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Milwaukee Journal Sentinel  
JSOnline.com/health

Tuesday  
August 18, 2009

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Rosaura Marmolejo (right) helps her mother, Manola, get to a waiting van for a trip to the Latino Geriatric Center. The estimated 200,000 Latinos diagnosed with Alzheimer's make up a relatively small portion of the 5.3 million cases nationwide, but it's estimated that number could balloon to 1.3 million by 2050.

## Latinos tackle Alzheimer's

Center focuses on seniors with dementia, looks at early onset risk factors

By DIANA MONTAÑO  
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When Eugenio Ramirez heads out to the Latino Geriatric Center each morning, he says he's going to the capital, San Juan, for the day. In the afternoon he says he's going home to Vega Alta, the small coastal village where he grew up.

Eugenio Ramirez Jr., the son he lives with in Milwaukee's Riverwest neighborhood, can't tell whether his father really thinks that he's still in Puerto Rico, the same way he can't tell whether he really thinks that he's 42 years old, or that Junior isn't his son, but his brother.

Ramirez, 94, who came to Wisconsin from Puerto Rico in 1966, was diagnosed with Alzheimer's disease four years ago. He's forgotten his English and the names of his eight children, but he remembers *la isla*, the island, as if he'd never left.

In a way, Ramirez really does visit the tropical homeland of his memories each weekday. Warm, pastel-colored walls, arched doorways, an artificial fountain in the middle of the main hallway, the smell of warm rice and beans — all give the Latino Geriatric Center the feel of a Latin American hometown, more than a day care center for elderly dementia patients on Milwaukee's near south side.

And that's not a coincidence. Seeing a need for accessible and culturally appropriate care for Latino elders with Alzheimer's and other forms of dementia, the United Community Center, a social services organization catering to Milwaukee's Latinos, opened the Latino Geriatric Center in 2007.

Alzheimer's disease is the most common form of dementia and the seventh-leading cause of death in the United States, according to the Centers for Disease Control and Preven-



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Manola Marmolejo, who has Alzheimer's, is cared for by two daughters, who say the disease has changed their mother into a completely different person.

tion. The estimated 200,000 Latinos diagnosed with Alzheimer's make up a relatively small portion of the 5.3 million cases nationwide, but it's estimated that by 2050 that number could balloon to as much as 1.3 million, according to the Alzheimer's Association, a national organization focusing on Alzheimer's research and care.

Studies also suggest that the disease appears earlier in the Latino community — finding that, on average, Latinos develop the disease at 66 years old, compared with age 72 in non-

Latinos.

But gaps in medical research, cultural and economic barriers to accurate diagnosis and treatment, and lack of information about the disease make it difficult to gauge its prevalence among Latinos, its effect on the community and the implications these disparities may have for prevention and care.

### Caregiver workshops

"Before the doctors told us she had Alzheimer's," said Paula Hernandez of her mother, Julia, who was diagnosed at 63 years old, "we didn't know anything about it. Zero."

Hernandez and her sister, Rosa Preciado, were at the Latino Geriatric Center on a recent morning with their mother for a workshop on diabetes, part of a monthly series the center organizes for its caregiver support group. The workshop made her think about the fact that her mother was diagnosed with diabetes years ago but wasn't treated until recently — a realization that is not insignificant.

Although the causes of Alzheimer's are still largely a medical mystery, experts have come to a general consensus on risk factors likely to trigger or accelerate the development of the disease. Among these are diabetes, vascular disease, low educational level, depression and stress, all of which affect the vitality of brain cells and memory retention.

Prevalence of these risk factors in the Latino population has experts looking at the health status of the community as one possible explanation for the anomaly of early onset.

"The differences are economic, social and cultural, not biological," said Piero Antuono, a professor of neurology at the Medical College of Wisconsin and director of the school's Dementia Research Center.

Racial diversity, he said, makes genetic factors less relevant to understanding the development of the disease in Latinos, whose biological makeup can include African, indige-

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### ALZHEIMER'S

## Screening, education important

nous or European genes. Rather, he said, "it's about lifestyle, diet, access to medical care, access to healthy food."

Antuono is not alone in his thinking. Changes in diet and lifestyle experienced by Latinos who've arrived from another country or from Puerto Rico can have significant health effects.

"All countries are experiencing an increase in obesity," said Maria Carrillo, director of medical and scientific relations at the Alzheimer's Association. "But the U.S. leads in the game. So our lifestyle is going to come with risk factors. And for people coming in with lower socioeconomic status, and who are limited to certain neighborhoods, there's not a positive outcome."

According to the Office of Minority Health, Latinos' risk of developing diabetes is more than double that of non-Latino whites. This increases the risk of developing Alzheimer's or stroke-related dementia by two to three times, Carrillo said.

Students from the University of Wisconsin School of Medicine and Public Health conducted an informal survey of Alzheimer's and dementia patients at the Latino Geriatric Center and found that out of 89 patients, about 44% were diabetic.

### Addressing disparities

Mental health disparities may also play a role. According to Carolina Zuniga, who runs the center's Memory Clinic, there are only three Spanish-speaking psychiatrists in all of Milwaukee. This means less access to treatment of depression or anxiety disorders related to

the migration experience itself or to social or cultural isolation. The Geriatric Center regularly refers clients to the United Community Center's "Nuevo Amanecer" ("New Sunrise") depression clinic for seniors, and nearly a quarter have been diagnosed with depression.

Because many of these risk factors are treatable and even preventable, health interventions such as screening and education are particularly significant. According to Carrillo, lifestyle changes can delay onset of Alzheimer's by three to five years. But implementing such interventions is hindered by a lack of information.

### Wisconsin registry

This year, the Wisconsin Alzheimer's Institute at UW-Madison partnered with the Geriatric Center to recruit Latino participants into its Wisconsin Registry for Alzheimer's Prevention, or WRAP, a long-term study tracking children of Alzheimer's patients to see whether they are more likely to develop the disease. One problem: While a simple test has been translated into Spanish and certified for the study, the same has not been done for the longer, more complex version.

"These tests require certain forms of language," said Mark Sager, director of the institute. The disparate dialects, expressions and cultural references used by Latinos from different countries, he said, make advanced cognition testing in Spanish-speaking elders a challenge.

"Take the word *guagua*," said Carlos Mejia, a WRAP participant who found the simplicity of the screening troubling. "For Puerto Ricans it means *bus*, but for Chileans it means *baby*. If you tell a Chilean that you're waiting on the corner for the *guagua*, they're not going to understand you."

A lack of scientific knowledge can lead to diagnostic, treatment or prevention efforts that are inadequate or inappropriate for under-represented communities.

"It's important to address disparities in research," Carrillo said.

Please see ALZHEIMER'S, 2E

## LATINOS TACKLE ALZHEIMER'S by Diana Montaña

The most challenging and rewarding article I wrote during my summer at the Milwaukee Journal Sentinel was the piece on Alzheimer's in the Latino community. I was completely unfamiliar with the issue, and so digging into it was a learning experience. The challenge was in trying to consolidate all the different aspects I discovered -from more medical ones like cardiovascular risk factors and their relationship to health disparities, to the experience of Latina caregivers, to the issue of research disparities and the work of the Latino Geriatric center—into one piece. It was an opportunity to learn a lot about the disease, and to get to know the community by visiting families in their homes and getting a sense of how they were coping. The most interesting aspect was realizing how significant research disparities were in finding causes and treatments for diseases like Alzheimer's, which little is known about. Because most medical study subjects tend to be white, researchers really know little about how the disease impacts the Latino community specifically. I hadn't thought about that before. The most rewarding part was that after the piece came out, I got emails and phone calls from folks at the geriatric center who thanked me for having written the piece, since the paper's coverage of the community is very limited in scope. They said the families were grateful for having their stories told, and that the center had been receiving phone calls from families and other organizations wanting to know more about the disease and the center's work. It was rewarding to know I had a part in getting the word out about the issue, and a little window into the city's Latino community that readers rarely get. It was also interesting to be able to educate some of my fellow reporters on the issue- none of them knew that a Latino Geriatric Center even existed in town, and the reporter that focuses on Alzheimer's hadn't heard about the dementia center or about the risk factors specific to communities of color.

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