

# NEWSLETTER



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## WHAT TO REMEMBER WHEN PLANNING A VACATION

It is important for caregivers to take vacations—a time away from the responsibility of providing care for their loved one with dementia. However, vacations are family events and the person with dementia should be included.

The main factor to consider is how the family member with dementia handles change. If an outing of only a few hours the person is disruptive and becomes irritable or later has difficulty sleeping, anticipate the same reaction on a trip. If the small changes in the day are tolerated fairly well, a short trip may also be enjoyable.

Be realistic. Climates, time change, planes, trains, buses, terminals, etc. may cause agitation and anxiety in a person with dementia. Use familiar types of transportation.

If the person has never traveled by airplane, it would be better to drive. Remember to vacation the way the person was accustomed to before the disease.

Simple and short is very important. A trip that involves few changes as possible such as escorted tours, especially if it is with a group who understands your situation. Only plan for a single activity and have some alternatives. You may need more time in between activities to relax.

Notify airlines, hotels or tour operators that you're traveling with a person who has memory impairment, and share some of your safety concerns and any special needs. Do not leave your family member alone. Identification items are a must! Make sure a bracelet or necklace is worn at all times. Alzheimer's Arkansas



(800-689-6090) can give you information about getting ID bracelets. Also, put a card with the name of your hotel and travel plans in the family members purse or pocket.

Remember to maintain daily routines for example try to give baths the same time of day. Be sure to adjust the water temperature because unfamiliar knobs are often confusing to memory impaired individuals. Also maintain eating times and try to avoid crowded restaurants. Look for a quiet restaurant or use room service and serve the same type of foods that your loved one is used to eating. For convenience and safety,  
(Continued on page 3)

## RESEARCH UPDATES

**Alzheimer's Disease**—Prana Biotechnology Limited completed a Phase IIa study for PBT2. The drug is designed to prevent toxic interaction between certain metals, such as zinc and copper, and beta-amyloid.

Elan Pharmaceuticals and Transition Therapeutics are recruiting patients for a Phase II study for ELND005 which

may prevent beta-amyloid from assuming a toxic form.

Bapineuzumab, an antibody that binds to and clears beta-amyloid peptide is entering Phase III trials for Elan and Wyeth Pharmaceuticals.

A new study published in the *Journal of Neuroinflammation* documented improvement in patients after a spinal injection of Enbrel which binds to a sub-

stance called TNF and renders it inactive. TNF regulates inflammation in the brain and other tissues. Only about 15 patients were included in the study, so more will certainly be needed to know whether it will be effective.

A newly developed vaccine, AD01, has just begun Phase 1 trials. It is designed to "mimic" beta-amyloid but is chemically different. *Continued pg. 3*

## Helpful Resources

### Centerwatch

<http://www.centerwatch.com>

### Alzheimer's Arkansas Programs & Services

[www.alzark.org](http://www.alzark.org)  
800.689.6090

### National MS Society

[www.nationalmssociety.org](http://www.nationalmssociety.org)  
501.663.8104

### American Diabetes Association

[www.diabetes.org](http://www.diabetes.org)  
501.221.7444

### Epilepsy Education Association of Arkansas

[www.epilepsyarkansas.com](http://www.epilepsyarkansas.com)  
501.772.4788

### American Parkinson's Disease Association

[www.apdaparkinson.org](http://www.apdaparkinson.org)  
501.622.3990



*Treatments for ALL diseases in the past, present and future could not be available without **Research Volunteers!!!***

# DIABETES & COMPLICATIONS

Diabetes affects more than 16 million Americans and is more common in Hispanics and African Americans.

Your glucose (sugar) control is important to reducing the seriousness of the complications. Your diet is important to good control of your diabetes. You should try to reduce your salt intake and high-sodium foods. If you are overweight, try to lose some weight by focusing on fruits and vegetables and whole grains. Also, some other important lifestyle changes include: stop smoking, get regular exercise, use alcohol only in moderation and take a low-dose aspirin therapy.

**Hyperglycemia** (elevated blood sugar) is a major risk factor and it causes increasing stiffness of the arteries and promotes strokes and heart attacks.

**Hypertension** (high blood pressure) is very common. Almost 60% of Type 2 diabetics have high blood pressure. Uncontrolled hypertension increases your risk of

cardiovascular disease, retinopathy and neuropathy. Approximately 2 out of 3 diabetics will suffer a stroke or heart attack. **Cardiovascular disease** is the leading cause of death for diabetics.

**Dyslipidemia** (elevation of lipids or fats in the blood), elevation of triglycerides, LDL (bad cholesterol) and low levels of HDL (good cholesterol) are all seen in diabetics and contribute to increased risk of heart disease.

**Kidney failure** is another major complication of diabetes and uncontrolled blood pressure and hyperglycemia. About 20-30% of diabetics have evidence of kidney damage. Diabetes is the leading cause of Kidney Disease.

**Neuropathy** (nerve damage) can cause tingling, numbness and pain in the hands, arms, legs and feet. It can also impair function in the stomach, bowels, heart and bladder.

**Diabetic retinopathy** is the leading cause of blindness in the adult population. Early diagnosis and treatment can

stop vision loss. You should have your eyes checked yearly.

It is important to discuss any complications you are experiencing with your physician to receive better control and treatment of your diabetes. *(REMEDY-Fall 2006 and Aging Arkansas—March 2007)*

## Epilepsy by the Numbers

- One in 10 adults will have a seizure
- 2 million people in the US have epilepsy
- 20% of children have seizures due to neurological abnormalities
- 40% of epilepsy cases are caused by stroke
- 500 genes could play a role in epilepsy
- 80% of people with epilepsy can control their seizures with medicine and surgery

*(Neurology Now—January/February 2008—by Elizabeth Stump)*

A research study - ICARA - is now underway to explore a possible new investigational treatment for Alzheimer's disease.

You may be eligible to participate in the ICARA study if you:

- Are 50 to 88 years old
- Have a diagnosis of probable Alzheimer's disease

In addition to receiving study-related physical exams and laboratory services at no charge, participants may receive study medication and will be monitored by a medical team, including a nurse or study coordinator and a physician.

For people with  
**Alzheimer's**  
there's no time to lose.

Visit [www.ICARASTUDY.COM](http://www.ICARASTUDY.COM)  
or call 1-888-818-MEMORY

for more information

**ICARA**  
Investigational Clinical Amyloid  
Research in Alzheimer's

## ALZHEIMER'S ARKANSAS UPCOMING EVENTS

### Thunder & Chrome

Benefit Ride & Show  
June 28th  
Jones Harley Davidson  
10210 Hwy 30, Little Rock  
8am-4pm



### WALKS

September 13 Little Rock  
September 27 Hot Springs  
October 4 Pocahontas  
October 18 Conway  
October 25 Fairfield Bay

For more information, call Billie Holsomback at 501-224-0021 or 800-689-6090.

## If diabetic nerve pain is hurting you here



**Get in here and join our research study.**

You may be able to be in a clinical research study if you have diabetes causing pain in your arms, hands, legs, or your feet. The purpose of this study is to figure out the best amount of study medicine for doctors to use in helping diabetes-related pain, also called diabetes-related neuropathic pain.

You may be able to be in this study if you:

- Are at least 18 years old
- Have been diagnosed with Type 1 or Type 2 diabetes
- Have had diabetes-related pain in the arms, legs, hands, or feet for the last 6 months

If you take part in the study, you can expect 10 visits to the clinic. Your time in the study will last about 5 months. There is no cost to you for all study-related office visits, medical exams, and study medicine.

Call today about this Diabetes-Related Pain Study:



Or visit us at [www.DPNstudy.com](http://www.DPNstudy.com)

## RESEARCH UPDATES CONTINUED...

EPIX Pharmaceuticals reported positive results for PRX-03140. A once-daily dose of 150mg of the drug enabled patients to achieve a modest 3.6 improvement compared to a 0.9 decline in placebo. (*Preserving Your Memory—Spring 2008*)

Neuro-Hitech released mixed results from a Phase II study of Huperzine A. Treatment was safe and well tolerated and they plan to move forward with the development. (*CWWeekly—February 11, 2008*)

**Diabetes & Neuropathy**—Epicept released positive preliminary results from a Phase II study of NP-1. The treatment arm achieved a reduction of pain scores of at least 30% of the subjects with the pain scores being reduced by 50%. They plan to move forward with Phase III trials. (*CWWeekly—February 19, 2008*)

**Multiple Sclerosis**—The novel cancer and rheumatoid arthritis drug Rituxan is in Phase II trials and results show a reduction in the number of inflammatory brain lesions as well as clinical relapse in patients with relapsing-remitting MS. B-cell depletion has the potential to decrease disease activity with the relapsing form of the disease. Phase III trials are expected this year. (*Medscape Medical News 2008—Susan Jeffrey*)

**Parkinson's**—Results of a study suggest that current use of calcium-channel blockers, but not other antihypertensive agents, is associated with a significantly reduced risk for PD. The results were published in *Neurology* (Medscape Medical News 2008—Susan Jeffrey)

UCB announced that the company will be recalling Neupro in the US. The recall is due to a deviation from the approved product, as a result there will be an out-of-stock starting late April 2008. UCB advises patients to contact their healthcare provider to begin the down-titration of Neupro and do not discontinue therapy abruptly. (*Docguide.com—3/24/08*)

## BHRI ADDS NEW PARKINSON'S DISEASE CARE ACCREDITATION

Baptist Health Rehabilitation Institute is proud to announce its new Excellence in Parkinson's Care Accreditation. BHRI has been treating patients with Parkinson's for many years with very successful outcomes and decided to place special emphasis on this program in 2007. BHRI created a core Parkinson's team consisting of inpatient and outpatient therapists, nurses, and care coordinators. This new designation will ensure that BHRI continues to give All Our Best to the residents of Arkansas.

## VACATIONING CONTINUED...

leave the bathroom light on all night. Remember to lock the door to your room with a safety latch and place a chair in front of it.

Finally, keep your sense of humor. Funny things are going to happen a long the way, so remember to laugh. Believe in yourself and your knowledge and experience as a caregiver. Have confidence in your judgement and abilities. Most importantly, enjoy your special time together!

(Alzheimer's AR Programs and Services Newsletter—June 2007)

## 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, Pain (tingling, burning, numbness) in your fingers, hands, toes or feet.

### Alzheimer's Disease

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

Call Clinical Trials, Inc. for more information.

501-227-6179

[info@clinicaltrialsinc.com](mailto:info@clinicaltrialsinc.com)



Visit our website:

[www.clinicaltrialsinc.com](http://www.clinicaltrialsinc.com)

**“The past is a source of knowledge, and the future is a source of hope”**

- Stephen Ambrose

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*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](http://www.clinicaltrialsinc.com)



**"There is no harm in doubt and skepticism, for it is through these that new discoveries are made"**

**-Richard Feynman**

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## A PERSONAL EXPERIENCE... WITH MULTIPLE SCLEROSIS

Kelly Sutton is known as a NASCAR Craftsman Truck series driver and the only person known to race with Multiple Sclerosis. Kelly always loved cars even as a child when she preferred Hot Wheels instead of Barbie dolls. She is part of a family business, Sutton Motorsports and her grandfather, Charlie and her father, Ed raced dragsters, dune buggies and dirt-track cars.

Kelly was diagnosed with MS at the age of 16 but she was 13 when she first started experiencing symptoms of fatigue and clumsiness. Her symptoms eventually got worse and one day woke up with no feeling on the entire right side of her body.

A MRI and spinal tap revealed that she had relapsing-remitting MS. "I was devastated. I was 16 years old, and all I wanted to do was race. At that age you don't expect something like MS to become a factor in your life. I was afraid I would have to give up the things I loved."

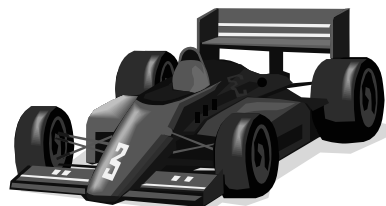
In 1995, Kelly was about to realize her dream of racing at Daytona but she was in a car accident that left her with a dislocated right hip and left shoulder as well as broken

ribs and a collapsed lung. It also triggered a relapse of her MS. Instead of giving up on her dreams, she started to fight by finding the right foods, exercise and medication.

When Kelly started taking Copaxone (a daily injection of glatiramer acetate) it helped her go from the wheelchair to the driver's seat. She made history in 2001 by becoming the first driver with MS to race in any NASCAR series. Kelly placed among the top 12 her first 2 years in NASCAR's Dash Series for compact cars. She then became only 1 of 2 women racing full-time in NASCAR's Craftsman Truck Series.

NASCAR racers are faced with extreme heat, limited vision and movement, races that last for hours, and the force of gravity or acceleration on the body. Kelly's MS has been in remission and she continues to defy the odds. There was a "cool unit" that was installed into her truck because with MS heat can be a problem and trigger symptoms or a relapse.

"I love getting behind the wheel and being in control of something on the verge of being out of control. It's a



challenge that's a lot like MS," says Sutton.

Kelly also makes time to travel as a motivational speaker, sharing her story with fans and others who have MS. She stresses the importance of making proactive choices and encourages MS patients to establish a strong relationship with their neurologist.

In 2003, Kelly earned the Wilma Rudolph Courage Award from the Women's Sports Foundation. She also launched her own "Let It Shine" foundation to raise awareness and funds for MS patients who lack the means to support themselves during relapses and crisis situations. "Kelly cares about others who have MS, and she encourages them to pursue their dreams and to not let the disease rule their lives," says her mother.

"Interacting with other people who have MS reminds me that this disease is just something we have to deal with. It is not who we are. I am a mom; I am a wife; I am a racecar driver. Those are the things that define me—not MS."

Today, Kelly is a proud mother to Ashlee who shares her Mom's love of racing.

*(Neurology Now—Nov/Dec 2006)*