

preserving your

Summer 2011

Memory

The Magazine of Health and Hope

Peter Falk

A Fond Look Back at
a Legendary Actor's Career

How to Find Help on the Internet

Getting Reliable
Health Information Online

Research Breakthroughs from the Fisher Center

Good News from Our Scientists

**Plus the latest news
on Alzheimer's research
and treatment**



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Looking for Help With Story	None	Journalist2	Oct 19, 2007	0	No comments yet
Finding a "Good" Nursing Facility	None	Heid	Oct 19, 2007	3	2 hours ago by ztaa
Short Term Care	None	Heid	Oct 8, 2007	1	on Oct 9 by Marc
new to alzheimers	None	lynn31	Oct 7, 2007	2	on Oct 8 by Heid
Help for Dementia Caregivers	None	Adus	Oct 6, 2007	2	on Oct 9 by Adus
my mom is driving me crazy	None	yelle	Oct 4, 2007	2	on Oct 5 by Adus
Other On Line Chat Sites	None	Yae	Oct 4, 2007	1	on Oct 5 by Marc
curious	None	gimbea	Oct 5, 2007	2	on Oct 9 by Yae
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my mum	DSC00113.JPG	matcol	Sep 27, 2007	3	on Oct 8 by Marc
how to support a caregiver overseas	None	agean	Sep 26, 2007	3	on Oct 1 by agean
early onset alzheimers	None	Cynth	Sep 25, 2007	4	on Oct 7 by lynn31
Any Chats?	None	Tammy9	Sep 21, 2007	2	on Sep 23 by kash
Staying in bed	None	Thomas	Sep 19, 2007	1	on Sep 23 by shel
Alternative treatment	None	rszar	Sep 18, 2007	1	on Oct 3 by Yae
new to group	None	rszar	Sep 16, 2007	1	on Sep 20 by Marc
Dementia	None	Tammy9	Sep 14, 2007	4	on Sep 14 by Orien
What if you have to leave them alone	None	Heid	Sep 13, 2007	1	on Sep 30 by curteito
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Posted on Aug 29 by Mich 0 Comments	Posted on Aug 29 by Mich 0 Comments	Posted on Aug 29 by Mich 0 Comments

Visit ALZTalk.org for the most comprehensive Alzheimer's community resource online. Brought to you by the Fisher Center for Alzheimer's Research Foundation and ALZinfo.org

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preserving your Memory

The Magazine of Health and Hope



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Summer's Sizzling



Betsey Odell

It's that time of year ... hot days and warm nights, occasionally punctuated by a refreshing breeze. We hope this issue of *Preserving Your Memory* refreshes you in the midst of the summer heat.

We kick off this issue with some travel tips for getting about with your loved one with Alzheimer's (page 8).

We also show you how to get the most out of the Internet for health information (page 10). And learn about a recent change to Social Security's Compassionate Allowance program that will benefit those with early-onset Alzheimer's (page 32).

It's a great time for barbecue, and we get some good pointers for grilling vegetables for a healthy addition to any meal (page 24). And we keep good health in mind as we look at the importance of strength training for older adults (page 22).

This issue's cover story is a fond look back at the career of Peter Falk, the late actor who was best known as the rumpled, cagey TV detective, Columbo (page 18).

We hope your summer is a healthy and happy season!

A handwritten signature in blue ink that reads "Betsey Odell".

Betsey Odell
Editor in Chief

Please send your tips, stories or questions to the Fisher Center for Alzheimer's Research Foundation, West 46th St. & 12th Ave., New York, NY 10036, or by e-mail to betsey@alzinfo.org.



About the Fisher Center for Alzheimer's Research Foundation

Since 1995, the Fisher Center Foundation, a 501(c)(3) nonprofit organization, has been providing hope and help to the public by funding research into the cause, care, and cure of Alzheimer's disease and creating much needed educational programs. We are one of the world's largest research teams leading the battle against Alzheimer's disease. Our team of internationally renowned scientists, under the direction of Nobel laureate Dr. Paul Greengard, has been at the forefront of research that has provided a conceptual framework for modern-day investigations into Alzheimer's disease. Oprah's *O Magazine* listed us as the top charity to give to for Alzheimer's. For more information or to make a donation, go to www.ALZinfo.org.

The Latest News on Alzheimer's Disease and Brain Health

Cellular Skeleton Collapse May Be Alzheimer's Precursor

Researchers at the University of California, Santa Barbara, have uncovered a key finding about the process by which the peptide beta amyloid destroys neurons.

Led by Stuart Feinstein, Ph.D., the team at UCSB studied the tau protein, which is present in a neuron's axons, the long parts that connect with targets. Tau helps stabilize microtubules, a key part of a cell's "skeletal" structure. While beta amyloid has been understood to have a role in cell death, the exact mechanism that it uses has been unknown.

Dr. Feinstein's team discovered that beta amyloid did not phosphorylate tau abnormally or excessively, as they expected. Rather, the team observed that beta amyloid completely fragmented tau within one to two hours of the cell's exposure. Within 24 hours, the cells died. "If you destroy tau, which is an important regulator of the microtubules, one could easily see how that could also cause cell death," said Dr. Feinstein. "We know from cancer drugs that if you treat cells with drugs that disrupt the cytoskeleton, the cells die. In my mind, the same thing could be happening here."

The findings were published in the online version of *The Journal of Biological Chemistry*.



While beta amyloid has been understood to have a role in cell death, the exact mechanism that it uses has been unknown.

Specific Beta Amyloid Form More Prevalent in Alzheimer's Brains, Study Finds

A little-understood form of beta amyloid called Abeta43 is more abundant in brains with Alzheimer's disease and apparently has a greater neurotoxic role in Alzheimer's than previously known, according to researchers at the RIKEN Brain Science Institute in Tokyo.

Two forms of beta amyloid, Abeta40 and Abeta42, have already been associated with the genetic mutations that cause early-onset Alzheimer's. Abeta43 is found just as often as Abeta42 in patient brains, but was less thoroughly researched in the past.

The study involved mice with a generated mutation that caused overproduction of Abeta43, and a highly sensitive system that can distinguish between the different types of beta amyloid. They found that Abeta43 is more abundant in the brains of Alzheimer's patients than Abeta40, and is more neurotoxic than Abeta42. Abeta43 also accelerates amyloid pathology considerably and seems to increase in prevalence with age.

These new findings show that Abeta43 may be a valuable biomarker in Alzheimer's diagnosis, and could point the way for further study into new approaches for preventing amyloidosis.

The research was published in the journal *Nature Neuroscience*.

PET Imaging May Help Spot Alzheimer's Lesions in the Brain

Positron emission tomography (PET), a scanning technology, may help identify lesions associated with Alzheimer's disease in the brain, according to research published in July.

In one study, a team from the Penn Memory Center in Philadelphia used a tracer called fluorine 18-labeled flutemetamol for brain imaging and conducted PET scans on seven patients. All seven had already undergone a biopsy for normal pressure hydrocephalus, a progressive condition that can be hard to distinguish from Alzheimer's. The scientists found correspondence between the PET scan readings and the evidence of amyloid lesions, the plaque typically associated with Alzheimer's, which had been provided by microscopic evaluation of the biopsied tissue. That team was led by David A. Wolk, M.D.

In a second study, a team led by Adam S. Fleisher, M.D., and his team at Banner Alzheimer's Institute in Phoenix, looked at PET images that used the tracer florbetapir F 18. This study's population included 68 individuals with probable Alzheimer's, 60 individuals with mild cognitive impairment, and 82 healthy individuals who functioned as controls. The researchers found differences among the three groups in the brain's uptake of the tracer, as well as in the detection of amyloid plaque. The differences may be significant enough to help doctors distinguish between conditions, and to detect the difference between impaired brains and their unimpaired counterparts.

Both studies point to possible directions for using PET scans to help identify findings associated with Alzheimer's. "Biomarkers that provide molecular specificity will likely become of greater importance in the differential diagnosis of cognitive impairment in older adults," stated Wolk and his team.

Both articles were published in *Archives of Neurology*.



The U.S. Food and Drug Administration has loosened safety restrictions on clinical trials for Alzheimer's drugs.

FDA Eases Rules on Alzheimer's Clinical Trials

The U.S. Food and Drug Administration (FDA) has loosened safety restrictions on clinical trials for Alzheimer's drugs, according to new guidelines published in July. The new guidelines allow some patients who develop a brain-swelling condition called vasogenic edema to remain in trials.

The guidelines were published in the journal *Alzheimer's & Dementia*.

The new rules won't compromise safety, according to the guidelines' authors, but will allow more patients who have had brain-swelling events to continue receiving experimental medicines. The old guidelines required that clinical trial patients could have only one incident of cerebral microhemorrhage, which are tiny leaks of blood in the brain, to remain in a study. They also required frequent MRI scans to check for brain swelling or other problems potentially caused by experimental medicines. The study authors point out that

many patients have had such events, and excluding them only made it more difficult to find effective treatments for Alzheimer's.

"Broadening the restrictions would allow a better understanding of the potential risks and benefits of amyloid-lowering treatment," said Rachel Schindler, a clinical disease expert in Alzheimer's at Pfizer.

Inherited Alzheimer's Spotted 20 Years Prior to Dementia

The presence of inherited forms of Alzheimer's disease may be detected as early as 20 years before symptoms of dementia set in, according to research presented July 20 at the International Conference on Alzheimer's Disease in Paris.

Many scientists believe that early identification is key to more effective treatment. By the time symptoms become apparent, it is believed, the damage caused by Alzheimer's is already extensive. "We want to prevent damage and loss of brain cells by intervening early in the disease process—even before outward symptoms are evident, because by then it may be too late," said Randall Bateman, M.D., of the Washington University School of Medicine in St. Louis and associate director of the Dominantly Inherited Alzheimer's Network (DIAN), which is an international study of the inherited forms of Alzheimer's.

The initial results from the DIAN study confirm prior research that suggests that detecting such factors as changes in levels of biological markers in the spinal fluid can predict Alzheimer's dementia years before symptoms occur. The DIAN researchers are now planning for clinical trials to prevent Alzheimer's in DIAN study participants.

DIAN is the largest study to date of rare forms of dominantly inherited Alzheimer's. ■

Check the Fisher Center website (www.ALZinfo.org) often for up-to-date and expert-reviewed scientific news.



Are We There Yet?

While traveling with a person who has Alzheimer's can be challenging, careful planning can lead to an enjoyable vacation for everyone.

So you and your family have decided to take a trip—and one of your travel companions has Alzheimer's disease (AD).

It's understandable why you might be hesitant to take a vacation, spend the holidays away from home, or attend a family reunion with a family member with AD. Behavior can be erratic, activities will revolve around his or her needs, and even when you're on vacation, you will still be wearing the caregiver's hat.

Granted, your trip will not be like others you've taken, but that doesn't mean it won't be enjoyable—if you plan carefully and realistically. Consider these tips:

Time on Your Side

Regardless of where you are going and how you are getting there, don't underestimate the importance of planning ahead. The more time you have to plan, the less likely your trip will crumble into a vacation nightmare.

Keep your travel plans simple and make sure family members understand your loved one's condition, what to expect when spending time with him or her, and the details of your itinerary.

What is the best way for your loved one to travel—plane, train, or automobile? Which is the safest, most comfortable, and most expedient? Avoid traveling during busy times of the year, especially Thanksgiving and the Christmas holidays.

If you are flying, notify the airline that you will be traveling with a cognitively impaired person. Some airlines offer discounts and special services to disabled travelers. Ask for details about security practices and policies. Reserve your seats—side by side—well in advance. And when making hotel reservations, let the staff know a cognitively impaired person will be staying with you.

Develop a contingency plan for when problems arise—and they will, so don't be surprised—try to anticipate them and their solutions, and be flexible. Research alternative travel options and locate medical facilities at your destination.

Comfort Levels

Minimize changes to an AD person's daily routine, including meals, activities, exercise and sleep. Avoid crowds, confusing situations, long sightseeing tours and drawn-out family functions.

Visit places that are familiar to your loved one, especially ones he or she enjoyed before becoming a person with AD.

Keep activities and outings brief, simple and low-key to keep your loved one from feeling anxious and overwhelmed.

Have snacks, water and juice with you in transit. Food can often divert an AD person's attention, and adequate hydration can help curb restlessness and irritability.

Bring activities that your loved one enjoys, such as browsing through magazines or a family photo album, coloring pictures, sorting cards, or listening to music with headphones.

Build in plenty of rest time. Designate a quiet area where your loved one can retreat when the rest of the family becomes a little rowdy.

If you are flying, take direct flights and use the restroom before boarding the plane.

When traveling by car, make regular stops so you aren't cooped up for long periods of time.

Avoid traveling in the evening. The National Institutes of Health (NIH) Seniors' Health website recommends traveling early in the day since the symptoms of AD tend to worsen as the day progresses.

(continued on page 38)

Who Should Travel?

How do you determine if your loved one is capable of traveling? Most experts agree that many patients in the early stages of AD are capable of traveling safely and comfortably with the help of a caregiver.

Later stages are trickier because the person can easily become disoriented, unpredictable and agitated. Lightbridge Healthcare Research notes, "Someone who requires assistance with bathing, dressing and toileting will probably have significant problems with traveling, even with short trips," as will people with behavioral problems such as paranoia or delusions.

To decide how your loved one will react to vacationing, take a couple of short "trial" trips close to home.

If traveling with your loved one is too uncertain, consider a local assisted-living facility that offers short-term care.

To Learn More

For more details about traveling with a person with Alzheimer's, visit:

Alzheimer's Compendium

www.alzcompend.info/?p=133

Cleveland Clinic

www.clevelandclinic.org/health/health-info/docs/2400/2494.asp

Fisher Center for Alzheimer's Research Foundation

www.alzinfo.org/08/treatment-care/10-tips-for-traveling-with-your-loved-one

Helpguide.org

www.helpguide.org/elder/alzheimers_disease_dementias_caring_caregivers.htm

Lightbridge Healthcare Research

http://lightbridgehealthcare.com/caregiver_resources/tips/travel_tips_dementia.aspx

National Institute on Aging's Alzheimer's Disease Education and Referral (ADEAR) Center

www.nia.nih.gov/Alzheimers

National Institutes of Health Seniors' Health

<http://nihseniorhealth.gov/alzheimersdisease/toc.html>

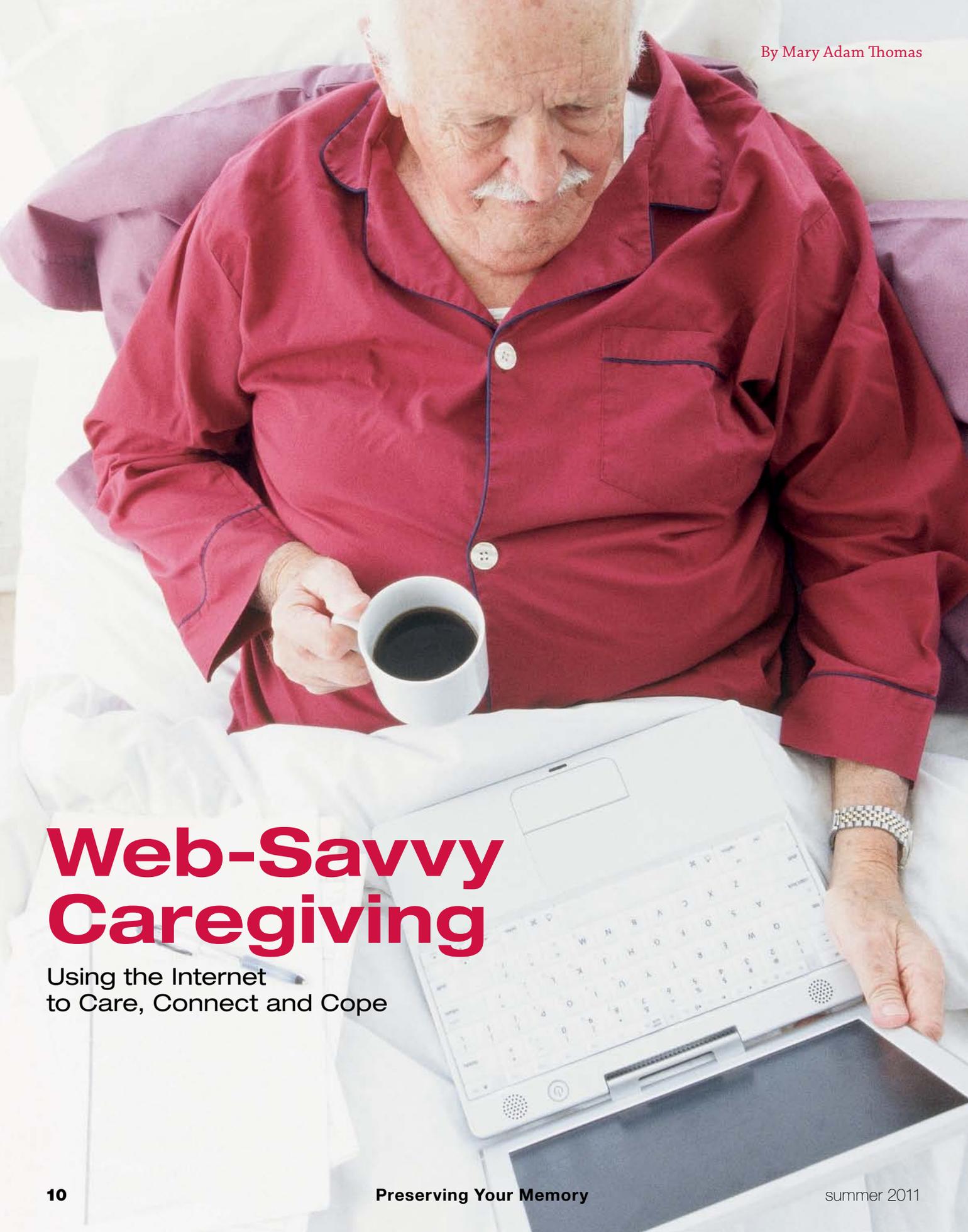
Theribbon.com

www.theribbon.com/issues/

University of Iowa

www.uihealthcare.com/topics/brainnervoussystem/alzheimers.html





Web-Savvy Caregiving

Using the Internet
to Care, Connect and Cope

Individuals and families coping with Alzheimer's disease (AD) and other forms of memory loss have a lot of questions. What's happening to my loved one? What can I expect in the coming months and years? How can I meet my caregiving responsibilities while also taking care of myself? Does anybody out there have any idea what I'm going through?

The answers, according to one expert, are right at your fingertips.

"Going online is such a great way to find what you need because you don't often have the time or availability to go out looking for help when you're providing care to someone in the home," says Andrew Schorr, a noted patient advocate and author of *The Web-Savvy Patient: An Insider's Guide to Navigating the Internet When Facing Medical Crisis*. Rather than allowing yourself and your loved one to become isolated, Schorr recommends using the Web to find what you need for all aspects of caregiving.

"You're not the first family dealing with Alzheimer's. None of this is new; it's just new for you," Schorr explains. "So why not draw from the wisdom that's out there?"

But the Internet can feel overwhelming, particularly to newer computer users and to those who haven't ever conducted online research. What are the best ways to wade through the seemingly endless number of Web pages to find what you need? And how can you distinguish helpful from potentially harmful content?

Mr. Schorr offers the following "Insider's Tips" to AD caregivers who are interested in becoming Web-savvy:

• **Insider's Tip #1: Define the condition.**

"Watching a loved one suffer from memory loss is like having a ton of bricks fall on a family over a long period of time," says Schorr. "But you don't have to take it lying down. Knowing how much support is out there on the Web helps people pick themselves up off the floor and deal with it." The first step, he insists, is identifying the problem before you kick off an online research project. This is especially true with memory loss, which can take many forms, each manifesting itself in slightly different ways. Make sure you have a clearly defined diagnosis from your loved one's doctor before you begin searching for information online about it. Alzheimer's disease, mild cognitive impairment and brain trauma are distinct diagnoses and typically call for slightly different treatment and caregiving approaches. Before you turn to the Web, tailor your search to the precise health issue you and your loved one are facing. "Deal with the medical stuff first, then begin hunting for support networks for the patient and the family," says Schorr. "It's all there. You just have to learn how to find it so that everyone involved can continue to experience the joy of living."

• **Insider's Tip #2: Connect with other caregivers.**

"These days, there is absolutely no reason to feel alone. The online connection can be a real salvation to caregivers," says Schorr. Using the Web to find others who are in your shoes can be one of the greatest gifts you give yourself as a caregiver. Since opportunities to attend in-person support groups are more limited to those caring for AD sufferers, you can interact virtually with people as a way of participating in a community of like-minded people. Exchange coping strategies, share anecdotes, do a little venting. The point is to communicate with people who understand what you're going through. You can even continue conversations online with people you've met in person at doctors' offices or in support groups as a way of keeping discussions going. Ask your doctor, nurse or social worker for the Web addresses of local and/or national caregiving groups that you might explore. "Many of us have to shift our perceptions of what makes a conversation," advises Schorr. "Conversations that happen online through email, social networking sites and website chat rooms are still conversations. And it's that sense of community that really matters."

• **Insider's Tip #3: Keep family and friends in the loop.**

The Internet offers numerous ways for caregivers to communicate with the people they care about—not just to stay in touch but also to ask for support. Email, instant messaging, Facebook, Skype, Twitter and other tools allow caregivers to interact with others and stave off the threat of isolation. Use these easy, often free channels for casual as well as more official purposes. Write informal notes to grandchildren, exchange newsy letters with friends, and summarize the latest medical reports for extended family. Equally important, says Schorr, is using the Web as a way to manage the help of others. "It can be debilitating for caregivers to do it all on their own," he notes. "So don't be shy about using some of these tools to delegate a portion of your caregiving duties to the folks who want to pitch in." You can marshal the efforts of all those good people who want to bring meals, help with errands and give you a couple of hours away from the house.

• **Insider's Tip #4: Get to your computer regularly.**

The best way to ensure that you get what you need from the Internet is to return to it as often as possible. "Carve out time for it. Add it to the list of things you ask for help with; have someone else sit with your loved one so you can focus," says Schorr. "Maintaining those connections and staying engaged with the world beyond your four walls will benefit you and the person you're taking care of," he adds. This is especially

true if you are researching your loved one's condition, since online content is ever-changing and you may make new discoveries each time you return. However, Schorr cautions to establish boundaries when it comes to interacting with online communities. "Don't get sucked into more than you can bear," he warns. "Devote a certain amount of time to connecting and chatting with others—even if it's just in ten-minute blocks—but honor that limit if it gets to be too much." (If anything or anyone makes you uncomfortable, or if your online activities begin to interfere with your caregiving responsibilities, then it's time to reevaluate your approach.) The Web can and should be a source of comfort and connectivity that helps recharge your caregiving batteries.

• **Insider's Tip #5: Share your story.**

"The Internet is a two-way street," reminds Schorr. "Don't just use it to learn from others; use it so others can learn from you." Along your journey as a caregiver, you will make many discoveries. You find it helpful to hear about coping strategies that have proven successful for other families caring for AD patients, so why not do the same for individuals just starting down a path that's similar to yours? "You're learning as you go and you have so much to share. It can be extremely rewarding to offer your new-found wisdom to fellow caregivers," says Schorr.

• **Insider's Tip #6: Protect your privacy.**

Use common sense while establishing accounts and communicating with others online. Think twice before using your full name (or that of your loved one) and identifying your hometown when visiting public Web spaces. You always have the option of using an alias or a nickname for any moniker that is visible to others. But don't let your desire for anonymity prevent you from diving into whatever resources you can find. In *The Web-Savvy Patient*, Schorr writes, "There are plenty of ways to find what you need without divulging your identify or your personal information unless you want to do so. Remember that everyone who explores the Internet in search of answers and support is in the exact same position as you and shares your interest in privacy." Final note: Do not ever give out credit card information or social security numbers to a non-verified source.

Caring for someone with memory issues is a job characterized by uncertainty, variability and occasional loneliness. According to Andrew Schorr, that makes it a lot like life. "Sometimes it's easy for caregivers to see a black cloud rather than the breaks in the cloud—those rays of sunshine and hope," he acknowledges. "But the Internet offers a huge community of people who have been there

Online Resources for the Web-Savvy Caregiver

www.ALZInfo.org

News and tools from the Fisher Center for Alzheimer's Research Foundation

www.ALZTalk.org

Free online site, like Facebook, for the online Alzheimer's community

www.Caring.com

Alzheimer's caregiver resources and connections

www.StrengthForCaring.com

Support and community for caregivers of all kinds

www.PatientPower.info

Free Web-based patient education programs on AD, dementia and a variety of other disease categories

www.LotsaHelpingHands.com

Free, private, Web-based communities for organizing the assistance of friends, family and colleagues

www.CaringBridge.org

Free communication tool for people who want to provide journal-style updates to friends and family

www.Facebook.com

Social networking channel



www.Skype.com

Free Web-based phone and video chat services

www.Blogger.com

Easy-to-use, free blogging tools from Google

www.Twitter.com

A free Web-based medium to provide short updates and messages



and felt all those things. There are real people out there—doctors, nurses, social workers and caregivers just like you—who want to help for free simply because they've been through it. They know they can help you avoid some of that pain so that you can get to a more positive place." Then, Schorr says, the Web-savvy caregiver can turn around and give the same gift to others. ■

Mary Adam Thomas, a frequent contributor to Preserving Your Memory, is the collaborative author of Andrew Schorr's The Web-Savvy Patient: An Insider's Guide to Navigating the Internet When Facing Medical Crisis. More information and excerpts from the book are available at www.WebSavvyPatient.com.

Living with Alzheimer's Disease

Products That Make Life Easier, Simpler, and Safer

Every 69 seconds, someone in the United States is diagnosed with Alzheimer's disease. There are now more than 5 million Americans living with the disease. What is not widely known—even by some physicians—is that there are products available that are made especially to help make Alzheimer's patients' lives better with the disease, and, in some cases, to help them remain living at home longer and safer.

The Alzheimer's Store is dedicated to providing unique products and information for those caring for someone with Alzheimer's disease. Every product in the store has been carefully selected to make living with Alzheimer's disease as easy as possible. The store also provides a rating system for products that tells potential buyers whether a particular product is for the early, middle, or late stages of the disease. For example:



- ❖ A clock that will automatically remind an Alzheimer's sufferer of the day and date. This easy-to-read, battery-operated wall clock displays the day of the week and date, and automatically changes at midnight.



- ❖ A medication dispenser that prevents accidental double-dosing. This automatic medication dispenser beeps at the right time, provides the right meds, and is lockable so no more pills can be taken until the next dose time. This dispenser should not be used by a person with Alzheimer's without supervision, but it can be very useful for people with milder forms of memory or cognitive impairment.



- ❖ A telephone that allows the user to push the picture of the person they want to call. For those who may be a little forgetful or who have difficulty seeing the numbers, this phone is a blessing.

With over 200 products that address various activities of daily living and caregiver challenges, the Alzheimer's Store is dedicated to finding and providing products for people with Alzheimer's disease and those caring for them.

**For more information and many more helpful products,
go to www.alzstore.com or call (800) 752-3238.**

Report: We Need to Prepare for Aging Population

“The Maturing of America—Communities Moving Forward for an Aging Population” is a new report released by the National Association of Area Agencies on Aging (n4a) and funded by MetLife Foundation, and it portrays a nation that is lagging in preparing for an aging population.





There's no escaping it: We are getting older as a nation. In 2011, the first of the Baby Boomers reach age 65, and by 2030, more than 70 million Americans will be 65 or older, representing nearly one in five Americans. That figure is twice the number that had reached that milestone in 2000.

And just as the effects of the Great Recession continue to be felt, many U.S. communities have fallen behind in making preparations for their aging residents. Even though the recovery has already begun, the recession continues to affect local, state and federal agencies at all stages of policy, programs and planning, as the budget axe continues to fall in municipalities all over the U.S. As a result, at the time when spending on programs and services for aging adults is most needed, it's being curtailed.

Those are the key findings of a new report, "The Maturing of America—Communities Moving Forward for an Aging Population," the 2011 follow-up to a similarly extensive survey conducted in 2005. The study was led by the National Association of Area Agencies on Aging (n4a) with the support of partner MetLife Foundation and the International City/County Management Association (ICMA), Partners for Livable Communities, the National Association of Counties (NACo), the National League of Cities (NLC) and the American Planning Association. ICMA administered the study.

"These findings show that the country still has a tremendous amount of work to do in a very short amount of time to address America's rapidly rising aging population," says Sandy Markwood, CEO of n4a. Adds Dennis White, President of MetLife Foundation, "This report underscores the importance of addressing the needs of an aging population at the local level. The good news is that there are many actions community leaders can take right away—that don't require additional resources—to prepare for bolder, more comprehensive services for older citizens."

Facing Challenges

The report finds that the recession-driven cuts to local government budgets have impaired the ability of communities to keep up with needed preparations for their aging populations. Many have managed to maintain funding at current levels, but they have not been able to grow programs and services at needed rates to meet the challenges their aging populations present. "Although communities have done an admirable job to maintain the status quo considering the economic conditions we've faced, given the dramatic aging demographics, the status quo is not good enough," Markwood adds. "These findings

should be a major wake-up call for local governments and should motivate them to take immediate actions that will address the challenge and opportunities at hand."

Communities reported facing their toughest challenges in three areas: financial/funding shortages, transportation and housing. Part of the issue is a decline in growth in many communities. In the new study, only 42% reported experiencing some growth, down from 67% in 2005. Similarly, 30% of local governments reported experiencing some decline, which represents a nearly threefold increase from the 11% that reported the same in 2005.

Specific findings touched on 10 key areas of needed support.

Health Care

More than two-thirds (69%) of local governments surveyed offer health care services that meet a range of needs for their older citizens. Governments in large urban areas are doing exceedingly well in this regard, as all reported having such services available. The big challenge lies with more rural areas, where senior adults are at more of a disadvantage than their urban counterparts.

Nutrition

Congregate and home-delivered meals programs are available in 85% of responding communities, and more than half are provided by nonprofit or faith-based organizations, according to the report. Nutrition education programs are available in 73% of communities.

Exercise

More than 70% report that exercise classes tailored to specific health needs are available, and nearly 90% say that local parks and other facilities have safe, easy-to-reach walking and biking trails. The Pacific Coast region leads the nation in making both types accessible.

Transportation

What is available in terms of providing transportation varies widely by locality. But more than 80% of respondents confirmed they offered programs that offered some level of transportation to and from health care services, as well as other destinations. Three-quarters also have sidewalks and street crossings that are safe and accessible for older pedestrians, although fewer have sidewalks linking residences and essential services.

Public Safety/Emergency

Some 59% of local governments report providing specialized training to public safety and emergency staff to

deal with older citizens. That's more than double the figure from 2005. However, evacuation plans for older adults actually decreased from the earlier survey to the newer one, down 71% from the previous 81%. Also slightly declining are programs to detect and prevent elder abuse and neglect.

Housing

Communities have maintained an availability of programs to provide home maintenance and repair assistance, home modification and targeted service delivery, such as backyard trash collection and sidewalk snow removal, since 2005. But subsidized housing programs declined nationwide, as 63% of communities reported offering these as opposed to 70% in 2005.

Taxation and Finance

Relief from property taxes for older adults on limited income experienced a reported drop from 2005 to now, down to 54% from 72%. Also declining, albeit less steeply, was the availability of programs that educate older adults about financial fraud and predatory lending (down to 65% from 69% in 2005). But there was a slight bump upward in the availability of programs that assist with tax form preparation.

Workforce Development

Another area that continues to lag, workforce skills development services that target older adults, was available in only 48% of responding communities. And only 39% reported offering employer engagement/education programs.

Community and Civic Engagement

Communities reported a significant increase in volunteer opportunities for older adult, up to 80% from 66% in 2005. Also, nearly 90% reported that older adults are represented on advisory boards, commissions or committees that deal with planning issues that have an impact on them.

Aging/Human Services

In-home support services saw a surge upward as 77% of responding communities reported having such services available, up from 71% in 2005. But there was a decrease in the availability of a single-entry point model for services, at 37% (down from 42% in 2005).

Matters of Policy

Communities are also lagging in having plans in place for addressing future needs of older Americans. Only 30%

La nación está envejeciendo rápidamente, según indican los informes...

No hay nada que hacer, ¡nos estamos envejeciendo como nación! En el 2011, los primeros *Baby Boomers* llegarán a los 65 años, y hacia el 2030, más de 70 millones tendrán 65 años o más, representando la quinta parte de todos los estadounidenses. Esta cifra es dos veces mayor a la de los que alcanzaron este hito en el año 2000.

Y conforme los efectos de la Gran Recesión continúan sintiéndose, muchas comunidades en los Estados Unidos se han quedado atrás en los preparativos para atender a sus residentes que llegan a la tercera edad. Aunque ya ha comenzado cierta recuperación, la recesión sigue afectando las agencias locales, estatales y federales en todas las etapas de la preparación, programación y planificación de políticas, a medida que los recortes en el presupuesto recaen sobre las distintas municipalidades a lo largo del país. En consecuencia, se están recortando las inversiones en programas y servicios para los adultos mayores, justamente cuando más se necesitan.

Estos son los hallazgos más importantes del informe, "The Maturing of America—Communities Moving Forward for an Aging Population," (La maduración de América— Las comunidades se movilizan para atender a su población que envejece) el cual es la continuación en el 2011 de una investigación similar llevada a cabo en el 2005.

of responding communities reported having procedures for soliciting input from older people, and a mere 17% have comprehensive assessments and strategic plans ready. But 26% reported an intention to conduct an assessment, and 27% reported having such planning in place.

Land use planning is seeing more use in responding communities, however. The master zoning plan is the most commonly available, at 67%, and zoning that supports complete streets was reported by 54% of respondents. That figure drops when it comes to zoning that supports aging in place and active lifestyles for older adults, such as higher-density mixed-use development and amenities. Only 44% of communities reported offering such requirements.

Clearly, local governments will need to find the resources to address the needs of an aging population, and do so sooner, rather than later. ■



Peter Falk as Lt. Columbo.

Peter Falk photo: ABC Photo Archives

Actor Peter Falk Dies

The beloved **Columbo** star reportedly had Alzheimer's disease.

When the late Peter Falk, at age 28, announced to his father in 1955 that he aspired to become an actor, the practical patriarch—who had owned a clothing store in upstate New York and raised his son during the Great Depression—replied, “You gonna paint your face and make an ass of yourself the rest of your life?”

Recounting the exchange in his 2006 book, *Just One More Thing: Stories From My Life*, Falk wrote that after he replied, “That’s right,” his father shook his hand and wished him luck.

Falk’s seemingly impulsive decision led to a stellar Broadway, television and film career spanning 50 years, along with five Emmy Awards (four of those for *Columbo*) and two Academy Award nominations. The iconic actor, best known for portraying television homicide detective Lt. *Columbo*, died on June 23 at the age of 83. Falk reportedly suffered from Alzheimer’s disease.

Early Life

Born in New York City on September 16, 1927, Falk was raised in Ossining, N.Y., where his parents owned a clothing store. When he was 3 years old, Falk was diagnosed with a malignant tumor in his right eye. Surgery required removal of the eye. In his

book—which Falk described in the forward as “not an autobiography!”—Falk recalls his sensitivity about his glass eye as a child. By the time he was in high school, however, Falk had accepted it and used the prosthetic to make his peers laugh. During a high school baseball game, Falk recalled in his book, the star player was at third base when the umpire called him out.

“I’m just as sloppy as the lieutenant but not nearly as smart. The truth is, no one is like *Columbo*. He’s unique—if he were up for auction, he would be described as ‘One of a kind—a human with the brain of Sherlock Holmes who dresses like the homeless.’”

“It was a bad call,” wrote Falk, who lettered in three sports and was class president. “I was clearly safe. I knew it and everybody in the stands knew it ... I whipped out my eye and handed it to the umpire: ‘You’ll do better with this one.’ Talk about getting a laugh. I got a roar ...”

After graduating from high school in 1945, Falk enrolled at Hamilton College in Clinton, N.Y. But when he arrived, he realized, to his chagrin, that the all-male school had no girls, and there weren’t even many men, thanks to the ongoing World War II. After just three months, Falk dropped out of school and

embarked on a year-long stint as a cook in the Merchant Marines. He returned to school, and in 1951, Falk earned a bachelor’s degree in political science from The New School for Social Research in New York City. He earned a master’s degree in public administration from Syracuse University two years later.

After a “sudden realization” that he did not want a 9-to-5 job, Falk applied unsuccessfully for a job with the Central Intelligence Agency. He was hired as an efficiency expert by the Budget Bureau of the State of Connecticut in Hartford. When the 9-to-5 drudgery ended each day, Falk found fulfillment in a community theater group, the Mark Twain Maskers. He also studied acting at the White Barn Theatre in Westport, under renowned actress Eva Le Gallienne. She encouraged him to become a professional actor, so at age 28, he quit his job and moved to New York City.

Going to Be an Actor

Once in New York City, Falk continued taking acting lessons and landed a bit part in an off-Broadway production of Molière’s *Don Juan*. In his book, Falk wrote that he kept “getting promoted,” and by opening night was cast in the second lead as Sganarelle, Don Juan’s servant and right hand. The play bombed, with its run ending after opening night.

Falk’s breakthrough came two months later, when he was cast as the bartender in the 1956 off-Broadway revival of Eugene O’Neill’s *The Iceman Cometh*, with Jason Robards. For the next three years, Falk enjoyed onstage success at various off-Broadway theatres. He made an unsuccessful screen test for Columbia Pictures in the late 1950s, when legendary studio head Harry Cohn told him, “Young man, for the same price I’ll get an actor with two eyes.”

Undaunted, Falk left New York in 1960 and moved to Hollywood, landing a role in his first movie, *Murder Incorporated*, for which he scored an Oscar nomination. That same year, he earned an Emmy nomination for his portrayal of a drug addict in *The Law and Mr. Jones*. In 1961, he starred in his second feature film, Frank Capra’s *A Pocketful of Miracles*, with Bette Davis and Glenn Ford. Later that year, Falk earned an Emmy for his role in The Dick Powell Playhouse’s presentation of *The Price of Tomatoes*.

During these years, Falk also was offered—and rejected—numerous television series offers. But in 1965, he accepted a role in *The Trials of O’Brien*, a comedic legal whodunit in which he played a talented New York attorney with a less-than-successful personal life. Though the series was critically acclaimed, low ratings and complaints from the American Bar Association led to its cancellation after just one season.

Columbo and Beyond

Falk’s most famous, and most endearing, character was by far Los Angeles homicide detective Lt. Columbo—characterized by his cigar, rumpled raincoat and distinctive Peugeot. The absent-minded detective was persistent in tracking down murderers, confronting suspects with the comment, “Just one more thing,” before nailing them with an accusation.

Columbo, which started out as a made-for-TV movie in 1968 and became part of the NBC *Sunday Mystery Movie* series in 1971, was more “howdunit” than “whodunit.” In this flipped-format crime series, viewers learned at the beginning of each show who committed the offense. The remainder of the plot was devoted to revealing how Columbo identifies the killer. It was wildly successful and remained a series until 1977. In 1988, the show was revived in the format of 2-hour television movies, running off and on until 2003.

Falk starred in several Neil Simon productions, including the 1971 Broadway play, *The Prisoner of Second Avenue*, for which he received a Tony Award; *Murder by Death*, with Peter Sellers; *The Cheap Detective*, with Stockard Channing; and *The Sunshine Boys*, with Woody Allen. Other feature films include *A Woman Under the Influence*, *Husbands*, *Mikey and Nicky*, *The In-Laws*, *The Sunshine Boys*, *The Princess Bride*, *Wings of Desire*, and *Happy New Year*.

Besides acting, Falk was a passionate artist who enjoyed painting and drawing with charcoal pencil. Some of his drawings appear in his book, as well as on the Web site, www.peterfalk.com.

Falk married his first wife, Alyce, in 1960, and the couple had two adopted daughters, Catherine and Jackie. Within a year after the couple divorced in 1976, Falk married actress Shera Danese. He dedicated his book to Shera, whom he described as “the light of my life,” and to the couple’s many dogs.

Reporters often asked Falk how much of Columbo was in him and vice versa. In his book, he shares the routine answer: “I’m just as sloppy as the lieutenant but not nearly as smart.”

But Falk added: “The truth is, no one is like Columbo. He’s unique—if he were up for auction, he would be described as ‘One of a kind—a human with the brain of Sherlock Holmes who dresses like the homeless.’”

Here’s hoping that we can honor Peter Falk’s life and legacy by finding better treatments and a cure for Alzheimer’s disease. ■

Alzheimer's by the Numbers

- 35.6 million people worldwide have Alzheimer's disease, as of 2010.
- 5.4 million people in the U.S. have Alzheimer's disease.
- Every 69 seconds someone in America develops Alzheimer's disease.
- Alzheimer's is the fifth leading cause of death in people 65 and older.
- Death from Alzheimer's rose 66% from 2000 to 2008.
- Total cost for Alzheimer's care will increase from \$183 billion in 2010 to \$1.1 trillion in 2050.
- Approximately 454,000 people developed Alzheimer's in 2010.
- At current rates, 19 million Americans will have Alzheimer's by the year 2050.

The Many Benefits of Strength Training

Strength training isn't just for bodybuilders and weightlifters. It's good for everyone, especially those over 50.

What type of exercise burns fat, builds muscle, preserves bone and raises your metabolism for days after you do it?

You might think the correct answer is aerobic exercise such as walking, swimming or riding a bike, but the answer is *strength training*. First, let's look at a benefit from strength training that we'd all like to achieve—fat loss.

“One thing that seniors and younger adults face is adding fat as we age,” says Wayne Westcott, Ph.D., director of fitness research at Quincy College in Quincy, Mass. “The average senior adds about 15 pounds per decade. Strength training elevates your resting metabolic rate seven to nine percent above normal for two to three days. This translates to burning an additional 100 calories per day, which works against fat gain.”

More Than Muscle Building

In addition to burning fat, strength training builds muscle. But according to Westcott, older adults need this training for a far more important reason than looking good on the beach. Seniors—both male and female—lose muscle and bone at a rapid rate, which directly affects overall health.

“Research shows that people age 60 and above lose up to one pound of muscle a year,” says Westcott, author of 24 books on strength training, including the bestseller *Strength Training Past 50*. “That loss of muscle translates into loss of an important protein in our



Strength training is a vital part of an exercise program.

bones. When this happens, the musculoskeletal system starts to deteriorate and you're not able to do the activities you once did because you tend to get injured. It's essential to do some type of resistance exercise that will maintain—or even increase—the amount of muscle and bone.”

Research has shown that strength training also increases our bodies' uptake of glucose, which reduces the chance of developing type 2 diabetes. Strength training increases the speed at which food passes through the gastrointestinal tract, reducing the risk of colon cancer. This type of exercise also lowers resting blood pressure and improves blood-lipid profiles, both of which reduce the chance of cardiovascular disease.

“Medical researchers now state that muscle is the largest endocrine organ in the body—it controls the production of insulin and many other hormones in the body,” says Westcott. “So strength training is not just about having more muscle, it also affects the hormones that are related to almost all of the body's functions.”

Getting Started

If you'd like to start an exercise routine, Westcott has some helpful tips:

- **Get a body-composition test:** This test shows your body's percentages of muscle and fat. The results can be a great motivator and can help you monitor your improvement as you continue your strength-training program. Other powerful motivators include working out with a friend or joining an exercise class so people expect you to come to your workouts and encourage you when you do a good job.

- **Join an exercise facility and get instruction:** A disadvantage of starting a strength-training program on your own is that it's easy to fall into bad habits by



A brief, basic weight workout is best for starting out.

performing exercises incorrectly—later, you have to “unlearn” those habits. “I recommend going to a YMCA or fitness center to get with an instructor or a personal trainer who can show you how to train in a safe, effective, efficient manner and avoid some of the pitfalls that can occur if you don't get instruction,” says Westcott.

- **Brief and basic is best:** When Westcott starts someone on a weight-training program, he usually gives

them six basic exercises that work all of their major muscle groups. This type of workout takes only 12 to 18 minutes and works wonders. “We've done quite a few studies with exercise facilities across the country,” Westcott says, “and they show that older adults not only prefer to start with a brief six-to-ten-exercise workout, but they stick with their workouts 40 percent more than people who try to do a higher volume of work.”

- **Stay in control:** When doing an exercise, move at an even, controlled speed to make your muscles do the work rather than relying on momentum. Exercising at fast speeds with exercise machines or free weights takes an excessive amount of force, which puts a lot of stress on the joints.

- **Start with exercise machines:** Westcott refers to using exercise machines as “foundational” training that helps people learn the ropes of a strength-training program. As a person becomes more experienced, they can move to free weights and, if they prefer, a longer, more intense routine. At this more advanced level, a person might consider training at home, which is a less expensive, more convenient option.

When you put together your overall exercise program, aerobic exercise is a must, but don't neglect strength training and the life-changing benefits it provides. “As good as aerobic training is for cardiovascular fitness, it doesn't preserve muscle and bone,” says Westcott. “The heart is the body's fuel pump, but our muscles are the engines of the body—if we keep them in good condition, we can stay active with good quality of life as we get older.” ■

Grilling with a Twist

It's time to fire up the grill! Before you head to the grocery store to load up on ribs, hamburger and chicken, though, think vegetarian. No, your family doesn't have to give up meat, but when it comes to grilling, veggies—as the main entry, side dish or kebobs—can be just as appetizing and filling. Plus, they have the added bonus of being healthier. “Consuming greens and other colorful vegetables throughout the day will boost your disease defense system by increasing your body’s antioxidant level, fighting inflammation, and helping to prevent and treat some illnesses,” says Janet Brill, Ph.D., R.D., author of *Cholesterol Down: 10 Simple Steps to Lower Your Cholesterol in 4 Weeks—Without Prescription Drugs*.

And grilling your veggies instead of using a different cooking method gives an extra kick. “When you grill vegetables, you’re getting only pure vegetables, whereas if you fry or sauté vegetables, you introduce fat, and if you steam or boil them, some of the nutrients are lost in the water or into the steam pot,” says grilling expert Rick Browne, author of *The Ultimate Guide to Grilling: How to Grill Just About Anything*.

Even the taste of vegetables gets better with grilling. “The direct heat of



With a little preparation, veggies go great with grilling.

the grill caramelizes veggies, which concentrates their natural sugars and brings out flavors and textures that other cooking methods can't accomplish,” says Kari Lauritzen, a private chef in Los Angeles.

Convinced? Well, go ahead and start a shopping list of things to pick up from the produce section. It's grillin' time!

Which veggies?

One of the good things about vegetables is that it is hard to find one that isn't grill-friendly. “I can't think of any vegetable that isn't good on the grill,” Browne says. If the huge selection has you unsure of what to barbecue, Browne and Lauritzen suggest some of these in-season vegetables:

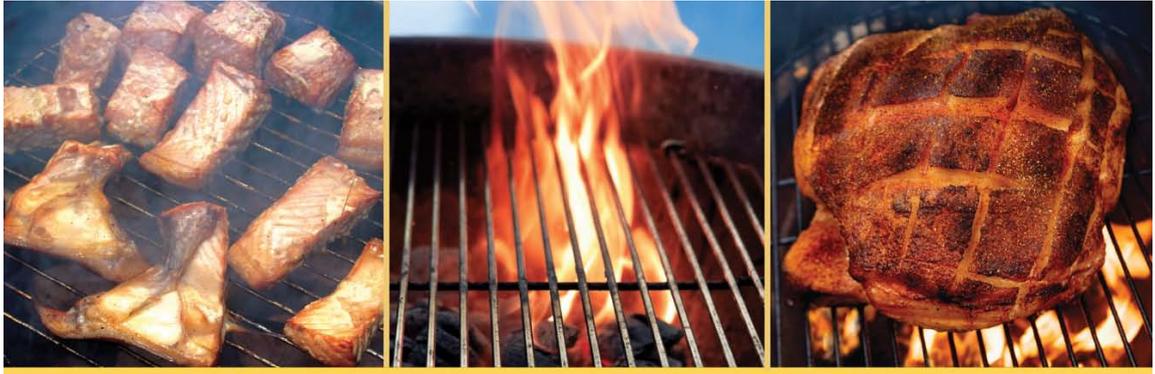
- Yellow squash
- Peppers (green, red, yellow or orange)
- Onions
- Zucchini
- Eggplant
- Sweet potatoes
- Mushrooms

Other popular grilled vegetable choices include: broccoli, cauliflower, cabbage, beets, asparagus, green beans, tomatoes, corn, garlic, green onions and carrots.

Prep work

It would be nice if you could just fire up the grill and toss on the veggies. However, there's a little groundwork required. (Don't worry; it will be well worth it!)

- **Clean the grill.** It's a good idea to clean the grates on the grill after each use (cleaning is easier when the grill is still warm), but if you didn't last time or this is your first time pulling



THE ULTIMATE GUIDE TO
GRILLING
How to Grill Just About Anything
 RICK BROWNE



out the pit this summer, grab your grill brush and give it a good scrubbing. This prevents the veggies from picking up old flavors left on the grill, Browne says, and it also lowers the chance of your veggies being contaminated by old food remnants.

- **Preheat the grill.** You want your grill nice and hot. “With a gas grill,

you should preheat it at least 15 minutes, and you need to start a charcoal grill about 45 minutes ahead of time so that your coals are gray all over (not glowing red),” Browne says.

- **Oil the grates.** So your vegetables don’t stick and burn, you should oil the grates. If you oil before preheating the grill, you can use a grilling spray.

If the grill is already hot, Browne’s suggestion is to soak a paper towel in olive oil, corn oil or peanut oil, and then use a pair of tongs to rub the paper towel over the grates.

- **Cut your veggies.** Planning to throw your veggies on as-is? Don’t be surprised if some end up half done
(continued on page 26)

Looking for a tasty marinade to add more zest to your grilled veggie dish? Try this recipe from *The Ultimate Guide to Grilling: How to Grill Just About Anything*.

Missy's Mustard Marinade

Makes 1½ cups

Ingredients

- 6 sprigs of fresh rosemary
- 1 cup tarragon vinegar
- 6 tablespoons Dijon mustard
- 2 tablespoons minced garlic
- Pepper to taste
- Salt to taste
- 2 tablespoons olive oil

Directions

Whisk all ingredients together in a medium bowl. Marinate vegetables before grilling or add the marinade during the last 5-10 minutes of grilling.



(continued from page 25)

and others fully burnt. You want to make sure your vegetables are about the same size so they cook evenly, and it's preferable to use longer vegetables (or strips) like zucchini or eggplant because they are less likely to fall through the grates, Lauritzen says. If you'll be grilling small veggies or pieces, use a grilling basket or skewers so they don't end up at the bottom of the pit.

- **Oil and season to perfection.** When it comes to giving grilled vegetables more oomph, a little goes a long way. Drizzling your veggies in olive oil, and then sprinkling with salt and pepper will usually do the job, Lauritzen says. If you prefer other additions, balsamic vinegar, oregano, paprika, garlic powder and

other herbs and spices also work wonders.

Get cookin'

Probably the most satisfying and easiest part (besides the eating!) of grilling vegetables is the actual grilling.

Cooking times vary depending on how high your heat is (and how "grilled" you prefer your veggies be), but Lauritzen says a good rule of thumb for some common ones is:

- Asparagus: 3-4 minutes for thin spears; 7-8 for thicker ones
- Onions and fennel: 12-20 minutes
- Eggplant, squash and zucchini: 8-12 minutes
- Corn: As long as you like (you can quickly char some of the kernels or slow roast them for 20-30 minutes)

- Lettuces: A maximum of 10 minutes
- Mushrooms: 4-5 minutes
- Potatoes, carrots, broccoli: Under 10 minutes

Wondering when you should add your sauce? Grilled vegetables have such a nice taste all on their own that most people usually don't need a sauce, Browne says. However, if you must, don't sauce too early. "The general rule for any barbecue is to put the sauce on during the last 5 to 10 minutes because sauces contain a lot of sugars (and sugar burns at a lower temperature), which means your sauce will burn but your vegetables won't have cooked yet," Browne says.

After your veggies look "done" enough for you, it's time to take them off the grill. Then comes the really fun part: eating! Enjoy! ■

Coping with Caregiver Guilt

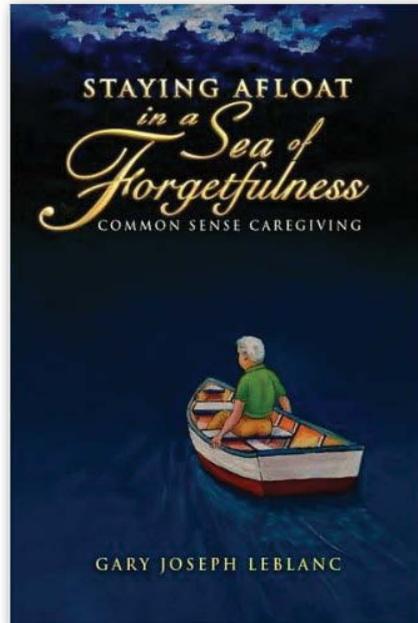
The following is an excerpt from Gary Joseph LeBlanc's book, *Staying Afloat in a Sea of Forgetfulness: Common Sense Caregiving*, which is now available in an expanded edition. You can order the book at www.stayingafloatbook.com/buy.

Guilt is an overpowering and complicated emotion but appears to have a purpose in the life of human beings. When knowing we've done something wrong, by all means, we should experience a touch of shame.

If you are a caregiver there will be times when waves of guilt will wash right over you. There doesn't have to be any wrongdoing to cause this. The simple reason is that you care so deeply that you never feel adequate performing this role.

For example, you may finally get a chance to do something for yourself. Let's say you go out to get an overdue haircut. The whole time you're sitting in the salon chair you can't stop thinking about something bad happening while you are away. You rush straight home, instead of taking advantage of the rare and well-deserved respite break. Even when you find, to your relief, that all is well, you still experience that guilt monster.

Then there's always that "little white lie." You may be visiting your loved one at his or her adult living facility or the hospital. You need to be at work in a couple of hours, but you like to have at least one hour to yourself before you begin your shift. Suddenly you find yourself saying, "My boss asked if I could come in early today so I'm going to have to leave now." Meanwhile, throughout your whole work shift, you once again feel guilt doing somersaults in your stomach.



Gary Joseph LeBlanc's book about caregiving.

There's not a caregiver out there that doesn't worry about whether or not the job he or she is doing is good enough. Even after your loved one has passed you will go through a stage of beating yourself up, wondering whether or not there was something more you could have done for your loved one.

The strong emotion of guilt that caregivers endure is just part of human nature. Go to a caregiver's support group and ask all those surrounding you. They will tell you that they are experiencing or have experienced the exact same feelings. All caregivers face the same unattainable goal of sparing

their loved ones the pain that comes with any disease. Everyone's desire is to provide a compassionate passing.

Deep inside, we all believe that we, as caregivers, are to some degree responsible for what happens to our stricken loved ones in the end. Sadly, some endings can be downright cruel, not only to the one afflicted with the disease but also to the ones that have to witness the perishing.

Caregivers get hit with a double-whammy. While trying to wade through all the sadness and grievance, they get swept away by a pronounced tide of guilt. But take heart; this guilt trip will slowly start to fade, finally leaving you with just the normal amount of grief, which is bad enough.

With the passing of your loved one, life has just spun around 180 degrees. Everything you have trained yourself to do has come to a complete halt. That grueling fast pace lifestyle you lived has just stopped itself on a dime. It's almost as if you have to learn to breathe all over again.

Try not to berate yourself about areas in which you think you may have failed. Instead, focus on all the positive things you accomplished along the way. Think of the enhanced quality of life you singlehandedly brought to your loved one. Remember, you will remain in their heart forever.

Unfortunately, guilt is a normal emotion in life. These bouts of guilt you feel only prove what a caring individual you truly are. ■

Fisher Center Research Yields Major Discoveries

New findings about beta amyloid and a surprising discovery about anti-inflammatory drugs and SSRI antidepressants mark a productive year thus far at the Fisher Center for Alzheimer's Disease Research laboratory.

September, March and April brought major announcements from the Fisher Center for Alzheimer's Disease Research laboratory.

In March, the laboratory, under the direction of Nobel laureate Dr. Paul Greengard, published the results of a study in which Dr. Greengard and his team of researchers were able to accelerate the breakdown of beta amyloid, the protein that forms the plaques found in the brains of Alzheimer's disease patients. This finding built on September 2010's announcement that the lab had found a way to inhibit the formation of beta amyloid without the potential for severe side effects that have doomed so many efforts previously.

In the earlier findings, Dr. Greengard and his team identified gamma-secretase activating protein (gSAP), and showed that it stimulates gamma secretase, which is responsible for producing beta amyloid. Importantly, the research team demonstrated that inhibiting gSAP did not prove toxic to the cells in Alzheimer's models, which opens up new possibilities for research into highly specific anti-amyloid drugs that won't harm the body.

That research was published in the Sept. 2, 2010, edition of *Nature*.

The March findings showed that a process called autophagy reduces the buildup of beta amyloid in isolated cells. Autophagy is the process whereby cells clean out waste material from their interiors, including such materi-



Dr. Paul Greengard, Director of the Fisher Center for Alzheimer's Disease Research laboratory.

als as the protein aggregates that are hallmarks of Alzheimer's disease. Dr. Greengard's research team discovered that a compound called SMER28

stimulates autophagy, which then rids the cell of beta amyloid.

This finding may point the way to a mechanism for eliminating the

buildup of beta amyloid in the brains of Alzheimer's patients. "Our work demonstrates that small molecules can be developed as therapies, by activating autophagy, to prevent Alzheimer's disease," says Marc Flajolet, a research assistant professor in Dr. Greengard's lab. "By increasing our understanding of autophagy, it may be possible to stimulate it, pharmacologically or naturally, to improve the quality of life for aging people."

"The combination of inhibition of formation and acceleration of breakdown of beta amyloid represents a new and powerful strategy for treating Alzheimer's disease," says Dr. Greengard.

Anti-Inflammatory Drugs Reduce Effectiveness of SSRI Antidepressants

In April, a research team led by Dr. Greengard and Jennifer Warner-Schmidt, Ph.D., found that anti-inflammatory drugs impair the performance of the most widely used class of antidepressant medications, the selective serotonin-reuptake inhibitors (SSRIs). Anti-inflammatory drugs include naproxen, aspirin and ibuprofen. They are referred to as non-steroidal anti-inflammatory drugs (NSAIDs). (Acetaminophen [e.g., Tylenol] is not an NSAID and does not treat inflammation.) The SSRIs are commonly used to treat depression, obsessive-compulsive disorder and anxiety disorders.

The findings may have special relevance to Alzheimer's patients, who commonly suffer from depression. Depression can make the course of Alzheimer's disease more severe, and is a risk factor for developing Alzheimer's. Currently, researchers are studying the possibility that treating depression



“Many elderly individuals suffering from Alzheimer's disease also have arthritic or related diseases and as a consequence are taking both antidepressant and anti-inflammatory medications.”
–Dr. Paul Greengard

in the elderly may reduce the risk of developing Alzheimer's.

In this study, the researchers treated animal models with antidepressants in the presence or absence of anti-inflammatory drugs. Then they studied model behavior in tasks that are sensitive to antidepressant treatment, noting that responses were inhibited when NSAIDs were present. Investigators

then corroborated these results in a human population. Depressed individuals reported less relief from depression by antidepressant treatment (SSRIs) if they were anti-inflammatory drug (NSAID) users as compared to non-users who were also treated with antidepressants. In the absence of any anti-inflammatory drugs, 54% of patients responded to the antidepressant. But success rates dropped to approximately 40% for those who reported using anti-inflammatory drugs.

"The mechanism underlying these effects is not yet clear," says Dr. Warner-Schmidt. "Nevertheless, our results may have profound implications for patients, given the very high treatment resistance rates for depressed individuals taking SSRIs."

Dr. Greengard adds, "Many elderly individuals suffering from Alzheimer's disease also have arthritic or related diseases and as a consequence are taking both antidepressant and anti-inflammatory medications. Our results suggest that physicians should carefully balance the advantages and disadvantages of continuing anti-inflammatory therapy in patients being treated with antidepressant medications."

The continued success of Dr. Greengard's lab was noted by the foundation supporting his team's work. "This is the third major

finding by the Fisher Center scientists at the Greengard lab in only nine months," says Kent L. Karosen, President of the Fisher Center for Alzheimer's Research Foundation. "It's quite amazing that their novel techniques are proving to be so prolific. This latest finding shows their success in not only one day ending Alzheimer's, but in also having even broader implications for society." ■

Understanding Mild Cognitive Impairment

There are stages of memory decline that lead up to Alzheimer's. In recognizing the early stages, caregivers may be able to get their loved ones help early on. One of these early stages is mild cognitive impairment (MCI).

According to New York University's Alzheimer's Disease Center, mild cognitive impairment is characterized by decline in cognitive abilities (loss of memory, concentration, orientation) and functional abilities (difficulties completing complex work-related tasks and daily activities) that correspond to pathological changes in certain parts of the brain.

In this stage, memory loss and mental function become apparent to others around the affected person. For example, the person with MCI may noticeably repeat queries. The capacity to perform job functions also becomes compromised and performing new job tasks may be difficult. Organizing social events may be difficult, and symptoms are recognized by others.

Barry Reisberg, M.D., coined the term mild cognitive impairment and has been a leading researcher in Alzheimer's disease for the past 30 years. He was the first to describe many of the symptoms of AD and the characteristic clinical course of the disease through seven stages, from normal mental function to severe AD.

Dr. Reisberg, who is the clinical director of New York University's Aging and Dementia Research Center and the Fisher Alzheimer's Education and Resources Program, says published research shows those who have MCI score lower on tests to determine mental decline. "It is subtle but discernable," he says.

Does this mean that it will progress to an Alzheimer's diagnosis? Dr. Reisberg says that the MCI stage lasts approximately seven years in otherwise healthy people. Over the course of one four-year study, two-thirds of those in the study progressed to AD, Dr. Reisberg says.

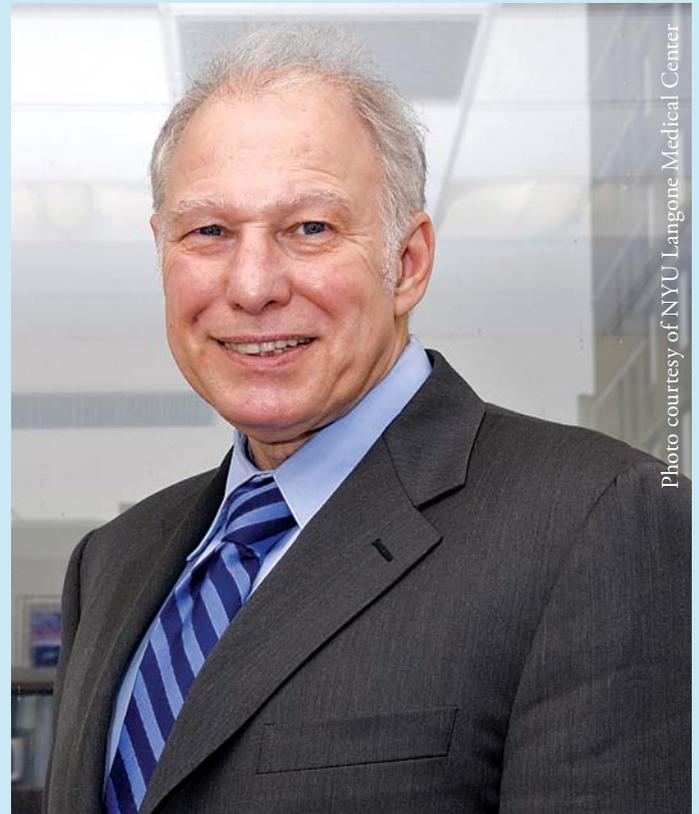


Photo courtesy of NYU Langone Medical Center

Dr. Barry Reisberg

Normal Aging Vs. MCI

As we age, of course, our brains age, too. We may begin to notice that we forget things more often or it might take longer to recall important information or a person's name. There is a stage of normal aging before MCI, Dr. Reisberg says, called subjective cognitive impairment (SCI), where issues with memory are only apparent to the person experiencing it.

With aging, Dr. Reisberg says the latest studies show there is a decline in the gray matter of the brain, as well as changes in brain metabolism (i.e., using glucose for energy), as early as adolescence. "Studies begin to show decline by age 30 on specific tests," he says.

A quarter to half or more of the population of persons over the age of 65 experience subjective complaints of cognitive and/or functional difficulties, Dr. Reisberg says. They might not be able to recall names as well as they did five or 10 years ago, or they cannot remember where they put things the way they used to, in the SCI stage. Finding the correct words or difficulties concentrating may also be common.

The SCI stage may last about 15 years.

As progression occurs, Dr. Reisberg says, the brain's metabolism slows down. "We are looking for ways to productively intervene, and we think the best way is at the subjective cognitive impairment stage," he says.

According to the Mayo Clinic, brain-imaging studies show that the following changes are often associated with MCI:

- Shrinkage of the hippocampus, a brain region important for memory.
- Plaques (abnormal clumps of beta amyloid protein) throughout the brain.
- Enlargement of the brain's fluid-filled spaces (ventricles).
- Reduced use of glucose in key brain regions.

If one progresses into the MCI stage, some of these signs may be noticed, according to the Mayo Clinic:

- Forgetting things more often.
- Forgetting important events, such as appointments or social engagements.
- Losing train of thought or the thread of conversations, books or movies.
- Feeling increasingly overwhelmed by making decisions, planning steps to accomplish a task or interpreting instructions.
- Trouble finding one's way around familiar environments.
- Becoming more impulsive or showing increasingly poor judgment.
- Family and friends notice any of these changes.

Dr. Reisberg says medications for AD are currently being studied in the MCI stage, but thus far the effects of such medications have not been great enough for the U.S. Food and Drug Administration to approve for use.

He says research continues to look at ways to intervene in terms of the brain metabolism, and disease processes that interfere with conditions such as diabetes, metabolic syndrome, being overweight, high cholesterol and other factors that affect cardiovascular health.

"Basically treating those kinds of things seems to be very useful," Dr. Reisberg says. "These conditions seem to accelerate the appearance of AD. Doing all of the things that prevent heart disease and diabetes—there seems to be a tie-in with

improving vascular health. The characteristics of the [brain] plaque associated with AD are very intimately related to cerebrovascular health, so things that prevent cardiovascular disease, strokes and diabetes are useful preventative measures in helping to prevent AD—diet, weight, exercising and maintaining good cardio and cerebral vascular health."

Research has also shown that spinal fluid markers of AD seem to go up as early as the SCI stage, and other studies show a relationship between the development of AD and the stress hormone cortisol. These efforts are helpful in giving researchers tools to intervene in the progression of AD as early as possible.

What is the next step?

If symptoms are recognized, follow-up with the health care provider as early as possible is key. Management of persons in the MCI stage includes counseling regarding the desirability of continuing in a complex and demanding occupational role. Sometimes, retirement may alleviate psychological stress and reduce anxiety, Dr. Reisberg says. ■

The Stages of Alzheimer's

Normal: No symptoms of mental decline, and no behavioral or mood changes.

Subjective cognitive impairment: Mental or functional changes noticed only by the person experiencing them.

Mild cognitive impairment: Mental and functional changes noted by others, not just the person experiencing them.

Mild Alzheimer's disease: Decreased ability to manage complex tasks of daily life, such as preparing meals or managing finances.

Moderate Alzheimer's disease: Inability to choose proper clothing to wear, or to recall major aspects of their lives or current information on some occasions.

Moderately severe Alzheimer's disease: Cannot perform some activities of daily living on their own. Mistaking identity of family members is common.

Severe Alzheimer's disease: Must have continuous assistance. Speech becomes very limited. Neurologic reflexes change and muscle rigidity may occur.

—From Dr. Barry Reisberg

Timely Compassion for Early-Onset Alzheimer's Disease

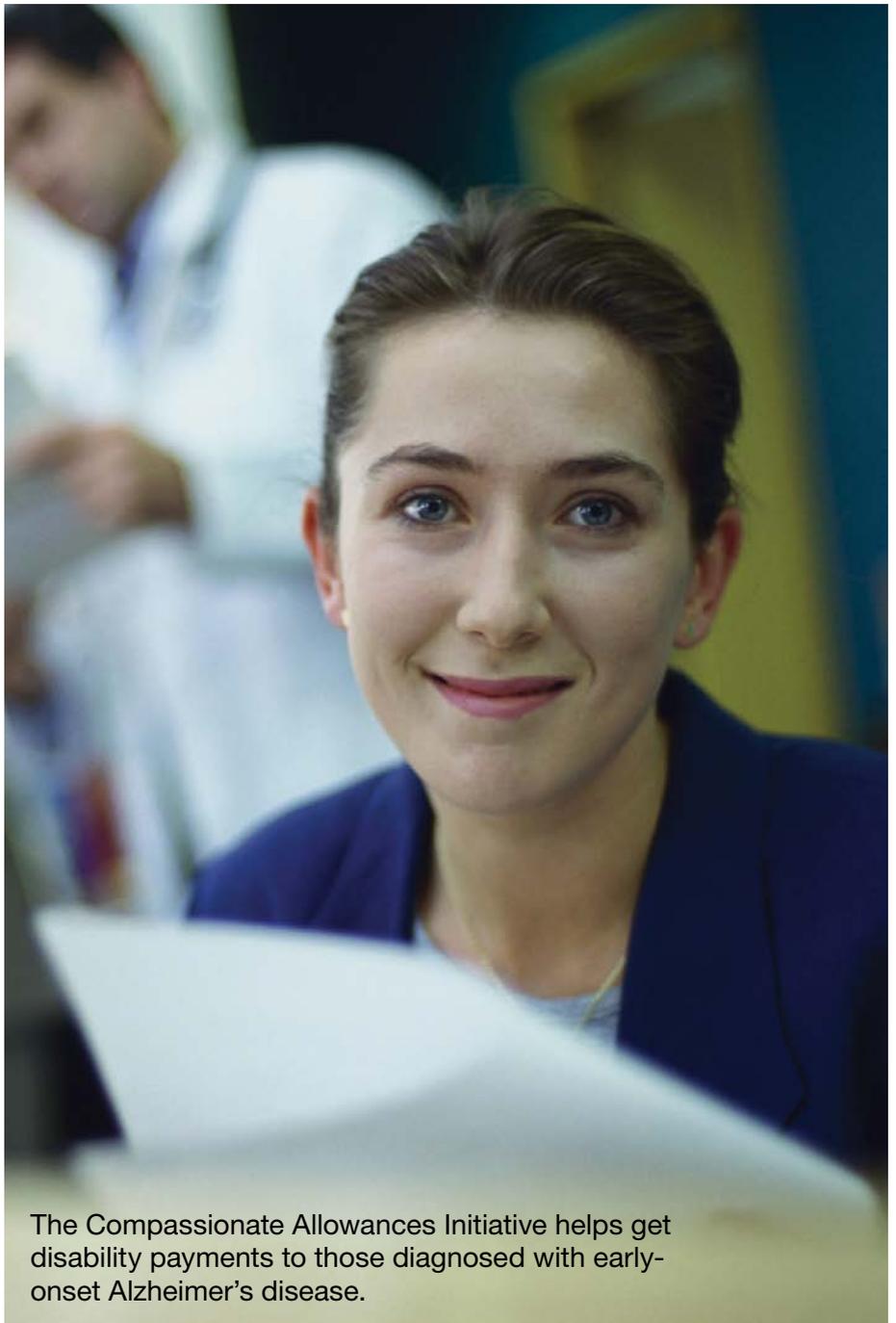
Only the elderly get it—or so most people think. But Alzheimer's disease can also hit people in their 30s, 40s and 50s. If you're under 65, it's referred to as early-onset (or younger-onset) Alzheimer's disease. It's bad enough when you're only 50 and can't work or properly care for your family because you've got Alzheimer's. Do you also have to struggle fighting for Social Security benefits?

Not anymore. On February 11, 2010, the Social Security Administration included, for the first time, early-onset Alzheimer's disease in its Compassionate Allowances Initiative. The computerized system helps get disability payments to people more quickly than ever.

Before the Compassionate Allowances Initiative, if you were diagnosed with early-onset Alzheimer's disease and you applied for disability, you may have battled Social Security's long-drawn-out decision process, disappointing denials and daunting appeals. For many, the process was a financial and emotional drain. "Now, if you're eligible, you can get approved for benefits in as little as 14 days, rather than months and years," says Dorothy J. Clark, Social Security spokesperson.

Recognizing the Need

The need for Social Security to speed things along got the Compassionate Allowances Initiative going in the first place. It was first introduced in October 2008. By then, Social Security had arrived at the Initiative's list of 50 medical conditions (25 rare diseases and 25 can-



The Compassionate Allowances Initiative helps get disability payments to those diagnosed with early-onset Alzheimer's disease.

cers) that were most likely to meet their current definition of disability. They came up with this list based on information they gathered at public outreach hearings, and from the Social Security and Disability Determination Service communities. They also turned to medical and scientific experts.

“Subsequent to launching the original 50 conditions, we expanded our focus to look at subgroups of much broader conditions,” says Clark. One of them was early-onset Alzheimer’s disease.

And for good reason. Most people with Alzheimer’s are 65 and older. But more and more people younger than that are also getting the disease. For many with Alzheimer’s, whatever the age, Social Security disability benefits make up their sole source of income. If only most people with this disease weren’t so afflicted, they would probably be able to hold down a job. But how can they? Often their memory is too impaired, sometimes even at the earliest stages.

Because Alzheimer’s typically first affects the part of the brain that deals with learning, if you have this disease, you may not be able to remember new information. Over time, as the disease marches through your brain, it leaves in its wake mental disorientation and behavior changes, confusion, suspicion about those who don’t deserve it, worsening memory loss and, eventually, trouble speaking and walking. While loved ones and health care providers may easily recognize the symptoms, people with early-onset Alzheimer’s disease might never know they’re sick.

This rapidly progressive and incapacitating disease “clearly deserved our consideration,” says Clark.

On July 29, 2009, Social Security held an all-day Compassionate Allowances Hearing on Early-Onset Alzheimer’s Disease and Related Dementias, in Chicago. Several of the country’s top Alzheimer researchers spoke, as did caregivers and those with the disease. Social Security decision-makers listened to them talk



More and more people younger than 65 are getting Alzheimer’s disease.

about the lack of a cure, or inefficient treatment to effectively help heal or halt the disease. They also heard about the mental limitations that prevent someone with early-onset Alzheimer’s disease to have a job and make money.

The Social Security Administration was convinced. On February 11, 2010, the agency announced the first expansion to the list of Compassionate Allowances since the Initiative’s launch. Thirty-eight severe medical conditions were added—from rare, childhood diseases to adult brain disorders, including early-onset Alzheimer’s disease. The list also included other, related dementias (Pick’s disease, Creutzfeldt-Jakob disease, mixed dementia and primary progressive aphasia).

Speeding the Process

The new addition brought relief for many with early-onset Alzheimer’s disease. The Compassionate Allowances Initiative has done its job well from the beginning. For starters, it’s built as a fast-track system. When you apply, the system

electronically identifies your disability, based on what you put in your application. Once Social Security labels your case as a Compassionate Allowances one, then the agency seeks out minimal—but sufficient—objective medical information.

The Compassionate Allowances Initiative also simplifies and streamlines your ride through the disability-claim process. The Initiative’s inclusion of early-onset Alzheimer’s disease expedites the processing of Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claims for applicants with this disease.

Of course, you still have to meet other SSDI and/or SSI criteria. For instance, if you have early-onset Alzheimer’s and also have been employed the required number of years, you’re entitled to receive monthly SSDI benefits (after a five-month waiting period). Depending upon your income and resources, you may receive SSI payments. Once qualified for SSI, the agency will give you the go ahead to get those badly needed benefits. Benefits you deserve.

Early-onset Alzheimer’s disease will eventually be joined by even more, equally serious illnesses in the Compassionate Allowances Initiative. Says Clark, “We are continuing to hold hearings and look for other diseases and conditions that can be added to our list.”

Social Security’s offering of financial assistance to those at such a difficult time of their lives will only help millions of people endure challenges that otherwise may have devastated them. Certainly, it’s the compassionate thing to do. ■

Bernard A. Krooks, J.D., CPA, LL.M (in taxation), CELA is past president and founding member of the N.Y. chapter of the National Academy of Elder Law Attorneys and a nationally known and widely quoted expert on elder law.

For more information, visit the firm’s website at www.littmankrooks.com.

Brain-Boosting Puzzles

“Use it or lose it.” The message is simple. If you don’t use your muscles, they will no longer be as effective as they should be. Of course, the brain is not a muscle; however, it has recently come to light that “mental workouts,” such as solving crosswords and other puzzles, can help ward off Alzheimer’s. In these pages, we offer a variety of different types of puzzles that will work out your various skills involving memory, deduction, and letter manipulation, and, we hope, also provide you with a ton of fun!

(Answers on page 37)

MATCH THESE

Can you match these American cities with their nicknames?

- | | |
|---------------------|-------------------------------------|
| 1. ___ New York | a. Big Easy |
| 2. ___ Boston | b. Big D |
| 3. ___ Chicago | c. Music City, U.S.A |
| 4. ___ Philadelphia | d. Mile High City |
| 5. ___ Dallas | e. Big Apple |
| 6. ___ Denver | f. Biggest Little City in the World |
| 7. ___ New Orleans | g. Rain City |
| 8. ___ Atlanta | h. City of Brotherly Love |
| 9. ___ Seattle | i. Beantown |
| 10. ___ Nashville | j. Motor City |
| 11. ___ Reno | k. Big Peach |
| 12. ___ Detroit | l. Windy City |

DROPLINE

Take the letters in the top half of each column below and distribute them in the blanks of the bottom half so that the letters spell out a humorous observation. The black squares are the spaces between words. One letter has been dropped in place to start you off.

L	S	C	D	W	N	U	E	E	T	W	S	R	D	D	O	Y	L
B	Y	N	S	E	S	C	M	V	H	H	O	D	F	W	N	A	T
E	E	I	I	H	C	O		E	R	E	Y		I	H	N		
K	O			T	H			A	E			S					
S																	

LEAPFROG

Here’s a list of famous playwrights. The letters of their names are in the correct order, but they overlap. All you have to do to find the names is separate the letters.

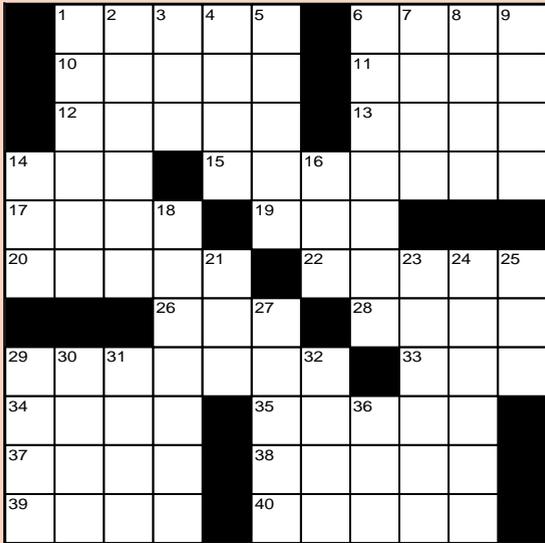
Example: SINMEOINL — NEIL SIMON

- | | |
|-----------------------|-------|
| 1. MARITHLURLER | _____ |
| 2. MADMAEVITD | _____ |
| 3. PHIANROTLE RD | _____ |
| 4. SWHAIKELSPLEIAARME | _____ |
| 5. BEBRTREOCLTHT | _____ |
| 6. WAUIGLUSSONT | _____ |
| 7. CHAENKTHOONV | _____ |
| 8. OENUEG IENLEL | _____ |
| 9. ALEDBEW EARD | _____ |

BRAIN-BOOSTING CROSSWORDS

(Answers on page 37)

We have provided two crosswords here to sharpen your puzzle skills. Start with the one on the left, which is the easier puzzle. In this one we have provided solving aids, such as the number of words in multi-word entries. The puzzle on the right is a medium-level puzzle and those solving aids are not provided. The second puzzle is also a thematic puzzle: the title "Make an Attempt" is a hint. Have fun testing your knowledge while doing something that's good for you!



Across

- 1. Porch glider
- 6. Clothes
- 10. Country legend Tucker
- 11. Flapjack chain (abbr.)
- 12. Kitchen tool
- 13. 1958 Leslie Caron movie
- 14. Ignited
- 15. Tropical cyclone
- 17. Conception
- 19. Tippler
- 20. Comic Milton
- 22. Leave alone (2 wds.)
- 26. Unearth
- 28. Astronaut Armstrong
- 29. More peaceful
- 33. Invite
- 34. Scandinavian first name
- 35. Brown bread
- 37. Pastel shade
- 38. Sheer
- 39. Blackthorn
- 40. Picture, for short

Down

- 1. Pace
- 2. Café worker
- 3. Business abbr.
- 4. Russian rejection
- 5. Cooper and Burghoff
- 6. Add tension
- 7. Akron's locale
- 8. ___ boots (hyph.)
- 9. Gyrate
- 14. Book borrowing spot (abbr.)
- 16. Warsaw's country (abbr.)
- 18. Pasta specification (2 wds.)
- 21. One, in Berlin
- 23. Chinaware service (2 wds.)
- 24. Small café
- 25. Antlered animal
- 27. Arise (2 wds.)
- 29. Concordes (abbr.)
- 30. Very wicked
- 31. Clinton AG Janet
- 32. Author Philip ("Goodbye, Columbus")
- 36. From ___ Z (2 wds.)

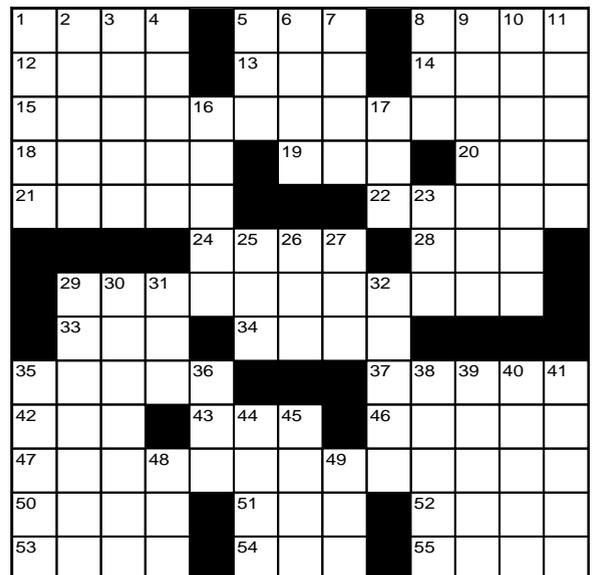
Make an Attempt

Across

- 1. Make eyes at
- 5. Yegg's haul
- 8. 1956 Peck role
- 12. Snowman's eyes
- 13. The sun, to an astronomer
- 14. Story
- 15. Song from "The Fantasticks"
- 18. Radiant
- 19. Type of internet connection: abbr.
- 20. Like certain verbs: abbr.
- 21. Singer Rimes
- 22. Daft
- 24. Diminishes
- 28. Forgetful actor's need
- 29. Avis's slogan
- 33. Insurance alternative: abbr.
- 34. "___, Brute!"
- 35. Dreaded note on a returned report
- 37. Big plans
- 42. 100 years: abbr.
- 43. Hybrid car buyer's concern: abbr.
- 46. Not o'er
- 47. Sophomoric effort?
- 50. Made a granny knot
- 51. Where to find Belg. and Bulg.
- 52. "You've Got ___"
- 53. Knight and Mack
- 54. Goddess: Lat.
- 55. Corset bone
- 23. Problem for TV's Monk: abbr.
- 25. "Later!"
- 26. Common food additive: abbr.
- 27. Held a session
- 29. Bicycle hotdogger's feat
- 30. Corrected a text
- 31. Suri's dad
- 32. Feeling regret
- 35. Actor Foley of "The Unit"

Down

- 1. In base eight
- 2. Have three desserts
- 3. Highlight of a Clapton concert
- 4. "Crocodile Rock" man John
- 5. Mideast land: abbr.
- 6. Unlike Wellesley
- 7. Shade sources
- 8. Quick \$\$ spot
- 9. Regular customer
- 10. Siren, e.g.
- 11. Fruit type
- 16. Proprietor
- 17. Days of yore, in days of yore
- 36. Comic Philips
- 38. Regards
- 39. "___ Joe's" (sandwich board slogan)
- 40. Central rooms in ancient Rome
- 41. With diffidence
- 44. Asked for mercy
- 45. Rickety chair fix
- 48. Fixed-term savings accounts
- 49. Gaslight, for one



BRAIN-BOOSTING PUZZLES

HIDDEN-MESSAGE WORD-FIND™

After you have located and circled in the diagram all of the words in the Word List below, read the leftover (unused) letters from left to right, line by line, to reveal an appropriate message written by Tom Stoppard.

You are looking for a 35-letter phrase.

ALARM CLOCK	GREENWICH	M	E	I	D	I	R	E	M	T	S	O	P	T	H
ANNO DOMINI	HOROLOGE	E	C	E	H	E	D	A	C	E	D	K	D	A	S
ANTE MERIDIEM	HOURLASS	I	A	D	N	O	C	E	S	Y	C	S	G	Y	O
ATOMIC CLOCK	HOURS	D	L	F	C	H	R	O	N	O	G	R	A	P	H
BELL	MINUTE	I	E	K	T	E	H	O	L	B	E	D	N	E	K
CALENDAR	PENDULUM	R	N	D	O	I	N	C	L	E	E	G	O	P	C
CENTURY	POST MERIDIEM	E	D	I	I	O	C	T	N	O	T	L	E	A	O
CHRONOGRAPH	QUARTZ	M	A	L	M	I	B	W	U	Q	G	N	L	E	L
DATEBOOK	SECOND	E	R	W	M	O	I	E	U	R	D	E	A	T	C
DAYS	SUNDIAL	T	A	O	T	C	D	A	T	U	Y	H	I	U	M
DECADE	TIME ZONE	N	T	C	H	H	R	O	L	A	A	O	D	N	R
EON		A	R	E	N	T	U	U	N	M	D	U	N	I	A
		E	N	O	Z	E	M	I	T	N	B	R	U	M	L
		E	R	E	H	O	U	R	G	L	A	S	S	D	A

SUDOKU

To complete the puzzle below, fill in the squares so that each digit 1 through 9 appears exactly once in each row, in each column, and in each enclosed nine-unit block.

6	4				3			
7					5	4		
				1	7	6		8
		4					8	3
	3						6	
9	6					5		
2		8	5	4				
		6	8					9
			3				5	1

•VISIT US AT KAPPAPUZZLES.COM•

PUZZLE ANSWERS

Match These

1e, 2i, 3l, 4h, 5b, 6d, 7a, 8k, 9g, 10c, 11f, 12j.

Dropline

Science has finally discovered why bees hum; they don't know the words.

Leapfrog

1. Arthur Miller; 2. David Mamet; 3. Harold Pinter; 4. William Shakespeare; 5. Bertolt Brecht; 6. August Wilson; 7. Anton Chekhov; 8. Eugene O'Neill; 9. Edward Albee.

Hidden Message

The days of the digital watch are numbered.

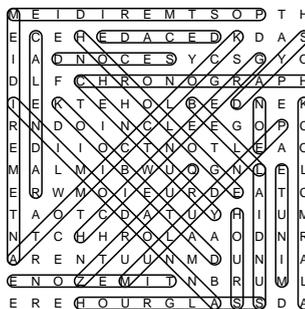
Crossword 1



Crossword 2



Word-Find



Sudoku

6	4	1	2	8	3	7	9	5
7	8	3	6	9	5	4	1	2
5	9	2	4	1	7	6	3	8
1	2	4	7	5	6	9	8	3
8	3	5	9	2	4	1	6	7
9	6	7	1	3	8	5	2	4
2	1	8	5	4	9	3	7	6
3	5	6	8	7	1	2	4	9
4	7	9	3	6	2	8	5	1

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(continued from page 9)

Safety First

An unfamiliar environment can increase an AD sufferer's propensity to wander. Have your loved one wear a lanyard with identification information or a medical identification bracelet in case you are separated.

NIH Seniors' Health suggests dressing the person in brightly colored clothes and placing identification labels where possible — on shoes, backpacks, eyeglasses, etc.

Carry a photograph of your loved one and have him or her carry a picture of you with your name and phone number written on it.

NIH Seniors' Health recommends packing necessities in a bag or waterproof container—change of clothes; shoes; spare eyeglasses; hearing-aid batteries; incontinence undergarments, wipes and lotions; a pillow, toy or

something else the person can hold onto; plastic storage bags to hold medications and documents such as copies of legal (i.e. power of attorney, passports), medical, insurance and Social Security information; your itinerary; emergency contacts; and your physician's name and phone number. If you are flying, carry these items with you rather than checking them.

Hold your loved one's hand at all times and arrange for a companion to accompany him or her when you aren't available.

Even though this is a vacation, you will be on the clock 24/7. If all of this is more than you can handle, look for a home care agency in the area to care for your loved one.

Finally, as difficult as this may sound, try to have a good time, keep your sense of humor, and keep in mind you and your family will cherish your time together. ■

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Since 1995, the Fisher Center Foundation, a 501(c)(3) nonprofit organization, has been providing hope and help to the public by funding research into the cause, care and cure of Alzheimer's disease, and creating much-needed educational programs. Over 5 million people currently suffer from Alzheimer's disease. The Fisher Center Foundation recognizes a need to increase awareness of the disease as well as educate the public on Alzheimer's research and patient care.

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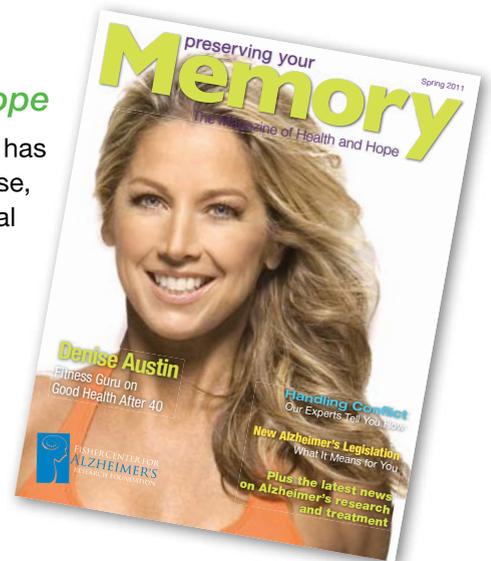
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Tips for caregivers, including: what you need to know for traveling with your loved one, what to ask an elder law attorney, the Clinical Stages of Alzheimer's disease, and more.



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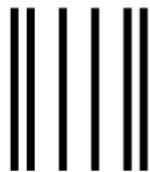


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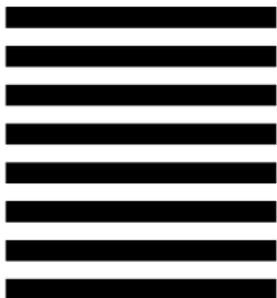
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Please help us increase awareness of the impact of Alzheimer's on patients, their families and their caregivers by taking a moment to fill out this brief survey:

- **Are you:** Male Female
(please circle one)
- **Are you:**
18-28 29-39 40-50 51-59 60-70 71+
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- **Do you know of someone with Alzheimer's disease?**
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