2001 Annual Report

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Publication Info
ANNUAL REPORT
DECEMBER 31, 2001

ALZHEIMER'S DISEASE REGISTRY
ARNOLD SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF SOUTH CAROLINA
COLUMBIA, SC 29208
March 2003

Unless otherwise noted, data included in this report cover the period
January 1, 2001 through December 31, 2001
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EXECUTIVE SUMMARY

The University of South Carolina (USC), Arnold School of Public Health in cooperation with the South Carolina (SC) Department of Health and Human Services, the SC Department of Mental Health, and the USC School of Medicine, maintains a statewide registry of SC residents diagnosed with Alzheimer's disease or a related disorder. The registry is located in The Arnold School of Public Health, USC. All cases are identified from a computerized medical record search. The data reported includes any individual identified who was alive on January 1, 2001. The goals of the registry include:

• reporting annual prevalence of Alzheimer's disease and related disorders by demographic characteristics,

• providing prevalence data to public and private agencies for planning purposes, and

• fostering research into the risk factors for Alzheimer's disease and caregiver distress.

Since January 1, 1988, the Registry has identified 85,868 cases of Alzheimer's disease and related disorders (ADRD). During the calendar year 2001, the registry maintained information on 56,918 individuals with a diagnosis of Alzheimer's disease or a related disorder who were alive on January 1, 2001. Sixty-one percent of Registry cases had a diagnosis of Alzheimer's disease, 13 percent had a diagnosis of dementia due to stroke, and 26 percent were diagnosed with a dementia related to other chronic conditions.

Approximately 61% of the registry cases are Alzheimer's disease. Based on either method of prevalence estimates (the Minnesota study or Capture-recapture), the number of South Carolinians with Alzheimer's disease and related disorders will about double in the next fifteen years.

Highlights from the 2001 Alzheimer's Disease Registry prevalence data include:

• 61% of all Registry cases are identified as Alzheimer's Disease.

• 42% of those with Alzheimer's disease are currently 85 years or older.

• 58% of all Registry cases reside a community setting.

• 37% of all Registry cases reside in an institution

• 63% of all Registry cases in institutions have Alzheimer's disease.

• 66% of all Registry cases are women

• 35% of all Registry cases are African American

• African Americans are more likely to reside in the community.
The growth and development of the registry and the related research program in aging has been due to the support of many individuals and organizations. We particularly want to acknowledge the contribution of The Arnold School of Public Health at USC for core support; the USC School of Medicine (Department of Medicine, Division of Geriatrics) for providing collaboration; the SC Department of Mental Health and the Budget and Control Board for access to data; the SC Department of Health and Human Services for core support and access to data; the SC Department of Health and Environmental Control, Vital Records and Public Health Statistics; and the Office on Aging, SC Department of Health and Human Services for their continued support.

Any state or local agency may request the registry staff to provide specific data summaries (without identifiers). These requests are handled on an individual basis and will be provided free of charge, as time allows. Contact the registry staff at (803) 777-5337 for further information.
INTRODUCTION

"The U.S. Census Bureau predicts the 65 and older population will grow from one in eight Americans today to one in six by 2020. The mature adult population will total 53.7 million, representing a 53.8 percent increase over today’s 34.9 million mature adult population."\(^1\) South Carolina’s older residents show the same trends. Adults 65 and older in South Carolina showed a 22.3% growth rate between 1990 and 2000. In 2000, South Carolina boasted 485,333 residents 65 and older, a number that has increased by approximately 100,000 each decade from 1970-2000.\(^2\)

With this increase in the aging population comes an increase in age related diseases. Alzheimer’s Disease and Related Disorders (ADRD) are a major robber of quality of life among this older population as the prevalence of Alzheimer’s Disease (AD) doubles every five years beyond age 65."\(^3\)

Dementia is an umbrella term that encompasses many types of cognitive impairment. The Diagnostic and Statistical Manual of Mental Disorder (Third Edition) (DSM-III-R) defines dementia as an impairment of intellectual abilities such as memory, abstract thinking, judgement, other disturbances of higher cortical functions and behavior and personality change severe enough to interfere significantly with everyday activities. Alzheimer Disease (AD) is a type of dementia with an insidious onset and a generally progressive deteriorating course for which all other specific causes have been excluded. Other types of dementia include multi-infarct dementia or stroke dementia (vascular) and dementias associated with medical conditions such as Parkinson’s, Huntington’s Disease, and alcohol or drug abuse.

This report covers the calendar year of 2001 (those alive on Jan 1, 2001) the most recent full year of data available from all reporting sources. Registry cases in this report are defined as Alzheimer’s Disease (AD), multi-infarct dementia (MID) and dementia in medical conditions (Other). Registry cases are identified by location of residence, either in a facility (nursing facilities, residential care facilities), in the community (home or adult day care) or in an acute care hospital. Exclusions of some demographic information are due to the voluntary method of data collection. Some of the sources reporting dementia cases do not include information on education or marital status. It should be noted that many cases might be identified at a late stage of the disease rather than at onset of the disease affecting the time period of entry into registry until death.

This Alzheimer’s Disease Registry Annual Report provides descriptive information about persons with ADRD in South Carolina for the calendar year 2001.
Scope of the Problem

The prevalence of dementia in the United States in 1989, was estimated to be over 10 percent among persons aged 65 and older, and about 47 percent among those aged 85 and older. 4

In 1990, South Carolina residents 75 years and older were 4.3% of the total population, their numbers totaled 151,000. By 2000 there were 215,000 South Carolina residents 75 years and older, representing 5.4% of the total population or a 42% increase. 5

Although we do not know the total number of persons with dementia in South Carolina, we can estimate this number by applying data obtained from studies conducted in other parts of the country to South Carolinas’ population age distribution. To determine the expected number of dementia cases in South Carolina, and to make projections for the years through 2025, we used prevalence estimates from a 1980 Minnesota study 6 and weighted these estimates by the age distribution of the South Carolina population. These statewide results for adults age 65 and over are shown in Table 1, Figure 1 and Figure 2.

In the 2000 South Carolina Alzheimer’s Disease Registry Annual Report, 16% more cases of dementia were identified than were estimated using the age adjusted prevalence estimate from the 1980 Minnesota Study. Since all cases of dementia have still not been identified, capture-recapture methodology was investigated as an alternative method to estimate prevalence. 7 When the capture–recapture methodology estimate of 14% is applied to the South Carolina 2000 census for 65 years and older, the projections are higher than the known cases. This methodology may be a more accurate estimate of prevalence in South Carolina, but requires more validation. These results for adults ages 65 years and older are shown on Table 1, and Figure 1 as an alternative projection of estimates of dementia.

5 South Carolina Mature Adults Count Report.  
7 M Sanderson, J Benjamin, M Lane, C Comman, D Davis, Application of Capture-Recapture Methodology to Determine the Prevalence of Dementia in South Carolina, Annals of Epidemiology, 2003 in press.
Table 1
Projected Prevalence of Dementia Among South Carolina Adults Aged 65 and Older, from 2000 to 2025

<table>
<thead>
<tr>
<th>Year</th>
<th>Population Aged 65+</th>
<th>Dementia Rate per 100 persons*</th>
<th>Projected Dementia Cases</th>
<th>Capture-Recapture Projected Dementia Cases**</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>485,333</td>
<td>9</td>
<td>43,680</td>
<td>67,947</td>
</tr>
<tr>
<td>2005</td>
<td>517,000</td>
<td>11</td>
<td>56,870</td>
<td>73,380</td>
</tr>
<tr>
<td>2015</td>
<td>696,000</td>
<td>13</td>
<td>90,480</td>
<td>97,440</td>
</tr>
<tr>
<td>2020</td>
<td>788,000</td>
<td>13</td>
<td>102,440</td>
<td>110,320</td>
</tr>
<tr>
<td>2025</td>
<td>963,242</td>
<td>13</td>
<td>125,190</td>
<td>134,854</td>
</tr>
</tbody>
</table>

* Rate is adjusted for age
** Rate is adjusted for age, gender and race

Figure 1. Projected Dementia Cases in South Carolina, Age 65+
2000 to 2025
The prevalence of dementia for those aged 65 and older, 75 and older, and 85 and older is projected to increase considerably in the next few decades. By the year of 2020, the prevalence will increase by 86 percent for the 65+ age group, 93 percent for the 75+ age group, and 97 percent for the 85+ age group compared to 1995. Dementia prevalence appears to increase faster in the 85+ age group compared to the 65+ or 75+ age groups due to the projected increase in the number and proportion of those in the older age groups. Also, over time, more patients diagnosed at ages 65+ and 75+ will survive into the 85+ age group (Figure 2).

Figure 2. Projected Prevalence of Dementia in South Carolina for Age 65+, 75+ or 85+ from Year 1995 to 2020

[Graph showing projected prevalence from 1995 to 2020 for different age groups]
History of the Registry

The Alzheimer's Disease Registry, previously the Statewide Alzheimer's Disease and Related Disorders Registry, was established in 1988 to record specific information about South Carolinians who develop Alzheimer's disease and related disorders. The registry is currently located in The Arnold School of Public Health, USC. From July 1993 to May 1996, the registry was located at the James F. Byrnes Center for Geriatric Medicine, Education, and Research, a geriatric research hospital jointly sponsored by the USC School of Medicine and the SC Department of Mental Health. This project has received widespread support and interest from the academic community, lay support groups, state agencies, and other public and private organizations as part of a statewide effort to study the growing impact of Alzheimer's disease on the health and welfare of older South Carolinians. On May 31, 1990, Governor Carroll A. Campbell, Jr, signed a state law authorizing the registry. This law (R653, H4924) amends Title 44, Code of Laws of South Carolina 1976, relating to health, by adding Chapter 36 establishing a voluntary Statewide Alzheimer's Disease and Related Disorders Registry in the Arnold School of Public Health. The law has strict confidentiality requirements, but does allow registry staff to contact the families and physicians of persons diagnosed as having Alzheimer's disease or a related disorder to collect relevant data and to provide information about public and private health care resources available to them.

The goals of the registry are:

- To collect information on all persons in South Carolina with a diagnosis of Alzheimer's disease or related disorders as of January 1, 1988;
- To report annual cases and prevalence of Alzheimer's disease and related disorders in South Carolina by demographic characteristics;
- To provide data to public agencies for planning purposes;
- To foster research into the risk factors for Alzheimer's disease.
Registry Procedures

A definitive diagnosis of dementia is difficult, especially in the early stages. The registry staff is not directly involved in diagnosis; the physician's diagnosis is collected from the individual medical records through codes using the International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM, 1980) and are classified into three general categories for reporting purposes as shown in Table 2.

Individuals with dementia are usually identified, as they (or their family members) require provider services. Since no single system identifies all newly diagnosed patients with dementia, cases are collected from several sources: the SC Department of Mental Health, the Community Mental Health Centers, the Medical University of South Carolina, Community Long-Term Care, Nursing Homes and Residential Care Facilities, the SC Department of Health and Environmental Control, Vital Records and Public Health Statistics and the South Carolina Budget and Control Board.

Table 2

Classification of Dementia by ICD-9-CM Codes
South Carolina Alzheimer's Disease Registry, 2001

<table>
<thead>
<tr>
<th>ALZHEIMER'S DISEASE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>290.0 - 290.3</td>
<td>Senile or presenile dementia</td>
</tr>
<tr>
<td>290.8 - 290.9</td>
<td>Alzheimer's disease</td>
</tr>
<tr>
<td>331.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MULTI-INFARCT DEMENTIA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>290.4 - 290.43</td>
<td>Arteriosclerotic dementia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEMENTIA IN OTHER CHRONIC CONDITIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>291.2</td>
<td>Alcohol dementia</td>
</tr>
<tr>
<td>292.82</td>
<td>Drug-induced dementia</td>
</tr>
<tr>
<td>294.1</td>
<td>Dementia with other conditions</td>
</tr>
<tr>
<td>310.10</td>
<td>Organic brain syndrome</td>
</tr>
<tr>
<td>331.1 - 331.9</td>
<td>Other cerebral degeneration</td>
</tr>
<tr>
<td>332.0 - 332.1</td>
<td>Parkinson's disease</td>
</tr>
<tr>
<td>333.4</td>
<td>Huntington's disease</td>
</tr>
</tbody>
</table>

8
The registry core data set (Table 3) consists of case identifying data and diagnostic data (ICD-9-CM codes), caregiver contact data for follow-up, and the place from which the records were obtained. Other information collected, if available, includes other medical diagnoses, educational status, and marital status.

Table 3

Registry Core Data Items
South Carolina Alzheimer's Disease Registry, 2001

| Identification of case (for matching purposes only) |
| Location of case (for follow-up) |
| Name and location of caregiver/contact person (if available) |
| Sociodemographic data (education, marital status, gender, race, age) |
| Diagnosis (current dementia diagnosis and other medical diagnoses) |
CHARACTERISTICS OF DEMENTIA IN SOUTH CAROLINA, BASED ON 2001 ALZHEIMER’S DISEASE REGISTRY DATA

Since January 1, 1988, 85,868 cases of Alzheimer’s disease and related disorders (ADRD) have been identified in South Carolina. Tables 4 through 8 and Figures 3 through 10 describe demographic characteristics and medical information on the 56,918 cases alive on January 1, 2001, displayed by type of dementia.

Type of Dementia

Among the 56,918 current Registry cases, 61 percent had a diagnosis of Alzheimer’s disease and 13 percent had a diagnosis of multi-infarct (or stroke) dementia. In the event of a multiple diagnosis (e.g., records showing both Alzheimer’s disease and multi-infarct dementia) the case was reported in the Alzheimer’s disease category. Therefore, as shown in Table 4, the 7,565 cases that had a diagnosis of multi-infarct dementia did not have an additional Alzheimer’s disease diagnosis in their record. The additional 26% had a dementia related to other chronic conditions. The diagnosis shown represents the most current diagnosis in the data received.

Location

More registry cases resided in the community (58%) than in a nursing facility (37%) or in psychiatric or acute care hospitals (5%) (Figure 3). As shown in Figure 4, the distribution of the types of dementia was similar among community and nursing facilities. Hospitals have an increased number of other conditions (38%) as shown in Figure 4.

<table>
<thead>
<tr>
<th>Dementia Type</th>
<th>Community Number (%)</th>
<th>Nursing Facility Number (%)</th>
<th>Hospital Number (%)</th>
<th>Total Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's disease</td>
<td>19,997 (61)</td>
<td>13,164 (63)</td>
<td>1,629 (53)</td>
<td>34,772 (61)</td>
</tr>
<tr>
<td>Multi-infarct</td>
<td>4,302 (13)</td>
<td>2,971 (14)</td>
<td>292 (9)</td>
<td>7,565 (13)</td>
</tr>
<tr>
<td>Other conditions</td>
<td>8,619 (26)</td>
<td>4,791 (23)</td>
<td>1,171 (38)</td>
<td>14,581 (26)</td>
</tr>
<tr>
<td>Total</td>
<td>32,90 (100)</td>
<td>20,926 (100)</td>
<td>3,092 (100)</td>
<td>56,918 (100)</td>
</tr>
</tbody>
</table>
Figure 3. Registry Cases by Community, Nursing Facility or Hospital Location
South Carolina Alzheimer's Disease Registry, 2001

Figure 4. Registry Cases by Dementia Type in Community, Nursing Facility or Hospital Location
South Carolina Alzheimer's Disease Registry, 2001
Age

Forty-six percent of persons with Alzheimer’s disease are 85 years of age or older (Table 5). As shown in Figure 5, 42% of persons with ADRD are over 85 years of age. Both of these indicators support the projections and research that ADRD occurs more often in the older population. Figure 6 indicates that for people with ADRD, over half of those 75 years of age or older are being cared for in the community. Living in the community is the location of choice for the individual and family; however, as Figure 6 indicates that with age comes an increase in movement to nursing facilities.

Table 5

Registry Cases by Age Group and Dementia Type
South Carolina Alzheimer’s Disease Registry, 2001*

<table>
<thead>
<tr>
<th>Age</th>
<th>AD (%)</th>
<th>MID (%)</th>
<th>OTHER (%)</th>
<th>TOTAL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 65</td>
<td>1,565 (5)</td>
<td>796 (10)</td>
<td>1,757 (12)</td>
<td>4,118 (7)</td>
</tr>
<tr>
<td>65-74</td>
<td>4,651 (13)</td>
<td>1,331 (18)</td>
<td>2,095 (14)</td>
<td>8,077 (14)</td>
</tr>
<tr>
<td>75-84</td>
<td>12,562 (36)</td>
<td>2,919 (39)</td>
<td>5,612 (39)</td>
<td>21,093 (37)</td>
</tr>
<tr>
<td>85+</td>
<td>15,994 (46)</td>
<td>2,519 (33)</td>
<td>5,112 (35)</td>
<td>23,625 (42)</td>
</tr>
</tbody>
</table>

*5 missing
AD = Alzheimer’s disease or senile dementia
MID = multi-infarct dementia
OTHER = dementia in other chronic conditions
Figure 5. Registry Cases by Age Group
South Carolina Alzheimer's Disease Registry, 2001

Figure 6. Registry Cases by Age Group in Community, Nursing Facility or Hospital Location
South Carolina Alzheimer's Disease Registry, 2001
Gender

The percent of men with a dementia diagnosis under the age of 65 is 3 times more than the percent of women with a dementia diagnosis, which may be an indicator that men are diagnosed at a younger age. In the 75 – 84 age group, the percent of the men and women with a dementia diagnosis appears to be similar (Table 6).

More women than men, in this population, were diagnosed with dementia, possibly due to the larger proportion of women alive after age 75 (Fig. 7). The differences in the dementia diagnosis by gender are shown in Figure 8.

Table 6

<table>
<thead>
<tr>
<th>Registry Cases by Gender and Dementia Type and Age Group</th>
<th>South Carolina Alzheimer's Disease Registry, 2001*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AD</td>
</tr>
<tr>
<td></td>
<td>N (%)</td>
</tr>
<tr>
<td>Males</td>
<td></td>
</tr>
<tr>
<td>n=10,557</td>
<td></td>
</tr>
<tr>
<td>&lt;65</td>
<td>790 (7)</td>
</tr>
<tr>
<td>65-74</td>
<td>1,989 (19)</td>
</tr>
<tr>
<td>75-84</td>
<td>4,108 (39)</td>
</tr>
<tr>
<td>85+</td>
<td>3,670 (35)</td>
</tr>
<tr>
<td>Females</td>
<td></td>
</tr>
<tr>
<td>n=24,002</td>
<td></td>
</tr>
<tr>
<td>&lt;65</td>
<td>771 (3)</td>
</tr>
<tr>
<td>65-74</td>
<td>2,644 (11)</td>
</tr>
<tr>
<td>75-84</td>
<td>8,400 (35)</td>
</tr>
<tr>
<td>85+</td>
<td>12,187 (51)</td>
</tr>
</tbody>
</table>

*276 missing
Figure 7. Registry Cases by Gender
South Carolina Alzheimer’s Disease Registry, 2001

Figure 8. Registry Cases by Gender and Dementia Type
South Carolina Alzheimer’s Disease Registry, 2001
Race

Compared with whites, African Americans, who comprise nearly 22 percent of the adult South Carolina population 65 years and older, were over-represented in AD and MID types of dementia and in the overall Alzheimer's Disease Registry with 35% (Table 7 and Figure 9). Sixty-two percent of African Americans with ADRD reside in the community compared to 55% of whites living in the community (Figure 10).

Table 7
Registry Cases by Race and Dementia Type
South Carolina Alzheimer's Disease Registry, 2001*

<table>
<thead>
<tr>
<th></th>
<th>AD</th>
<th>MID</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>RACE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>22,483 (65)</td>
<td>4,119 (54)</td>
<td>10,203 (70)</td>
<td>36,805 (65)</td>
</tr>
<tr>
<td>African-American</td>
<td>12,272 (35)</td>
<td>3,444 (46)</td>
<td>4,369 (30)</td>
<td>20,085 (35)</td>
</tr>
</tbody>
</table>

*28 missing
AD = Alzheimer's disease or senile dementia
MID = multi-infarct dementia
OTHER = dementia in other chronic conditions
Figure 9. Registry Cases by Race
South Carolina Alzheimer's Disease Registry, 2001

![Pie chart showing registry cases by race: 65% White, 35% African-American and Others.]

Figure 10. Registry Cases by Race in Community, Nursing Facility or Hospital Location
South Carolina Alzheimer's Disease Registry, 2001

![Bar chart showing registry cases by race and location: 62 African American in Community, 33 in Nursing Facility, 5 in Hospital; 55 White in Community, 39 in Nursing Facility, 6 in Hospital.]

Legend:
- Community
- Nursing Facility
- Hospital
Deaths

The Alzheimer’s Disease Registry data are linked with death certificates to summarize the deaths occurring among persons entering the Registry. Of those people identified with dementia since 1988, 28,579 have died. Because actual diagnosis dates are not included in the data available to us, we use the first date that a person entered one of the systems reporting to us as their entry date (Table 8).

Table 8

Registry Cases Deaths by Length of Time from Entry to Death and Dementia Type
South Carolina Alzheimer’s Disease Registry, 2001*

<table>
<thead>
<tr>
<th>ENTRY TO DEATH</th>
<th>AD</th>
<th>MID</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 2 years</td>
<td>12,820 (67)</td>
<td>3,365 (66)</td>
<td>3,201 (72)</td>
<td>19,386 (68)</td>
</tr>
<tr>
<td>2–5 years</td>
<td>4,519 (24)</td>
<td>1,249 (25)</td>
<td>869 (19)</td>
<td>6,637 (23)</td>
</tr>
<tr>
<td>&gt; 5 years</td>
<td>1,714 (9)</td>
<td>451 (9)</td>
<td>391 (9)</td>
<td>2,556 (9)</td>
</tr>
</tbody>
</table>

*372 missing
AD = Alzheimer’s disease or senile dementia
MID = multi-infarct dementia
OTHER = dementia in other chronic conditions
STAFF

Carol B. Cornman, B.S., R.N., P.A., Director of the Alzheimer’s Disease Registry and related projects. She handles all requests for information from the registry. Her research interests include ethnic differences in dementia, incorporating wellness activities that maintain independence in the elderly and consumer directed care.

Dorothy Davis, B.A., serves as Data Manager for the Alzheimer’s Disease Registry, including Community Long Term Care (CLTC), vital records, Department of Mental Health, and other registry databases.

Marcia J. Lane, M.P.H., Associate Director of the Alzheimer’s Disease Registry, provides program coordination and evaluation for activities related to the Placemat Strength Training Program and other program activities. Her research interests include older women’s health issues, physical activity, dementia and consumer directed care.

Jan Merling, M.A., CTRS, Education Coordinator, is the trainer for “Dementia Dialogues” and the Placemat Strength Training Program. Her interests include adult learning and quality of life for older persons.

Courtney Davis, M.H.A., Research Associate, provides program evaluation for activities related to the office for the Study of Aging. Her research interests include consumer directed care.

Alicia Davis, B.S., Administrative Assistant, coordinates administrative activities and data entry for all projects.

Graduate Research Assistants

John Benjamin, M.D., is a master’s student in epidemiology. His interests lie in prescription patterns of drugs among dementia patients, in cancer epidemiology and in applying the capture-recapture methodology to dementia.

Navasuma Havaligi, MD is a master’s student in the Arnold School of Public Health. Her interests include health services research.

Tebitha Kajese, B.S., is a master’s student in biostatistics. Her research interests are in physical activity research.

Joanna Lau, MA, is a doctoral student in psychology. Her interest include consumer directed care and evaluation.
Affiliated Staff

Paul G. Eleazer, M.D., F.A.C.P., is an Assistant Professor of Medicine, and Acting Director, Division of Geriatrics, Department of Internal Medicine, USC School of Medicine. His research focuses on health care delivery and treatment issues for the geriatric population.

James Hebert, Sc.D., is a Professor of Epidemiology in the Department of Epidemiology and Biostatistics. His research interests include diet and cancer, dietary factors and immune response, dietary assessment methods, etiology and progression of cancers of the prostate, breast and colon, and the effect of diet and physical activity on modifying the effect of aging.

Victor A. Hirth, M.D., is an Assistant Professor of Medicine in the Division of Geriatrics, Department of Internal Medicine, USC School of Medicine. His research interests include body composition, hormones and use of trophic factors in the elderly.

Richard M. Schultz, Ph.D., is a Professor in the USC College of Pharmacy. His research interests include pharmacoepidemiology, quality of life and patient compliance with pharmacotherapy.

Ken Watkins, Ph.D., is an Associate Professor in Health Promotion and Education. His research interests include gerontology and self-regulation of chronic illnesses.

Darryl Weiland, Ph.D., M.P.H., is Research Director at the James F. Byrnes center for Geriatric Medicine, Education and Professor, Division of Geriatrics, Department of medicine, USC School of Medicine. His research interests include comprehensive geriatric assessment, long-term care, cost effectiveness, and clinical epidemiological methods.

Sarah Wilcox, Ph.D., is an Associate Professor in Exercise Science. Her research includes physical activity determinants and interventions for older adults.

Harriet G. Williams, Ph.D., is a Professor in the Department of Exercise Science, and Interim Associate Dean for Academic Affairs, Arnold School of Public Health. Her research interests include physical activity, aging and psychomotor/neuromuscular and attitudes of the elderly toward physical activity.
RESEARCH PROJECTS AND TRAINING ACTIVITIES

In addition to registering and tracking individuals with dementia, the staff of the Alzheimer’s Disease Registry also conduct other activities focused on health problems of older individuals, training of direct care staff and professionals in topics on dementia and exercise.

Alzheimer’s Resource Coordination Center

The Alzheimer’s Resource Coordination Center (ARCC) was established to improve the life of individuals with Alzheimer’s disease and related disorders, their caregivers and families through coordination, service development, communication and caregiver support. A member of the staff has been appointed by the Governor to serve on the 23 member Advisory Council to the ARCC. They are actively involved in providing support for Alzheimer’s disease issues, especially the expansion of respite programs for families of individuals with Alzheimer’s disease through providing small grants to community organizations.

Application of Capture-Recapture Methodology to Estimate the Prevalence of Dementia

The purpose of this study was to estimate the prevalence of dementia in individuals over 65 years of age in the state of South Carolina using capture-recapture methodology.

Consumer Directed Care

Consumer directed care is a philosophy and orientation to the delivery of home and community-based services whereby informed consumers make choices about the services they receive. Technical assistance and evaluation are being provided to the South Carolina Department of Health and Human Services as CLTC pilots consumer directed care.

Dementia Dialogues

“Dementia Dialogues” consists of 5 parts, each approximately 1.5 hours in length, which allows participants to integrate new ideas with information they already possess. Part 1 consists of “The Basic Facts”, an overview of dementia, Part 2 “Keeping the Dialogue Going”, strategies for effective communication, Part 3 “It’s a Different World”, understanding the impact of the environment and ways to promote independence in activities of daily living, Part 4 “It’s Nothing Personal”, addressing challenging behaviors and Part 5 “Now What Do I Do”, creative problem solving. Each
participant will receive a certificate of participation for each unit and a Dementia Specialist Certificate upon completing all five Units.

This program is offered at no cost to participants and will be held regionally. For further information please contact: Jan Merling, MA, Office for the Study of Aging, Arnold School of Public Health, University of South Carolina, 803-777-5344, jmerling@sc.edu.

Functional Status Measurement

A study is in progress to develop a simple, reliable, objective assessment tool for evaluating and monitoring functional status that would complement and expand the current assessment of activities of daily living in community dwelling frail elderly.

Placemat Strength Training Program

Training home care workers to assist clients in maintaining independence by improving physical functioning through strength training has resulted in the Placemat Strength Training Program (PSTP). This exercise program has been specifically designed for the person who has met nursing home level of care and has chosen to remain at home. This program is being implemented through Community Long-Term Care.

PUBLICATIONS

The following is a list of the manuscripts and reports generated by the Registry staff. Reprints of these articles can be obtained from the registry office.


AWARDS

At the South Carolina Conference on Aging in Columbia, SC, the Placemat Strength Training Program was awarded the 1997 Governor’s Health Promotion for Older South Carolinians Research Award.

ACKNOWLEDGEMENTS

The growth and development of the registry and related research program in aging has been due to the support of many individuals and organizations. We particularly want to acknowledge the contribution of The Arnold School of Public Health, USC for core support; the SC Department of Mental Health and SC Budget and Control Board for access to data, the SC Department of Health and Human Services for core support and access to data; the USC School of Medicine (Department of Medicine, Division of Geriatrics) for providing opportunities for collaboration; and the SC Department of Health and Environmental Control, Vital Records and Public Health Statistics.
FURTHER INFORMATION

Any state agency, local agency, or researcher may request the registry staff to provide specific data summaries (without identifiers). These requests are handled on an individual basis and will be provided free of charge, as time allows. For further information, contact the registry staff at (803) 777-5337 or e-mail ccornman@sph.sc.edu.