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Alzheimer's Disease & Dementia Studies

The Effects of Reiki, a Complimentary Alternative Medicine, on Depression and Anxiety in the Alzheimer's and Dementia Population

Research performed by M. Deborah Salach, Geriatric Care Manager, OACM, Thesis below for San Francisco State University 2006.

This study explores the phenomenon of Reiki as a healing modality on older adults with Alzheimer's disease or dementia who experience depression and/or anxiety. Reiki is practiced in over 25 clinical settings in the United States.

Eight older adults who experience Alzheimer's Disease or dementia with depression and/or anxiety (1 male and 7 females) ages 58-89 were selected from the Institute on Aging (IOA) Adult Day Health Center (ADHC) in San Francisco, CA, serving dementia and Alzheimer participants. Four participants received Reiki sessions and four participants received mock Reiki of 30 minutes per session, once a week for eight weeks by a trained Reiki practitioner. Quantitative measures from similar studies were used. Positive results were found and evaluated by correlation of physiological response (blood pressure, heart rate) with standard pre-tests for depression and anxiety with the Geriatric Depression Scale (GDS) and Spielberger's State-Trait Anxiety Inventory for Children.

Subsequently, after the research study was completed, the practitioner returned and administered eight treatments of Reiki to the blind study participants and received positive results for all four participants.

Management of Sleep-Activity Disruption in Alzheimer's Disease

Glenna A. Dowling, Ph.D., P.I.

Funded by the National Institutes on Health (NIH)

The purpose of this three-phased, randomized clinical trial is to test the effectiveness of bright light therapy and melatonin in reducing sleep-activity (circadian) disruption in institutionalized Alzheimer's disease (AD) patients. Disturbances in sleep-activity rhythm are prominent and disabling symptoms in AD. Nighttime sleep is severely fragmented and daytime activity is disrupted by multiple napping episodes and afternoon delirium (sundowning). AD-related neurological damage, institutionalization, and decreases in external zeitgebers that influence circadian rhythms (e.g., bright light) probably all contribute to the etiology. Medical treatment has proven only minimally effective and is associated with numerous and serious side effects. Development and testing of innovative strategies such as properly timed bright light exposure and exogenous administration of melatonin (a neurohormone produced by the pineal gland during darkness) are needed.

In Phase I of this study, the following hypothesis will be tested: subjects exposed to bright light (> 5000 lux) for one hour in the morning for 10 weeks will exhibit a decreased number of nighttime awakenings,

decreased total wake time after sleep onset, and decreased problematic nighttime behaviors compared to control subjects. In Phase II, the hypothesis that morning bright light exposure is more effective than afternoon bright light in improving the outcome measures will be tested. In Phase III, a bedtime dose of melatonin will be added to the intervention found to be most effective in Phase II and the additional effect of melatonin on the outcome variables tested.

San Francisco - Northern California Chronic Care Network for Dementia

Lawrence Z. Feigenbaum, M.D., P.I.
David Coon, Ph.D., Project Director

Supported by funds from the California HealthCare Foundation, Mount Zion Health Fund, and the Grants & Disbursements Committee of the California Pacific Medical Center Foundation.

This study provides a unique opportunity for patients enrolled in two different managed care plans in San Francisco as part of an unprecedented partnership designed to improve the care of persons with memory loss and the family members who help them. Through the project, the Alzheimer's Association and local managed care plans work together to address the special needs of these patients and their family caregivers by:

- early identification of dementia.
- improved continuity of patient care.
- family caregiver education and support.
- care across the entire course of the disease.

Local San Francisco partners are the Research Center, the San Francisco Chapter of Alzheimer's Association, Kaiser Permanente, San Francisco, and a select group of Brown & Toland physicians headed by Richard J. Moore, M.D., at California Pacific Medical Center (CPMC). These partnerships are part of a nationally recognized effort sponsored by the National Chronic Care Consortium and the Alzheimer's Association that implement the project and evaluate its impact on patient and family caregiver well-being and service utilization.

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