



NEWSLETTER

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UNDERSTANDING MEDICAL NEWS

You read headlines that say a new “breakthrough” drug or a “groundbreaking” treatment, but when you get to the article it is usually a lot more complicated. It can be hard to decipher medical news and below are some tips.

Forget about Headlines

Headlines are designed to grab attention. Reporters usually don’t write their own headlines—the editors do—and the results can sometimes be misleading.

Beware of Exaggerated Language

Gary Schwitzer, the director of the Master’s program in health journalism at the University of Minnesota provides a list of words that medical journalists should never use and readers shouldn’t be fooled by: “cure, miracle, and breakthrough,” are the top three. Researchers rarely use these terms.

Look for the Evidence

Is the information based on a large study, observation of a few cases or a rumor? The gold standard of medical evidence is randomized, controlled, double-blind studies. Not every study can or should achieve this standard and even findings with solid research behind them can be preliminary.

Look for the Money

Many major medical journals, including *The Journal of American Medical Association* require financial disclosures from researchers before they accept studies for publication.

Should you change your treatment plan?

John H. Noseworthy, MD, professor of neurology at the Mayo Clinic in Rochester, MN says patients should keep themselves informed of the latest developments concerning their disease, as



(© Amber Seber—BigStockPhoto.com)

long as they consult with their doctor.

Be Patient

Good science takes time and just because it makes the news doesn’t mean it will be available any time soon or even turn out to be safe and effective.

Janet Jankowiak, MD, a geriatric and behavior neurologist at Radius Special Hospital in Boston, MA mentions that some research may take decades before practical applications emerge. “We expect answers immediately, but for research to be good, it takes a lot of effort, money and time. (*Neurology*-Sept/Oct 2006)

RESEARCH UPDATES

Alzheimer’s Disease—Oslo, Norway—Anders Lonneborg and colleagues of DiaGenic found a set of 96 genes that look different in the blood of Alzheimer’s patients when compared to the same genes in healthy people. Their study found Alzheimer’s accurately 85% of the time. The company has applied to regulators in the U.S. and Europe to ap-

prove the test. Christos Davatzikos and colleagues at the University of Pennsylvania researched a combination of PET and MRI scans to diagnose Alzheimer’s. This method correctly found all 15 cases of mild cognitive impairment and cleared 15 healthy volunteers. (2007 *Reuters Limited & Yahoo News* 6/11/07).

Memory Pharmaceuticals reported positive results from a phase IIa trial of MEM3454 (*CW Weekly* 11/19/07).

Ranbaxy Laboratories (RPI) announced that it has received tentative approval from the U.S. FDA to produce and market a generic equivalent of Razadyne (galantamine). Final approval for the drug is expected on
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**“If you want to
make important
discoveries,
work on
important
problems”**

- P.B. Medawar

*“Hope Through
Research”*



**“The wisest
mind has
something yet
to learn”**

-George
Santayana

Having Uncontrolled Seizures?

Clinical Trials, Inc. is evaluating an investigational medication to help reduce seizure frequency.

Qualified participants must be:

- between 12 and 75 years of age
- diagnosed with epilepsy with partial-onset seizures
- taking medication and still having 2 or more seizures per month
- have not previously taken Keppra
- have not taken an investigational medication in the last 4 months

If you qualify for participation, all study-related medical care, physical exams, lab tests and investigational medication will be provided at no cost.

Call: 1-501-227-6179

info@clinicaltrialsinc.com www.clinicaltrialsinc.com

Research Update Continued...

December 14, 2008, when the patent on Razadyne expires (*Alzheimer's Arkansas Programs & Services Newsletter*, Oct. 2007).

According to a study by Dr. Robert A. Rosenheck from the VA Connecticut Health Care System, second-generation antipsychotic drugs are no better than placebo—from a cost-benefit viewpoint—for treating the psychosis and aggression that can develop in Alzheimer disease patients (*Archives of General Psychiatry*, Nov. 2007).

Japanese scientists from Nagoya University have developed an oral vaccine that has proven safe in mice. The vaccine reduced the amount of amyloid plaques in the brain and improved mental function. U.S. drug maker Wyeth and its Irish partner Élan Corp have an Alzheimer's vaccine called ACC-001 in early stage human trials (*2007 Reuters & Yahoo Health 3/28/07*).

Diabetes & Neuropathy—Researcher, Maria Koulmanda of the Transplant Research Center, Beth Israel Deaconess Medical Center in Boston might have found a three-drug regimen to reverse Type 1 diabetes—at least in mice. The next step will be tests to ensure that the regimen is safe for human use (*Health Day*, July 30, 2007/*Medline Plus online*).

The investigational agent, *Lacosamide*, at a dose of 400 mg/day may significantly decrease pain scores in patients with painful diabetic neuropathy according to researchers at the American Diabetes Association 67th Scientific Sessions (*Abstract 596-P/docguide.com 6/18/07*).

The latest research suggests the molecule, known as JAM-C, could be a key player in regulating the way nerves work. *Sussan Nourshargh*,

professor of microvascular pharmacology at Barts and The London School of Medicine made the discovery of the molecule's role in peripheral nerves by accident, while investigating blood vessels. The team found that nerves of patients with certain peripheral nerve disorders had defective JAM-C. This sticky molecule was previously linked to inflammation but it also helps seal vital insulation around peripheral nerves (*Ben Hirschler*, 2007 *Reuters—Medline Plus Nov. 29, 2007*).

Multiple Sclerosis—Bayhill Therapeutics released positive results from a phase IIb trial of BHT-3009 for relapsing, remitting multiple sclerosis (*CW Weekly Oct. 15, 2007*). Amit Bar-Or, MD, of the Montreal Neurological Institute and colleagues tested the DNA vaccine, BHT-3009, between 2004 and 2006 for patients with relapsing-remitting or secondary progressive MS. The vaccine appears safe and may produce beneficial changes in the brains and immune systems (*American Medical Association/Docguide.com 2007*).

Parkinson's—Dr. William Burke from St. Louis VA Medical Center have found in rats that dopamine itself plays a role in destroying the neurons that produce it. It seems a chemical by-product of dopamine known as DOPAL is the mediating factor. Since we now know a chemical that triggers the events that cause PD, we can develop therapies to stop or slow this process (*Acta Neuropathologica*, Oct. 27, 2007).

Gene therapy could improve symptoms and has advantages over deep-brain stimulation such as the absence of hardware reducing risk of infection according to a study at Weill Medical College at Cornell University (*The Lancet/Docguide.com 2007*).

Exercising with Epilepsy

We all know exercise is beneficial, but how do people with seizures exercise safely. According to Joseph I. Sirven, MD, associate professor of neurology at the College of Medicine, Mayo Clinic in Arizona—"Seizures during sports activity are rare and exercise may have anti-epileptic effects." If patients are in "good control" then almost any type of exercise is fine—by "good control" meaning no seizures for a specified period of time. Here are some tips:

EAT AND SLEEP—sleep deprivation and hypoglycemia are both associated with increased seizure risk.

STAY COOL—take frequent breaks, hydrate, and save your greatest exertion for the coolest part of the day.

BE WARY IN WATER—wear a life vest when you are on, in, or around water.

PROTECT YOUR HEAD—wear protection when playing contact sports or when there is an added risk of falling or head injuries, or avoid contact sports altogether.

USE THE BUDDY SYSTEM—if you ski or hike, go with a buddy. Swim with a buddy who is a strong swimmer and even walking is safest when done with a friend.

(Neurology Now—November/December 2007)

Food for Thought

A brain-healthy diet is good for your heart and diabetes while also increasing blood flow to the brain. Here are some mind-boosting foods:

BLUEBERRIES: are packed with protective antioxidants. Studies in animals have shown that berries increase coordination, concentration and short-term memory.

CURRY: includes turmeric, the spice that turns curries yellow and has been shown to fight brain disease due to a compound called curcumin.

SALMON: has the omega-3 fatty acids that are an essential brain cell component. If you don't like fish, try fish-oil or other memory boosting supplements.

SPINACH: is a dark leafy vegetable that some experts believe have pigments that give us an antioxidant-filled brain promoting power.

CURRENT STUDIES

Epilepsy

- Cluster seizures
- Epilepsy—uncontrolled even after years of treatment with AED's (anti-epileptic drugs).

Diabetic Neuropathy

- Type 1 or 2 Diabetes, DPN (tingling, burning, numbness) in your fingers, hands, toes or feet.

Alzheimer's Disease

- Probable Alzheimer's disease, 50+ years of age and may or may not be on medication.

Together, we can fight
DIABETIC NEUROPATHY PAIN.



If you're a diabetic who's experiencing tingling or burning foot pain, you can participate in a research study to evaluate an investigational pain medication that is unique in how it affects pain.

To learn more, please contact:

Clinical Trials, Inc.
501-227-6179

Local doctors are now evaluating an investigational pain medication to help treat foot pain associated with diabetes.

To pre-qualify for this research study, a person must:

- Be 18 years or older
- Have a medical diagnosis of type-I (insulin dependent) or type-II (non-insulin dependent) diabetes
- Be experiencing pain due to chronic diabetic neuropathy for at least 6 months, with the primary pain location being in the feet

All qualified participants will receive study-related treatment and the investigational pain medication at no cost. Reimbursement for time and travel may also be provided.

Additionally, all participants who complete this study will receive access to this novel, investigational pain medication for one full year.

Call Clinical Trials, Inc. for more information.

501-227-6179

info@clinicaltrialsinc.com



Visit our website:

www.clinicaltrialsinc.com

*"We Believe in
HOPE THROUGH
RESEARCH"*

MAILING LABEL HERE

At Clinical Trials, Inc., our mission is to provide "Hope Through Research."

Our multi-disciplinary organization consists of a medical team that facilitates quality clinical research, provides superior patient care, and utilizes cutting edge technology and treatment.

Some of the benefits of participating in a clinical trial include access to new treatments that might work better than existing therapies, medical care and follow-up care at no cost, and the knowledge of benefiting science.

We're On the Web!
www.clinicaltrialsinc.com



Phone: 501.227.6179
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**"Science is
organized
knowledge.
Wisdom is
organized life"
-Immanuel Kant**

A PERSONAL EXPERIENCE... WITH ALZHEIMER'S DISEASE

David Hyde Pierce is most famous for his lovable, quirky character Niles on the NBC hit sitcom *Frasier*. He not only won our hearts but four Emmys.

The talented actor/comedian has known some very real pain—losing both father and grandfather to Alzheimer's disease. Pierce is passionate about raising awareness of this disease that now affects 5 million Americans—a number that could easily triple by the year 2030.

His grandfather was a classic case where his grandmother took care of him and made sure people didn't know what was going on. They first noticed symptoms back in the 80's. It was his 85th birthday when the family was gathered at a restaurant and he was looking at the menu and saying to his wife, "I'm not sure what I want. What do you think I should have?" All of a sudden they all understood that he couldn't read the menu. The disease progressed and he not only started losing at chess (was a great chess player) but started moving the pieces in ways that they aren't allowed to move. The final serious

signs were that he was starting to wander. Ultimately his grandmother was no longer able to take care of him and he went into a nursing home. She died of a stroke not long after.

His experience with his father happened differently because of their new understanding of the disease. There was more information available, but the prognosis was different. His father underwent heart surgery, and he had a stroke while in recovery in intensive care, from a clot. He lost peripheral vision and had some memory problems and disorientation, but it started to clear up. His mother was diagnosed with cancer in 1994 and died very quickly. After she was gone, they realized how much she had been covering for him like his grandmother had done with his grandfather.

His father lived with his brother and wife and kids but only for a while. He began to decline and eventually he couldn't be left alone for five minutes and his brother and wife were missing work, the kids were missing school, so they found a great assisted-living place. They got some of the furniture from their family



home and set it up so that it looked more or less like his living room.

Pierce says having his father and grandfather lose the battle with Alzheimer's has raised his awareness and concern of his own health. He tries to keep healthy and follows the idea of "What's good for your heart is good for your head."

We know how many Americans in the Baby Boom generation are going to be reaching that age, so we also know how those numbers are going to increase and what it's going to cost. Pierce states, "When you are looking at someone your age who has Alzheimer's—not an older person, not the stereotype we associate with the disease—suddenly you can put yourself in the place of a person with the disease. You realize that this is not about becoming forgetful; it's about having every part of your life taken from you slowly before you die from it."

There are a variety of drugs that slow or mask some of the symptoms, but our hope is prevention. Pierce adds, "The most important thing is for people to understand that they are not alone."

(*Neurology Now*-May/June 2007)