

BRAIN RESEARCH

DISCOVERIES™

USF HEALTH BYRD ALZHEIMER'S INSTITUTE

FALL 2015

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High-tech with high-touch

This phrase captures the essence of the Institute's Center for Memory C.A.R.E. (Clinical Assessment Research and Education). The concept for the Center was born as Institute leadership decided to move forward with purchasing a PET scanner in 2010. We knew the PET scanner could provide us with the ability to distinguish memory impaired patients who truly had Alzheimer's from those who had another, possibly more treatable cause of memory problems. The amyloid imaging technology the PET scanner provided had not even been approved by the FDA, but we were convinced this technology would lead to breakthroughs in understanding Alzheimer's and other dementias, which has proven to be true. We decided to wrap this technological marvel with the most extensive suite of services for patients and their families available on a single floor. I insisted that the waiting area resemble a four-star hotel lobby. Dr. Smith and the Institute staff responded with a truly elegant interior design, and staff members selected to serve in this area provide a genuine concierge level of service, at a Medicare price. Without question... *High-tech with high-touch.*

This issue includes information on first-of-its-kind research by Ross Andel, PhD, and Aryn Harrison Bush, PhD, from the School of Aging Studies. Demonstrating that older adults will consistently use their home computer each month to test their memory skills sets a precedent that may ultimately change the way clinical trials are performed. Presently, clinical trial participants are assessed every 6 months on a single day. Day-to-day variability in overall physiology adds a lot of variability to this measurement, requiring larger numbers of test subjects to detect beneficial effects of treatments. By testing monthly, smaller changes become more evident and the day-to-day variability in performance averages out. Moreover, testing at home saves travel time and researcher effort in collecting the data. This could be a first look at the future of clinical trials for preventing Alzheimer's.

We introduce you to our new Development officer, Daniel Minor. Daniel is a great fit with the Institute and our leadership team. He has a marvelous demeanor and has quickly learned the Institute's mission and focus. Having lived with Alzheimer's in his family, he can provide an empathetic ear to the problems of our families struggling to cope with the disease.

We also highlight the research of Maj-Linda Selenica, PhD. About 10 years ago, Maj-Linda traveled 150 miles by train to meet me while I was staying at the home of friends in Linköping, Sweden. I managed to convince her that USF was the place she should come for further scientific training. She has a commitment and energy that will drive her to the top of the research pyramid.

There are many more developments I wish to share about the Institute and new programs, but they will have to wait until the next issue.

...until Alzheimer's is a memory® ■

Dave Morgan, PhD
CHIEF EXECUTIVE OFFICER



ALEX STAFFORD

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Short-circuiting in the brain

Don't bother asking Maj-Linda Selenica, PhD, if she can picture herself in any other career. The 41-year-old world-traveled research scientist is passionate about shedding new light on what causes memory loss and finding new approaches to treating Alzheimer's disease.

"There are so many research initiatives worldwide, because we're hoping for a cure by 2020," says the Swedish neuroscientist who was born and raised in Albania and honed her research skills in Sweden, Denmark, and for the past seven years, in the United States.

"Scientists at every level are working to bring new pieces to the puzzle to reach that goal. For every new finding we make, and as we put more pieces of the puzzle together, you get a better sense of the things that might work.

"I just find the whole possibility exciting," she adds with a smile. "It definitely keeps you going!"

Since 2008, Selenica has been working alongside 13 fellow scientists at the Byrd Alzheimer's Institute in Tampa. The six-story facility that provides drug trials, scientific research and community outreach on the University of South Florida campus is one of the largest and most comprehensive centers of its kind in the United States.

Learning more about the puzzling disease has become imperative worldwide.

Alzheimer's is the only leading cause of death for which there is no cure or prevention. More than 5.3 million people in the United States have the memory-robbing disease that eventually causes the body to fail, and an estimated half a million new cases are reported each year, according to the national Alzheimer's Association.

Equally significant is that caring for people with Alzheimer's, the most common form of dementia, costs U.S. taxpayers more – through federally funded Medicare and Medicaid – than care related to any other disease, including cancer and heart disease.

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Scientist Dr. Maj-Linda Selenica hopes her research on preventing or repairing neuron damage in the brain may lead to a breakthrough in Alzheimer's disease.



PHOTO BY ALEX STAFFORD

A simple at-home memory test for seniors?

Can a simple computer program that uses a deck of playing cards help shed new light on memory loss in its earliest stages?

That's what researchers at the University of South Florida's School of Aging Studies want to find out in a pilot study underway that lead investigator and associate professor Ross Andel, PhD, and his co-investigator, USF Research Assistant Professor Aryn Harrison Bush, PhD, say appears "particularly promising."

The study team was approached by Dave Morgan, PhD, CEO of the USF Health Byrd Alzheimer's Institute, about three years ago with the idea to explore whether this type of cognitive monitoring might work. The team continues to partner with the Institute, which is funding the study.

Earlier detection of cognitive decline allows for earlier treatment options, with approved and experimental drugs as well as other interventions, to curb one of the costliest health care issues in the United States. This type of monitoring also aligns management of Alzheimer's disease with other health conditions like breast cancer, heart disease or diabetes, where regular monitoring past a certain age is the norm.

Currently, the most reliable initial screening for Alzheimer's and other forms of dementia involve pencil-and-paper tests administered by a neuropsychologist. The process can be costly and time-consuming and is not easily accessible to the general public.

An Australian company, CogState, has developed an online test of mental alertness and memory function that it hopes anyone will be able to use at home on their own computer.

The test takes about 15 minutes and measures four different cognitive skills. Participants in the USF study are given instructions by a test facilitator and a "dry run" before they're asked to answer a series of "yes" or "no" questions involving various playing cards that appear individually on their home computers. A reliable Internet connection is all that is required. Participants agree in advance to take the test once a month for a year to measure any changes in their cognitive speed and working memory.

They recently enrolled more than 40 African-American seniors, not only to broaden their study group but because older African-Americans in the United States are nearly twice as likely to develop some form of dementia as the older white population. They are also historically less likely than white seniors to undergo testing, seek treatment or take part in drug trials.

Researchers say the at-home memory tests, if successful, would not replace standard testing, but would help people seek medical help sooner.

Short-circuiting in the brain

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Looking for clues

Selenica, who has a PhD in neuroscience and pharmacology, teaches both subjects to students pursuing doctorates in pharmacy at USF's College of Pharmacy. She also enjoys applying her understanding of the inner workings of the brain in her laboratory to gain a better understanding of how the buildup of certain proteins associated with dementia eventually kills message-carrying nerve cells.

"I'm looking at different forms of the [tau] protein and how they turn from good to bad," she says. Selenica, an assistant professor in the College of Pharmacy, is trying to find ways to prevent that damage from happening.

"I'm looking at different forms of the [tau] protein and how they turn from good to bad." Maj-Linda Selenica, PhD

Selenica is also the principal investigator in a study looking into biomarkers among minority women with mild cognitive impairment. She has teamed up on the study with Dr. Angela Hill, the chair of USF's Department of Pharmacotherapeutics and Clinical Research in the College of Pharmacy, with the hope of shedding new light on early diagnosis and treatment among minorities. Dr. Hill has been investigating dementia risk factors among minority patients for nearly a decade.

Funded by the Women's Health Initiative, the researchers are looking at vascular, inflammatory and pathological markers in plasma collected from African-American female patients at the Byrd Institute and comparing it to white and Hispanic female patients with mild cognitive impairment.

Selenica is preparing to publish their findings before the end of the year on protein biomarkers in blood that correlate with progression of the disease. The research team hopes their findings could lead to earlier diagnosis of memory loss among women and help them seek treatment sooner.

The researchers also looked at whether those inflammatory markers in blood vary among African-American, Hispanic and white women – all with mild impairment – and identified one particular inflammatory marker significantly linked to African-American women with early Alzheimer's disease.

"We're planning to test the biomarkers that were identified in our study in a larger sample of targeted minorities," Dr. Hill said.

Selenica also has recently begun researching biological changes involving a certain protein (TDP43) and how it may be linked to developing frontotemporal dementia and Lou Gehrig's disease.

She describes this research as "a new and exciting project in my lab" to gain a better understanding of why the accumulation of abnormal proteins in the body increases with age.

Fellow Byrd scientist and assistant professor Daniel Lee, PhD, praises her skills in collaborating with other researchers and adds, "She can multitask better than most scientists I've come across."

Dr. Maj-Linda Selenica (left) and Dr. Angela Hill of the USF College of Pharmacy

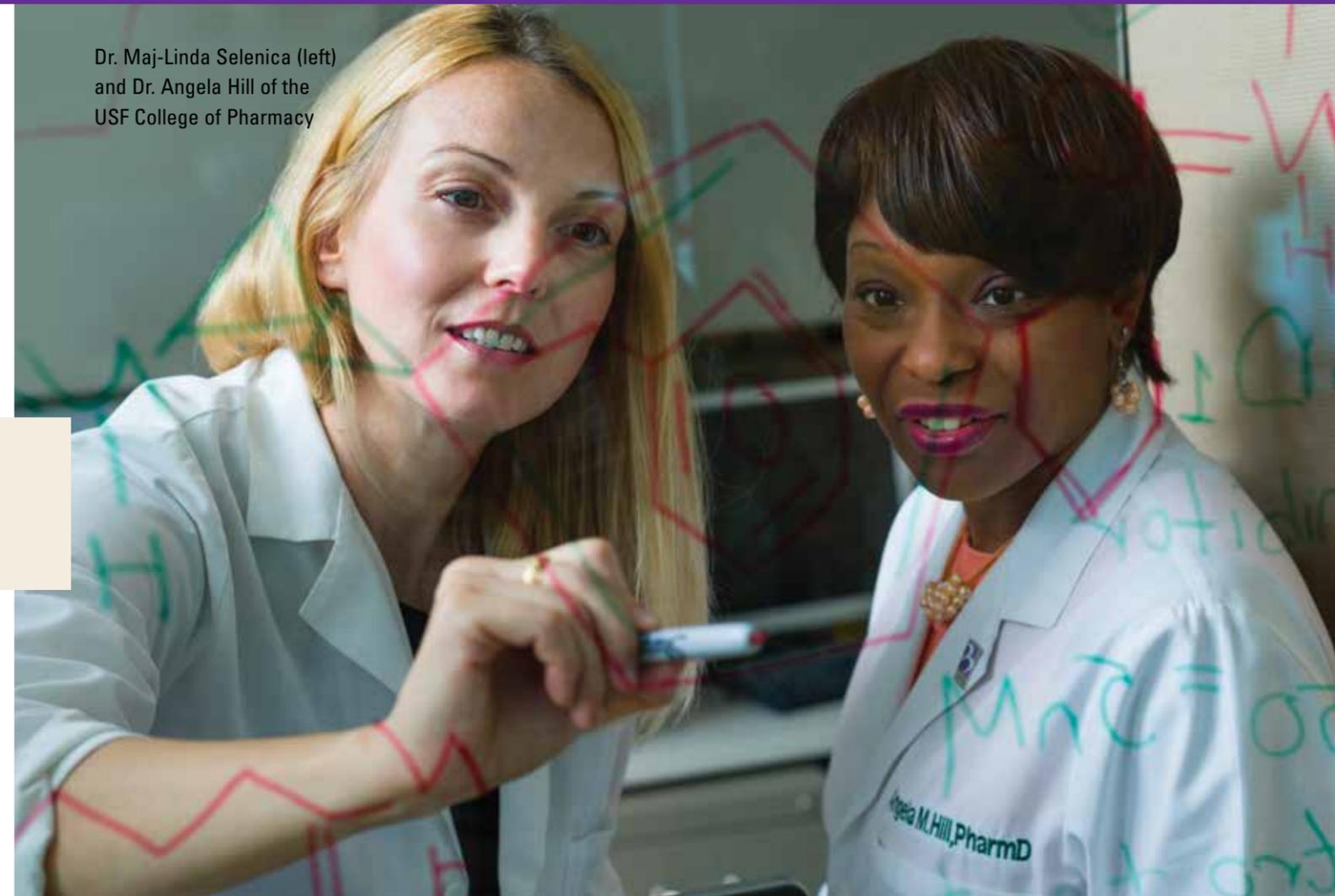


PHOTO BY ALEX STAFFORD

"She is also a great mentor to her students in taking the time to explain the research to them," he says.

'Determination and drive'

The inquisitive and analytical mind that drives her research can perhaps be partly attributed to good genes. Both of her parents were mechanical engineers in Albania, a small Balkan republic north of Greece, and as a young girl Selenica thought she might follow in their footsteps. During her teenage years she wanted to become a medical doctor, and early on in college she gravitated to biomedical science and eventually neuroscience.

To outsiders, the academic challenges and linguistic barriers of undergraduate and graduate studies in Sweden, Canada, Denmark and the United States would

seem daunting enough. At the same time, Selenica was raising her young daughter, Alba.

"This speaks to her determination and drive," says her colleague, Dr. Lee, who admires her total commitment to her endeavors. "Once she is determined to do something, simply move out of the way, because she gets it done."

She was well aware of the sometimes difficult adjustments her daughter had to make while her mother pursued her academic goals in several countries across two continents, so Selenica felt it was fitting to dedicate her doctoral thesis to her teenage daughter.

"The things I do, I do for her benefit," she says, hoping to have been a good role model. "You have to strive and go for your own dreams in life."

She didn't learn until later how proud

her daughter was to see her mother succeed. And like her mother, Alba, now 22, is pursuing a degree in the medical field – with thoughts of becoming a veterinarian.

"She's a smart, intelligent girl, and there's absolutely nothing she can't do, but you have to work hard and things don't always go the way you want," Selenica says.

Once again, she finds herself trying to balance her full-time scientific and academic responsibilities with the challenges of motherhood. Last year she gave birth to another daughter, Linnéa.

"She considers family most important outside of the lab," remarks Lee, who adds, "I think she is one of the most dedicated mothers and she would do anything for her children." ■

There's no busier time of year than the holidays, when many of us are getting together with family and friends, decorating, preparing special meals, shopping, exchanging gifts, attending religious services, and – as if that weren't enough – enduring long-distance road trips, overcrowded airports or out-of-town company.

Add to the mix caring for a loved one with Alzheimer's or another form of dementia, and the season of joy can be downright daunting, even for the most caring families.

Eileen Poiley, MS, director of education at USF Byrd Alzheimer's Institute in Tampa, conducts seminars year-round on caring for a loved one with Alzheimer's, and she advises caregivers that everyone is more likely to enjoy the holidays if they're willing to reassess family traditions that may need to be modified.

Behaviors may change over time

Someone in the early stages of memory loss is easier to accommodate.

"They may still be able to tell you they're tired, feeling uncomfortable or not interested in going to a holiday party or event. You may also notice that they are getting more withdrawn, agitated or upset, depending on the situation," Poiley says.

"As the disease progresses, handling new situations becomes more difficult and can cause more confusion and behavioral problems," she adds. "The holiday season can be quite different from their normal routine. Short-term memory loss robs the person with Alzheimer's of memories of recent holiday celebrations. They will have stronger recollections of traditions from many years ago and may not recognize or enjoy the

she says. "Two common problems during the holidays are learning how to redefine what the holiday season needs to be and learning to say 'no.' You may need to buy a prepared Thanksgiving dinner so you can spend quality time with your loved one and not exhaust yourself in the kitchen."

Another common concern is not being able to always anticipate problems before they occur.

"A lot of times family members don't realize what can cause a problem," Poiley says, "and they do things that can increase agitation and confusion, although they don't realize it until it has happened." She urges families to recognize and accept increasing limitations on what their loved ones can handle as the disease progresses and to make necessary accommodations.

An overly decorated home, for example, can make someone with memory loss unsettled, because they may feel like they're not in their own home, she says. Decorations that are scented, play music, move or are very busy can be over-stimulating and overwhelming to a person with Alzheimer's. Combine that with holiday meals, family gatherings and extra company, and it becomes too much to process, which can result in agitation and other behavior problems.

Safety issues are another common mistake factor.

Poiley points out that decorations that look like food, such as plastic candy canes, can be mistaken for the real thing. And certain holiday plants, including poinsettias, holly and mistletoe, have leaves or berries that can cause illness if ingested.

Stay home or travel?

"Do you think we should travel?" is another question that comes up often, especially with caregivers who are used to going up north to visit family," Poiley says.

She tells families that how comfortable a loved one is on a two-hour car trip is a good indication of whether they would tolerate a longer drive. If the person with Alzheimer's has trouble sitting still and tends to walk or pace, then traveling would most likely be very difficult. When flying, it helps to get to the airport early to avoid last-minute rushing that can cause agitation, she says, and she recommends that you tell the airline your loved one has Alzheimer's, so you can board first and avoid the crowd. A direct flight can help minimize aggravation.

Getting there is only part of the picture.

"After you arrive at your destination, your loved one may be

greeted by people they haven't seen in a while and they may no longer remember them. This can be very upsetting to your loved one as well as the family or friends they are visiting," Poiley says. "You also have to think about how your loved one deals with change, being around a lot of people and being exposed to different celebrations."

Similarly, if a loved one becomes uncomfortable at a large holiday gathering locally with family and friends, that's a good indication that taking them out of town could be even more unpleasant for them, she says.

Even mingling with crowds at a special holiday program at church may need to be reconsidered.

"Talk to the choir director at the church and find out when the choir practices," she suggests. "If your loved one is comfortable going and enjoys the music, attending choir practice will enable you to enjoy the familiarity of the building and the holiday music without the crowd."

Keep in mind that individuals with Alzheimer's have short-term memory loss and they live in the moment, she adds. As soon as you get back home, don't be surprised or upset that they do not remember the trip or remember seeing family and friends. They enjoyed the moments and you enjoy the memories.

Bringing Mom or Dad home

Poiley suggests that caregivers with a loved one experiencing memory loss in an assisted living facility may want to reconsider whether or not to bring them home during the holidays.

"If you have always brought Mom home on Christmas morning, but she no longer realizes it's Christmas, and the commotion of unwrapping gifts, unfamiliar celebrations and routines may be overwhelming for her, you may need to really think about whether that's the best idea," she says.

"Having her over a few days before or after Christmas and having a quiet holiday meal and singing some old-time holiday songs that she remembers from years ago can make it a Christmas that Mom can appreciate," Poiley says, "or maybe it would be easier to go to the assisted living facility and celebrate Christmas with her

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Rethinking the holidays

Family traditions that worked in the past may need to be modified when caring for someone with Alzheimer's.



"I tell caregivers that with proper planning, they can make the holiday season more enjoyable for themselves and for their loved one," she says.

Large gatherings, for example, may need to be replaced with smaller ones. Consider limiting the holiday meals and gatherings to a few, and don't feel bad if you have to decline invitations. Shopping trips and dining out will be less stressful during non-peak hours. Decorations that might be over-stimulating or hazardous may need to stay in storage.

"I also tell people to expect the unexpected and to not be embarrassed if a situation doesn't go as planned," she adds. "If your loved one says the 'Pledge of Allegiance' instead of saying grace, join in and just go with the flow."

current decorations, songs, food and activities. Holiday celebrations 30 or 40 years ago were not as commercialized or overwhelming. The pace was slower, decorations were simpler and the holiday season was shorter."

Avoiding common mistakes

What are some common mistakes families make when caring for a loved one with dementia during the holidays?

Trying to accommodate everyone else's holiday expectations and needs can leave caregivers exhausted, frustrated and unfulfilled, Poiley says.

"It's no longer a pleasurable time of year for them if caregivers neglect their own needs trying to please everyone else,"

Helpful holiday tips for caregivers

DO: Embrace nostalgia. Someone with memory problems is more likely to remember holiday traditions, foods and music they enjoyed many years ago than more recent celebrations.

Emphasize safety. Replace candles with flames with battery-operated candles. Avoid decorations that look like food. Some holiday plants, including poinsettias, mistletoe and Christmas cherry, and berries (i.e., holly, mistletoe) can cause illness if ingested. Check with your local poison control center to determine if your plants are poisonous.

Keep things simple. Making cookies and decorations, watching favorite holiday movies, and singing and caroling are all constructive activities. Also, set aside time for naps and quiet time.

Travel wisely. Take into account a loved one's capabilities when planning road trips or booking flights. Balance family visits with quiet time for relaxing. Ask yourself in advance how a loved one will fare in a relative's home or an unfamiliar hotel before making plans.

DON'T: Don't assume that what has worked in the past is still OK. As memory loss progresses, people may become more agitated in large family gatherings or crowded malls. Evening events may need to be ruled out if they tire more easily. Behavioral changes may make car rides and entertaining more difficult.

Don't overstimulate. Too many decorations that play music, sing, dance or move, or too many scented candles and flowers can cause sensory overload and leave a loved one confused, agitated or upset.

Don't take on too much. You may have to decline invitations to dinners or holiday parties with a loved one if they will be among

unfamiliar people or in unfamiliar places. You can say no to hosting the holiday dinner, even if it's your turn this year. Don't be shy about asking someone to stay with your loved one so you can do your shopping or go out.

Don't overlook your own needs. In trying to please a loved one during the holidays, don't sacrifice the things you enjoy. The goal is to make the holidays enjoyable for people with memory impairment as well as for their caregivers and families. Express your wishes to family and friends, and enlist their support.

Source: Eileen Poiley, MS, director of education, USF Health Byrd Alzheimer's Institute





The C.A.R.E. Clinic: High-tech with high-touch

The Byrd Institute's Center for Memory C.A.R.E. streamlines the process to help take the stress out of a daunting diagnosis.

On a December morning in 2014, Al Reznicek brought his 72-year-old wife, Sharon, to the USF Health Byrd Alzheimer's Institute in Tampa to confirm what he and other family members had suspected for several years. After a morning of cognitive tests, a brain scan and interviews about her capabilities and medical history, Byrd's medical

Genevieve Faulk understands all too well the challenges that many families face when they believe a family member is becoming unusually forgetful. Faulk, the founder and CEO of Aging Care Advocates serving the Tampa Bay area, knows it can mean juggling multiple medical appointments involving the family doctor, a neurologist, a

director gave Reznicek the answer he needed: His wife did, indeed, have Alzheimer's disease. Byrd staff members also counseled him on, among other things, options for her living arrangements and services that could help him if he continued to care for her at home.

clinic that performs brain scans and perhaps other specialists – a process that can take several weeks or even months.

Reznicek just wishes he had acted sooner in tapping into the resources of the research and educational Institute that's part of the University of South Florida.

Her business helps link families with the services they need but may not know exist. And if the subject of memory loss comes up, she refers them to the Byrd's Center for Memory C.A.R.E., which offers diagnostic medical evaluations, counseling, education and family support services all under one roof.

It would have saved him several doctors' visits to different specialists, beginning in 2007, and the lingering uncertainty of whether his wife of more than 50 years was suffering from dementia or something else.

"Patients and their families don't have to hop from one place to another and wait in doctors' offices for hours on end," she says. "They can go to the Byrd Institute and be seen by all these specialists, which really streamlines things. That makes it so much easier for patients and their families, because when

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Sharon Shah, MD
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Latessa Smith, CMT, CMA
Licensed Phlebotomist



High-tech with high-touch

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you're dealing with any kind of dementia, sometimes it can be an overwhelming process just getting the person out of the house."

A team of experts

The Byrd Institute has been offering a variety of services since it opened more than a decade ago, but consolidated and enhanced them when it opened its Center for Memory C.A.R.E. (Clinical Assessment, Research and Education), which spans the entire second floor of its six-story facility, in late 2011.

The goal of Byrd CEO Dave Morgan, PhD, was to provide a complete range of services in a welcoming and comforting environment designed by the staff with an eye toward details that would benefit patients and their families.

Family members can relax in a soothing open lounge or in private spaces. They can watch TV or tropical fish in an aquarium. There's a bistro, a pacing track to relieve anxiety and an enclosed play area for children.

"We wanted it to feel like a spa and not like a doctor's office," says Byrd's medical director, Amanda Smith, MD.

"We know people are terrified when they come because of what they might hear, and a lot of times we aren't able to give them good news," she acknowledges. "We were very involved in making it a place that's soothing and relaxing as they go through this process. We chose every fit and finish, every knob, every fabric, every piece of furniture and every piece of artwork on the walls."

But the C.A.R.E. Center doesn't rely on its good looks alone. Dr. Smith is even more proud of what goes on inside.

Even before a patient's appointment, the family typically gets a call several days in advance from one of the clinic's doctors of pharmacy to inquire about medicines and supplements the patient is taking. They're also instructed to bring all of the bottles with them on the day of their appointment.

The pharmacist's assessment on the day of their appointment is followed by pencil-and-paper cognitive tests administered by a neuropsychologist while the pharmacist or geriatrician (a doctor of internal medicine who specializes in geriatrics) interviews the family for additional background information. The patient then meets with the geriatrician

for a physical exam and medical history assessment.

The specialists then meet to discuss their results with a geriatric psychiatrist and staff social worker before explaining their findings in detail to the family and recommending the best plan of action. If the patient has brought prior imaging studies with them, the physician will review them with the patient and family.

"You wouldn't believe how many people I've seen who have never been shown their MRI images," Dr. Smith says. "They've gotten reports full of medical jargon that they can't understand and it's terrifying. So I sit with them and I show them the pictures, and it gives them a much better understanding of what's happening in their brain and why they can't think clearly."

More services available

After their initial visit and diagnosis, patients are sometimes asked to return for additional screenings that can include a CT, MRI or PET scan to help identify any deterioration of the brain, or to demonstrate whether they can still manage daily living skills in a mock

apartment, or to test their driving skills. All of these services are provided within the second-floor C.A.R.E. Center and become more important as the disease progresses.

Faulk, whose Aging Care Advocates serves four counties in Central Florida, recommends the Byrd Institute several times each month to families concerned about a loved one's memory loss, because of the Institute's scope of services and expertise.

"What we've heard from our clients and their families is they are very pleased that they now have these experts who are on their side and who are readily available for them, should their loved one start showing behavioral changes, such as becoming extremely agitated, hitting others or refusing to shower," she says.

"Now all they have to do is make a call or send an email, and they can hear back very quickly about the issue," she explains. "If you go to any other doctor, it's often hard to get information about what to do, and they often say you have to come back in. The Byrd center takes care of things quickly and easily, and they are very available – and that is hon-

"The Byrd center takes care of things quickly and easily, and they are very available – and that is honestly the best thing you can say about a doctor's office or medical center."

Genevieve Faulk, Founder and CEO, Aging Care Advocates



estly the best thing you can say about a doctor's office or medical center."

Her only suggestion for improvement is sometimes it can take several months before a new patient can be seen. The Institute is in the process of hiring more specialists to help address this issue.

Some patients will continue to receive their primary medical care at the Byrd Institute, while others (who tend to live farther away) return to their family doctor, Dr. Smith says.

Another component of the C.A.R.E. Center available to patients and their families – as well as the general public – is the Caregiver Resource Library.

"We try to stock publications from the National Institute on Aging, plus we have

our own publications and materials from the Alzheimer's Association and some of the other associations that represent common dementias, such as the Lewy Body Dementia Association and the Association for Frontotemporal Degeneration," Dr. Smith says.

"So, when someone comes to us with a diagnosis, we can give them the best materials for their needs to take with them. We also have a lot of materials about driving safety," she adds.

There are also caregiver support groups – something Al Reznicek wishes he knew about sooner as his wife slipped deeper into dementia while he cared for her at home for seven years. He's been going faithfully to the

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Angela Hill, PharmD, BCPP, CPH
Clinical Pharmacist



Dave Ettelson, PhD
Psychometrician



Widalys Jimenez, CNMT
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PHOTOS BY ALEX STAFFORD

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Jasmine Cutler, PharmD, CPH
Clinical Pharmacist



Q & A

Q & A with Garrett Davis, playwright, actor, Alzheimer's activist



Earlier this year, playwright/director/actor Garrett Davis brought his poignant play *“Forget Me Not”* to Tampa to raise awareness about the importance of identifying and treating Alzheimer's disease in the African-American community. African-Americans are nearly twice as likely as white Americans to develop the disease, but they are less likely to be screened or to enroll in drug trials that could lead to a cure.

Davis, 50, who co-founded the African-American Network Against Alzheimer's, has transformed his personal experiences into his mission to help families coping with the disease and to support research to end its devastating personal and financial toll. He was recognized by the national Alzheimer's Association as its *“Advocate of the Year”* in 2012.

Davis currently lives in Winston-Salem, North Carolina, with his wife, Carol Montague-Davis.

We asked him about the impetus of his play and his long-term goals.

Below: Scenes from *“Forget Me Not”* performed in Tampa earlier this year. Afterward, several Byrd Institute staff members congratulated members of the cast.



Q: How did the *“Forget Me Not Project”* come about? What was the inspiration?

A: I was reared by my grandmother, the late *“Goodness”* Davis. She was everything to me. Upon going home on a spring break weekend from college, she did not know who I was. This devastated me to my core. After seeing this, I did not return home until the funeral. I just could not bear to see her in that condition.

After the funeral, it was years later that my mother, aunts, sisters and cousins told me that Goodness would ask about me. Now the guilt of not being there wore on me, so being a playwright, I decided to write a play on Alzheimer's to bring closure in my life. Little did I know that eight years later we would still be doing this play across the country to raise the awareness of Alzheimer's for Goodness' sake.

Q: When and where did you launch the stage production?

A: We launched the *“Forget Me Not Project”* featuring the play in my home town, Warrenton, North Carolina, four years ago. The reason we started in Warrenton was not because it was my home town, but more importantly, it's imperative for people to understand that regardless of whether you live in a small town like Warrenton or in New York City, Alzheimer's disease does not care. And it's more important in the small communities, where resources may be limited, that the entire community comes together to fight this disease and to let caregivers know that they are not alone.

Q: What message or messages do you hope people will take away after seeing it?

A: That Alzheimer's pushes one into seclusion. Especially the caregiver, the very one who may be in denial. We want caregivers to know that they are not alone and that they are not the only ones dealing with juggling schedules and sacrificing in order to take care of a loved one. There is support to help you provide a better quality of life not just for your loved one, but for yourself as well.

Q: What's unusual about your play is that it's immediately followed up by a discussion on stage with you as the writer/director and a panel of local experts on Alzheimer's disease, discussing medical and social services available to families dealing with this disease. Why did you want to include this public forum with your play?

A: It's simple. In order for people to feel empowered to make a difference in their situation, they have to feel as though they are being heard and that what they are going through means something.

These discussions allow caregivers and others a form of release and an opportunity to get input from professionals in the field.

Q: When did you co-found the African-American Network Against Alzheimer's? What do you hope it will accomplish?

A: About two years ago we joined forces with Stephanie Monroe, [who is now] the executive director of the network, to work together to do our part to slow down this disease by 2020. We feel that there is a lot of work to do in this area, and presenting the play has been a very successful way to start the conversation. We hope that every city where the *“Forget Me Not”* play is presented will change the way African-Americans look at clinical trials [of investigational drugs] as well as Alzheimer's. We can't change people's behavior until we can change their thinking.

Q: Do you have any additional plans to raise Alzheimer's awareness in the years ahead?

A: We will continue with the presentations of the *“Forget Me Not”* productions until we find a cure or means of slowing down this disease. Our next project is *“Project Take Control,”* which will feature the stage play *“Sugar Ain't Sweet,”* to educate people on how diabetes is linked to Alzheimer's. ■

A collaborative effort

The Byrd Institute's new fundraiser understands the importance of small donations, major gifts and a team effort.

Dan Minor knows that he won't find a cure for Alzheimer's disease in his new role as director of development for the USF Health Byrd Alzheimer's Institute in Tampa.

But like the many unfamiliar names and faces that fill the stage when the Academy Award for Best Picture is handed out each year, Minor hopes to play a key role as a supporting cast member when new breakthroughs occur.

"It takes a team to wrap your arms around what needs to be done," says the Institute's new director of development.

The way he sees it, helping families honor their loved ones through a gift to the Institute will help support the expanding scientific research, clinical trials, caregiver support services and outreach programs that have earned the Institute acclaim since it opened in 2002.

"By being there for families, I'll be doing my part for the research in Alzheimer's as well as helping those who are affected by this disease."

The 39-year-old Wesley Chapel resident knows a thing or two about helping people support causes they're passionate about.

He came to the Institute in August from the Straz Center for the Performing Arts in Tampa, where he coordinated private gifts for the past two years. Prior to that, he helped raise money for the nationally recognized Moffitt Cancer Center.

His new role brings him back into the medical arena.

"It's exciting to be part of something that's on the forefront of a major health challenge and to work with the people who are looking for the answers," he says.

Minor also knows that his role will become increasingly important.

"Government funding and the grants that researchers are going after are getting more difficult to secure," says Minor. "It's very competitive out there, so a lot of these institutions are looking at fundraising dollars to fill that gap."

Kimberly Constantine, associate vice president of development for USF Health, says Minor is committed to helping improve the lives of others.

"Dan brings a deep understanding of the significant effect philanthropy can have on health care, education and research," she says.

Every donation helps

Although fundraising professionals hope to recruit hefty gifts and bequests, Minor says he's just as appreciative of smaller donations, because they add up.

"People may not have the means to make a six or seven-figure gift, but they're just as interested in helping to further

the cause. Maybe \$100, \$200 or \$500 is all they can afford, and that can be just as meaningful to them," he says.

"Bigger donations play a huge part in every nonprofit institution, but all gifts are important to advancing the cause. Every donor becomes part of the team in our commitment to beat this disease."

Minor also understands the importance of each donation in helping supporters to cope with a loved one's illness or to honor their memory.

Like many families, Minor has personally experienced the toll of Alzheimer's disease. A great-aunt who was close to his family as he was growing up was diagnosed nearly a decade ago while in her 70s and still battles the disease.

Observes Constantine, "Alzheimer's disease has impacted his family and has created a passion in him that he feels will play a vital role in advancing the fight against and prevention of Alzheimer's disease."

"It's exciting to be part of something that's on the forefront of a major health challenge and to work with the people who are looking for the answers."

Dan Minor, Director of Development,
USF Health Byrd Alzheimer's Institute

Devoted family man

Minor unwinds from his workday demands by immersing himself in his other role as a husband and father of three young girls, ages 2, 6 and 9.

He grew up outside of Hartford, Connecticut, and graduated magna cum laude in 1999 with a bachelor's degree in hospitality management from Lynn University in Boca Raton on Florida's east coast. He met his future wife when they both landed jobs out of college at Disney World in Orlando. Fittingly, they tied the knot 13 years ago at Disney's popular wedding chapel.

Minor and his wife, Mitzi, an information technology manager at the accounting firm of PricewaterhouseCoopers just south of Tampa, cherish their family time.

His appreciation of the importance of family ties will help him succeed in his new role.

"Many families have a vested interest in finding a cure for Alzheimer's disease," he says, "and what better way to do it than to honor a loved one or remember them?" ■

To learn more about how you can support the Byrd Institute's mission, contact Dan Minor at (813) 396-0731 or at danielminor@health.usf.edu.

High-tech with high-touch

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monthly meetings at the Byrd Institute since April.

"Some of the things that have come up in the discussions have been helpful in terms of understanding what may be down the road and how to deal with communication problems or certain behaviors," says the 75-year-old retired CPA, who lives in Lutz.

"The real benefit comes from other individuals sharing what they've done or what they're doing to care for a loved one."

Capitalizing on what works

Dr. Smith attributes the C.A.R.E. Center's success to the philosophy behind it. "One of the things I'm most proud of is having this excellent team of clinicians working together to help the patient and let them leave with the information they came for, instead of being referred down the line and having to wait," she says.

"We also understand how stressful it is for families and patients dealing with this illness," she continues. "I think that one of the reasons we're so successful in what we do is because we get that. People come here and they know that we understand what they're going through.

"So my job is to make their lives easier." ■

Rethinking the holidays

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there." If you celebrate Hanukkah, you can light the menorah and focus on the traditional holiday foods that will trigger memories from years ago. "But don't be surprised," she says, "if your loved one sings 'Happy Birthday' instead of saying holiday prayers."

Caregivers may be saddened when they can't bring their family member home anymore, but they have to look at what's going to make their loved one happier.

With most of her advice aimed at helping people with memory loss enjoy the holidays, Poiley also reminds full-time caregivers not to sacrifice their own enjoyment during the season.

"When people ask what you'd like for the holidays, you may want to tell them, 'Rather than giving me a gift to unwrap, what I'd like is for someone to come over and stay with my loved one, so I can go out to a holiday play, go shopping or visit friends and enjoy some of the activities leading up to the holiday.'" Poiley recommends that, if possible, caregivers should give themselves a gift and hire someone to come into the home to provide them with some respite, either during the holidays or at any time during the year. ■

For more helpful tips, go to the Byrd Institute's website at <http://health.usf.edu/byrd> and click on "Enjoying the Holidays: Tips for Alzheimer's Family Caregivers."

Making A Difference In Our Communities



Team members from the USF Parkinson's Disease and Movement Disorders Clinic (6th floor of the Byrd Institute) participated in the first annual National Parkinson's Foundation Walk at the University of South Florida. The Walk raised over \$100,000 to advance research and support programs for persons affected by Parkinson's disease.



Jill Smith, assistant director for clinical research, speaks during a discussion panel at the 12th annual USF Diversity Summit. Held by the Office of Diversity and Equal Opportunity at the University of South Florida, the summit touched on global challenges such as overcoming health care disparities in culturally diverse populations.