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Global Perspective

A newsletter for Alzheimer's Disease International (The International Federation of Alzheimer's Disease & Related Disorders Societies, Inc.)

Global Challenge...Local Action

"We're excited about hosting the ADI Conference and look forward to welcoming people from around the world," Jeanne Bentley, President of the Alzheimer Society of Canada said in a recent interview.

Researchers, clinicians and other health care professionals active in the field of Alzheimer's will convene for the 9th International Conference of Alzheimer's Disease International (ADI) to be held in Toronto, Ontario, Canada, September 20-22, 1993. With the theme "Global Challenge...Local Action," the Conference on opening day will turn a spotlight on how Canada is addressing the challenges of Alzheimer's disease.

"For the opening session, Dr. Ian Mc Dowell, Chairman, Epidemiology & Community Medicine, University of Ottawa, will report on the landmark Canadian Study on Health and Aging which places particular emphasis on dementia and Alzheimer's disease in Canada."

"Then, there will be plenary sessions each day, and based on the tremendous response to the Call for Papers, speakers from many member—and non-member countries—will present their work in concurrent seminars, workshops and poster sessions. Topics will focus on research, education, public policy and programs," Bentley reports.

The Tanz Centre for Research in Neurodegenerative Diseases, University of Toronto, is a leader in basic research into Alzheimer's disease, including environmental and genetic factors. Conference attendees are invited to tour the Centre and speak directly with researchers.



Jeanne Bentley

"There is sure to be a lively interchange of information and ideas at this Conference as delegates discuss the latest advances in research, treatment and care strategies. Family caregivers, concerned

volunteers and support group members will enjoy the diverse program as world-reknoned experts explore the challenges of Alzheimer's and consider new perspectives on issues facing caregivers, professionals and researchers—and ways to help change the future of Alzheimer care," Bentley said.

Plenary Speakers

Plenary Speakers will include: Professor Monique Bégin, Dean, Faculty of Health Sciences, University of Ottawa. The first woman from Quebec to be elected to the House of Commons, and later appointed Minister of Health and Welfare, Bégin was responsible for significant increases in medical research and strengthening the Medicare system through the Canada Health Act. She will review the Canadian Study of Health and Aging and its impact on women.

Steven H. Zarit, Assistant Director of the Gerontology Center, The University of Pennsylvania, will discuss caregiver's needs and whether existing support programs are successful in meeting them.

Franceska Jordan, President of the Alzheimer's Association (Australia) and an advocate for more Alzheimer research,

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On Roles of National Alzheimer Societies

Until the 1980's, dementia was considered a natural part of aging, and no provisions were made by health or social service systems for the special care needs of persons with Alzheimer's disease and their families. Today, national Alzheimer societies have come into being to serve an important (not always recognized) role in changing that picture—particularly in the 27 ADI Member countries.

The first concern when Alzheimer groups form is to provide information and support to afflicted families. Soon, they look at ways to raise funds to develop their family service and educational programs—and to support research. As societies grow and mature, they look at ways to advocate for changes in public policy. While this is a generalization to be sure, there seems to be a pattern.

When candidates for membership in ADI inquire about qualifications, some are surprised to learn that membership is limited to only one national Alzheimer society representing all persons with Alzheimer's disease and their families in their country. It is explained that ADI's early planners were concerned about members being able to present a strong unified national image and voice to the news media, the general public, professional care providers, and governmental agencies in their countries. Each of these can help spur development of resources and services for Alzheimer families.

In an ideal scenario, a strong new Alzheimer society is formed in a major city. The group then reaches out to develop support groups, branches and/or chapters in other areas of the country. It offers helplines, support groups, community



Brian Moss

education programs, etc., to Alzheimer families. And so, another strong new national Alzheimer society is established.

The reality, however, is that while this may occur in some countries, often several Alzheimer groups emerge in one or more cities in a country, and they are not linked in any way. In some cases, a sense of competition may even develop.

ADI does not wish to interfere with the internal affairs of Alzheimer societies. However, to qualify for ADI membership, groups within a country are asked to join together in some manner. An

umbrella organization, or a federation, are often suggested by ADI's Membership Development Committee. This allows an ADI Member's delegate to represent all Alzheimer families in the country when sitting at the ADI Council table.

On the other hand, a challenge still presents itself for some Members. There is a need to continue working to stimulate and encourage formation of chapters or branches in what may be under-served areas in your countries. The self-help/mutual aid philosophy of helplines and support groups is so important in helping Alzheimer families cope with the burdens of care that, in areas left untended, new independent Alzheimer groups may form.

While this is supportive for the individual families, it is also important that these groups be made to feel welcome to become a part of the national society, to help assure that we each present that much-needed strong unified national image and voice in our countries.

On another note, ADI Council Members are reminded that Committee meetings and the ADI Annual Meeting will take place September 18-19, 1993, just before ADI's 9th International Conference, September 20-22, 1993, at the Royal York Hotel, Toronto, Ontario Canada.

Many thanks to ADI's 9th International Conference Committee Chair Jeanne Bentley and the Alzheimer Society of Canada for planning a most promising Conference. I look forward to seeing you all there!

Brian Moss, Chairman

F. Y. I.

FOR YOUR INFORMATION

F. Y. I.

• A drug treatment for Alzheimer's disease may soon be available. In March, a U.S. Food and Drug Administration (FDA) advisory committee recommended approval of Cognex, a product of Warner-Lambert Company, also known as tacrine or THA.

Richard Schader, M.D., Alzheimer's Association (USA) Medical & Scientific Advisory Board, says, "Physicians have been frustrated at having no approved and effective drug treatments to prescribe for Alzheimer patients. The research shows that tacrine has provided some help to a select population of patients. But, as with

any drug, it should only be prescribed for those patients it is most likely to help."

• A study of the Volga German population in northwestern Kansas by the Alzheimer Research Center, at the University of Kansas Medical Center identifies 18 families of Volga German descent with a variant of familial Alzheimer's disease. Since descendants of Volga Germans compose almost half the population in the area and many of the families have remained closely associated, the Center's Hays satellite provides researchers with a rare opportunity to study the Volga German gene pool.

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CERAD: Building a Foundation for Progress in the Alzheimer Field

Standardizing assessment instruments, protocols and criteria across research studies opens the way for improved care planning and management, for pooling research data, and for conducting multi-site, multinational, and cross-cultural studies.

Much of the impetus for standardizing diagnosis and assessment of dementia has come from the efforts of the Consortium to Establish a Registry for Alzheimer's Disease (CERAD). CERAD is a multi-center project undertaken by U.S. National Institute on Aging in 1986 to bring uniformity to the study of Alzheimer's disease.

CERAD physicians and scientists at 28 university medical centers across the U.S. are working to standardize clinical, neuropsychological, neuro-imaging, and neuropathological assessments; to identify the disease's characteristics; and to describe its natural history.

CERAD Database and Assessment Procedures

Dr. Albert Heyman of Duke University is the principal investigator of the Consortium. In addition to a Task Force on Methodology and Data Management, research is coordinated through Task Forces focusing on four major areas of assessment: Clinical, Neuropsychology, Neuropathology, and Neuroimaging. The Task Forces have combined efforts to develop the CERAD Databases, which currently contain information on more than 1,000 Alzheimer cases and 500 normal controls.

The 28 clinical centers recruit and evaluate patients for CERAD projects and the data base. They collect information from a comprehensive medical examination and history, including blood work, magnetic resonance imaging, and review of coexisting medical conditions and family history. The evaluation includes neuropsychological testing to measure verbal fluency, language ability, recall and recognition, and overall mental functioning. Yearly clinical and neuropsychological examinations provide follow-up data. Autopsy information has now been collected on more than 50

patients, verifying CERAD's clinical diagnosis of Alzheimer's disease in 88.5 percent of the cases.

CERAD-developed assessment procedures have been accepted as the diagnostic standard at major medical institutions across the country. These procedures have evolved in response to insights gained during the course of the project. For instance, after a review of existing instruments revealed that none adequately addressed the spectrum of behavioral pathology found in Alzheimer's disease, staff designed CERAD's 48-item Behavioral Rating Scale for Dementia (BRSD), which measures behavioral pathology by clinical stage.

International Expansion

So far, CERAD's assessment protocol has been translated into Spanish, French, and Dutch in response to requests for assessment forms from professionals in other countries. To create accurate, culturally appropriate translations of the instruments and to explore CERAD's international epidemiological applications,

the CERAD Francophone Study was begun in 1990 at five sites in Quebec and two in France. Now, efforts to develop international clinical resources for future multinational and cross-cultural research are expanding through the establishment of a network of CERAD International Associates at eight sites in Ireland, Spain, Japan, France, Canada, and Israel. Portugal and Nigeria also are slated to participate.

In addition to developing reliable translations of assessment instruments, the International Associates program seeks insight into the relative frequency at each site of Alzheimer's disease, other dementias, and other progressive neurological disorders of older people. The program also is looking for possible cross-cultural differences in the manifestations of Alzheimer's disease and culture-specific environmental risk factors. In the future, a central data management resource may be established for collecting and analyzing information from multiple international sites.

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9th International Conference Trivia

While going over plans for ADI's 9th International Conference, Alzheimer Society of Canada's Chairperson, Jeanne Bentley thought about ADI friends who called or wrote and told about plans to drive across Canada while visiting there. One cold winter afternoon, she produced the following to promote understanding about the vast distances of Canada:

"Canada, with an area of 3,849,674 square miles, is the second largest country in the world. If you were to take the area covered by the ADI host countries for the past five conferences, namely: Australia, Ireland, Mexico, Netherlands and Belgium (a total of 3,782,719 square miles) you could still fit Denmark, Scotland, Switzerland and Puerto Rico into the area of Canada and have 1,070 square miles left over."

"If you put the United States and France together, their area would be 40,779 square miles larger than Canada.

"All of Europe with 3,800,000 square miles is still 49,674 square miles smaller in area than Canada.

"Then, if you combined the areas of the remaining ADI countries, namely: Argentina, Chile, Finland, Germany, Italy, Japan, New Zealand, South Africa, Sweden, United Kingdom and Venezuela, they would still be 1,107,144 square miles smaller than Canada.

"However, if you combined all the provisional members: Brazil, India, Israel and Spain, they total 4,726,823 square miles or some 877,149 square miles more than Canada."

Spring 1993 in Calgary, Alberta, Canada arrived not a moment too soon!

Parkinson's Disease: A Related Dementing Disorder

Recently we received announcements regarding upcoming conferences dealing with Alzheimer's and Parkinson's diseases. We felt Global Perspective readers might wish a brief discussion on these related disorders. So we asked Dr. Amos Korczyn, Chairman of the Organizing Committee for the Dementia in Parkinson's Disease International Symposium to be held in Tel Aviv, March 20-25, 1994, for an article. Following is his response:

Alzheimer's disease and Parkinson's disease are among the most common chronic diseases of older age. Both involve the brain and progress slowly, but each one has different effects on the body. While Alzheimer's disease affects intellectual functioning, i.e., memory, learning and thinking, Parkinson's disease affects physical movement.

James Parkinson, the London physician who first described the disease almost two centuries ago, specifically stressed that "the senses are not affected." This theory persisted until recently. Although many patients with Parkinson's disease have mental changes, these were thought to be due to depression. Depression is common in many chronic diseases, including Alzheimer's disease.

Unlike Alzheimer's disease, Parkinson's disease had its big break in the late 1960's, when Dr. Cotzias and his colleagues demonstrated that the motor disability can be effectively treated with Levodopa (L-dopa). People who were confined to wheelchairs could again function independently, as portrayed so well by author Oliver Sachs and the motion picture *Awakenings*. The improved mobility resulted also in prolonging the life of patients, whose life expectancy now approaches that of the general population.

These developments led to increased awareness, and many centers for treatment of Parkinson's disease were opened. Observations of these patients over several years, indicated that they do indeed develop cognitive changes (dementia).

Like Alzheimer's disease, these frequently start as mild, non-significant (but annoying) memory lapses, over time several intellectual functions become impaired and performance of activities of daily living declines. Unfortunately, some

of the drugs used to treat Parkinson's disease can cause confusion, delusions or hallucinations.

Not all people with Parkinson's disease develop mental deterioration. Between 10 and 40% of persons with Parkinson's disease develop dementia. Who are the patients most likely to develop these changes which mimic Alzheimer's disease? The most pervasive factor to be identified so far is old age, namely older Parkinsonian patients are significantly more likely to develop dementia than younger ones.

Could it be that patients with Parkinson's disease who are demented actually suffer from two diseases, Alzheimer's and Parkinson's?

Based on statistics alone, the combination occurs significantly more than expected by chance co-occurrence. However, the final answers must come from other studies, particularly examination of brains of patients with Parkinson's disease who died, and attempting to see differences between demented and those not-demented.

Studies of the pathology observed in the brains of those dying with Parkinson's disease show specific degenerative changes, quite unlike those seen in Alzheimer's disease. These changes include loss of a small population of neurons in the depth of the brain, the brain stem. Remaining cells there contain unique deposits, called Lewy bodies (after their discoverer).

Observing the brains of Parkinson's patients who have died in a demented state, some were found to have changes of Parkinson's disease and of Alzheimer's disease (namely neurofibrillary tangles and senile plaques). But many others had an unexpected finding, namely of Lewy bodies, which were wide-spread. Some researchers now speak of "diffuse Lewy Body Disease," a previously unrecognized form of dementia. Many patients with this type of pathology present as Parkinson patients who later became demented, while others were initially thought to have Alzheimer's disease (although some of these—but not all—later developed the

motor difficulties characteristic of Parkinson's disease).

From another perspective, following Alzheimer's disease patients for many years, several patients developed motor defects very similar to those characterizing Parkinson's disease. Again, the frequency of such changes exceeded that which could be expected, and again the explanation was looked for through examination of brains of patients on autopsy.

There thus seems to be a convergence of these two diseases, and several studies are currently under way, which will provide a clearer understanding of the relationship between Alzheimer's and Parkinson's disease, and the implications for prevention and treatment.

Dr. Amos Korczyn, is Head of the Department of Neurology, Ichilov Hospital, Tel Aviv, Israel, and is Medical Advisor for Families of Victims of Alzheimer's Disease Association (FVADA) in Israel.

For more information:

Parkinson's Disease in Patients with Alzheimer's Disease, James Leverenz, MD; S. Mark Sumi, MD. Archives of Neurology, Vol. 43, July 1986

Clinical and Pathological Aspects of Parkinsonism in Alzheimer's Disease, John C. Morris, MD; Mark Drazner; Keith Fulling, MD; Elizabeth A. Grant, PhD; James Goldring, PhD, MD. Archives of Neurology, Vol. 46, June 1989.

Cytoskeletal Changes Underlying Dementias: New Evidence from Lewy Body Research, Lissy F. Jarvik, Eleanor P. Lavretsky, and Steven S. Matsuyama. Alzheimer's Disease and Associated Disorders, Vol. 5, No. 4, pp. 265-267. 1991 Raven Press, Ltd., New York.

Diffuse Lewy Body Disease: Disease, Spectrum Disorder or Variety of Alzheimer Disease. International Journal of Geriatric Psychiatry (1992), Vol. 7: 229-234.

Clinical Diagnostic Criteria for Lewy Body Dementia, I. G. McKeith, A. F. Fairbairn, R. H. Perry. Dementia 1992; 3:251-252.

What (in the World) We're Doing...

In Argentina:

Asociacion de Lucha Contra el Mal de Alzheimer (ALMA) held its First National Interdisciplinary Conference on Dementia in Buenos Aires, April 16-17, 1993. With invited speakers from Mexico, Chile, Uruguay and the United States, the conference covered a broad range of scientific topics, and studied new strategies in treatment and care of Alzheimer patients and their families.

Dr. Jorge Ghiso, M.D., Department of Pathology, NYU Medical Center, New York, was featured in a satellite conference on Molecular Biology and Genetics of Alzheimer's Disease.

Dr. Carlos Mangone, Conference Co-chair, reports that the society's objectives in holding the conference were to:

1. Raise consciousness on the disease
2. Provide Education
3. Develop strong committees on advocacy & public policy
4. Promote Fund raising

"Preparing for this Conference has helped ALMA in planning for ADI's 11th International Conference to be held in Buenos Aires, in 1995," Dr. Mangone said.

In the United States:

On October 2-3, 1993, the Alzheimer's Association will hold its first national Memory Walk. This year chapters will enjoy a combined, promotional program and the great public relations benefits of a very visible national movement.

Last year, 108 Chapters held Memory Walks and raised well over \$2.6 million. This year, 164 Chapters have already elected to participate. Official national sponsors of the 1993 Memory Walk are Sprint and Pilot International.

For more information, contact: Mindy Leonard, Associate Director for Chapter Fundraising and Memory Walk Coordinator; Alzheimer's Association; 919 N. Michigan Avenue; Chicago, Illinois 60611-1676 USA. Tel: (312) 335-5738.

In Canada:

Alzheimer Society of Canada publishes two newsletters. One, put out monthly, is titled *Esprit de Corps*. It is a bilingual internal newsletter created to provide Provincial and local Alzheimer chapter leadership information needed in the day to day business of operating the chapter. *AlzheimerRapport*, also bilingual, is published for a much larger list which includes chapters and also is sent to friends and supporters of Alzheimer Society of Canada.

In Ireland:

Alzheimer Society of Ireland focuses on developing Day & Respite Centers. It now has six in place, with signs of more to come. As part of the European Year of Older People..." part of ASI's contribution will be investigating and piloting different respite options during the year – including a Sitting Service, a Home Share Scheme, and a Laundry Service.

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improved policies and services, will be joined by a panel of experts to discuss how to advocate for change.

Dr. Jeffrey Cummings, Professor of Neurology and Psychiatry, University of California, at Los Angeles, and Dr. Serge Gauthier, Professor and Director, McGill Centre for Studies in Aging, Montreal, Canada, will discuss *Cause and Treatment: Overview and Update*.

Then, setting the tone for the closing ceremony, Stuart McLean, acclaimed author and radio personality in Canada, will offer a summation of the three full and busy Conference days.

"I would like to acknowledge my Conference Planning Committee Co-Chair, Vince Gillis, our Conference Planning Committee volunteers, and the staff, all of whom have worked so hard to make this event possible," Bentley said.

Alzheimer Society of Canada's AGM will be held on Sunday afternoon, September 19, 1993. Conference participants are invited to attend.



Alzheimer Society of Canada staff helped announce the location of ADI's 9th International Conference at the 8th Conference, in Brussels. L to R: Myra Schiff, Steve Rudin, Linda LeDuc and Debbie Benczkowski.

Publications from Around the World

Living with Alzheimer's Disease, and Similar Conditions. Dr. Gordon Wilcock. Discusses dementia, diagnosis and treatment, physical and behavioral problems, the carer's role and where to get help. Penguin Books, Ltd.; 27 Wrights Lane; London W8 5TZ United Kingdom.

Alzheimer's Disease: Coping with a Living Death. Robert T. Woods. The author explains, simply and comprehensively how the different forms of dementia show themselves and are likely to progress. He offers thoughtful advice on dealing with problems as they arise, on seeking professional help and on trying to see the sufferer's point of view.

Mental Health in the Nursing Home, Edited by T. L. Brink, Ph.D. A practical book designed to help mental health practitioners working in institutional, extended care environments provide better care for patients who suffer from many disabilities ranging from acute physical problems, to social isolation and economic privation, dementia, depression, hypochondrias, and paranoia. These are significant problems for the patient, other residents, their families, and the caretakers. The Haworth Press, Inc. 10 Alice Street Binghamton, NY 13904-1580.

The following three publications are available in Japanese, from Association of Families Caring for the Demented Elderly (AFCDE); c/o Kyoto YWCA, Muromachi-Demizu, Kamigyō; Kyoto, 602, Japan. Td: (8175) 451-8576:

1. *Boke, Uketomekata Sasekata. Dementia, How to Deal with, How to Support,* by Takahiro Sugiyama, MD. A guide for anyone in either case, written with the cooperation of patients and caregivers. Publisher: Ienohikari Kyohkai. Cost: 1,200 Yen, plus postage and handling.

2. *Of no Kokoro Wo Shiru: To Understand the Psychological Aspects of Aging,* by Yoshio Miyake, MD. Advice to all who support the elderly reflecting a doctor's experience in caring for the young, old, healthy and unhealthy elderly as well as the demented. Publisher: Hokendohjinsha, Inc. Cost: 1,340 Yen, plus postage and handling.

3. *Yasashii Te: The Gentle Hands,* edited by AFCDE. To help each other by sharing information and experiences among family caregivers who care for 75% of dementia sufferers. Publisher: Fujinseikatsucha. Cost: 1,200 Yen, Plus postage & handling.

Memory, by Margaret Mahy. A deeply moving story that tackles the subject of dementia as seen through the eyes of Johnny, a lost young man running away from life. He meets and stays a while with Sophie West, who is suffering severe loss of memory and disorientation. Penguin Books (NZ) Ltd. 182-190 Wairau Road; Auckland 10, New Zealand.

Share Your Care—Alzheimer's Disease: A Handbook for Alberta Caregivers. This book looks at the early, middle and late stages of Alzheimer's disease, and prepares and supports the caregiver through those stages. Some resources are localized, but this excellent handbook provides sound guidance for caregivers everywhere. Available from: Alzheimer Society of Canada; 1320 Yonge Street, Suite 201; Toronto, Ontario, M4T 1X2 Canada. Fax: (416) 925-1649.

VIDEO

Dance Therapy and Dementia, a 26-minute educational video, presents problems of dementia and depicts a unique use of dance therapy. Producer: Melabev; P. O. Box 3235; Jerusalem, 91013 Israel. Tel: (9722) 55-5049/55-5198.

Calendar of International Events

JULY 4-9, 1993

15th International Congress of Gerontology, Science for Healthy Aging, in Budapest, Hungary. Topics: Biology; clinical medicine, geriatrics, behavioral and social sciences; practice, planning and policy; multidisciplinary approaches to selected issues. Contact: Gerontology World Congress Secretariat; P.O. Box 233; H-1444 Hungary. Fax (361) 185-2127 or Tel: (361) 113-5411.

JULY 25-28, 1993

Alzheimer Care Strategies: Partners in Quality Care, Chicago, Illinois. Pre-conference intensives on practical applications of care strategies plus over 40 educational sessions by care management experts; Education & Training Trends; Legal & Ethical Dilemmas; Research & Practice Issues; Special Care Environments & Programs. Register now: \$275 USD. At the Conference, \$300 USD. Contact: Educational Services; Alzheimer's Association; 919 N. Michigan Ave.; Chicago, IL 60611. Tel: (312) 335-5790. Fax: (312) 335-1110.

SEPTEMBER 5-10, 1993 15th World Congress of Neurology, Vancouver, B. C. Contact: WCN c/o Venture West Ltd.; #645-375 Water Street; Vancouver Canada. Tel: (604) 681-5226 Fax: (604) 681-2503.

SEPTEMBER 5-10

6th Congress of International Psychogeriatric Association (IPA) Berlin, Germany. Topics: Neurobiology, neuropsychology; Neuroendocrinology; Services for elderly; Interface between Psychogeriatrics, neurology, & other disciplines; rehabilitation in psychogeriatrics: multidisciplinary aspects of diagnostics & treatment strategies. Contact: Congress Secretariat; Gerocon GmbH, Schwalgengasse 38-40, 5000 Cologne 1, Germany. Tel: (49221) 21-9047.

SEPTEMBER 20-22, 1993

ADI's 9th International Conference: Global Challenge, Local Action. Toronto, Canada.

Topics: Alzheimer's & Aluminium: Clarifying the Confusion; Doing Things on Purpose; Planning & Presenting Meaningful Activities for Persons with Alzheimer's; Brainstorming the Alzheimer's Dilemma: Quality Care Outcomes for People with Dementia & Their Caregivers; Guidelines for Care, International Examples; Genetic Testing Programs for Familial Alzheimer's; Technological, Ethical & Legal Considerations; Designing Responsive Environments for Persons with Alzheimer's; Family Caregiver Issues in Special Care Units. Contact: Debbie Benczkowski; Alzheimer Society of Canada; 1320 Yonge Street, Suite 201; Toronto, Ontario M4T 1X2 Canada. Tel: (416) 925-3552. Fax: (416) 925-1649.

SEPTEMBER 30- OCTOBER 1, 1993

Behavior Symptoms in Dementia: Theories and Therapies. Cleveland, Ohio. A two-day conference on the phenomenology of dementia symptoms, conceptual frameworks of their biology & psychology, biological & behavioral interventions that enhance management. Contact: Peter J. Whitehouse, MD, PhD; Alzheimer Center, University Hospitals; 2074 Abington RD, Cleveland, OH 44106.

OCTOBER 28-29, 1993

Perspectives in Geriatric Medicine, 10 Years of Certified Clinical Geriatric Medicine in the Netherlands, Amsterdam. Sleeping disorders, nutrition, geriatric infections, mobility disorders, geriatric nursing, iatrogenic disorders, psychogeriatric disorders, disturbances in fecal/urinary continence, over/under hydration, management of health care for elderly. Congress Secretariat, c/o RAI Organisatie, Amsterdam bv, Europein 12, 1078 GZ Amsterdam, The Netherlands.

NOVEMBER 1-6, 1993

3rd International Conference on Alzheimer's & Parkinson's Diseases for physicians and scientists, Chicago, Illinois. Contact: Dr. Israr Harin, Pharmacology & Experimental Therapeutic Dept., Loyola University, Chicago Strich School of Medicine; 2160 South First Avenue; Maywood, IL 60153. Tel: (708) 216-3261. Fax: (708) 216-6596

MARCH 20-25, 1994

Dementia in Parkinson's Disease International Symposium, Tel Aviv, Israel. Focus: Cognitive changes in Parkinson's disease & extrapyramidal features in dementias, with emphasis on diffuse Lewy body disease, risk factors for dementia in Parkinsonism, and medical management. Contact: Professor Amos Korczyn; Chairman, Organizing Committee; P.O. Box 50006; Tel Aviv 61500; Israel.

MAY 2-6, 1994

SYSTED '94. The 5th International Conference on Systems Science in Health-Social Services for the Elderly and Disabled, Geneva, Switzerland. Contact: Swiss Institute for Public Health-Systed '94; Rue du Bugnon 21A; CH-1005 Lausanne, Switzerland. Tel: (4121) 313-2424.

SEPTEMBER 1994

10th International Conference and Annual Meeting of Alzheimer's Disease International, Edinburgh, Scotland. Contact: ADI 10th International Conference Secretariat, Alzheimer's Scotland; 33 Castle Street; Edinburgh EH2 3DN Scotland, Tel: (4431) 226-3762. Fax: (4431) 225-8748.

SEPTEMBER 1995

11th International Conference and Annual Meeting of Alzheimer's Disease International Buenos Aires, Argentina. Contact: Dr. Carlos Mangone; Servicio do Neurologia; Hospital Santojanni; Pilar 950; Capital Federal 1408; Buenos Aires, Argentina. Tel/Fax: (541) 982-6259.