

NEW MEDICATIONS DEPEND ON YOU!

Clinical research studies are the way future new drugs are brought to market or made generic. We need volunteers for our studies. By participating, you may impact generations for years to come. If it's been a while since you participated in a research study, review the list on this page to see if there's a study that's relevant for you. Also make sure to tell your friends, co-workers, and relatives about the importance of participating in clinical research. Remember that a research study does not replace regular care.

We will be enrolling the following studies. For details on any study, call us at **(615) 329-2222** or visit us online at **www.Clinical-ResearchAssociates.com**.

Enrolling Studies

- Alzheimer's Prevention*
- Binge Eating*
- Mild Alzheimer's*
- Cholera Vaccine age 2-6*
- Migraine Prevention*
- Migraine Treatment*
- H.Pylori (heartburn/GERD)*
- Female Low Sex Drive*

Compensation up to:

- \$5,450 Total*
- \$780*
- \$1895 Total*
- \$350-675*
- \$660*
- \$800*
- \$700*
- \$325*



Upcoming Studies

- Over Active Bladder for Men and Women*
- Over Active Bladder for Women*
- Migraine Treatment*

Don't forget to like us on Facebook and follow us on Twitter, LinkedIn and You Tube!



Clinical Research Associates, Inc.
 1500 Church Street
 Suite 100
 Nashville, TN 37203
 615.329.2222
 www.ClinicalResearchAssociates.com

HEALTH NOTES

The holiday season is over, the decorations are stored away and hopefully the gifts are too. All that remains of 2017 are memories and maybe bills (yuck). Now, 2018 is off to a start! For many of us, the beginning of the year is a time of reflection, challenges and joys plus resolutions to improve our lives. Do you focus more on challenges, joys or resolutions?

To be honest, there have been many challenges in 2017. The news has been full of natural disasters, political issues, misconduct & harassment, violence and lots of unrelenting opinions. The world has watched threats of nuclear missiles, terrorist attacks, countries with unstable governments and a variety of global health care concerns. Of course, there are always personal challenges to some extent but sometimes these are monumental.

So, where is the joy? Recently my husband and I spent a long weekend in Milwaukee. Like most of our friends, you may ask...why? It was an adventure and what a fabulous city! I digress...we had an afternoon return flight and had the time to go to church at one of their old cathedrals. In truth, I was really more interested in seeing the inside of the church and the cultural experience. However, I came away with joy. The priest told a story of one of his classmates who changed careers and became a lawyer. The lawyer and his assistant were walking during Christmas and a homeless man and his son were sitting on the street. The lawyer moved over to shield his assistant from these people. However, the assistant moved quickly and ask what she could do for them. The older man just asks what time it was. She responded with the time. The assistant bought the man an inexpensive watch and gave it to him as they were walking back to the office. The lawyer wasn't happy with the assistant's gift just "knowing" this man was going to sell the watch for booze. Next day the lawyer was walking down the same street to lunch and sure enough the man and son were there again. The man asked the lawyer for the time and he was indigent and asked him where was the watch he was given. The man responded, "You have to do what you need to do for your children". The lawyer noticed the young man had a new coat. As the lawyer returned, he took off his coat and gave it to the older man. The lawyer reported he had never felt so warm. So, there's the joy...random acts of kindness and treating people as we would like to be treated.

We took a cab to the airport and our driver was from a Middle Eastern country. He spoke with very broken English. I'm not sure how or why he got on his soap box. He started telling us about how people were fussing with each other and he just didn't understand. We lived in the greatest country in the world and we should just be happy. He didn't have the best job in the world but he could take care of his wife and two children and that was his greatest joy. Everybody should be good to each other and we would all be happy. So, we heard about joy again!!

Resolutions? Let's resolve to find joy in our days. Regardless of the turmoil that may surround us look for the joy. Maybe think of two things every day that brings you joy. One older lady we met in Milwaukee told me she feels joy every time she turns on the hot water because she remembered not having that convenience. So, my resolution this year is find joy and be good to each other.

Happy New Year!

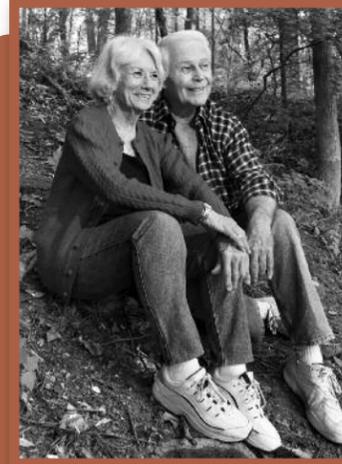
Linda Moore Schipani
 President & CEO



FDA Approves New Shingles Vaccine

As you may be aware, Shingles is a painful blistering rash that is caused by the same virus as chickenpox. If you have had chickenpox the virus remains dormant in your nervous system and can be reactivated as Shingles. About one in three people in the United States will develop Shingles in their lifetime with about 1 million cases occurring each year. The risk increases with age. Shingles can cause nerve pain which may last up to several weeks or months in addition to other serious complications such as hearing or vision loss and pneumonia.

Shingrix is a new FDA approved vaccine for the prevention of shingles. It is more effective than Zostavax which has been on the market since 2006. As a matter of fact, Clinical Research Associates, Inc. conducted a study with Zostavax. It is thought to be only about 60% effective in preventing Shingles and declines sharply with age (maybe as low as 18% for >80 years of age) whereas Shingrix is more than 90% regardless of age. The recommendation is for everyone 50 and older to be immunized with Shingrix. Even if you have been vaccinated with Zostavax, the Centers for Disease Control (CDC) is recommending revaccination with Shingrix. It is a series of two shots given two to six months apart.



Desperately Seeking Desire

Female sexual dysfunction (FSD) remains an underdiagnosed and under-treated problem. Many women are hesitant to raise the issue with their doctors. With few effective therapeutic options available, many doctors don't raise the issue with their patients either. FSD includes four main categories: Hypoactive Sexual Desire Disorder (HSDD), which is a diminished interest in sexual activity; Sexual Arousal Disorder, which is when the desire is present but arousal during sexual activity is difficult; Orgasmic Disorder, when the desire and arousal are there but the orgasm isn't; and Sexual Pain Disorder when sexual stimulation or genital contact is unpleasant or painful.

One of the most common associations is between the onset of menopause and the decrease in desire. It's like the thought of sex just doesn't occur to you anymore. Some women respond to estrogen replacement (ERT), but many don't. Many different medications have had limited effect. In 2015 flibanserin (Addyi) was the first drug approved to treat HSDD but hasn't been the female counterpart to Viagra that some expected it to be. So the search continues.

We are recruiting for a study that will evaluate a different hormone, Prasterone (DHEA), for the treatment of HSDD in menopausal women. DHEA is a precursor for both the main "male" hormone, testosterone, and the main "female" hormone, estradiol. Women 40-80 years of age who have been menopausal for at least 6 months and who are concerned about their lack of sexual desire may be eligible to participate. Call our office (615-329-2222) for more information and to see if you qualify.

Before Dementia Starts

When is a "senior moment" a normal lapse & when is it a sign of something more, like Alzheimer's Disease? As we age we all face that sobering question at some point. While there are many types of dementia (memory loss), Alzheimer's is the one that is most commonly diagnosed. We have been conducting a number of studies for drugs intended to treat or prevent Alzheimer's Disease at a variety of stages, but we are conducting one that is intended for participants who don't have dementia but who may be at risk.

While other studies we have conducted, as well as the ones we have that are ongoing, are designed for participants who have dementia or mild cognitive impairment, this one will exclude people with an established memory problem and focus entirely on prevention. We will be looking for volunteers who are 65-85 years of age or who are 60-64 years of age and have a history of dementia in a parent or sibling (or have previously had a blood test or spinal tap that indicates a risk). There will be other qualifying tests for general health and to demonstrate baseline cognitive function. Treatment (study drug vs. placebo) will be for 4½ years. The study is so long because we can't predict exactly who will or won't develop memory loss or when it may start.

We are very excited to add a study looking at prevention of memory loss to our other studies that look at treatment of existing memory impairment and established dementia. Call our office (615-329-2222) for more information and to see if you qualify.

The Urge That Embarrasses

Sometimes things don't work the way they should. As the urinary bladder starts getting close to being full a nerve impulse tells your brain, typically well in advance, so you have plenty of time to "answer nature's call". But sometimes the signal happens when the bladder is already full without ample warning – this is commonly called "Overactive Bladder (OAB)". This can be a real problem, because it can demand an interruption in daily activities, wake you up at night (nocturia), or even result in an involuntary loss of urine called "incontinence".

OAB has many potential causes. The most common are urinary tract infections (UTIs), constipation, use of diuretics, enlarged prostate, previous pelvic surgery, diabetes, neurologic dysfunction (stroke, dementia, multiple sclerosis), and aging. Some people can manage OAB by carefully scheduling fluid intake & bathroom visits, some can manage with pelvic muscle exercises (Kegels), and some rely on medication to help.

We are evaluating a new drug intended to treat OAB by helping to relax the bladder enough to allow for better urinary control. Participants must have frequent urination but otherwise be in good health; they cannot have a current UTI or use any medical or surgical treatment for OAB; and they cannot have a neurologic cause for OAB that would not respond to medical therapy (like stroke). Call our office (615-329-2222) for more information and to see if you qualify.

