

a dark descent

POIGNANT PAINTINGS BY ARTIST WITH ALZHEIMER'S MOVE AND EDUCATE

By Kim Bower-Spence

THE CONTRAST STRIKES IMMEDIATELY. William Utermohlen's 1967 self-portrait depicts a confident young man with piercing eyes. By 1996, a new portrait shows a much older man with eyes wide, lips open, conveying a sense of fear. His last attempt, in 2001, lacks detail altogether, save for the nostrils. So the London-based Utermohlen chronicled his own decline as a victim of Alzheimer's disease, with which he was diagnosed in 1995, at the age of 61.

Wilkes University, in conjunction with the Alzheimer's Association Greater Pennsylvania Chapter, brought the exhibit "The Later Works of William Utermohlen" to the Farley Library in February. "I was so moved by it because Alzheimer's has touched my life and my family," explains Eileen Sharp, coordinator for health sciences professional programs at Wilkes.

The event commemorated 100 years since German physician Alois Alzheimer in 1906 first described symptoms of the disease that bears his name. In addition to the exhibit, three seminars gave students and the community opportunities to hear how families cope with this disease, learn about the biology of brain diseases and discover what resources are available to help patients and their caregivers.



Significance of the disease will only grow as people live longer and Baby Boomers age. Alzheimer's and related dementias affect one in 10 people age 65; at age 85, the figure climbs to almost half, according to Estella Parker-Killian '76, regional director for the Alzheimer's Association.



As Alzheimer's disease progresses, paranoia and agitation accompany memory lapses, says neurosurgeon David Sedor '85.

PHOTO BY CURTIS SALONICK PHOTOGRAPHY

Neurosurgeon David Sedor '85, who lectured on diseases of the brain, says Alzheimer's starts with a little memory problem that could have a number of causes. However, over time, Sedor says, memory lapses become more frequent and are accompanied by paranoia and agitation.

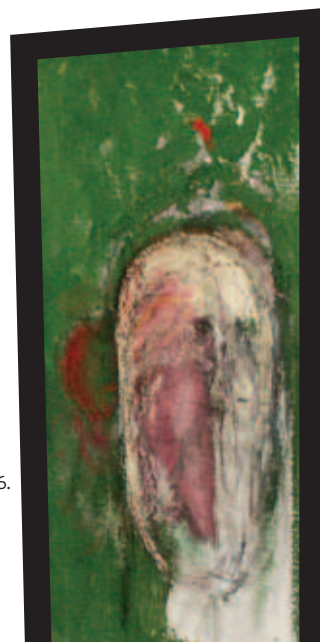
Improved MRI and CT scans simplify diagnosis. "It's a structural change you can see, but it's not repairable," he adds. Easier diagnosis means a higher reporting of the disease; symptoms are no longer simply attributed to old age. "They get labeled a lot more now than they did before."

The disease leaves plaques and microscopic tangles of filaments in its wake. Advances and new treatments have not made a big difference, Sedor says. Rather than depend on medicines to fix damage, researchers seek methods to protect cells earlier with genetic treatments. The hope is that someday a targeted virus may be injected into people who carry the gene that makes them susceptible to the disease. In theory, that virus could alter problematic cells and prevent the disease. "We're a little ways away, unfortunately."

Still, Parker-Killian finds reason for hope. New drugs can slow progression in some patients. And "there's more research going on right now than there ever has been worldwide."

People often avoid seeking diagnosis. "You're starting a long journey that's just not going to end pretty," knows Parker-Killian, whose own grandmother lived with the disease for nearly 20 years. Even so, early treatment may delay decline. And doctors may find symptoms come from some treatable cause, such as blood pressure, depression or medication.

If the diagnosis is Alzheimer's, Parker-Killian concedes, there is no cure. "The hope is at best to stabilize the disease. You're not going to deteriorate as quickly."



Facing Page: Utermohlen Self-Portrait, 1996. Right: Utermohlen Self-Portrait, 1999. ALL PHOTOS OF ART BY CHRISTINE SEITZINGER

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This is a **RARE GIFT** that Utermohlen has given us to see the effects of this disease. You can see him **DISAPPEARING** – to himself and to us.

– Eileen Sharp

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Utermohlen Self-Portrait, 1997.

Her organization can help families find resources such as day care, counselors, psychologists, support groups and the Area Agency on Aging.

Nicholas Metrus, a Binghamton, N.Y., sophomore biology major with a premedical concentration, attended seminars and brought his parents to the exhibit. A grandfather with Parkinson's disease and a great aunt with Alzheimer's make the issue personal for this aspiring geriatric physician.

He and his mother noted that the abstraction prominent in Utermohlen's earlier works was absent from the final painting, which shows a head without features. "The entire face, as well as the mind, had become all abstract." He thought of the exhibit and what he'd learned when visiting his aunt over spring break.

That is what Sharp had hoped Utermohlen's paintings would bring students. "We set up a variety of programs because I wanted them to hear about the disease from a variety of perspectives," she says. "This is a rare gift that Utermohlen has given us to see the effects of this disease. You can see him disappearing – to himself and to us."

To learn more about Alzheimer's disease and resources available, visit www.alz.org or call (800) 272-3900.