish and Creole or outreach services for the Hispanic, African-American and Haitian communities, we service the multi-ethnic needs of this population.



## CALENDAR OF CME/CEU EVENTS

Mark Your 2005 Calendar! Contact MAGEC for more information at (305) 243-6270

### February 11, 18, 25, 2005

#### *Intensive Geriatric Training: Nursing Module*

CME/CEUs: 18.5 pending for nurses  
Location: Esther L. Grossman  
Women's Health & Resource Center,  
4320 Sheridan Street, Hollywood, FL.  
For additional information, please  
contact (305) 243-6270.

### March 11-12, 2005

#### *MCI Symposium III*

CME/CEU hours: 15 pending  
Location: Sheraton Bal Harbour  
Beach Resort, 9701 Collins Avenue,  
Bal Harbour, FL  
For additional information, please  
contact (305) 674-2592.

### March 23-24, 2005

#### *Advances in Geriatrics XIV - Alzheimer's Disease and Related Dementias: Early Detection and Interventions*

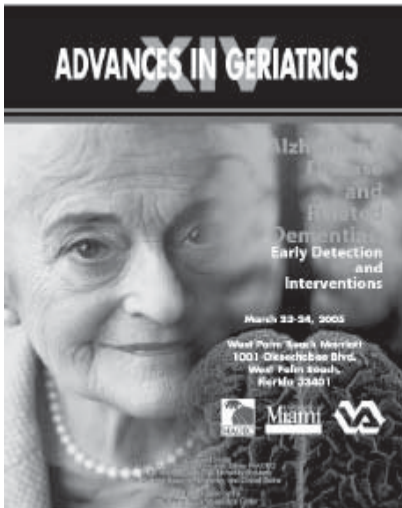
CME/CEU hours: 11 pending  
Location: West Palm Beach Marriott,  
1001 Okeechobee Boulevard, West  
Palm Beach, FL  
For additional information, please  
contact (305) 243-6270.

### *IGT Part B Discipline Sessions*

Please be advised  
that the following  
Intensive Geriatric Training  
Part B: Discipline Sessions  
will be offered:

Nursing	02/05
Medicine	04/05
Psychology	05/05

## CE PROGRAM DESCRIPTION



### **ADVANCES IN GERIATRICS XIV**

#### **Alzheimer's Disease and Related Dementias: Early Detection and Interventions**

**March 23-25, 2005**  
**West Palm Beach Marriott**  
**1001 Okeechobee Boulevard**  
**West Palm Beach, FL**

Alzheimer's Disease is an irreversible disorder of the brain, which affects the overall mental and physical functioning of those who have it and, eventually, leads to their death. It is the most commonly diagnosed cause of cognitive decline among people over age 65, affecting an estimated 4.5 million people, their families, the health care system, and society as a

whole. People with Alzheimer's Disease and related conditions require, yet might not have access to, definitive diagnosis, early interventions, and appropriate follow-up treatments to sustain a meaningful existence.

This educational conference will focus on the options for early intervention and proactive treatment currently available to health professionals dedicated to enhancing the quality of life in those affected with dementia.

*For more information,  
or to receive a brochure, please call  
MAGEC at (305) 243-6270.*

