Consultative services offered for the diagnosis and management of Alzheimer’s disease

The UCLA Alzheimer’s Disease Research Center and Memory Disorders Clinic conduct clinical research and provide consultative services for patients with age-related degenerative brain disorders that result in dementia. Patients who are referred to the Clinic for evaluation are contacted by the center’s nurse practitioner, who triages patients to the most appropriate clinic within the center. The center’s physicians consult on diagnosis and recommended management, and can refer patients to affiliated neurologists in their area who can manage care along with the patient’s primary care physician. The physicians can also enroll appropriate patients in clinical research offered through the UCLA Alzheimer’s Disease Research Center.

In addition to Alzheimer's disease, the clinic evaluates patients with frontotemporal dementia, Lewy body dementia, and age-related cognitive changes that occur before dementia such as mild cognitive impairment (MCI).

The clinic will assess patients from the earliest stages of memory complaints through moderate degrees of dementia. Appropriate assessment and treatment intervention at the earliest stages of this process may slow the progress of the dementia. The Alzheimer’s Disease Research Center took part in a recent study, published in the New England Journal of Medicine, that suggests that existing treatments may be effective in some subgroups of patients with MCI.

Clinical research opportunities
The UCLA Alzheimer’s Disease Research Center is enrolling patients in a number of studies to expand understanding of Alzheimer’s disease and related disease states.

Clinical trials sponsored by the National Institute on Aging are intended to advance research in the development of medications that might be useful for treating patients with Alzheimer’s disease.

- **Cholesterol Lowering Agent to Slow Progression of Alzheimer Disease.** This 20-month study examines the effects of simvastatin (Zocor®), a cholesterol lowering medication, in treating or slowing the progression of Alzheimer disease.
- **Valproate In Dementia.** This 26-month study evaluates if valproate (Depakote®) can delay, weaken or possibly prevent difficult behaviors that often develop in people with Alzheimer disease.
- **Treatment of Agitation/Psychosis in Demential/Parkinson’s.** This 10-week study is looking at quetiapine (Seroquel®) for the treatment of psychosis and/or agitation in patients with Alzheimer disease or (over)
dementia with Lewy Bodies complicated by symptoms of Parkinson's disease.

• Antioxidant. The purpose of this five-month study is to see whether antioxidants (substances that work against buildup of oxidative damage) have an effect on maintaining brain function in patients with Alzheimer disease.

• Curcumin. Curcumin, which is derived from turmeric, has antioxidant, cholesterol-lowering, and non-steroidal anti-inflammatory drug (NSAID) properties. The purpose of this 48-week study is to determine if it can slow the progression of Alzheimer’s disease.

The Alzheimer’s Disease Genetics Study sponsored by the National Institute on Aging, attempts to identify the genetic components of Alzheimer’s disease by collecting DNA samples from patients who have multiple cases of Alzheimer’s disease in their families. The information will be shared in a database that will be used by Alzheimer’s disease researchers around the world.

The Alzheimer’s Disease Neuroimaging Initiative, also sponsored by the National Institute on Aging, seeks to measure the progression of mild cognitive impairment and early Alzheimer’s disease over a three-year period using magnetic resonance imaging (MRI), positron emission tomography (PET), and other biological markers along with clinical and neuropsychological assessment.

The Longitudinal Research Cohort follows qualified patients every year after their initial assessment. Upon their death, participants are eligible for no-cost autopsies that could yield information that may prove useful to the next generation of family members who may be at higher risk for Alzheimer’s disease themselves.

Journal article

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