

## More Than A Memory . . .

By John E. Ervin, MD, FACP, FACR

Alzheimer's (AD) disease is the most common cause of dementia in the world, affecting more than 5 million people in the United States. It is characterized by progressive loss of memory, ability to reason, progressive impairment in activities of daily living and neuropsychiatric symptoms and behavioral disturbances, including difficulties with speech, seizures, and disturbances of gait. The disease course often spans more than a decade, creating a vast social and financial burden on society and extracting an immeasurable and emotional toll on family members. Its prevalence increases with advancing age and is approximately 1 in 100 among persons 60 years of age or older, and as high as 1 in 3 over the age of 85.

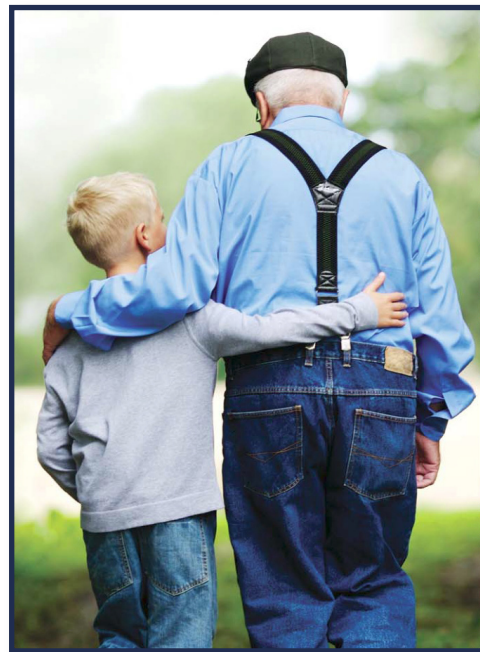
AD has a major impact on the subject and their immediate family, caregivers, the community, and society as a whole. AD-related medical complications are one of the most common causes of death in the elderly population. Presently the world's elderly population is growing at a faster rate than the rest of the population, therefore, AD will become an even more significant problem in the near future.

The major approach to the treatment of AD to date has been preventing the breakdown of acetylcholine, a chemical in the brain helping to

transmit nerve signals. Following the introduction of Aricept, the first "anticholinergic" to be approved, other medications that worked in a similar fashion became available. These products produced only modest improvement in memory, thinking ability and function. Memantine, a medication which works on a different chemical, has been shown to produce further modest improvements when given in combination with the anticholinergics. Thus, the affects of these two types of medications appear to be additive. These medications, however, fail to treat the underlying cause and have no affect on the ultimate outlook and progressive downhill course of the disease.

There is an urgent need for new therapies with greater and longer acting efficacy and/or which will slow or stop the rate of disease progression.

The precise cause of the neurodegeneration in AD is currently one of the most intensely investigated issues in neuroscience, and recently multiple studies have strongly suggested that the beta-amyloid protein may be the causative agent. Based on these arguments, immunization with antibodies to prevent the buildup and/or to remove beta-amyloid plaques is being studied. Administration of antibodies against beta-amyloid can significantly reduce



# Just Ask

Answers to **your** questions!

## Question:

How do you decide whether a person is eligible to participate in a study?

## Answer:

The pharmaceutical company that sponsors the study writes the rules, or inclusion and exclusion criteria, and must follow both the guidelines of the FDA as well as current medical standards of care.

Our job is to make sure that we follow all of the guidelines as determined by the pharmaceutical company and the FDA, and enroll only patients that meet the specific criteria for the study.

## Question:

Where is your facility located?

## Answer:

We are located at the intersection of I-435 and State Line Road on the Saint Joseph Medical Center campus.

## Mexican Chopped Salad with Honey Lime Dressing

### Salad

2 1/2 cups chopped romaine lettuce  
1 can black beans, rinsed & drained  
3/4 cup chopped seeded tomato  
3/4 cup chopped peeled jicama  
3/4 cup fresh corn kernels  
3/4 cup thinly sliced radishes  
Half a ripe avocado, diced  
1 red bell pepper, chopped  
1/4 cup crumbled feta cheese

Toss all salad ingredients in a large bowl. In separate bowl, mix dressing ingredients. Pour dressing over mixture and toss again. Season with salt and pepper to taste. Recipe courtesy of epicurious.com.



### Dressing

1/4 cup fresh lime juice  
1/4 cup olive oil  
2 tbsp honey  
2 tbsp finely chopped fresh cilantro  
1 garlic clove, peeled and minced  
1 tsp chopped jalapeno pepper

## Arthritis: A (Not So) Simple Condition

By John E. Ervin, MD, FACP, FACR

Over 40 million people are affected some form of arthritis. Overall, these comprise over 110 separate diseases. So, just what is arthritis?

There are two major categories of arthritis: inflammatory and non-inflammatory. The **non-inflammatory group** includes conditions such as osteoarthritis (also called wear-and-tear or degenerative arthritis), fibromyalgia, and others we categorize as soft tissue rheumatism. Most of us will get some degree of OA with aging, but those with risk factors (obesity, injury, poor posture, heredity etc.) may have it more severely, eventually leading to surgery or joint replacement. Medications can ease the pain and stiffness of osteoarthritis, but it is more important to decrease the wear and tear causing the arthritis by means of weight reduction, posture correction and change in activities.

The **inflammatory group** includes nearly 100 different diseases including rheumatoid arthritis, gout, lupus, ankylosing spondylitis, Reiter's disease, Lyme arthritis, and arthritis associated with psoriasis to name a

few. There are also many other more rare, rather fascinating but sometimes life-threatening diseases in this group. The inflammation in some of these diseases is not confined to just the joints or muscles, but may also affect the skin, heart, kidneys, lungs, blood vessels, and even the brain. The inflammation usually results from a malfunction of our immune system causing an inappropriate "auto-immune" attack on our own tissues. Early proper diagnosis and treatment is extremely important.

Rheumatoid arthritis (RA), the most common autoimmune disease, is potentially a crippler. Several new medications for RA have become available in the last few years and many more are now being researched. These newer drugs, and ones we have used for years, can potentially put RA into remission and halt the damage to the joints.

Arthritis . . . it's not so simple . . . but thanks to advances in research leading to new treatments, the outlook for all types of arthritis is rapidly improving.

# More Than A Memory *continued*

both plaque and neuritic “tangles”, and studies are currently in progress to see whether this approach will halt the progression or effect reversal of Alzheimer’s.

Others researchers have looked at the cellular “energy producers” – the mitochondria – and have shown improvement in nerve function of AD patients using medications which seem to revitalize mitochondria. These medications also affect serotonin and histamine receptors in the brain.

There is great hope now in the research and medical communities that these and other types of treatments may result in a favorable outcome in this devastating disorder.

**The Center for Pharmaceutical Research** is presently conducting studies offering each of these types of treatments. If you or a loved one suffers from AD and are interested in participating in a clinical study, please call our office to learn more.

## You Can Make a Difference! Volunteer for a Clinical Trial

The Center for Pharmaceutical Research is currently seeking volunteers to participate in the studies listed below. Study participants receive study related medication, laboratory tests, and exams at no cost. Compensation is also provided for time and travel. If you are interested in being considered for a study listed below, or in adding your name to our mailing list, please contact our Enrollment Services department at 816-943-0770 or by email at [es@ervinmd.com](mailto:es@ervinmd.com).

### Study Condition

### Compensation up to:

<i>Osteoarthritis of the Knee</i>	<i>up to \$900</i>
<i>High Cholesterol</i>	<i>up to \$350</i>
<i>Fall Allergies</i>	<i>up to \$550</i>
<i>Rheumatoid Arthritis</i>	<i>up to \$950</i>
<i>Swine Flu Vaccine</i>	<i>call for details</i>
<i>Alzheimer's Disease</i>	<i>call for details</i>
<i>Migraine (for adolescents)</i>	<i>call for details</i>
<i>Flu Vaccine (pediatric, adolescent)</i>	<i>call for details</i>
<i>Psoriasis</i>	<i>call for details</i>
<i>Sciatica</i>	<i>call for details</i>
<i>Healthy Patient Studies</i>	<i>call for details</i>
<i>Insomnia</i>	<i>call for details</i>

**Recruit a qualified volunteer and receive \$25-\$50!**

## Fighting Swine Flu

The Center for Pharmaceutical Research is currently seeking volunteers for a **Swine Flu Vaccine** clinical trial.

For more information contact:  
**Enrollment Services**  
at  
**816-943-0770**

## Meet the Staff



**Jan Bedord, RN**

**Position:** Clinical Director

**Professional Background:**  
12 years research  
experience

**Favorite Hobbies:**  
Building my log home

**Favorite Part of My Job:**  
Problem-solving!

**Favorite Memory at CPR:**  
Laughing together and  
working as a team with  
the staff



*Tomorrow's medicines . . . Today!*

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**The Center for Pharmaceutical Research is currently seeking volunteers for the following clinical trials:**

Osteoarthritis of the Knee  
High Cholesterol  
Fall Allergies  
Rheumatoid Arthritis  
Swine Flu Vaccine  
Alzheimer's Disease  
Migraines (Adolescent)  
Flu Vaccine (Pediatric & Adolescent)  
Psoriasis  
Sciatica  
Insomnia

**For more information call us at 816-943-0770 or email us at [es@ervinmd.com](mailto:es@ervinmd.com).**

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The information it contains is general in nature and should not be applied to self-diagnosis or treatments for any medical condition. Anyone who has, or suspects, a medical problem should consult a qualified physician.

Please contact our office if you wish to be removed from our mailing list.