

preserving your

Winter 2012

Memory

The Magazine of Health and Hope

A Family Disease

Actor Victor Garber Talks About
His Family and Alzheimer's

Grief

Coming to Grips With
a Difficult Emotion

News from the Fisher Center

A Closer Look at One New
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**Plus the latest news
on Alzheimer's research
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Actor Victor Garber speaks out about the critical importance of Alzheimer's research, especially in light of his own experience with the disease.

preserving your Memory

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Time for Some Warmth



Betsey Odell

Winter is upon us, and we hope you have a warm place in which to enjoy this issue of *Preserving Your Memory*. We are thrilled to announce that the Fisher Center for Alzheimer's Research Foundation recently received a four-star charity rating from Charity Navigator. We are the only Alzheimer's charity to receive this highest rating.

Home safety is always a concern when a loved one with Alzheimer's lives at home. We cover some sound basics for keeping everyone safe (page 8). Grief is a difficult emotion that every caregiver and loved one of a person with Alzheimer's must face throughout the journey. We find out how to understand and deal with grief beginning on page 10.

The link between diabetes and Alzheimer's appears to be stronger than we previously thought. Find out more beginning on page 29. And discover the latest innovative research the Fisher Center for Alzheimer's Research Foundation is supporting on page 27.

In our cover story, actor Victor Garber (*Titanic, Alias*) talks about his family's battles with Alzheimer's and what that means to him (page 18).

We hope we can help you stay warm and informed in these chilly months!

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. The Fisher Center Foundation is the only Alzheimer's charity to receive a four-star charity rating from Charity Navigator. For more information or to make a donation, go to www.ALZinfo.org.

The Latest News on Alzheimer's Disease and Brain Health

Inhaled Insulin May Delay Alzheimer's

Spraying insulin deep into the nose might help keep Alzheimer's disease at bay in the early stages, according to the results of a small pilot study.

The study, published in the online *Archives of Neurology*, included 104 participants. University of Washington researchers gave one group a placebo, another 20 international units of aerosolized insulin per day, and a third group 40 IUs per day.

Over the course of the four-month study, the group receiving 20 IUs per day either showed slight improvement or remained the same when tested for memory and their ability to handle day-to-day activities. Those receiving the placebo got worse. Also, those receiving insulin showed greater use of glucose in their brains. This is important because as Alzheimer's disease progresses, the brain becomes less able to metabolize glucose and its metabolic rate declines.

To get the insulin into the brain, researchers used a special device produced by Kurve Technology that directs insulin deep into the nose, where it travels directly to the brain alongside the nerve that is responsible for smell.

Dr. Suzanne Craft, the study's principal investigator, cautioned against reading too much into such a small study, and said that Alzheimer's patients should not try to take insulin because of these results. Dr. Craft and her team are planning a larger study.

Drug Conflicts May Block Alzheimer's Medication

A new study reports that the primary drug for slowing the progress of Alzheimer's disease, known as cholinesterase inhibitors (such as Aricept), may be inhibited by other drugs that have anticholinergic properties. The study was published online in the Oct. 22 *Journal of the American Geriatrics Society*.

Researchers at the Group Health Research Institute in Seattle analyzed data from more than 5,600 patients who were age 50 and older. All patients had cholinesterase inhibitors prescribed to them for the first time between 2000 and 2007. Some 37 percent of these patients also took at least one anticholinergic drug, and 11 percent took two or more of these drugs.

"Anticholinergic properties are often found in drugs commonly used to treat gastrointestinal disorders, allergies, urinary incontinence, depression and Parkinson's disease, and they can have negative effects on cognition and function in the elderly. There's concern that if someone is taking both types of drugs—cholinesterase inhibitors and anticholinergic drugs—they will antagonize each other, and neither will work," said Denise Boudreau, study leader. However, patients should not stop taking medications without first speaking with their doctor.

New Shoe Technology May Help Track Wandering Patients

Wandering is a common problem among people with Alzheimer's disease.

It's estimated that between 60 and 70 percent of Alzheimer's patients will wander, often without warning, and become lost. As many as half of wandering patients who are not located within 24 hours may die from dehydration, exposure or injury.

But a new GPS-enabled shoe may help change all that. A collaboration between GTX Corporation of Los Angeles and the footwear company Aetrex, the walking shoe has a GPS device hidden in its heel.

"It's especially important for people in the earliest stages of Alzheimer's, who are at the highest risk," said Andrew Carle, director of the senior housing program at George Mason University, who provided guidance to GTX and Aetrex in the shoe's creation.

Here's how the shoe works. A family member of caregiver sets a "geo-fence" perimeter, within which their loved one can move freely. But if the loved one moves beyond the perimeter, Google Maps issues a warning that pops up on the caregiver's computer or smart phone to show where the loved one is. It even works if the loved one with Alzheimer's doesn't live with the family member; the police can be contacted to locate the loved one who's wandering.

The shoes offer an advantage over GPS-enabled bracelets or pendants, since shoes are much less likely to be removed by a wandering Alzheimer's patient who's typically concerned by unfamiliar items and may take them off.

Once available, the GPS shoes will cost \$299 per pair, and there will be a \$34.99 monthly monitoring fee as well.

Analysis of Blood Fats May Help Predict Alzheimer's Progression

Researchers at Johns Hopkins University reported that testing for levels of certain fats in the bloodstream may help predict the speed at which Alzheimer's disease progresses.

These findings may prove particularly helpful in determining treatment targets and provide important information to families. Alzheimer's disease progresses at different rates among people who have the disease, with one-third showing little decline in five years; another third declining at a moderate pace; and the remaining patients declining quickly.

Researchers looked at data from 120 probable Alzheimer's patients at the Alzheimer's Disease and Memory Disorders Center at Baylor College of Medicine in Texas. Over the course of two years, they measured levels of various fats in the bloodstream of study participants while conducting cognitive assessments. They found that higher levels of plasma sphingomyelins and lower levels of ceramides indicated a slower progression of dementia in Alzheimer's disease.

Researchers cautioned that more studies are needed to assess the reliability of the blood fat test. "We're confident there's a relationship between these lipids and Alzheimer's disease progression, but the work is not yet ready to be used clinically," said Michelle Mielke, adjunct assistant professor of psychiatry at the Johns Hopkins University School of Medicine.

Seven Ways to Reduce Your Alzheimer's Risk

A new report from researchers at the University of California, San Francisco, and published online in *The Lancet Neurology* indicates that making seven key lifestyle changes (such



Testing for levels of certain fats in the bloodstream may help predict the speed at which Alzheimer's disease progresses.

as quitting smoking or getting more exercise) can potentially lower the risk of Alzheimer's in some people.

A large body of research suggests that these risk factors may play a role in the onset of the disease. Their findings:

- 1. Diabetes:** Diabetes and Alzheimer's disease have increasingly been linked in research (see the story in this issue, page 29), and more than 10 percent of older Americans have diabetes. Managing diabetes effectively is especially important as people age.
- 2. High blood pressure:** Research points to a link between heart health and brain health, as well. Hyperten-

sion (high blood pressure) in middle age has been linked to an increased risk for Alzheimer's and other forms of dementia in old age. Getting treated for hypertension might reduce the risk for cognitive problems later in life.

- 3. Obesity:** Midlife obesity has been linked to an increased risk of Alzheimer's in older age, as many studies have shown.
- 4. Depression:** A history of depression doubles the risk of dementia, as research indicates. Treating depression effectively may improve cognitive function in the elderly.
- 5. Being sedentary:** Research has also shown a connection between physical inactivity and an increased risk of Alzheimer's. Seniors who begin an exercise program have shown improvement in thinking skills. In the United States, lack of exercise remains the most important risk factor.
- 6. Smoking:** According to recent studies, smoking increases the risk for Alzheimer's. Quitting, on the other hand, lowers the risk of developing the disease.
- 7. Low education levels and lack of mental stimulation:** Evidence points to a lack of formal education as a risk factor for Alzheimer's. And continued mental stimulation may help lower risk.

Researchers found that these seven risk factors may contribute to up to half of the more than 33 million Alzheimer's disease cases worldwide. ■

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

Safe at Home

One of the most important decisions you'll make regarding a loved one with Alzheimer's is whether to keep him or her at home and for how long. Many people in the early stages of Alzheimer's are perfectly capable of living at home. But as the disease progresses, that could change.

In fact, many people with Alzheimer's typically prefer to remain at home, says Anne Morris, EdD, an occupational therapist and owner of Morris Eldercare Consulting in Springfield, Va. "Because of the person's cognitive losses, the old familiar environment is still the one they know the best," says Morris, a certified aging-in-place specialist.

If you do decide to take care of your loved one at home, it's essential to create a safe environment. According to Morris, the goal is to maximize a person's safety, so that he can continue to get around the house while the caregiver remains vigilant to changes in the person's capabilities. "My mother had Alzheimer's, and we let her remain in her bedroom on the second floor in the beginning," she says. "But when the disease progressed, we created a bedroom for her on the first floor."

Safety Strategies

While no two people will experience Alzheimer's in the same way, many of the strategies for keeping the home safe are the same. Here's what you can do to create a low-risk environment for your loved one:

Eliminate Falling Hazards

Even people who don't have Alzheimer's will experience changes in vision, agility and balance as they age. But

getting rid of hazards that may cause falls is critical for someone with Alzheimer's.

Remove throw rugs (or add adhesives to the bottom), electric cords and clutter from the floor and stairs. Add nonskid adhesive strips on shower and bathtub floors. Install grab bars in showers and tubs. Place decals on glass doors and large windows at eye level. Mark the edges of stairs with brightly colored tape.

It's also essential to keep the home well-lit, especially in rooms that your loved one uses often. Place nightlights in the bedroom and bathroom in case they awaken at night. Install lights along outdoor walkways.

Deter Wandering

Approximately 60 to 70 percent of people with Alzheimer's will experience wandering, which can be very dangerous. If wandering is a problem, try installing locks above or below the person's reach. Stick large murals of bookshelves or other images on doors that camouflage it, so the person won't see the exit. If possible, secure the yard with fencing and a locked gate.

Keep it Simple

As memory declines, many people with Alzheimer's become more easily confused. Keep the interior environment simple and uncluttered.

During the holidays for instance, it's best to resist the urge to move furniture around to accommodate decorations. In fact, it may be best to limit your decorating. "Moving furniture can be very confusing," Morris says. "If the environment looks really different, it can be very confusing for that person."

Lock Up or Remove Hazardous Items

Certain objects and chemicals may be best kept behind locked doors, when the time comes. Potentially hazardous objects include medications, power tools, cleaning products, weapons, alcoholic beverages and poisonous chemicals. Even junk drawers filled with small innocent objects and bowls of plastic fruit can become dangerous if someone with Alzheimer's thinks they are edible things. Remove these items if necessary, or lock up the drawer. Sometimes installing childproof cabinet latches are all that's necessary.

Safe to the Touch

People with Alzheimer's are vulnerable to burns and injuries. Sometimes, they forget how to use everyday appliances. To keep them safe, unplug all appliances when they're not in use. Place signs on the appliances such as the oven, coffee maker, toaster, crock-pot, and iron, that say **DO NOT TOUCH** or **STOP! VERY HOT**. Ideally, they should not be allowed to use appliances without supervision or assistance.

It might also help to color-code separate water faucet handles, with red for hot and blue for cold. To prevent burns and scalding, set hot water heaters at 120 degrees Fahrenheit. Remove furniture and other objects with sharp corners.

Throughout the House

Keep a key outside the house in case the person locks himself out though this is not likely to happen since the



Taking some precautions can help keep a loved one with Alzheimer's safe in the home.

Alzheimer's person should not be allowed out without a caregiver. Place emergency numbers and the home address near all phones. Check fire alarms and carbon monoxide detectors frequently. Use answering machines to pick up phone calls, and lower the volume on ringers to reduce confusion.

And make sure to stay vigilant about your loved one's changing behaviors and needs as the disease progresses. "People need to relook at the situation and ask, 'Where are we now? What's best for our loved one? What's best for our family?'" Morris says. "Every family needs to make these decisions." ■

LOSS

The relationship between dementia and grief is a complicated one.

“The risk of love is loss, and the price of loss is grief. But the pain of grief is only a shadow when compared with the pain of never risking love.”

—Hilary Stanton Zunin

Elisabeth Kübler-Ross brought the subject of grief into the mainstream with the 1969 publication of her book, *On Death and Dying*. More than four decades later, Kübler-Ross’ five stages of grief (denial, anger, bargaining, depression, acceptance) are still used by many people as a way to categorize the complexity of loss.

However, contemporary grief experts say there’s much more to the story—especially when the grieving swirls around memory loss.

“The Kübler-Ross model was an interesting idea 40 years ago, but we now rely more on what we call the ‘dual process model’—where a grieving person tries to live life in the new reality while at the same time coping with a sense of loss,” explains Dr. Kenneth Doka, professor at the College of New Rochelle, senior consultant to the Hospice Foundation of America and author of several books, including *Living with Grief: Alzheimer’s Disease*.

“Grief is not about death, but about loss,” he says. “And every grief is unique.” So the resulting range of emotions varies greatly, not just from person to person but even in the same person at different times.

Memory Loss Changes Everything

The multi-faceted grief experience is even more complicated for individuals coping with Alzheimer’s disease (AD) or other forms of dementia, since there are elements of loss that occur prior to the physical passing.

In *A Loving Approach to Dementia Care: Making Meaningful Connections with the Person Who Has Alzheimer’s Disease or Other Dementia or Memory Loss*, author Laura Wayman addresses the way caregivers and loved ones can feel bombarded with grief from the earliest stages of AD. She writes, “If grief is the conflicting feelings caused by the end of or change in a familiar pattern of behavior, then any changes in relationships with people, places, or events can cause the feelings we call grief. If you are caring for someone with dementia, you are continually losing pieces of your loved one.”

Dr. Pauline Boss agrees. A clinical psychologist based in St. Paul, Minnesota, Dr. Boss is the author of the books *Ambiguous Loss: Learning to Live with Unresolved Grief* and the recently published *Loving Someone Who Has Dementia: How to Find Hope While Coping With Stress and Grief*. She insists that loved ones of AD patients experience the definitive form of ambiguous loss: the type of loss that cannot be clarified or verified.

“When someone is struggling with memory loss, the person hasn’t died but is drastically changed from who they used to be,” she says. “The caregiver is living with somebody who is here but not here; who is legally the person they used to know and love but psychologically no longer that person.” The ambiguity of caring for a living, breathing person while grieving the loss of that person’s former self can be overwhelming and confusing.

Making matters worse, she says, is the lack of ritual surrounding the passing of memory. “When there’s a death in the family, it’s verified with a death certificate and ritualized depending on culture and religion,” Boss notes. “With memory loss, you don’t have that. There are no sympathy cards, no rituals to support the people who are still here.” So-called “survivors” are left alone in their grief because the person they’re grieving is still with them.

“Caring for a person with Alzheimer’s disease is often a series of grief experiences as you watch memories disappear and skills erode. Initially, this process can go unnoticed until difficulties impact more areas of daily life and the disease can no longer be denied. For both caretakers and their loved ones, this often produces an emotional wallop of confusion, anger and sadness. If left unchecked, these feelings can last throughout a caregiver’s long journey.”

Phases That Come and Go

Because the nature of grief is different for loved ones of AD sufferers, it arrives in stages and appears long before the person’s death. Like all patterns of grieving, there is no one sequence or chronology. However, there are three phases that many caregivers experience along the way:

Emerging grief. This form of grief might appear in the early stages of the disease, perhaps even prior to any official diagnosis. Loved ones who are noticing subtle variations in behavior can experience sadness, confusion and other emotions upon realizing that incremental changes are taking place. Dr. Ross points out that this is one of the most ambiguous stops along grief's journey, as the loss is unclear and ill-defined.

Anticipatory grief. In this phase, caregivers grieve in the face of the disease and brace for what's to come. Dr. Doka notes that anticipatory grief can be profound with dementia cases. "Loved ones grieve shared memories, shared lives, the loss of what the patients can no longer do, the changing nature of their personalities," he says. "People experience multiple losses along the way."

Acute grief. The final stage of grief can begin in the final phase of the patient's life, which can be agonizing for loved ones to witness. Then, once death occurs, new iterations of grief can take hold. Some caregivers even experience guilt at this step, questioning their own conflicted feelings of sadness and relief that the "long goodbye" is finally over.

Sufferers Also Suffer

It's important to remember that individuals suffering from dementia are also grieving the loss of their former selves. In the early stages of their disease, they are aware that their cognitive function is changing. The fear and anxiety they experience are forms of anticipatory grief, explains Dr. Doka. As things progress, they often display signs of uneasiness. Caregivers and family members should be sensitive to the fact that everyone touched by memory loss experiences grief.

In his moving collection of essays written after his own diagnosis, *Alzheimer's from the Inside Out*, AD patient Richard Taylor offers a first-hand perspective on memory loss. In this excerpt, he addresses the subject of grief:

What living with the disease means to me ... is having to die twice in front of my family. First comes the death of who I am, and second is the death of who I will become. It means having to become an almost helpless observer of the deterioration of my relationships with loved ones. It means not remembering what I said, what I meant, and what you said or meant. I have moved from forgetful to confused to bewildered; I am floating between and within the three states, and I don't know why or how or when it is going to change.

Tips for healthy grieving

There is no right or wrong way to grieve. Just as each person's life is unique, each person's path through grief will be individualized. In the face of dementia, the process tends to be longer and more complicated, as it begins well before death. Do whatever works for you at every step along the way.

Honor each small passing.

Dr. Boss recommends creating a ritual to say goodbye when another part of an AD patient is gone. "Consider having a small ceremony with friends or family each time something new disappears—such as the ability to talk or walk or eat—as a way of formalizing that passing," she says. "Light a candle, plant a flower or send a paper crane out to sea."

Acknowledge your grief.

Dr. Doka cautions against denying such intense emotions. "Grief is okay. It's normal. It's natural to have it," he says. "Grief can be very complex and very stressful." The first step in coping with it is acknowledging it, whether you're in the early or later stages of the experience.

Dismiss the myth of closure.

The grieving process never truly ends, although it becomes less intense with time. Don't pressure yourself with the expectation that you'll reach a point of complete acceptance of your loved one's passing. Just do what you can to address your changing emotional needs as you go through your personal stages of grief so that you can live more comfortably with the loss.

Seek support.

Support can come in many forms and can offer a multitude of advantages to people dealing with loss. Wherever you are in your caregiving and grieving journey, make sure you get the help you need to lighten the emotional and physical load. Individual therapy and support groups can provide an invaluable source of empathy when you need it most. Visit ALZTalk.org for online support.

Nurture yourself.

Caregivers need care, even when their caregiving days are behind them. Be kind to yourself, take good care of your own health and surround yourself with friends and family. Dr. Boss counsels grieving people to do what she calls "both and." You *both* remember your loved one *and* you move forward with your life. ■

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.**

Making the Connection

A new report highlights what cultural and arts organizations can do to reach out to older Americans and immigrants in ways that build community.

No matter what our age or background, the arts and culture in general have a way of bringing us together. Now a new report from the Partners for Livable Communities, funded by MetLife Foundation, is putting the spotlight on what is being done, and can be done, to more effectively reach two key populations in the United States: immigrants and older Americans. The title says it perfectly: *Culture Connects All*.

Why these two populations? The first wave of 78 million baby boomers turn 65 this year, heralding a surge in the population of older Americans that will transform our nation's demographics. Indeed, by 2030, one in every five Americans will be 65 or older. The immigrant population is growing at least as rapidly. Between 1990 and 2007, the number of foreign-born people in the U.S. nearly doubled—from 19.8 million to 37.9 million. That trend will only continue, and the two trends will converge. The fastest growing segment of the immigrant population is those 55 and older.

For a variety of reasons, these trends present challenges for cultural organizations. But they're not insurmountable challenges—not by any means, as *Culture Connects All* makes clear. Indeed, one of the report's key features is a series of best-practices snapshots of community organizations that are succeeding at reaching these two important populations.

Partnering for Positive Change

Partners for Livable Communities is a Washington, D.C.-based nonprofit organization that helps community arts and cultural institutions reach out to the communities they serve. "Arts and culture can serve the community in more ways than people realize," says Penny Cuff, vice president

of programs for Partners for Livable Communities. "Arts and culture includes everything from libraries and museums to parks and farmer's markets. [Partners for Livable Communities helps] organize cultural institutions to help them reach out more to older adults, or we work with stakeholders—mayors, city planners, city councils—to see if all this is on their radar screen."

Partners completed the report over the course of a year's work. The purpose of the report was "to test a hypothesis that more could be done within arts and cultural institutions to reach out to older Americans in the community, as well as immigrants," says Cuff. "The report provides the validation that this is an important role for institutions that want to undertake this role."

The "Top 10 List"

The need for this outreach is vital and is only going to become more so, as demographic trends clearly indicate. The report's first section scans the successes of the arts and cultural organizations that were interviewed to come up with 10 recommendations that can be implemented anywhere. These recommendations are:

1. **Develop an asset-based model.** Identify a community's assets, and then take into account its needs.
2. **Step outside the walls.** Meet audiences and community partners on their own turf by conducting programming in relevant, central spaces.
3. **Understand the community and its residents.** Listen to what members of the community have to say, and then respond with relevant programming.

Culture Connects All

Rethinking Audiences in Times
of Demographic Change

Partners for Livable Communities
Funded by **MetLife Foundation**



4. Build trust, relationships and partnerships.

Be prepared to give as well as receive from key community partners, including especially those who may be presently underserved, such as immigrants and older community members.

5. Develop intentional and inclusive programming.

Ensure that programming is relevant to people's lives; is of high quality and convenient to access; connects to identity in terms of race, ethnicity, religion and cultural heritage; and allows for participation and interactivity.

6. Value audiences and volunteers. See both groups as key assets to the organization's core mission, and tailor programs to stimulate a greater rapport with audiences.

7. Eliminate barriers. Help audiences connect with programs by removing any impediments to getting information out and participating.

8. Develop marketing strategies that build on relationships.

Nurture culturally relevant communications that rely on established relationships in the community.

9. Assess the organization from the inside. Re-examine the mission, if necessary, and ensure that the entire staff is on board with the goal of reaching these communities.

10. Be a leader and good model—collaborate outside the arts and cultural organization. Have conversations and build relationships with other groups and organizations that serve the intended populations.

Much of this boils down to outreach in every way. "Our theory is that if they do, it will open up new doors to them—new partnerships, new sources of funding, new audiences," says Cuff. "It's a win-win situation if they do."

But it has to be in a meaningful way, and has to be in line with what those constituencies want and need. Often it's a matter of walking outside the front door and getting to know the neighbors, then being a good neighbor."

Culture Connects All offers real-world examples of these very principles in its pages. See the sidebars for a few of these paradigms of connecting with older community members.

Everyone Can Benefit

While *Culture Connects All* focuses on what major metropolitan areas are doing to reach older and immigrant communities, there's plenty for smaller communities to learn and take away from these examples. "Size doesn't matter, but how you do it does. For instance, a smaller rural community may have a problem with access, but all things are possible, and it's a matter of putting your mind to it and making it happen," says Cuff. "In Boulder, Colorado, they use school buses when not in use by schools to take older adults to cultural events. People who work in these institutions can think creatively in this manner."

For the arts and cultural organizations themselves, there are benefits as well. Connecting with these audiences means "new sources of funding, new partnerships, more connections in the community and a stronger place at the stakeholder table," Cuff says. "It's about building their audience base, too."

Overcoming Barriers

There are, of course, barriers to engaging older members of the community. Some are isolated by a lack of mobility or a health condition, while others may simply lack the connections to help them get out. But there are ways around the barriers, Cuff says. "Institutions can engage older adults where they go, or find out how to reach out, as they did in Boulder with school buses that weren't in use at the time. Each person has a companion who goes with them and helps them along the way, to accompany them to these programs," Cuff explains. "And both tickets are free, and they're filling seats that would otherwise go empty. And that's just one way that you can reach older adults."

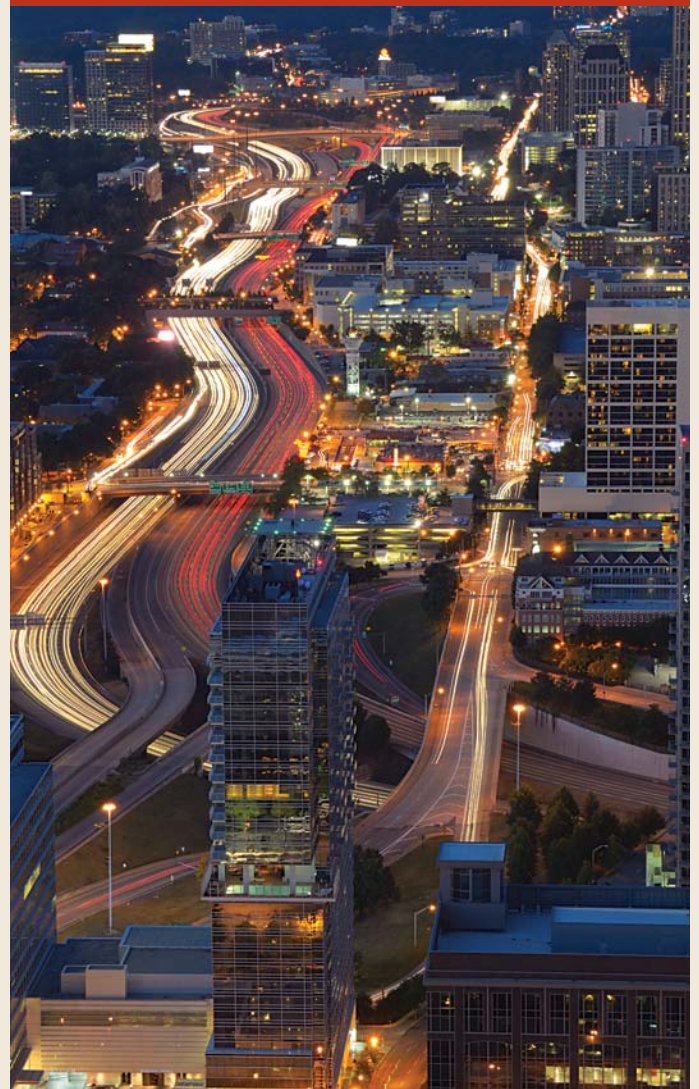
Sometimes, outreach means going where the community already is. "In Philadelphia," Cuff says, "the Philadelphia Corporation on Aging (which focuses primarily on vulnerable older adults) has established community gardens around senior centers so people can make connections with their neighbors, take an interest in what's going on in their community, and even enjoy the vegetables together."

Ultimately, community engagement and outreach is a win-win for all concerned. And that's a good thing, since we're all in this together. ■

Atlanta: A Theatre for Everyone

Founded by Broadway veteran Kenny Leon, Atlanta's True Colors Theatre serves the African American community through its facility at the Southwest Arts Center. To serve the older adults in the community, the Theatre's director of community relations, Curtis King, created a directory of all community-based organizations serving residents 65 and older and through the directory, built lasting relationships with senior centers and faith-based organizations.

The Theatre also enhanced its programming to attract older adults in the community. For instance, the Theatre added a weekday matinee to its schedule, which it routinely sells out to students and older adults alike. King also serves as liaison to the community at large, creating a constant presence in relationship to other organizations serving seniors in the community.



Chicago: In Step With Mature Women

Founded in 1995 by dancers Kevin Iega Jeff and Gary Abbott, Deeply Rooted Dance Theatre offers what Jeff calls “world class art from a grassroots perspective.” Among the dance company’s many offerings for the community is Mature H.O.T. Women, a dance class for active older adults.

Launched in January 2007, the program is conducted in four eight-week sessions every year in evening classes. The core participants are 45 to 75 years old, and more than 100 women have participated since the program began. Participants in the program also have the opportunity to perform at the end of each session, with each other and even in other programs and with the professional ensemble.

Deeply Rooted is currently considering replicating the program elsewhere, as a partner group has expressed interest.



New York City: Artistic Outreach

The Museum of Modern Art (MOMA) in New York City is a world-renowned institution that attracts art lovers from all over the world. When the museum saw a need to reach out to older New Yorkers, it created Meet Me at MOMA, a special program for people with Alzheimer’s disease, as well as their caregivers and family members, to experience the full range of the museum’s displays in a quiet environment. (The program operates when the museum is closed to the public.)

Meet Me at MOMA grew out of a series of pilot programs conducted under the auspices of the museum’s Alzheimer’s Project, which sought to engage people with Alzheimer’s in dynamic, meaningful ways. It was originally funded by MetLife Foundation.

The program has been a rousing success. Many family members have remarked at the wonder of seeing their loved ones with Alzheimer’s suddenly come out of their shell when they experience the works of art.

A Family Disease



Learning to Live with Alzheimer's

Actor Victor Garber lost both parents to Alzheimer's disease, and his passion for advocacy has only grown stronger.

When Canadian-born actor Victor Garber speaks out about Alzheimer's disease, he has a clear and simple message: "We need to find a cure."

The ravaging disease has touched his family twice, as Garber lost both of his parents to the illness. Whenever he is able to do so, Garber lends his celebrity voice to raise awareness of the disease and money for Alzheimer's research.

"Research and funding are important," Garber says. "People have to lobby to their congressmen and senators for money for Alzheimer's research because it's an epidemic that's getting worse. It's important for people to understand just how much we have to band together to eradicate this disease."

A Stellar, Versatile Career

The four-time Tony Award nominee has enjoyed a distinguished and varied career that includes Broadway, film and television roles. He is perhaps best known in recent years for his portrayal of Jack Bristow, father to Jennifer Garner's lead character Sydney Bristow, on the ABC spy series *Alias*, which ran from 2001 to 2006. Garber earned three Emmy nominations for the role. Additionally, the Bristow character was ranked 24th in *TV Guide's* 2004 list of the "50 Greatest TV Dads of All Time."

Garber's current projects include a co-starring role in the Ben Affleck-directed movie, *Argo*, about the Iran hostage crisis drama in 1979 in which he portrays Kenneth Taylor, then the Canadian ambassador to Iran. The movie centers on a little-known incident in which Taylor gave refuge to the six American hostages and helped devise a plan to smuggle them to freedom. The movie is scheduled for release in September 2012.

A native of London, Ontario, Garber debuted on-stage at London's Grand Theatre at the age of 10, following in the



footsteps of his mother, Hope, who was a singer, actor and host of the Canadian show, *At Home with Hope Garber*.

"I always liked to make people laugh, and I wasn't really comfortable with myself, so I would take on other characters," Garber says. "It was kind of a cliché, classic actor's syndrome, but that was the beginning of everything, and I knew that's what I'd always do."

At 15, Garber joined the University of Toronto's Hart House acting group. The next year, he moved to

Toronto, forming the folk band The Sugar Shoppe, with Peter Mann, Laurie Hood and Lee Harris. The group performed on *The Ed Sullivan Show* and *The Tonight Show with Johnny Carson* before disbanding.

Garber credits both of his parents as being supportive of his decision to become a professional actor. His mother, having had her own taste of celebrity in Ontario, was particularly enthusiastic. Though his father, Joseph, was more hesitant about the career choice, Garber recalls with a laugh, “He always sent me a check when I was living on my own in Toronto, so the financial support was sometimes more important anyway.”

The financial support paid off, as Garber has accumulated a long list of roles to his credit. In the 1970s, Garber was cast as Jesus in a Toronto production of the off-Broadway musical *Godspell*. A year later, he was cast in the same role for the musical film version of the show, directed by David Greene. He has appeared in numerous Canadian and American films, including James Cameron’s *Titanic* in which he played ship builder

Thomas Andrews. Other movie roles include *Sleepless in Seattle*, *The First Wives Club*, *Legally Blonde*, *Annie* and *Tuck Everlasting*.

A leading player in Broadway productions over the past three decades, Garber was nominated for Tony awards for his roles in *Deathtrap*, *Little Me*, *Damn Yankees* and *Lend Me a Tenor*. Other stage credits include roles in Yasmina Reza’s French comedy play *Art* (one of his favorites) with Alfred Molina and Alan Alda, and Stephen Sondheim’s musical *Wise Guys* (which was later renamed *Bounce*). Garber played billionaire Oliver “Daddy” Warbucks in ABC’s 1999 remake of the Broadway musical *Annie*. He played co-starring roles in numerous television shows, including the short-lived Fox legal drama *Justice* (2006) and ABC’s *Eli Stone* (2008-2009).

“I’ve had a very varied career, which is what I’ve enjoyed most about it,” Garber says. “I’ve been able to do lots of different kinds of roles in musical theater, drama and comedy.”



When Alzheimer's Strikes

For all of the roles Garber has played during the past four decades, perhaps the most challenging was that of a devoted son watching his parents suffer from a mercilessly debilitating illness. The overwhelming effects of Alzheimer's disease were heartbreaking for Garber, his brother and sister. Watching a loved one's mental and physical state deteriorate is tragic, he says.

"It's a devastation to a family," says Garber. "It's not just a single person's disease—it's a family disease, and it affects everyone in various ways."

In addition to displaying the classic symptoms of confusion and forgetfulness, both of Garber's parents gradually gave up doing the things they loved. His father, for example, lost interest in socializing with friends and stopped playing golf.

"When he gave up golf, that's when I knew something was terribly wrong," says Garber, whose father died in the 1990s. "It was his love, but he could no longer function in that social environment."

Though Garber wasn't the primary caregiver for either of his parents, Garber and his mom were both living in Los Angeles in the early 2000s, before her death from the disease in 2005. It was during those years that Garber was starring in *Alias*, a role that allowed him to pay for his mother's stay in Belmont Village, a senior living center in Los Angeles.

Though the facility housed an Alzheimer's unit, Garber had placed his mother in the assisted living division, where she maintained a measure of independence despite her illness. That decision to put her in skilled care, he says, mitigated the stress of having a loved one with Alzheimer's disease and eased the pressure of caregiving.

"I don't know how people do it who don't have the financial resources to [put their loved one in a skilled facility]," says Garber, emphasizing that the support he received from the *Alias* co-stars and crew was vital for helping him get through the ordeal of watching his mother suffer from Alzheimer's. "Living at home with an Alzheimer's patient, it's beyond stressful and it takes its toll on everyone."

Garber also hired a caregiver who became his mother's constant companion, staying with her five days a week,

eight hours each day for about five years. The caregiver, who took Mrs. Garber on regular outings—to lunch, to the movies or to get her hair and nails done—also brought her often to visit Garber on the set of *Alias*. It was the perfect excursion for the former actress. Garber believes that keeping his mother involved in some of the activities she enjoyed was an important part of sustaining her quality of life even as the disease took its toll.

"One of the most important things is to have an Alzheimer's patient occupied with social interaction and with things they like to do," notes Garber, who visited his mother almost every day and took her out for brunch every Sunday. "My mother loved to have her hair and nails done so that was something we kept going as long as we could until it just wouldn't work anymore."

For Garber, watching his parents deteriorate physically and mentally, often wondering what they were thinking and how much they understood, was a helpless feeling.

"It's like watching someone in pain," Garber says. "It's all difficult. Obviously, the worst thing is when they're not sure who you are when you walk into the room. That's devastating."

Though the experience of living with Alzheimer's disease brought Garber and his siblings closer together in their common bond to ease their parents' suffering, Garber acknowledges that the illness can tear families apart and adversely affect the health of caregivers. His advice to families affected by Alzheimer's is to enlist support, through professional counseling, community resources or informal networks of friends and family members.

"I would say get help," Garber says. "You have to reach out and talk to people about it and hear other people's stories because it's a very scary and unpredictable disease. I'm lucky that I have a family, and I have the resources to augment the caregiving. What most caregivers—spouses or children—don't realize is that ultimately, they will have to be cautious of getting ill because the stress becomes unbearable. Learning to take care of yourself is just as important as taking care of the person who's suffering." ■

“It’s a devastation to a family. It’s not just a single person’s disease—it’s a family disease, and it affects everyone in various ways.”

Yoga, Without Leaving Your Seat

An enterprising yoga teacher has developed a new adaptation of yoga that almost anyone can do.

More than 5000 years ago, a few wise Indian hermits began the practice of yoga as a means to achieving harmony for mind, body and spirit. Yet, for all its longevity in the world, many find that eventually their bodies can no longer continue the exercises that usually require a full range of movement and the ability to hold your own weight. Chair yoga moves these deep breathing and stretching exercises to the seated position so that anyone can enjoy its benefits—whether you have limited mobility or you're just confined to your desk at work. We spoke with Edeltraud Rohnfeld, author of *Chair Yoga: Seated Exercises for Health and Well Being*, to learn more.

Preserving Your Memory: You began teaching classic yoga in 1991. How and when did you start exploring chair yoga?

Edeltraud Rohnfeld: After finishing my yoga education, I got to know Erika Hammerstroem who had been teaching yoga since the 1960s. During the '80s, many of her students after years and years could no longer do yoga on the mat. So, she thought, why not do it on the chair? She created a variety of seated exercises, and her chair yoga courses became very successful. Eventually, she trained me to take over her classes. I had experience working with handicapped people, and I had always wanted to do something for those who cannot carry out classic yoga. It felt very good to give this to them.

Yoga benefits the mind, body and spirit.



PYM: What are the physical benefits of chair yoga?

ER: It has the same benefits as classic yoga. Everything gets moved from the toes to the head. Yoga strengthens the

immune system, improves the energy flow, improves blood flow, and stretches and strengthens your muscles. It lifts your mood and helps people cope with negative emotions like fear and pain. Yoga has amazing emotional benefits.

PYM: How do older people benefit from chair yoga?

ER: My book contains nearly 90 exercises of varying difficulty. For those who have never done any sports, it's perfect. You start with very easy exercises, and then begin to increase difficulty. There is very little chance of any kind of injury. I recommend practicing yoga twice a week for at least 20 minutes in order to see a benefit.

If your movement is severely restricted, you can even perform the exercises in your mind and find that the breathing and physical awareness has a benefit. *Chair Yoga* includes exercises that improve mental clarity and focus on relaxation, something that Alzheimer's patients especially need because of the anxiety that comes with the disease.

PYM: You have a section on yoga breathing. How would you advise someone who is new to yoga to practice their breathing?

ER: The average human never really learns to breathe properly. In yoga, conscious breathing is called *pranayama*. The word is derived from Sanskrit and means "control of the breath." It's a new type of breathing for the body. Older people should take it slowly.

Start by keeping the window open or doing yoga in open air. Begin breathing into the lower abdomen, and then into the middle and upper abdomen. Start with 3 minutes of breathing and slowly build it up. If you do it properly and frequently, you will find that your mind gets clearer.

PYM: What results have you seen with your elderly yoga students?

ER: My elderly participants say they sleep better and experience less pain. I saw that their anxieties were reduced and trembling improved.

I had one student who was 77 years old when she came to my group. In her

first class, she fainted due to a medical condition that restricted oxygen flow to the brain. So, I focused on exercises to help her circulation, breathing exercises, a bicycling exercise, and exercises that focused on the neck and the head. Over time, there was a visible improvement. She became more lively, more with it, more present. She's 93
(continued on page 38)

Yoga Starter Kit

Yoga practice begins with the feet and works its way up the body. Throughout each exercise, let your breath flow.

Rocking on the soles of the feet

Alternate raising the toes and then the heels of both feet five to ten times. This stimulates circulation to the feet and calves.

Bending the legs

Sit on the front of your chair. Stretch out your right leg, link both hands behind the right knee, straighten your back and inhale. As you exhale, slowly bend your right knee and let your head sink towards it, touching your nose to your knee if you can.

Inhale as you sit up straight and stretch out your leg again. Exhale as you bend your knee again and drop your head. Repeat this one more time, and then place your foot on the floor. Notice how it feels, and then repeat the exercise with the other leg.

Half spinal twist

If you have hip joint replacements, don't cross your legs during this exercise. Just keep your legs parallel.

Slide slightly forward on your chair and sit upright. Cross your right leg over the left, and place your left hand on the outside of your right knee. Place the back of your right hand across your lower back.

Keeping your upper body straight, twist to the right as far as your body allows as you exhale. Stay in the position for three to six breaths.

As you inhale, slowly turn back to center. Lower your right leg, and lean forward and let go of everything before you repeat the exercise on the opposite side.

Turning the head slowly

Sit back comfortably in your chair. As you inhale, turn your head slowly toward your right shoulder, and as you exhale, turn your head slowly toward your left shoulder. Repeat three times, and then turn your head back to center.

Let your head drop gently towards the back of your neck (your lips can be slightly open). As you exhale, drop your head gently forward. Repeat three times and then turn your head back to center and consciously feel the front and back of your neck.

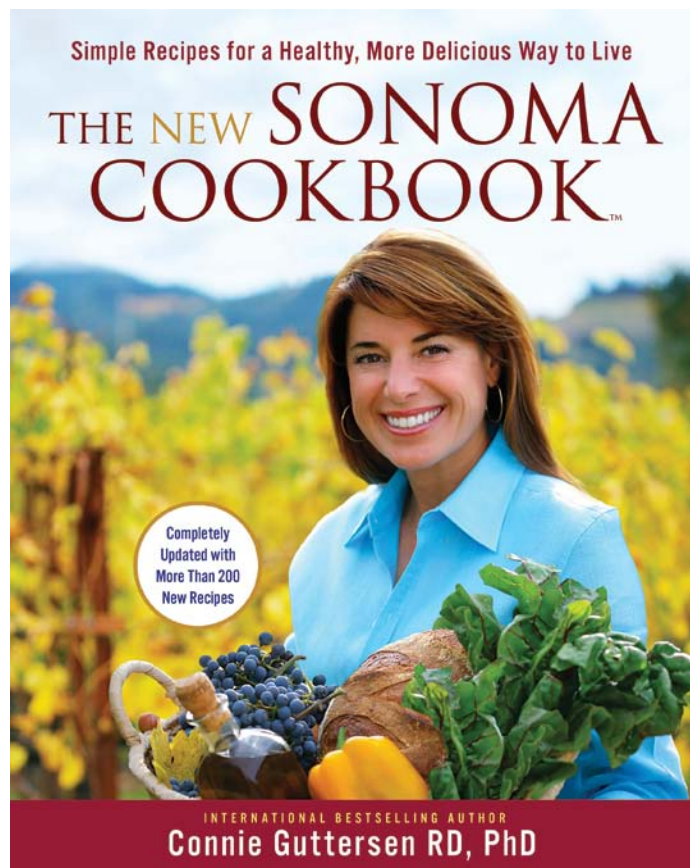
Healthy Eating, Sonoma Style

The Sonoma Diet offers a healthy, delicious way to keep diseases like diabetes and possibly Alzheimer's at bay.

You just had your annual check-up, and your doctor diagnosed you with obesity and pre-diabetes. Your prescription is to eat healthier and lose weight. But what does that mean for you? Mediocre low-calorie frozen entrees? Carrot and celery sticks with unappetizing low-fat dips? Well, you could go in those directions. Or, you could try a dietary lifestyle that provides you with meals that are both nutritious *and* delicious. Believe it or not, one exists.

Several years ago, dietitian and culinary expert Connie Guttersen, RD, PhD, developed a diet that drew from the rich, flavorful ingredients that defined the California wine country. She called it "The Sonoma Diet." This year, she has made an important update to her signature cuisine: the addition of a weighted glycemic index to each recipe.

"I think a lot of people like the idea of eating healthy—or maybe they really need to—but when it doesn't taste good, they go back to how they were eating before," says Dr. Guttersen. "The premise of The Sonoma Diet is to make healthy eating a lifestyle, and not so much a diet you go on for a short



Newly updated, *The New Sonoma Cookbook* now offers a weighted glycemic index with each recipe.

amount of time then quit. Sticking to healthy foods is much easier when they are practical and delicious. It means more success in the end."

The Sonoma Diet, Defined

The Sonoma Diet was born out of Northern California, a region similar to the Mediterranean in that it has a bounty of farmland, long growing sea-

sons, local seafood, a variety of citrus fruits and lots of vineyards.

"It has Mediterranean, Asian and Latin American influences, but it really is based on what we have here in the Sonoma region," explains Dr. Guttersen. "We're known for wholesome, vibrant ingredients; relying on spices and herbs (rather than heavy creams and fats) for flavor; and a wide, flexible range of ingredients. It's very light and healthy. And the beauty of it is that the recipes are simple and the ingredients can be found anywhere."

Key components of The Sonoma Diet are whole grains, lean meats—such as chicken, fish or lean beef—and vegetables. Any vegetable will do, but green ones are best, says Dr. Guttersen. Healthy fats, such as olive oil, nuts and seeds are also used frequently in

Sonoma dishes.

Another thing that separates Sonoma cuisine from the rest of the culinary pack is the inclusion of wine with every dinner. "There are two ways this benefits you," says Dr. Guttersen. "First of all, having a glass of wine with your meal gets you to sit down and really enjoy and savor your food. Secondly, the wine offers

health benefits that may help protect you from a variety of illnesses, including heart disease.”

Studies have indicated that wine consumption in moderation, such as a glass with dinner each night, does have the potential to help prevent a number of diseases.

A Sonoma Cooking Tip

The more acidic a food is, the lower its glycemic level. So ingredients like vinegar and citrus are useful when preparing foods. Dr. Connie Guttersen, author of *The New Sonoma Cookbook*, says that one way of achieving this is to make your salad dressing vinaigrettes one-part oil to one-part vinegar rather than the traditional three-parts oil to one-part vinegar.

Building Your Plate

Now that you know what The Sonoma Diet entails, you're probably pretty eager to try it out. If so, you can start with the recipes Dr. Guttersen has provided for this article. You can also check out her cookbook, *The New Sonoma Cookbook*, for more dishes. The Sonoma Diet, however, isn't just about cooking and preparing recipes, it's about choosing the right portions and best ingredients. Dr. Guttersen says that a few simple guidelines will help you eat Sonoma-style anywhere you are—whether it's in a restaurant or at a friend's house. The two main concepts you need to remember are “smart plate” and “power foods.”

Smart Plate: The Sonoma Diet doesn't have a complicated formula for you to learn. To ensure you're eating the right portions, all you have to do is visualize your meal on the plate.

“Get a 9-inch plate, which is the traditional entrée size—not a big platter-like plate—and make sure that 50 percent of it is made up of vegetables, 30 percent lean protein and the remaining 20 percent should be whole grains,” explains Dr. Guttersen. “That way, when you look at your plate, it's already in the right balance. It automatically adds portion control and the smartest balance of foods to your meal.”

Power Foods: Another way to make sure you're in tune with The Sonoma Diet is to stock your kitchen with 12 power foods that are at the diet's core. “Once you start using these foods, you can't go wrong,” says Dr. Guttersen. “You can combine them in different ways. And when you combine these really healthy foods, it creates a dream-team effect for your diet. It's a really smart way of eating.”

The 12 power foods for The Sonoma Diet are:

- Almonds
- Beans
- Bell Peppers
- Blueberries
- Broccoli
- Citrus
- Grapes
- Extra-Virgin Olive Oil
- Spinach
- Strawberries
- Tomatoes
- Whole Grains

You'll find that many of these foods may also have Alzheimer's-fighting potential. For example, studies have shown that the flavonoids in berries and the omega-3s in olive oil may help preserve memory.

The Low-Down on Low-Glycemic Foods

As mentioned earlier, an important new component of The Sonoma Diet

is the addition of a weighted glycemic index to each recipe in the new cookbook. This change is important on several levels. For starters, eating low-glycemic foods is a great way to lose weight. Another benefit is that it helps regulate your blood sugar, which can make you feel better and reduce your diabetes risk. And with studies now showing that diabetes could be linked to Alzheimer's disease, a low-glycemic diet may also be a brain-friendly way of eating.

“Foods that will keep your blood sugar at an optimal level can decrease

Glycemic Levels

Low Glycemic Index: 55 or less

Medium Glycemic Index: 56-69

High Glycemic Index: 70 or higher

your risk for pre-diabetes; improve your symptoms if you have diabetes; cut down on inflammation, which may help lower your Alzheimer's risk; reduce obesity around your stomach; and decrease your risk of metabolic syndrome, which is related to heart disease,” claims Dr. Guttersen. “We've known for a long time that processed foods—especially white breads and grains, and sugary foods—have a very high glycemic effect, which means they can cause your blood sugar to rapidly rise and fall. That's not healthy and it doesn't make you feel good.

“So with a low-glycemic approach, it's kind of an umbrella for reducing a lot of different risk factors,” continues Dr. Guttersen. “When a recipe has a low glycemic number, it will help you keep your blood sugar at an optimal level, and it will do it in a flavorful, delicious way that you won't want to abandon.” ■

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Sonoma Pasta Salad with Green Beans and Sun-Dried Tomatoes

Start to Finish: 35 minutes, Yield: 4 servings

Ingredients

4 quarts water
 1 Tbsp kosher salt
 12 ounces fresh green beans
 or 3 cups frozen whole green beans
 8 ounces dried multigrain penne
 1 Tbsp extra-virgin olive oil
 3 large red and/or yellow bell peppers, seeded and
 cut into bite-size strips
 1 Tbsp bottled minced garlic
 ¼ cup oil-packed sun-dried tomatoes, drained and
 cut into ¼-inch-thick slices
 2 Tbsp fresh basil, flat leaf parsley and/or oregano,
 chopped
 3 Tbsp balsamic vinegar
 Kosher salt
 Freshly ground black pepper
 2 ounces fresh mozzarella cheese, cut up
 Fresh basil leaves (optional)

Directions

1. If using fresh green beans: Bring 2 quarts of water to a boil in a saucepan. Add 1 Tbsp salt; then add fresh green beans. Cook for 4 to 5 minutes or until crisp-tender. Drain beans; place immediately in ice water to stop the cooking process. Once cool, drain well and set aside.
2. In a large Dutch oven, combine 2 quarts water and 1 Tbsp kosher salt; bring to boiling. Add pasta. Cook according to pasta package directions, adding frozen green beans (if using) for the last 2 minutes of cooking time. Drain, reserving 1 cup of the cooking water.
3. Meanwhile, in a large skillet heat olive oil over medium-high heat. Add pepper strips; cook for 5 minutes, stirring occasionally. Add garlic; cook for 30 seconds more. Add sun-dried tomatoes, basil and the drained green beans and pasta. Cook, tossing frequently, until heated through. Stir in balsamic vinegar and enough of the reserved pasta liquid to moisten pasta to desired consistency. Season to taste with additional kosher salt and black pepper. Top with cheese. If desired, garnish with fresh basil.

Wine Suggestion: Zinfandel

Nutrition Facts per Serving: 385 calories, 13 g protein, 10 g total fat (2.5 g saturated fat), 60 g carbohydrate, 10 g fiber, 11 mg cholesterol, 290 mg sodium, **29 weighted glycemic index**



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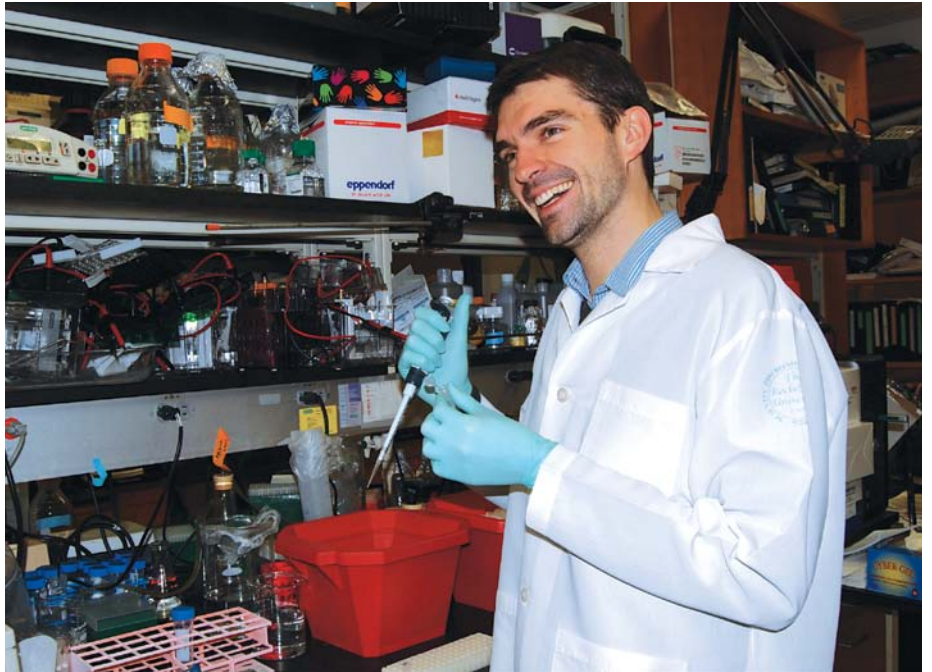
New Direction in Alzheimer's Research

In the laboratory of Nobel laureate Dr. Paul Greengard, a team of researchers is looking into a new direction in research into the nature of Alzheimer's disease. *Preserving Your Memory* talked to Jean-Pierre Roussarie, Ph.D., postdoctoral associate at the Fisher Center for Alzheimer's Disease Research Laboratory, about the work they're doing now.

Preserving Your Memory: Please tell me about the research you're currently doing in Dr. Greengard's lab. What is the nature of the research? What are you targeting?

Jean-Pierre Roussarie: Some regions of the brain are very clearly more vulnerable than others to Alzheimer's disease. In these regions neurons are starting to malfunction and then die at very early stages. Later on during the course of the disease, neuron death becomes more widespread across the brain. From one patient to another, neurons from the same region—namely the hippocampal formation, the region involved in new memory formation—die, and this is a very reproducible process. This is why the disease is so circumscribed to problems in forming new memories at the beginning. Until now, it's been a mystery why these neurons are so vulnerable while others are not affected until very late stages of the disease. So we want to understand what these cells have in particular that makes them so sensitive.

What we're doing is this: The lab set up a new technology to isolate material from any given neuron of the animal model and analyze in a very comprehensive way all the proteins that are present in these cells. We are applying this technology to Alzheimer's disease to isolate material from the Alzheimer's disease vulnerable cells and from more resistant cells. By comparing the pro-



Jean-Pierre Roussarie, Ph.D., postdoctoral associate at the Fisher Center for Alzheimer's Disease Research Laboratory.

teins present in either vulnerable or resistant cells, we can try and pinpoint what makes a cell vulnerable or resistant to the disease.

PYM: What results have you discovered thus far from your research, or what do you expect to find?

JPR: It is a very, very long project. In order to apply this technology, which is very new (the lab invented and published it 3 years ago), we need to set up tools beforehand. For each brain region that we want to analyze, we need

to “construct” a specialized animal model that we are going to isolate material from. I've been working in the lab for a few years, and we are really just starting to collect results. We soon expect to be able to compare vulnerable and resistant neurons, and to look for differences between these neurons. A protein that is present in all vulnerable neurons but not in resistant neurons might be a protein that makes neurons more vulnerable, and trying to counter its effect might be a very promising therapeutic avenue. On the contrary, a protein present in all resistant cells but not so much in vulnerable cells, might

Dr. Roussarie's team is exploring a promising new direction in Alzheimer's research.



protect resistant cells against the pathology. Trying to potentiate its effect in vulnerable cells might prevent them from dying. The general idea is thus to try to find a way to make a vulnerable cell more resistant.

PYM: What impact might your work have on Alzheimer's diagnosis or treatment in the future?

JPR: Since the failure of clinical trials that were carrying a lot of hopes in the field, like the Semagacestat trial, the Alzheimer's disease researchers are looking for new directions. Ours is definitely a very new direction. People haven't looked so much at why the disease affects just one region of the brain, just because no technique was available

“People haven't looked so much at why the disease affects just one region of the brain, just because no technique was available to do so in a very precise manner.”

—Jean-Pierre Roussarie, Ph.D.

to do so in a very precise manner. Neurons are very different from one region to the next, and it's important to focus on the particularities of these neurons that are the key actors of the disease.

We hope to find ways of treating these vulnerable cells, to prevent them from dying. If we can make a vulnerable cell more resistant by correcting what makes it vulnerable,

we can imagine intervening in Alzheimer's disease patients at early stages of the disease to prevent vulnerable cells from dying in their brain.

PYM: What directions can you see your work taking in the future?

JPR: The whole beauty of the project is to be able to not make any hypothesis. Science has long been about making a hypothesis about a disease mechanism and trying to prove it with experiments. We are analyzing the differences between vulnerable and resistant cells in a very comprehensive manner. So we don't have to hypothesize. Our results will tell us in what direction to go. So it is very hard to predict what directions it will take. ■

The Diabetes- Alzheimer's Connection

The link between diabetes and Alzheimer's disease may be even stronger than we previously knew, according to newly published research.

It's well-known that poorly controlled diabetes can harm vision, kidney function and cardiovascular health. A recent study supports previous findings that diabetes can be a factor in the onset of Alzheimer's disease as well.

The study, conducted in Japan and published in the journal *Neurology*, followed 1,017 men and women age 60 and older from 1998 to 2003. When the research began, no one in the group had dementia or Alzheimer's disease, but 458 had diabetes or pre-diabetes (blood sugar levels that are higher than normal but not high enough to be diagnosed as diabetes).

Over the next 11 years, 27 percent of the study's participants with diabetes developed some form of dementia—including Alzheimer's disease—compared to 20 percent of those without diabetes. Those with diabetes had a 35 percent increased risk of developing dementia or Alzheimer's.

Significant Study

Several previous studies suggested a link between diabetes and Alzheimer's, but the Japanese study is more significant. "Because the new study observed a large group of people over a long period of time, it's more definitive than previous studies," says Sam Gandy, M.D., Ph.D., Professor of Alzheimer's Research and Associate Director of the Mount Sinai Alzheimer's Disease Research Center in New York City.



Diabetes may be a factor in the development of Alzheimer's disease.

Dr. Gandy completed his postdoctoral training at the Fisher Center for Alzheimer's Disease Laboratory in The Rockefeller University, where he assisted Dr. Paul Greengard, 2000 Laureate of the Nobel Prize in Physiology or Medicine.

"There is evidence converging from several directions about the connection between diabetes and Alzheimer's and until we understand the mechanism that links them, it will be hard to say that any particular study is the final word. This one, however, certainly strengthens the case that diabetes can be a factor in Alzheimer's."

An important previous study conducted in Sweden in 2009 focused on Swedish twins. Because the twins were genetically similar, the researchers could focus not on

genetics but on the differences in the twins' lifestyles. In the study, published in the journal *Diabetes*, the research team led by Margaret Gatz, Ph.D., professor of psychology at the University of Southern California, revealed the connection between diabetes and Alzheimer's.

"In our study with Swedish twins, we found that the twin who develops dementia is more likely to have a history of diabetes compared to the twin who does not develop dementia," says Dr. Gatz. "It's important to note that in our study, we found that diabetes with onset in midlife increases the risk of Alzheimer's more than diabetes with onset in late life."

Plaque Causes Damage

Because diabetes causes damaging plaque to form in blood vessels, it has been a long-held but unproven belief that the disease puts people at risk for vascular dementia, a cognitive decline caused by a reduced flow of blood to the brain.

In addition to reduced blood flow, plaque causes damage to the blood vessels in the brain themselves. "Plaque from diabetes can cause deterioration of the molecular structure of the blood vessels, which prevents the nerve cells in the brain from working appropriately," says Dr. Spyros Mezitis, M.D., Ph.D., attending endocrinologist and clinical investigator at Lenox Hill Hospital in New York City. "This is one of the ways that diabetes directly affects the brain and becomes a factor in the development of Alzheimer's disease."

Previous clinical studies have shown that, to some extent, the formation of plaque is controlled by insulin. Certain cells in the body—fat and muscle cells, for example—need insulin to absorb blood sugar. With insulin resistance, cells become less effective at utilizing insulin and lowering blood sugar, leaving too much of it in the bloodstream.

"If your body doesn't respond to insulin—and that is the situation with someone who has type 2 diabetes—it affects the body's ability to use glucose, and that excess glucose in the system increases the chance of plaque buildup occurring in the brain," says Dr. Gandy.

According to Dr. Gandy, a person's tendency to be insulin-resistant can be traced to a particular gene. Research that his team at Mount Sinai Hospital conducted last year showed that when that gene is defective, it can cause both diabetes and Alzheimer's. The research revealed that the key thing that both diseases share is insulin resistance.

According to another study, delivering insulin to the brain through a special inhaler seems to slow the progression of Alzheimer's disease. "It's true that the clinical trial showed that insulin did help cognitive function in people with Alzheimer's," says Dr. Gandy, "and there are a lot of medicines that work in our laboratory models of Alzheimer's, but the challenge is to figure out how best to use them in people. We're also exploring

how to move from treatment to prevention. We're trying to find out if there is a way that we can look for Alzheimer's in mid-life the same way we look for certain types of cancer."

The U.S. Food and Drug Administration (FDA) has approved two types of medications that help with the memory loss, confusion and problems with reasoning that are the troubling hallmarks of Alzheimer's disease. While current medications can't stop the damage that Alzheimer's causes to brain cells, they may lessen or stabilize symptoms for a limited time by affecting chemicals that transmit messages among the brain's nerve cells.

Reducing Your Risk

If you're a senior with diabetes, what's the best course of action to reduce your chances of getting Alzheimer's?

Control Your Diabetes. "For seniors who have diabetes, controlling cholesterol and blood pressure, maintaining a normal weight, and having a consistent exercise regimen seem to help reduce the risk of Alzheimer's disease," says Dr. Gandy. "Seniors with diabetes should make sure that they have all of these things under control."

Work with your doctor to detect the first signs of diabetes or pre-diabetes. Have your blood sugar, weight, blood pressure and cholesterol checked regularly. Even if you develop pre-diabetes or diabetes, keeping track of your condition and taking steps to treat it could help prevent Alzheimer's disease. Researchers at Columbia University found that keeping blood sugar levels in check can lessen or possibly stave off even normal age-related cognitive decline in those who have diabetes and those who do not.

Consult with a Neurologist. If you're having memory problems, be sure to discuss with your primary care doctor or endocrinologist the connection between diabetes and Alzheimer's. Ask for a referral to a neurologist for evaluation. "The research is still new," says Dr. Mezitis, "but since studies have made us more aware of the association between diabetes and Alzheimer's disease, more physicians are referring their older patients who have diabetes to neurologists when they start to have issues with memory loss."

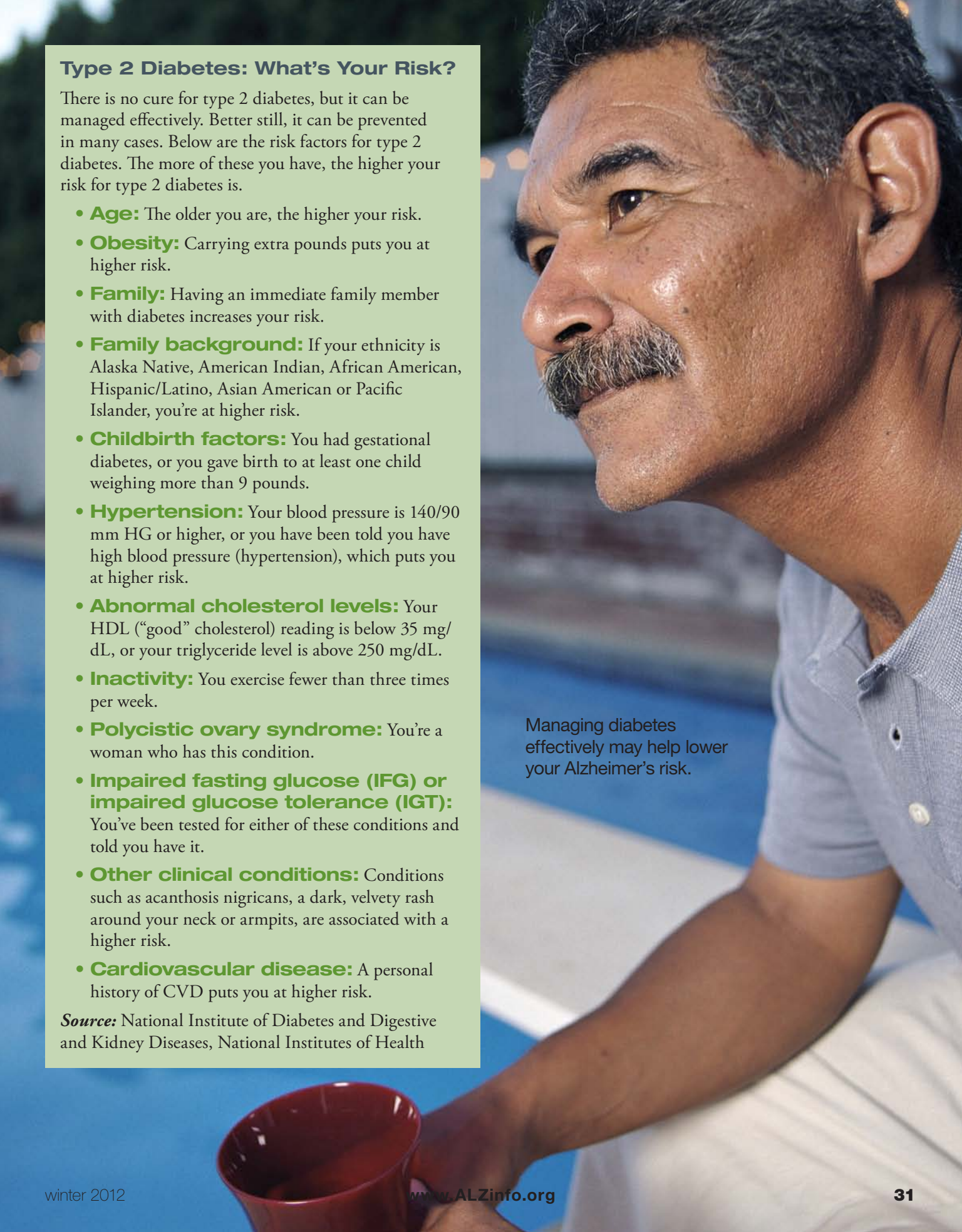
Fight for Funding. Dr. Gandy recommends that seniors take a course of action that has nothing to do with diet, exercise or regular visits to their doctor: "One thing limiting Alzheimer's research is the economy and the appropriation of funds from the National Institutes of Health, which funds most of this research. I would advise seniors to let their Congresspeople know that they'd like to see more funding go to Alzheimer's research so we can defeat the disease." ■

Type 2 Diabetes: What's Your Risk?

There is no cure for type 2 diabetes, but it can be managed effectively. Better still, it can be prevented in many cases. Below are the risk factors for type 2 diabetes. The more of these you have, the higher your risk for type 2 diabetes is.

- **Age:** The older you are, the higher your risk.
- **Obesity:** Carrying extra pounds puts you at higher risk.
- **Family:** Having an immediate family member with diabetes increases your risk.
- **Family background:** If your ethnicity is Alaska Native, American Indian, African American, Hispanic/Latino, Asian American or Pacific Islander, you're at higher risk.
- **Childbirth factors:** You had gestational diabetes, or you gave birth to at least one child weighing more than 9 pounds.
- **Hypertension:** Your blood pressure is 140/90 mm HG or higher, or you have been told you have high blood pressure (hypertension), which puts you at higher risk.
- **Abnormal cholesterol levels:** Your HDL ("good" cholesterol) reading is below 35 mg/dL, or your triglyceride level is above 250 mg/dL.
- **Inactivity:** You exercise fewer than three times per week.
- **Polycystic ovary syndrome:** You're a woman who has this condition.
- **Impaired fasting glucose (IFG) or impaired glucose tolerance (IGT):** You've been tested for either of these conditions and told you have it.
- **Other clinical conditions:** Conditions such as acanthosis nigricans, a dark, velvety rash around your neck or armpits, are associated with a higher risk.
- **Cardiovascular disease:** A personal history of CVD puts you at higher risk.

Source: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health



Managing diabetes effectively may help lower your Alzheimer's risk.

Under One Roof

It can be complicated when generations merge households.

Thanks to a subdued economy and aging demographics, the number of multi-generational households is swelling. Unemployment and home foreclosures are driving adult children back home at the same time that an aging population is finding it convenient to share a roof and responsibilities with “the kids.”

But reestablishing former living patterns can be tricky, especially when a loved one has Alzheimer’s disease. Fueled by dormant family dynamics, financial and legal issues can explode. What if there are multiple siblings but only one will live with the parents? Who will make important health and financial decisions as Mom or Dad become increasingly frail? Will the “onsite” sibling reap an inheritance windfall?

The field of elder law, which began to take formal shape in the ’80s, takes a holistic approach to solving the practical challenges that accompany aging and disability. Elder law attorneys must understand real estate, tax statutes, estate planning, Medicare and Medicaid, as well as other social service law, in order to tackle problems that affect the fabric of family life.

Each situation is unique, but here are some common issues to consider when two or more adult generations consider merging their households:

Paying for Renovations

Ramps, bathroom alterations or even an additional wing may be needed to retrofit an adult child’s home to a senior’s lifestyle. Depending on the stage



Unique challenges face multi-generational households.

to which Alzheimer's disease has progressed, the required renovations may be substantial. Who will pay? Depending upon the desired goal, the investment in renovations can be shaped to benefit the homeowner, elderly parents, or siblings as a group. As a result, careful consideration must be given to the tax consequences of such renovations.

Reestablishing former living patterns can be tricky, especially when a loved one has Alzheimer's disease.

Ongoing Living Expenses

It often makes sense for the "incoming residents" to pay a fair market value in rent. This can assuage sibling concerns or be a method for seniors to "spend down" assets to qualify for Medicaid in the event that such public benefits are someday necessary to fund long-term care. Medicare does not cover long-term care for people with Alzheimer's disease. Thus, many seniors, especially those with Alzheimer's disease, are left with no choice other than to qualify for Medicaid or risk losing their entire savings to pay for the catastrophic cost of long-term care. It may also make sense for parents to set up certain trusts that can be used to hold and manage assets. These trusts can obviate the need for complex court proceedings and facilitate eligibility for Medicaid.

Who Gets the House?

While much emotion may attach to the fate of a childhood home, there may be very different levels of interest in actually living there. Still, each sibling will want his fair share of the proceeds. Estates can be structured so that a resident sibling can remain while other heirs are financially remunerated. This can be especially important where one sibling becomes the primary caregiver for

a parent with Alzheimer's disease. If this issue is not discussed in advance, chaos may follow after the parent passes away.

Health Care Proxy and Power of Attorney

Being onsite doesn't necessarily mean that an individual is best equipped for the responsibility of making medical, legal and financial decisions for a parent who has become incapacitated. Naming agents to assume these responsibilities is a deeply personal decision and candid family discussions should be held in order to explain the logic upon which it is based. Without a valid advance medical and financial directive, family members will not legally be permitted to make medical and financial decisions on behalf of someone who is incapacitated. In order to gain such authority, family members will have to go to court in a legal guardianship or conservatorship proceeding. This process can be cumbersome and expensive. Someone with Alzheimer's disease may be able to sign advance directives, depending on the stage to which the disease has progressed. If that is the case, it should be done sooner rather than later.

Long-Term Care

Living with an adult child can be an attractive alternative to paying the high costs of institutionalized long-term care—which can approach \$200,000 annually in some major metropolitan areas. (Nationwide, the average is approximately \$90,000). There are ways to fairly remunerate such a caregiver, but family dynamics and tax issues should always be considered. Our government-financed health insurance system discriminates based on the type of illness you have. If you require short-term rehabilitation, then Medicare will cover you. However, if you have a chronic illness such as Alzheimer's disease, Medicare will not pay for long-term care (e.g. nursing or

caregiver). You will be forced to pay out-of-pocket unless you purchased adequate long-term care insurance while you were healthy (although certain medical expenses will still be covered by Medicare). Alternatively, careful Medicaid planning, under the guidance of a certified elder law attorney can protect the family home and other assets for a spouse who continues to live "in the community," as well as for the heirs, and Medicaid might pay for some part of long-term care.

Navigating the Elder Care Maze

Planning for elder care can be daunting for loved ones whose every decision is likely to be colored by deep emotion. Family meetings are important, because without clear communication, misconceptions can thrive and tension can build. In our practice, we find that as parents begin planning for incapacity or death, issues that have been lurking in the background for years may emerge. Siblings may voice objections about the appointment of a guardian or a financial tactic when, in reality, they are reacting to perceptions and family dynamics dating from childhood. Understanding and agreeing to the logic upon which various courses of action are based can enable family members to move beyond their personal concerns and act as a unit.

When the generations decide to cohabit, it can usher in years of intimacy that will build enduring memories. But without careful planning, those same years can prove unintentionally chaotic. It pays to be clear-eyed about practical considerations in order to avoid painful, long-remembered conflict. ■

Bernard A. Krooks is managing partner of the law firm Littman Krooks LLP (www.littmankrooks.com). A certified elder law attorney, he is a past president of the National Academy of Elder Law Attorneys and past president of the Special Needs Alliance.

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 identify these words that rhyme with “say” by matching them to their definitions?

- | | |
|------------------|------------------------------|
| 1. ___ Café | a. Ornamental needlework |
| 2. ___ Cliché | b. Serve-yourself meal style |
| 3. ___ Beret | c. Free-for-all |
| 4. ___ Matinée | d. Game played with mallets |
| 5. ___ Ricochet | e. Layered dessert |
| 6. ___ Melee | f. Brimless cap |
| 7. ___ Gourmet | g. Rebound |
| 8. ___ Buffet | h. Sidewalk eatery |
| 9. ___ Reggae | i. Lover of good food |
| 10. ___ Parfait | j. Afternoon performance |
| 11. ___ Appliqué | k. Jamaican music style |
| 12. ___ Croquet | l. Overused phrase |

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 quote from George Orwell. The black squares are the spaces between words. One letter has been dropped in place to start you off.

N	T	O	F	R	E	N	S	E	R	S	T	O	L	C	S
I	N	T	A	N	O	E	E	T	O	A	G	G	N	E	O
	N	O	S	S	T	N	T	W	D	F		A	I	E	
	S			E				H	U						S
	T														

LEAPFROG

Here’s a list of two-word pro sports teams. Their letters are in the correct order, but they overlap. All you have to do to find the names is separate the letters.

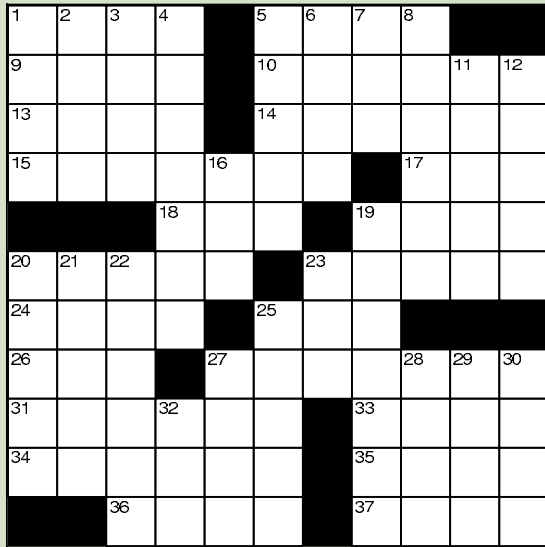
Example: **CBHIUCLALGOS** — CHICAGO **BULLS**

- | | |
|-----------------------|-------|
| 1. DEBRNONVCEOSR | _____ |
| 2. AGRARIDIZNOALNSA | _____ |
| 3. CROOCLORKIAEDOS | _____ |
| 4. PEHIALAGDLELPEHISA | _____ |
| 5. BARTALAVNESTA | _____ |
| 6. CAMONANTDIREAELNS | _____ |
| 7. BUSFABFARLEOS | _____ |
| 8. MOARLAGNIDOC | _____ |
| 9. CCALVEAVELLAINERDS | _____ |

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 "What Not to Do" is a hint. Have fun testing your knowledge while doing something that's good for you!



Across

1. Kitchen or major ender
5. Trade blows
9. Harness strap
10. Marty Robbins hit (2 wds.)
13. Sounded the alarm
14. Overly fond
15. Besmirched
17. Gielgud's title
18. Berlin's land (abbr.)
19. Ebb ____
20. Helium and xenon
23. Underwear name
24. Lyric poems
25. Actor Jacobi

26. Sister
27. Willowy
31. Singer Estefan
33. NYC vehicle
34. Brook
35. Not odd
36. ____ mater
37. School table
12. Fiona and Shrek
16. Dweller (abbr.)
19. Harassed
20. Mallet
21. Of legal age
22. Spanish married woman
23. Garden shed item

Down

1. Goes astray
2. Football group
3. Prong
4. Takes on
5. Passover dinner
6. Walk heavily
7. Fitting
8. Oatmeal
11. Disparaging
27. "Shall We Dance?" locale
28. Humorist
- ____ Barry
29. Former mates
30. Hockey practice locale
32. Uncle or cousin (abbr.)

What Not to Do

Across

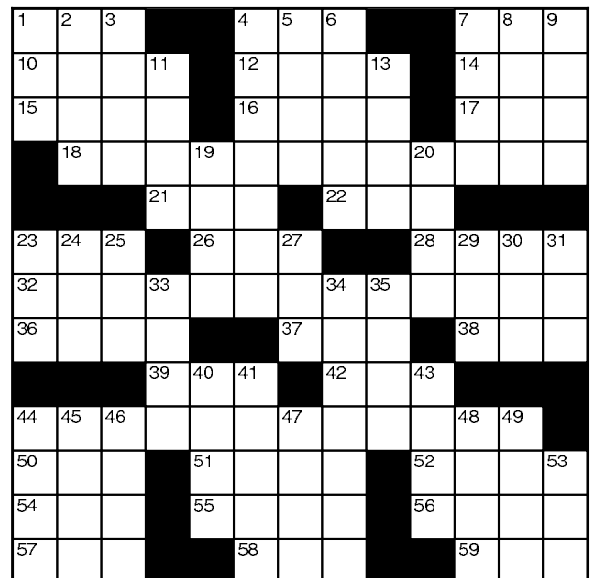
1. Wt. units
4. Morning person's quality
7. Drama division
10. One of the Fab Four
12. Got off a horse
14. "____ Believes in Me" (Rogers)
15. Woody Guthrie's son
16. Novelist Jaffe
17. ____ trick
18. "Don't ____" (Take action!)
21. Coal unit
22. Skipper's heading
23. Mauna ____
26. Expression of disapproval
28. "____ chance!"
32. "Don't ____" (Commander James Lawrence's famous order)
36. Type of school: abbr.
37. "____ Girl Friday" (1940 film)
38. Rowing tool
39. Savings account gain: abbr.

42. Ronny & the Daytonas hit
44. "Don't ____" (Bobby McFerrin hit)
50. ____ snit
51. What was
52. Love's embodiment
54. Computer acronym
55. 1962 Connery film
56. Slammer segment
57. Decade components: abbr.
58. Ninth mo.
59. Masterson of "Guys and Dolls"

8. Burn slightly
9. French head
11. Mislaid
13. Creates lace
19. Vegan's chili ingredient
20. Barnyard flock
23. Shirt size: abbr.
24. Bush's business, before
25. Hail, to Caesar
27. Ordinal suffix
29. Cry of discovery
30. Juanita's aunt
31. Diamond birthstone mo.
33. Arab chief
34. Certain sneaker
35. He is, in Iquique
40. Gotham cops' gp.
41. Killington transports

Down

1. Transcript stat
2. Actress Dusay
3. Kirk's navigator
4. Whitish root vegetable
5. Effete group in "The Time Machine"
6. Ben and Jerry portions
7. "As Long ____ Needs Me"
43. Oily org.
44. Lean and strong
45. ____ about (approximately)
46. St. Louis team
47. Old worker
48. Chief exec.
49. Sunnyside-up "sun"
53. Stallone's nickname



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 the rest of the following quotation by Edwin Way Teale: "For man, autumn is a time of harvest, of gathering together..." The words from the list are found in the diagram reading forward, backward, up, down, and diagonally, and always in a straight line.

You are looking for a 44-letter phrase.

BACK-TO-SCHOOL OKTOBERFEST

BRISK BREEZE PUMPKINS

COLUMBUS DAY SHORTER DAYS

CORNUCOPIA SQUASH

COSTUME PARTIES SUKKOT

FALLING LEAVES SWEET POTATOES

HARVEST THANKSGIVING

HAYRIDE YOM KIPPUR

JACK-O'-LANTERN

NEW FASHIONS

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

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.

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

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PUZZLE ANSWERS

Match These

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

Dropline

To see what is in front of one's nose needs a constant struggle.

Leapfrog

1. Denver Broncos; 2. Arizona Cardinals; 3. Colorado Rockies; 4. Philadelphia Eagles; 5. Atlanta Braves; 6. Montreal Canadiens; 7. Buffalo Sabres; 8. Orlando Magic; 9. Cleveland Cavaliers.

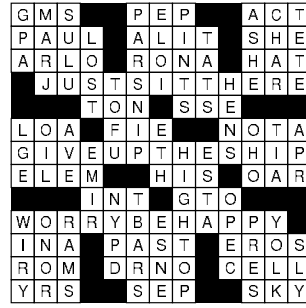
Hidden Message

For nature, it is a time of sowing, of scattering abroad.

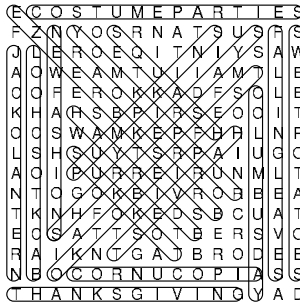
Crossword 1



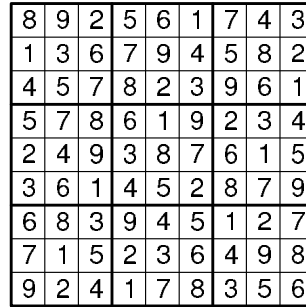
Crossword 2



Word-Find



Sudoku



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now, and she still attends a yoga retreat I hold for older people. After every retreat, she says she feels so much better.

PYM: What would you recommend for caregivers or health-

care professionals who would like to add yoga to a patient's routine?

ER: Healthcare professionals who are not yoga teachers can easily lead patients. Just study the book or try the *Chair Yoga* DVD, which has a

15-minute program. Practice the exercises yourself, and once you get a feel for it, introduce it to a group. The risk of making a mistake is very small. Just ask for feedback and adjust to your students' needs.

Before engaging in any exercise plan, please consult your physician. ■

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Pan-Seared Salmon with Asparagus and Mushrooms

Start to Finish: 45 minutes, Yield: 4 servings

Ingredients

4 fresh or frozen skinless salmon fillets, about 1-inch thick (about 1 pound total)
Kosher salt
Freshly ground black pepper
2 Tbsp extra-virgin olive oil
2 cups sliced assorted fresh mushrooms (such as button, cremini and/or stemmed shiitake)
1 cup onion, chopped
6 cloves garlic, minced (1 Tbsp minced)
1 Tbsp fresh thyme, chopped
1 cup dry white wine
1 cup clam juice, fish stock, chicken stock or chicken broth
2 cups asparagus cut into 1 ½-inch-long pieces
1 cup cherry tomatoes, halved
1 Tbsp fresh flat-leaf parsley, chopped
1 tsp lemon juice
Fresh thyme sprigs, optional

Directions

1. Thaw fish, if frozen. Rinse fish; pat dry with paper towels. Measure thickness of fish fillets. Season with kosher salt and pepper. Set aside.
2. In a large skillet, heat 1 Tbsp of the olive oil over medium heat. Add mushrooms; cook about 5 minutes or until golden brown. Add onion, garlic and thyme; cook until mushrooms are tender, stirring occasionally. Add wine. Bring to boiling; reduce heat. Simmer, uncovered, about 15 minutes or until liquid is reduced to ¼ cup.
3. Add clam juice or broth. Return to boiling; reduce heat. Simmer uncovered, about 15 minutes more or until liquid is reduced to ¾ cup. Add the asparagus. Cover and cook about 3 minutes or until asparagus is crisp-tender. Stir in tomatoes, parsley and lemon juice. Season to taste with kosher salt and pepper. Transfer to a serving platter and keep warm.
4. In the same skillet, heat the remaining olive oil over medium heat. Add salmon; cook for 4 to 6 minutes per ½-inch thickness or until salmon flakes easily when tested with a fork, turning once. Serve salmon over vegetable mixture. If desired, garnish with fresh thyme.

Wine Suggestion: Sauvignon blanc

Nutrition Facts per Serving: 360 calories, 27 g protein, 19 g total fat (4.5 g saturated fat), 12 g carbohydrate, 3 g fiber, 55 mg cholesterol, 170 mg sodium, **14 weighted glycemic index**



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