

# NEWSLETTER



## OUR STAFF

Director/Neurologist  
Dr. Victor Biton

Epilepsy RN  
Judy Summers

Research Coordinators  
Denise Davis  
Donna Hemphill, RN  
Dusty Holderfield, RN  
Kristin Miller, LPN  
Teri Walters  
Betty Ussery

Clinic Manager  
Jonathan Rushing

Regulatory Coordinator  
Mark Franks

Budget/Contract Coordinator  
Kimberly Hagar

EEG Techs  
Brenda Harder  
Brenda Spann

Marketing Coordinator  
Lauren Landers

Lab Tech  
Cindy Burkhart

Patient Accounts  
Barbara Schwerman

Neuropsych testing  
Adva Biton

Receptionists  
Ruth Mattingly  
Suzanne Steele  
Kelly Threlkeld

## ARE RESEARCH STUDIES SAFE?

At any given time, according to ClinicalTrials.gov, more than 70,000 trials are going on worldwide. There is an excellent chance that you will be faced with a decision about whether to participate in a clinical research trial at some point in your life. The choice you make may be for yourself or a loved one. The trial may involve a drug, surgery, or new device.

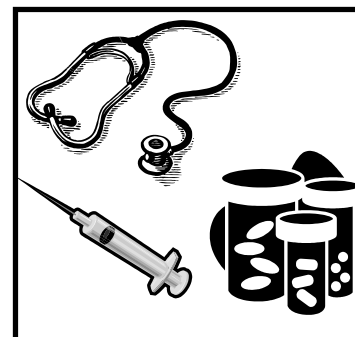
When making the choice about entering a trial, you need to consider the options available if you forgo it, compared to the risks and benefits of the therapy being offered.

In some cases, there may be no approved treatment for your condition, and the only possibility of

finding an effective one is through a trial. In other cases, choices may be available, but they might have substantial disadvantages, such as unwanted side effects, or they may not work for the majority of people. For example, approved treatments for certain cancers could improve life expectancy by only six months. In this situation, a new option, even an unproven one, may offer more hope.

Sometimes, hope is all that can be offered. On paper, a drug might appear quite promising, but its benefits may as yet be unproven. Other trial drugs may be near FDA approval, and doctors may already know most of the risks and benefits.

If you enroll into a trial, you may need to undergo



many procedures such as x-rays, MRIs, diagnostic tests, and multiple needle sticks for blood samples. These could be included so the investigators can learn as much as possible or so they can keep trial subjects as safe as possible.

In the end, your decision comes down to a simple question: Is the uncertainty of the trial and treatment worth pursuing over established options? The answer will not always be clear. You should never feel like you are being pressured into a trial. Your doctor will not penalize you for saying no. But if you agree, you'll be helping not only yourself, *(continued on page 3)*

## RESEARCH UPDATES

**Alzheimer's Disease**— Researchers at MIT's Picower Institute for Learning and Memory have identified the gene in mice that was responsible for the 2007 discovery of an apparent reversal in Alzheimer's-like symptoms in mouse models. HDAC2 regulates the expression of a plethora of genes implicated in plasticity—the brain's ability to change in response to experience—and memory forma-

tion. Mice treated with HDAC inhibitors demonstrated recall of long term memories and a renewed ability to learn new tasks. These findings are in line with a phenomenon known as "fluctuating memories" in which patients experience temporary periods of apparent clarity. This tells us that the brain might possess mechanisms to allow some restoration of function even when cells have been lost

(Preserving Your Memory, Summer 2009).

**Parkinson's Disease**—Impax reported positive results from a phase II trial of IPX066. The trial compared IPX066 (extended release carbidopa-levodopa) to Sinemet in terms of improving motor symptoms. IPX066 reduced "off" time during waking hours by two hours compared to Sinemet (3.8 hours of off time for IPX066 vs. 5.8 hours for Sinemet) *(Continued on page 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

**FREE  
MEMORY  
SCREENING**

**Tuesday  
November 17th  
9:30-3:30**

**Appointments  
Required**

**Call  
501-227-6179 or  
888-527-5061**

## YOGA AND YOUR PAIN

Yoga and tai chi can help you harness the power of the mind-body connection to ease the pain of multiple sclerosis, neuropathy and other conditions.

According to a 2004 study from the Oregon Health and Science University, just six months of yoga significantly reduced fatigue in people with MS. The study found that yoga is as good as a traditional aerobic exercise program in improving measures of fatigue, a common and potentially disabling symptom of MS.

While the physical benefits of yoga and tai chi can be observed and measured, many experts believe there are other benefits that go even further. "We look at yoga as a technology to reduce both physical and mental turbulence," says David Simon, MD of Chopra Center for Wellbeing in Carlsbad, CA. "Our focus is on reducing the symptoms of neurological diseases by changing the patients relationship to them. When people with chronic pain reduce their stress using yoga and meditation, they find their ability to modulate their pain and suffering."

There is a growing movement of doctors and physical therapists who are incorporating yoga, tai chi, and other meditative disciplines that combine balance and flexibility training with what is known as 'mindfulness' into treatment programs for MS, Parkinson's, neuropathy and other neurological diseases. Yoga and tai chi combine the stress-reducing effects of mindfulness with low-impact movement, which is especially helpful for people who have chronic pain or physical limitations.

Tai chi combines relaxation and balance techniques in a way that seem to be particularly beneficial to people with neuropathic pain. A primary symptom of peripheral neuropathy is a loss of sensation on the soles of the feet, which is vital to maintaining balance. The continued practice of tai chi helps in regaining one's balance and preventing falls. Dr. Li, professor of kinesiology at Louisiana State University, says that he sees improvements in sensation, flexibility and overall health in his patients in anywhere from a few weeks to a few months. Dr. Li says most of his patients have reported a significant decrease in falls and increased confidence in walking and standing; in addition, many have been able to stop using walkers or canes.

Whichever discipline you undertake—as with all exercise—consult with your doctor

## Are you currently taking Aricept®?

If you or someone you care about is currently taking Aricept (also known as donepezil HCl tablets), you may be interested in the Concert Study, a clinical research study of a new investigational therapy for Alzheimer's disease.

Study participants should not be on other prescription Alzheimer's medications besides Aricept. Medical care and study medication will be provided at no financial cost.

**Learn more about taking part in this clinical research study. Visit [www.CONCERTstudy.com](http://www.CONCERTstudy.com) or contact:**

**Victor Biton, MD  
Clinical Trials, Inc.  
501-227-6179**

**Concert**

An Alzheimer's Disease Investigational Trial



**MEDIVATION**

**Pfizer**

© 2009 Medivation, Inc. and Pfizer Inc. All rights reserved. MDVNI-CN-040-0709

first. Depending on the progression of your condition, certain forms of exercise may be too taxing. Start out slow, let your body be your guide, and for MS patients, be careful about over heating. "Once people begin a routine, they find they have more flexibility and movement in their daily lives" says Dr. Simon. "The more they move, the more chemicals are released in their body that makes them feel psychologically better—which also makes them feel more able to physically move more. It's a mind-body cycle that feeds itself."

The right teacher is also a key element to success. "Find a yoga teacher who recognizes that it's less about the external model of the poses," Dr. Simon says, "and more about the awareness of the mind-body connections—helping to breathe, relax and release." Some resources: [liliayoga.com/store/dvd.htm](http://liliayoga.com/store/dvd.htm), [Demospub.com](http://Demospub.com), and [Taichiproductions.com](http://Taichiproductions.com).

(Neurology Now, November/December 2007)

## Safety continued...

but others as well. Clinical trials provide doctors and patients with better information with which they can make more-informed medical decisions. If people did not participate in trials, no new therapies would be approved. (Parade.com, Dr. Jacqueline A. French, July 26, 2009)

## RESEARCH UPDATES CONTINUED...

Sinemet). In addition, IPX066 significantly improved duration of motor function compared to Sinemet, with an effect sustained over six hours. IPX066 was generally well tolerated. Phase III trials are under way (CW Weekly, Sept. 28, 2009)

**Multiple Sclerosis**—Novartis reported positive results from a phase III trial of oral FTY720 (fingolimod). FREEDOMS (FTY720 Research Evaluating Effects of Daily Oral therapy in Multiple Sclerosis), enrolled 1,272 patients with relapsing-remitting multiple sclerosis. The patients received placebo or 1.25 or 0.5 mg doses of FTY720 once daily over two years. FTY720 reduced the relapse rate by 54% for the 0.5mg dose and 60% for the 1.25mg dose compared to placebo. In addition, FTY720 reduced the progression of disability by 30% for the 0.5mg arm and 32% for the 1.25mg arm compared to placebo over two years. FTY720 was generally well tolerated. Regulatory submissions are planned in the U.S. and EU by the end of 2009 (CW Weekly, Oct. 5, 2009).

Fampridine sustained release (SR) tablets are perceived by patients and clinicians as a beneficial and tolerable long-term therapy, according to results of a study presented at the 13th Congress of the European Federation of Neurological Societies (EFNS). Previous studies have shown that the potassium channel blocker fampridine SR improves walking ability in patients with multiple sclerosis. (Doctor's Guide online 2009/Ann Saul, Florence, Italy)

**Epilepsy**—Lundbeck plans to launch Sabril in the U.S. in the 3rd quarter. Sabril is indicated as monotherapy for pediatric patients one month to two years of age with infantile spasms (IS) for whom the potential benefits outweigh the potential risk of vision loss, and as adjunctive (add-on) therapy for adult patients with refractory complex partial seizures (CPS) who have inadequately responded to several alternative treatments and for whom the potential benefits outweigh the risk of vision loss. Sabril is not indicated as a first line agent for complex partial seizures. Sabril causes permanent bilateral concentric visual field constriction in 30% or more of patients that ranges in severity from mild to severe, including tunnel vision to within 10 degrees of visual fixation and can result in disability. Sabril approval is accompanied by an FDA-mandated Risk Evaluation and Mitigation Strategy (REMS) and is available only through a special restricted distribution program called SHARE (Support Help and Resources for Epilepsy). Sabril is the first therapy approved for the treatment of infantile spasms (Lundbeck release (formerly Ovation Pharmaceuticals) August 2009).

## Do you have Parkinson's Disease?

### Learn about an investigational clinical research study

The ADVANCE-PD Study evaluates whether an investigational long-acting form of a currently marketed oral medication for Parkinson's Disease may improve Parkinson's symptoms

**Participants must:**

- Have been at least 30 years old at the time of PD diagnosis
  - Be taking carbidopa-levodopa (e.g. Sinemet®)

For information please contact:

**Clinical Trials, Inc.**  
 at 888-527-5061  
 email: [info@clinicaltrialsinc.com](mailto:info@clinicaltrialsinc.com)

Medical assessments, study medication,  
 and laboratory testing are provided.

[www.ADVANCE-PD.com](http://www.ADVANCE-PD.com)

© 2009 Impax Laboratories, Inc. All rights reserved. Sinemet® is a registered trademark of Bristol Meyers

## 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) mainly in your feet.

### Alzheimer's Disease

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

### Parkinson's Disease

- Diagnosed with PD, 30+ years of age, currently being treated with Levodopa and experiencing "off" times.

Call Clinical Trials, Inc. for more information.

**501-227-6179 or  
 888-527-5061**

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



Visit our website:

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

*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.*

MAILING LABEL HERE

**We're On the Web!**  
[www.clinicaltrialsinc.com](http://www.clinicaltrialsinc.com)



***"The past is a source of knowledge, and the future is a source of hope"***  
**- Stephen Ambrose**

**To be removed from our mailing list please call 501.227.6179 or 888-527-5061 or email: [info@clinicaltrialsinc.com](mailto:info@clinicaltrialsinc.com)**

## A PERSONAL EXPERIENCE... WITH EPILEPSY

### **Jessica, Age 22** **Generalized Tonic-clonic**

At 13, before her epilepsy was even diagnosed, Jessica had a seizure at the worst time she could imagine: a friend's sleepover party. Although her best friend was supportive, some girls "freaked out" and started treating her differently. She carried the humiliation of that episode all the way to her freshman year of college, when she confided in her roommates but no one else. "I didn't know how people would react," she recalls. "I didn't want them to think I was weird."

One day during chemistry lab, Jessica felt a pain in her stomach - for her a sure sign a seizure was coming. A roommate, who happened to be her lab partner took charge. "I couldn't help thinking what might have happened if she wasn't there. It was a real wake-up call."

After that, she told all of her friends and each semester when she started a new class, she would tell the professor about her epilepsy. Opening up didn't just make Jessica feel safer. Knowing she didn't have to keep secrets any

longer was extremely liberating. Jessica graduated with a nursing degree and works in a neurosurgery unit of a large teaching hospital.

### **Audrey, Age 42** **Complex partial seizures**

"I was eight when I was diagnosed," she recalls. "I remember hearing the doctor use the word epilepsy, but my parents told me nothing was wrong. I guess they were worried about the stigma it could have, especially in a small town. We never talked about it, except twice a day when they asked if I remembered to take my medication." People in their community were uncomfortable with her seizures. A local pastor tried to exorcise her "demons." She had a caring third-grade teacher who helped Audrey find epilepsy materials to read but in high school, the counselor crushed her dreams by saying college wasn't a possibility for "someone like her."

Today, Audrey holds a professional license in mental health counseling and positions with two agencies. She is co-founder of LAB Epilepsy Research Group, a non-profit



(BigStockPhoto.com)

organization that provides support for people with epilepsy as well as public education.

### **John, Age 65** **Generalized Tonic-Clonic seizures**

John grew up in a Western state where the cowboy code said a man should be self-reliant and keep his troubles to himself. At first his seizures were infrequent, usually when he was tired. Overtime, his seizures grew more frequent and more severe. Although a change in medication might have helped, John stubbornly told his general practitioner everything was fine. John deteriorated to the point that he was forced to retire. His second wife, Arlene, gave him an ultimatum: Get help or she would leave him. He agreed to see a Neurologist, who told him about a new medication. After 40 years of living with epilepsy, the change in medication brought his seizures under control and finally John was ready to speak openly. "Talking about my epilepsy in public was a tremendous relief."

(Epilepsy Advocate.com 2009)