



FREE PUBLIC LECTURE

Low Back Pain



Dr. John Chardos
Department of Medicine, VA

Wednesday
June 15, 2005, 7:00 P.M.
Garren Auditorium
Basic Science Building
University of California, San Diego

NEXT MONTH

Screening for Memory Impairment in the Elderly

Dr. David Salmon
Department of Neurosciences

Wednesday
July 20, 2005, 7:00 P.M.
Garren Auditorium
Basic Science Building
University of California, San Diego

No reservations required

Free parking will be provided for SIRA contributing members. Please call (858) 534-6299 TWO WEEKS BEFORE THE LECTURE to receive your free parking permit. All other lecture attendees must buy a permit at the parking kiosk on Gilman Drive or park at the metered sites.

Healthwise is available online at sira.ucsd.edu.

Barry D. Lebowitz, Ph.D.

Deputy Director of SIRA

We are delighted to announce that Barry Lebowitz, Ph.D., has joined us as the new deputy director of the Stein Institute for Research on Aging as well as the Geriatric Psychiatry Research Center and professor of psychiatry. Dr. Lebowitz was selected for this position after a national search. An author of over 130 papers and editor of eight books, he is an internationally known scientist, teacher, and administrator in the world of aging research. Dr. Lebowitz has worked as the Chief of the Geriatrics Research Branch at National Institute of Mental Health (NIMH) for over two decades. Below is the note sent by the NIMH Director Dr. Tom Insel to all the NIMH staff announcing his departure from the NIMH.

"I am writing to share with you the news that Barry D. Lebowitz, Ph.D., Chief of the Geriatrics Research Branch in our Division of Adult Translational Research, will be leaving NIMH after more than 25 years of service to the Institute. Barry has accepted a position as Professor of Psychiatry and Deputy Director of the Sam and Rose Stein Institute for Research on Aging at the University of California, San Diego. Barry has been a tireless advocate for research in the mental disorders of late life, and leaves an important and enduring mark on this field. He first joined NIMH in 1976 as the head of the research program for the Center for Studies of the Mental Health of the Aging, and over the years has served in various leadership positions. His efforts have resulted in an impressive growth of knowledge about the biological underpinnings and treatment of late life

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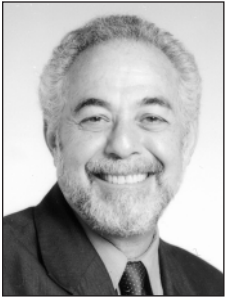
UC SD TV	PUBLIC LECTURE SERIES UCSD-TV SCHEDULE Lectures air on Cox Communications San Diego, channel 66; Cox North County, channel 69; Time Warner Cable, channel 18; Del Mar TV 66, or UHF (without cable), channel 35.	The Answer to Shingles Prevention Dr. Michael N. Oxman	6/9	8:00 P.M.
			6/10	10:00 P.M.
			6/14	6:00 P.M.
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			6/28	7:00 P.M.

MORE OF SIRA ON UCSD-TV

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The Buzz on Successful Aging Jennifer Reichstadt, M.S.	6/16	8:00 P.M.
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For clinical trials at UCSD: <http://health.ucsd.edu/ntrials/>



Something to Think About

Grown-ups

J. Adam Milgram, M.A.

Aging persons dislike the names that have been ordinarily used to describe them—like seniors, elders, older persons, retirees, and so on. The other day, I recalled that at one time older people were called grown-ups. And I thought, now that's an interesting name for us aging people. Now when I was "growing up" there were marked distinctions between children and these grown-ups. One was that children could not wear long pants. Would you believe it? In fact, I remember how proud I was getting my first pair of long pants when I was 14 or so. At family dinners, the children were usually separated from the grown-ups and sat at another table. Grown-ups also wore hats. There was grown-up talk where the children were excluded from the conversation. These distinctions were also accompanied by a built-in attitude of greater respect for grown-ups—respect for their being perhaps more experienced, more mature, more knowledgeable . . . more grown-up. So, in the presence of these grown-ups one was expected to act with respect and consideration. An old saying "children should be seen and not heard" reveals this distinction and the expected consideration.

These distinctions along with the accompanying expectation of greater respect seems to have completely vanished in our present culture. Everyone from a toddler to an adult dresses pretty much the same. Life experience, so highly valued previously in human existence is not treated with the same importance today. Instead, what we have created is a culture that abhors aging and does every-

thing to deny its reality with numerous negative stereotypes and ageism.

What can one say about being a grown-up? The way I look upon a baby, a young child, is as a human being in potential—a potential grown-up. Being a human being takes time, effort, life experience, patience, and a whole lot of learning, and so much more to be a real human being that is. Someone who can be relied upon, someone you can trust, someone who takes responsibility for him/her self, who thinks of others, who has learned patience, understanding, tolerance, and compassion, who knows somewhat and has coped successfully with the difficult challenges and vicissitudes that life brings. In effect, what we would call a mature person. This maturity, this being a grown-up is not easy to come by and tragically some of us seem never to ascend to being one. More so, it is not predicated on one's age although that is a significant factor. As a youngster, one was taught to assume that adults on the whole were all grown-ups and treated as such. If one erred in this regard, it was at least a positive mistake with no untoward consequences.

I am not proposing we return to those days for there was much in that differentiation that was not necessarily so positive, but at least there was some recognition that as one ages into adult life there was a good possibility that the person would be more mature, more grown-up and thus a wiser and emotionally developed individual.

I remember wishing, as all of us children did, the time when I would be a grown-up and afforded the stature in society that accompanied that reality. Comments from you grown-ups out there is much appreciated. (amilgram@ucsd.edu)

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We would like to express our deep appreciation for all those listed, as well as the anonymous donors, who chose to support the research, education, and patient care at the Sam and Rose Stein Institute for Research on Aging.

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SENIORS HELPING SENIORS — Escondido Seniors Complete Peer Counseling Training

On March 4, Escondido families, county officials, and community providers gathered together at the Joslyn Senior Center to celebrate graduation of senior peer counselors and senior peer promotores. The graduating senior volunteers completed twelve weeks of intensive training to provide home visits to isolated older adults. Senior peer counseling is a widely recognized "Best Practice" (Surgeon General's Report, 1999) to address the emotional needs of seniors and to assist them in maintaining independent lifestyles for as long as possible. Offered in both English and Spanish, the primary goal of this very valuable and empowering service is to help seniors bridge the gap to mental health services and to connect them with the range of supportive services offered by the Aging Network. The senior peer counselors and peer promotores use skills and life experience of older volunteers specially trained to serve older adults facing life transition, short-term crises, chronic stressors, and other difficulties by providing emotional support, social activities, shopping assistance/

excursions, and home visits in the community. Seniors who typically benefit from these services are those experiencing loss of friends, spouses, or other close family members (sometimes outliving their children); isolated seniors with lack of connection to their communities; and seniors with undetected or unheeded medical and mental health needs.

Lost to budget cuts in 1992, the program has now been re-established, thanks to self-advocacy efforts of the Joslyn Senior Center of Escondido and the leadership and responsive intervention of Supervisor Pam Slater-Price. Viviana Criado, the county's mental health older adult coordinator, has been assisting the Joslyn Senior Center and Neighborhood Healthcare with the development and implementation of the Senior Peer Counseling Project.

For more information, contact her at (619) 584-5029 or viviana.criado@sdcounty.ca.gov. Mental Health Services Working for Communities—Promoting Health and Wellness!

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RESEARCH TO PRACTICE

Drug Advertising on Television Increasingly Targets Elders

ASA Connection, March 2005

The perception that pharmaceutical companies are advertising more over-the-counter and prescription drugs on television, and are doing so more often, is borne out by a study recently released by School of Medicine at Emory University in Atlanta. Published in the November-December 2004 issue of *The Journal of Health Communication*, the study concludes that although such ads may be useful for increasing public awareness of specific conditions and available treatments, they also may lead to inaccurate self-diagnoses or incorrect perceptions of the risk or effectiveness of treatments.

Erica Brownfield, a physician and assistant professor of medicine at Emory who led the study, said that the ads are shown at times of day and during programs that are popular with two groups of television viewers: older adults, who buy the most medicine, and women, who generally make family health-care decisions. After exposure to more than 30 hours of direct-to-consumer ads each year,

she said, such consumers come to doctor's appointments with biased opinions about certain drugs.

How can practitioners help older adults keep this barrage of advertising in perspective? ASA member Janice Feinberg, a pharmacist who serves as research manager for the Research and Education Foundation of the American Society of Consultant Pharmacists, has the following advice: "Tell your clients to remember what advertising is for: It's trying to sell people something they might not need. Urge elders to discuss any questions about medications with a pharmacist or their prescription provider. Don't forget, all medications have risks. For any medicine you take, you have to weigh the benefits against the risk. A decision about medications is not the same as a choice about what laundry detergent to buy."

For more information on the Emory study, visit: http://www.whsc.emory.edu/press_releases2.cfm?announcement_id_seq=2879

Interview with Dr. John Chardos

Department of Medicine, VA

Editor: Dr. Chardos, we usually don't have interviews with clinicians, so it would be interesting to speak to someone who works directly with people and is involved in their health and well-being. Please tell us how you got involved in back pain and educating people about it, and the other activities you are involved with.

Dr. Chardos: Currently I'm working at the Veterans Hospital as an internal medicine doctor so I work with my own set of patients. I also have some responsibilities with tele-medicine—a developing field that we're trying to offer. I've been involved with teaching and some community volunteer activities. I think it goes back to just growing up as a family—my parents and sisters were always very involved in the community.

Editor: So you are very involved with different aspects of clinical practice—seeing patients, teaching, training, and also giving lectures about aspects of health and well-being that people can apply in a practical way.

Dr. Chardos: Yes, for example, low back pain. I took an interest because that's something that most people have and in my family growing up, someone was always having a back problem. Even now my grandfather—I keep in touch with him frequently—has been having back problems. I touch base with him after he sees the doctor to explain what was actually told to him because often times he didn't know what they told him or what the expectation is down the road that could raise problems. It's something that I have a personal interest in and wanted to teach the interns—they see it so often now—and sometimes are intimidated by problems with low back pain. However, once they understood the process and what the patient was hoping to get out of it, I think it makes it an enjoyable process—helping someone understand and cope with a possible chronic problem. Most chronic problems in medicine are somewhat intimidating because doctors like to fix everything, and as a doctor you have to realize you can't fix it, but at least you can let people know what to expect and help them to cope better and with that approach it makes a difference. Low back pain is going to be here for a while and it's going to stay in a subset of people, and those are the people that I think we can help understand what's going on and give them means of coping.

Editor: You've taken an educational approach towards dealing with low back pain—educating patients and empowering people.

Dr. Chardos: Yes, I think with any long-term problem that it is important to empower the person by helping them understand what is going on. Without that one can feel helpless. However, if you can really understand what the problem is you can better adapt.

Editor: Could you give me a rendition of what you would do—I know there's probably all kinds of back pain—how you would approach a person with back pain.

Dr. Chardos: First, of course, I would listen to them describe what their problem is. After their description I would ask them what their expectations are—a lot of people have friends that have had herniated discs and are told that they're going to need surgery or someone had a tumor and they ended up in a bad outcome. I want to know first of all what are their concerns. If they think it's cancer—maybe they had an aunt that had something that presented like this—once I know their concerns I try to explain that the majority of the time when people have back problems it usually gets better. There is maybe one in five people with a chronic condition and there are a number of different options for those folks.

Editor: What are these options? How will they get better?

Dr. Chardos: There are variety of ways. Often stretching and physical therapy can work. Staying active is important. Remember the old paradigm that doctors used say years ago that if your back's out you should lie in bed for two days and then you will be better or lie in bed for five days and you will be better It turns out the only difference was that those people missed more work, realizing that one's back isn't more frail and more delicate than someone else's back.

Editor: Do you have the time to do all this educating? The VA lets you do this?

Dr. Chardos: Yes, they do. The VA, having only worked in a few other places, is great in that they give the clinicians the time they need. I'm required to see two patients an hour, sometimes three. That's the kind of time I ideally need. Partly I chose the VA because we have that kind of time, whereas in a lot of the HMOs or other programs you're seeing four or six persons in an hour.

Editor: If you're talking about a more serious problem like cancer, surely you need to spend a lot more time with people.

Dr. Chardos: Absolutely.

Editor: We're doing something wrong. (Laughter). So, what are the options? How far does your education go as there are different ways to view low back pain and its treatment?

Dr. Chardos: If it is an acute back pain which came on within the last few weeks and is new for them, depending on their age, I treat them conservatively. I suggest they stay somewhat active and try some anti-inflammatory meds—some Tylenol and at that point maybe even a muscle relaxant. If they feel like they had a flare-up before with an anti-inflammatory or something like Motrin isn't enough then I'll give them something stronger like a mild narcotic to help them sleep as sometimes they state the pain keeps them from sleeping. There are also nonmedicinal alternatives like ice and heat, massage therapy, and gentle stretching. At that point, if it's not getting better within thirty days, it's getting more severe, or if there are other red flags, I will re-evaluate them at that point. Where they have chronic low back pain and there's a flare-up or it's developing into a prolonged course, other alternatives include a chiropractor and often this can work really well.

Editor: A chiropractor?

Dr. Chardos: Yes, the VA supports that. We have acupuncturists as well at the VA. Some prefer to minimize taking medicine, and acupuncture is a realistic option as well as chiropractic care.

Editor: What do you think of homeopathy and supplements like glucosamine and chondroitin sulphate.

Dr. Chardos: For back pain I haven't found those supplements to be helpful. Occasionally, I have patients that are pleased by their results for low back pain relief. For knee problems, hip problems, and other joint problems I found it works much better. When I'm talking to a patient with chronic pain I may tell them to try it. The problems with herbal medicines are they're not regulated by the government, so we don't know the purity or potency of the supplement. Other options include behavioral counseling and biofeedback to help with coping strategies.

Editor: Any other options?

Dr. Chardos: A TENS unit delivers a little voltage to help the muscle relax. That's something that someone like a truck driver may need to have in their car and they can put the pads on and adjust them themselves to help their back when they're sitting. If these noninvasive measures don't make a difference, which is the case in a minority of cases, there are also injections in the back done by our pain specialist. They can do a steroid injection or perhaps pulse frequency radioablation, which is kind of a big term for an ultrasound with a needle in the back and delivers this frequency quite deep and it can last for weeks to months of improvement of pain.

Editor: Thank you very much for your time.

New Resources on Aging

April 4–April 15, 2005

The AAMC, American Hospital Association, and Federation of American Hospitals has a consumer-friendly Web site that allows Americans across the country to access information about the quality of care at their local hospitals using government-verified data voluntarily provided by the hospitals themselves. See:<http://www.aamc.org/newsroom/pressrel/2005/050401.htm>

Accent on Seniors specializes in assisting families in their search for assisted living, nursing homes, board and care homes, independent/retirement living, and dementia care. They also help families in the Southern California area find senior products and senior services. See:<http://www.accentonseniors.com/index.htm>

Barry D. Lebowitz, Ph.D.

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depression and other mental illnesses, and recognition of his contributions include designation as an Honorary Fellow of the American Psychiatric Association and the M. Powell Lawton Award from the Gerontological Society of America. In recognition of Barry's dedication to the career development of new researchers, the American Association for Geriatric Psychiatry has designated an annual award as the "Barry Lebowitz Junior Investigator Award". In working with Barry, I have been struck by his thoughtfulness and keen insights on the opportunities and challenges for mental illness research on older populations, and he will certainly be missed at the Institute. The UCSD will be gaining a wonderful addition to their ranks."

Please join us in welcoming Dr. Barry Lebowitz.

Do You Have Age-Related Macular Degeneration and Feel Blue?

Do you have macular degeneration? Do you feel like your life is empty? Are you often bored? Do you feel hopeless? Dr. Stuart Brown and colleagues are currently screening volunteers for a study of escitalopram. This medication is not experimental. Escitalopram is an FDA approved antidepressant. The study is designed to see if the medication will help people with age-related macular degeneration adapt to living with this chronic condition. Subjects who qualify will receive study related care by board certified physicians. There is no cost to participate.

If you are interested in participating in this study or would like more information about the Age Related Macular Degeneration Outreach and Assist Programs, please call Linda Field at the Shiley Eye Center at (858) 822-1234 or (858) 822-2831.

UCSD Clinical Trials Center is Recruiting!

- Do you have COPD?
- Have you had a COPD exacerbation in the last 12 months . . . such as increase shortness of breath, increased sputum production, or change in the color of the sputum?
- Did you require either oral corticosteroids, antibiotics, and/or hospitalization to treat these symptoms?

UCSD Clinical Trials Center is conducting a national research study for COPD.

If you answered yes to the above questions, call Arlene at (619) 294-6239 or toll free at (888) UCSD-Air to learn about the study.

Controlling Anxiety in Later-life Medical Patients (CALM Study)

Dr. Julie Wetherell and her colleagues are conducting a study to see whether anxiety management training helps older adults. You may be eligible if you are at least 60 years old, have a health care provider, and often feel tense, worried, or anxious.

If you participate, you will either receive:

- 12 sessions of anxiety management training from the CALM study team
- Or treatment as usual from your regular health care provider.

Anxiety management will help you learn relaxation techniques, problem-solving skills, and how to let go of past and present experiences that make you anxious.

Possible benefits include:

- \$80 for four assessments over a 16-month period
- You and your health care provider will receive information about your symptoms, which may lead to better care for you
- You may receive anxiety management training at no cost to you
- You may experience relief of your anxiety symptoms

For more information, please call Georgia Birchler at (858) 552-8585 ext. 2390 or Dr. Wetherell at (858) 552-8585 ext. 2752.

Brain Imaging Study

Sean Drummond, Ph.D., is conducting a brain imaging (MRI) study to determine how the brain reacts to lack of sleep. Participants must be 60 to 80 years of age and in good health. This study involves an overnight hospital stay at the VA Hospital in La Jolla and several brain imaging sessions. Participants will be given a physical exam, lab and ECG, a thorough sleep study, and are paid for their time and travel. If interested, please call Jen at (858) 642-1259.

Are You at Risk for Developing Type 2 Diabetes?

- Are you concerned about developing Type 2 Diabetes due to a family history, high blood sugar, or being overweight?
- Have you ever been told that you are at an increased risk for developing Type 2 Diabetes?

Dr. Mudaliar at the VA Medical Center in La Jolla is currently screening volunteers (Vets and Non-Vets) for the ACTOS NOW study. This study looks at an investigational use of the drug Pioglitazone to determine if the drug can prevent or delay the development of Type 2 Diabetes.

Subjects who qualify will receive:

- study related medical care by board certified physicians
- counseling with a certified diabetes educator
- compensation up to \$600

If interested, please call Alana Clark at (858) 552-8585 ext. 2884.

Americans Over 50 at Risk for Bone Fractures

FDA Consumer, January/February 2005

U.S. Surgeon General Richard H. Carmona, M.D., M.P.H., has warned that by 2020, half of all Americans older than 50 will be at risk for fractures from osteoporosis and low bone mass if no immediate action is taken by individuals at risk, doctors, health systems, and policy makers. The warning is published in an October 2004 report, *Bone Health and Osteoporosis: A Report of the Surgeon General*.

The report says that 10 million Americans over the age of 50 have osteoporosis, the most common bone disease, while another 34 million are at risk for developing osteoporosis. And each year, roughly 1.5 million people suffer a bone fracture related to osteoporosis.

This report is the first-ever Surgeon General's report on the topic of bone health. Osteoporosis and other bone diseases can lead to a downward spiral in physical health and quality of life, including losing the ability to walk, stand up, or dress. Bone disease can also lead to premature death.

"Osteoporosis isn't just your grandmother's disease. We all need to take better care of our bones," says Carmona. "The good news is that you are never too old or too young to improve your bone health. With healthy nutrition, physical activity every day, and regular medical checkups and screenings, Americans of all ages can have strong bones and live longer, healthier lives. Likewise, if it's diagnosed in time, osteoporosis can be treated with new drugs that help prevent bone loss and rebuild bone before life-threatening fractures occur."

According to the report, osteoporosis is a "silent" condition because many Americans are unaware that their bone health is in jeopardy. In fact, the number of people who have osteoporosis is much greater than the number who report having the disease—four times as many men and nearly three times as many women. One of the most dangerous myths about osteoporosis is that only women need to worry about bone health. Osteoporosis affects men and women of all races, and

while bone weakness is more common in older Americans, building strong bones begins in childhood.

Recommendations:

- Get the recommended amounts of calcium and vitamin D. High levels of calcium can be found in milk, leafy green vegetables, soybeans, yogurt, and cheese. Vitamin D is produced in the skin by exposure to the sun and is found in fortified milk and other foods. For people who are not getting enough calcium and vitamin D in the diet, supplements may be helpful.
- Maintain a healthy weight and be physically active at least 30 minutes a day for adults and 60 minutes daily for children. Include weight-bearing activities to improve strength and balance.
- Take steps to minimize the risk of falls by removing items that might cause tripping, improve lighting, and encourage regular vision tests and exercise to improve balance and coordination.



Healthy Lifestyles

APHA, Tuesday, April 5, 2005



Americans can prevent many of the common health problems that can hinder the enjoyment of later years by keeping their immunizations up to date and taking their prescribed medications. More than 40,000 Americans ages 65 or older die each year of influenza and invasive pneumococcal disease. Immunizations reduce a person's risk of hospitalizations and death from these diseases. Yet, in 2002, one in three Americans over 65 had not had a recent flu shot and 37 percent had never received a pneumonia vaccine. Nearly one in four older adults skips doses of medication or does not fill prescriptions because of costs, which leads to health problems down the road. In a recent study, older Americans who failed to take prescribed medication were 76 percent more likely to suffer a significant decline in their overall health than those who took all medications as prescribed.

Preventing accidents in the home or workplace can add on more healthy years. Falls are the most common cause of injuries to older adults. More than one-third of adults over 65 fall each year—of these nearly one-third suffer moderate to severe injuries that decrease mobility and independence. Simple measures like removing tripping hazards in the home and installing grab bars can dramatically reduce risk of falls to older Americans.

Americans can also increase their number of healthy years by simply adopting a healthy lifestyle. Research shows that many of the deterioration symptoms that come with age are a matter of influence and mindset—not genetics. People, who are physically active, eat a healthy diet, avoid tobacco products, and practice other healthy behaviors reduce their risk of chronic diseases and have half the rate of disability of those who do not.



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Healthwise Vol. 25, No. 6 June 2005

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