Untangling the Mystery of Alzheimer’s

Enjoy the Holidays!
Caregiving Tips to Make a Memorable Season

Improve Your Brain Health
Findings From a National Alzheimer’s Survey

Rachael Ray’s Quick Meals
30-minute Meal Ideas for Caregivers
You’d be surprised how early the effects of Alzheimer’s can set in.

It not only steals grandparents, it steals normal life from caregivers, spouses, children and grandchildren alike. That’s why for over 20 years, MetLife Foundation has supported programs for family members and caregivers and has been a leader in funding research to find a cure for Alzheimer’s – contributing over $10 million.
Untangling the Mystery of Alzheimer’s Disease
The “plaques and tangles” that accumulate in the brains of Alzheimer’s victims may hold the key to preserving memory.

Brain Fitness for Americans
MetLife Foundation and the American Society on Aging surveyed American attitudes about brain health—and provided strategies for improving it.

Stress Is the Enemy
This special section looks at the problems caused by stress, and how to overcome it—especially during the holidays.

Gentle Friends
Therapy pets are soothing to people with Alzheimer’s.
Contents

5 From the Science Editor’s Desk
The future holds promise.

6 News Briefs
Read the latest news on Alzheimer’s disease and brain health.

8 Untangling the Mystery of Alzheimer’s Disease

11 Celebrity Chefs
Rachael Ray shows caregivers how to prepare simple, delicious meals.

14 Ask the Experts
The Fisher Center shares tips for coping during the holidays.

15 Brain Fitness for Americans

18 Long-Term Planning
What you should know about Medicaid eligibility.

20 Stress Is the Enemy

24 Caregiver Voices
Two women share their caregiving experiences in different ways.

26 Keeping Your Mind Sharp
Give your brain a workout with these brainteasers.

28 Gentle Friends

31 Fisher Center Research
A new therapeutic target for Alzheimer’s could lead to drugs without side effects.

32 Take Action
Kevin Hannon launches an Ironman for Alzheimer’s fundraising campaign.

33 Medicinal Laughter
Agnes continues her adventures.

34 Fitness
Exercise as simple as walking can improve depression and anxiety.

39 ALZinfo.org: Care Resource Locator
Search for providers by name, state, city, or ZIP code from a list of more than 30 types of resources.
Alzheimer’s Research: The Future Holds Promise

Five million Americans have Alzheimer’s disease (AD), and these numbers are expected to triple by mid-century. Can medical research prevent this heartbreak or at least provide disease-modifying drugs that will allow people with Alzheimer’s to live normally rather than in nursing homes under palliative care, in the shadow of a 100 million caregivers and other affected individuals?

In this issue of Preserving Your Memory, you will read about some of the most important concepts and research topics in the fight against AD.

Neuroscientists believe that a mixture of genetic and environmental factors causes AD. The most common form of AD generally occurs late in life, after age 65, and is also referred to as “late-onset” or “sporadic” AD, though it can occur earlier. A rare form of AD is caused by specific gene mutations. It is called “familial” AD (FAD) and because it generally occurs early in life (before age 50), it is also referred to as “early-onset AD.”

Our hope for a powerful AD treatment for FAD and sporadic AD is based mainly on belief in the “amyloid hypothesis,” which is explained in the feature article, “Untangling the Mystery of Alzheimer’s Disease,” on page 8. The majority of neuroscientists believe that beta-amyloid is a key player in AD. Another protein, called tau, is also likely to play a role.

Our theories of AD will soon be tested. New therapies and drugs are in clinical trials, and many more are being developed in academic and commercial labs. We are likely to have a good idea in the next three years whether we’ve been getting it right or whether our concepts and approach require revision.

At the Fisher Center for Alzheimer’s Disease Research at The Rockefeller University, we are engaged in two kinds of investigations in an attempt to find effective treatments for AD. One approach is to take what we know now and apply it. This includes creating experimental drugs and other therapies, and testing them in models of AD. Our other approach is to learn how the brain works, both in health and disease. The more we know about the brain’s mechanics, the more tools we will have to make interventions.

These are both hopeful and exciting times in AD research—for us and other researchers around the world. We hope you will participate with us by becoming informed and by supporting our efforts.

William J. Netzer, PhD
Research Associate
Fisher Center for Alzheimer’s Disease Research at The Rockefeller University

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 the world’s largest research team 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. Of every dollar we raise, 94 cents goes directly to research programs. For more information or to make a donation, go to www.ALZinfo.org.
Fish Oil May Ease Agitation and Depression of Alzheimer’s

Omega-3 fatty acids, the “good” fats found in salmon and other fatty fish, may ease agitation and depression in some people with Alzheimer’s disease, a new study suggests. Although the study was small and needs further follow-up, results suggest that fish oils may have benefits for the behavioral disturbances that often afflict those with dementia. The findings came from researchers in Sweden and were published online in the International Journal of Geriatric Psychiatry. The researchers point out that more study is needed before fish oils can be recommended for the behavioral disturbances of Alzheimer’s.

Skin Patch Approved for Treatment of Mild to Moderate Alzheimer’s

A skin patch that delivers small, continuous doses of the Alzheimer’s drug Exelon throughout the day has been approved for sale in the United States. It is expected to be available in pharmacies soon.

Skin patches have been used for other various medications, but this is the first skin patch to be available for the treatment of Alzheimer’s disease. According to the drug’s maker, Novartis Pharmaceuticals, the skin patch may be preferred by caregivers because it may be easier to apply than administering a pill. The Food and Drug Administration also approved the use of Exelon Patch in treating patients with mild to moderate dementia due to Parkinson’s disease.

Memory Problems Often Lead to Restless Nights

Older women who have memory problems are more likely than those with intact memories to have problems falling asleep and staying asleep, a new study reports. Such women were more likely to toss and turn in bed, and to wake up several times during the night. Understandably, they often felt more drowsy the following day, and were more likely to take naps. The study appeared in the July 17, 2007, issue of Neurology, the medical journal of the American Academy of Neurology.

Aricept Eases Symptoms of Severe Alzheimer’s Disease

In a continuation study of people with severe Alzheimer’s disease, researchers found that cognitive function stabilized or improved for a limited time in 63 percent of people taking Aricept, compared to 39 percent of people taking placebo. Compared to the placebo group, those taking Aricept showed improvement in memory, language, attention, and recognizing one’s name. The group receiving the drug also showed less of a decline in social interaction, skills needed to complete a jigsaw puzzle and arranging sentences compared to the placebo group. The drug was approved for severe Alzheimer’s disease last year.

It’s important to note that Aricept and related drugs used to treat the cognitive symptoms of Alzheimer’s disease, such as Exelon and Razadyne, do not work in all people with Alzheimer’s. In addition, benefits may be modest. These drugs may provide a modest boost in memory and other functions, but they do nothing to stop the downward progression of disease.

A Dash of Spice to Fight Alzheimer’s

Turmeric, the main ingredient in curry spice, may contain an immune-boosting substance that helps protect the brain against Alzheimer’s, research-
ers report. The findings build on earlier evidence suggesting that curcumin, the natural pigment that gives turmeric, curry, and everyday American mustard its yellow color, may have benefits for the brain. The findings were reported online in the Proceedings of the National Academy of Sciences.

Traditional Indian healers have long harnessed the power of curry to treat a range of ailments. The possible benefits of curry are further bolstered by population studies. In countries like India, where curry is served at daily meals, rates of Alzheimer’s disease appear to be much lower than they are in the United States. The prevalence of Alzheimer’s in one Indian community was four times lower among men and women in their 70s than it is in seniors in the United States.

It is not known, however, whether people in India are less likely to develop Alzheimer’s disease or whether those who do develop it die quickly and are not counted in the population studies. It should also be pointed out that diets rich in curry are not the only difference between Indian populations and populations in the United States and other countries.

Although it’s a long way from the test tube to people, researchers are hopeful that the research may point to new clues about the role of the immune system in Alzheimer’s disease. It could also lead to new medicines or measures to minimize the impact of the ailment.

Check the Fisher Center Foundation website (www.ALZinfo.org) often for up-to-date, scientific news.

Living with Alzheimer’s Disease
Products That Make Life Easier, Simpler and Safer

Every 72 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 Alzheimer’s patients to live 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.
Untangling the Mystery of Alzheimer’s Disease

The “plaques and tangles” that accumulate in the brains of Alzheimer’s victims may hold the key to a cure.
Alzheimer’s disease (AD) is a tragic story of fading memory and waning mental faculties. It is a story of “plaques and tangles,” but also of hope, as medical researchers seek to understand what’s going on to cause such devastation to the brain and then find a cure.

Plaques and Tangles

Plaques and tangles have been known since German physician Alois Alzheimer first described AD more than a hundred years ago. While performing an autopsy on a patient in her early 50s, Dr. Alzheimer noticed what he described as “senile plaques” and “tangled bundles of fibrils.”

Today, thanks to advances in microscopic imaging and medical research, we know a lot more about these plaques and tangles. We know that the plaques are composed of a potentially toxic substance called beta-amyloid, a sticky group of proteins originally and erroneously thought to be starch. (The word “amyloid” comes from the Latin word for “starch.”) Beta-amyloid builds up in the brains of those with AD to a greater degree than in normally aging brains. Beta-amyloid is formed from the amyloid precursor protein (APP), which is found throughout the body and normally breaks down into harmless smaller fragments. But in people with Alzheimer’s disease, APP gets chopped up more readily into toxic pieces of beta-amyloid.

Scientists have also discovered that the tangles that form in the brains of those with AD consist of a protein called “tau.” In its normal configuration, tau helps to stabilize fibers in neurons. These fibers are needed for proper neuron function. But in those with Alzheimer’s disease, the tau goes haywire, forming deposits of tangles within the neuron, which may cause the neuron to lose function. As tangles continue to accumulate, the neuron loses function and may eventually die. This is likely to affect a person’s ability to think and remember. Although both plaques and tangles accumulate in the brains of those with Alzheimer’s, it is the accumulation of tangles that correlate more strongly with the severity of memory loss and other symptoms.

Yet, many questions remain unanswered. Is it the plaques or the tangles or both that cause Alzheimer’s and its symptoms? Or are they a byproduct of some other disease process at work? These are subjects of intense scientific investigation and debate.

A Tangled Tale of Genes and More

Nobody knows what causes the vast majority of the more than 5 million cases of Alzheimer’s affecting Americans today. Advancing age certainly plays a central role; the most common form of the disease, known as sporadic AD, afflicts more and more people as they advance into their 70s, 80s, and beyond. By age 85, in fact, nearly half of all people will show some symptoms of the disease. But Alzheimer’s is not merely a natural process of old age. Something causes the plaques and tangles to form in the brain, destroying memories and lives.

Research into genes—the strands of DNA we inherit from our parents and that determine the color of our eyes, hair, and possibly our susceptibility to AD—is shedding new light on these underlying disease processes. In fact, gene research could aid in understanding the different roles plaques and tangles play in Alzheimer’s.

In people who have the relatively rare early-onset form of Alzheimer’s—which is strongly inherited and strikes men...
Scientists have known about plaques and tangles for many years, but recent research has shown much about what they are made of, how they form, and their possible roles in AD.

Gene researchers have identified mutations in the gene that codes for the tau protein, as well. Rather than causing Alzheimer’s disease, however, these defects cause another condition called frontotemporal dementia. People with this illness do not have the patterns of memory loss typical of Alzheimer’s disease, at least initially. But they do have dramatic changes in behavior and sometimes in language ability, and the disease may be mistaken for Alzheimer’s.

These and other studies show that beta-amyloid and tau do indeed appear to have destructive effects on the brain.

### Two to Tangle

So, what does set Alzheimer’s in motion? No one knows, but a majority of researchers, including those at the Fisher Center for Alzheimer’s Research, believe that the toxic protein beta-amyloid lies at the root of the disease. Beta-amyloid damages brain cells essential for learning and memory, causing the earliest symptoms of Alzheimer’s disease. As beta-amyloid accumulates, communication between brain cells is disrupted, and more and more brain cells die. The ability to think, remember, and carry out everyday tasks is gradually lost.

Fisher and other scientists suggest that the accumulation of beta-amyloid spurs the tau protein to become “phosphorylated,” a chemical process in which extra phosphorus is added to the tau molecule. As a result, the disrupted tau takes on abnormal shapes, forming the twisted, string-like tangles that may play a key role in damaging parts of the brain involved in memory and thought.

As the number of plaques and tangles increase, the number of healthy brain cells diminishes.
Food is a source of life; it is also a source of comfort. It helps heal the grieving, serves as a welcome relief for a proud (and weary) new mom and dad, and is often a reward for academic achievements. Remember the last time your grandparents, aunts, uncles and cousins were all together for Thanksgiving? Those family dinners can be the centerpiece of many lifetime memories.

Syndicated daytime host Rachael Ray is no stranger to the feeling of warmth and fellowship a good meal can bring to a group of family or friends. After all, she grew up in food.

“My mom would hold me up to stir soup and pasta sauce with a wooden spoon even before I could walk. My first vivid memory is watching Mom in a restaurant kitchen. She was flipping something with a spatula. I tried to copy her and ended up grilling my right thumb! I was 3 or 4,” says Ray, who insists that cooking is a way of life she was simply born into. “Everyone on both sides of my family cooks.”

Her heritage of can-do cuisine combined with her bubbly personality led her to the outrageously successful career she enjoys today. From the Food Network shows “30-Minute Meals” and “$40 a Day” to cookbooks, her own lifestyle magazine and television syndication as the host of “Rachael Ray,” an hour-long daily talk show, Ray’s time is consumed by her passions.

Relief for the Busy
Following Ray’s 30-minute meal concept can help Alzheimer’s caregivers make those former chore-driven meals easy to master, yum-o (to use a Rachael-ism) and even more-than-a-little fun. “Cooking doesn’t have to be complicated—it can be easy, simple and relaxing,” she explains. “The idea is to create something in the kitchen that you’re proud of, that you would eat yourself, or share with a friend or loved one. You can do it in the same amount of time it takes you to order take-out and with basic, fresh ingredients you can find in your supermarket.”

The notion of quick and easy meals may seem simplistic, but Rachael Ray’s way of life can revolutionize the lives of caregivers. After pouring so much into caring for someone else all day, everyone wants to sit down and enjoy a good meal. The sad truth is that many find themselves settling for fast food or the ever-faithful peanut butter and jelly. Whether your evening plans include homework with your children, a home improvement project or some well-earned time for yourself, you can still have time for those pressing endeavors as well as a home-cooked meal.

“I think if (caregivers) have the tools to create meals at home that are easy to prepare and if they keep a stocked pantry with the basics, they can prepare easy meals without feeling totally stressed out. They can do it—they just need the right recipes and ingredients ready to go at home,” says Ray. “If I can do it, anyone can do it!”

She offers some simple tips for healthy cooking in a hurry in her book, Express Lane Meals:

- Stock your pantry with the basics.
- Put everything away clean. When you unpack your fresh foods from the
grocery store, wash and trim your produce so your ingredients are always ready and waiting for you to cook.

- Lay out all your ingredients first. Having everything ready and within arm’s reach is a timesaver.
- Work near your stove. Place the cutting board as close as you can to the stove top so you can chop then drop food directly into pots and pans.
- Use a garbage bowl instead of running back and forth to the trash can.
- Using chicken stock instead of water makes quick meals taste slow-cooked and adds layers of flavors to the dish.
- Use leftovers to create a “new” meal.
- Don’t buy too many gadgets; cluttering up your drawers and cupboards with a lot of equipment will make cooking feel too much like work.
- Keep your fridge and cupboards clean; give them a good once-over monthly so you’ll be familiar with what you have.

Family Ties
Most of us did not go to school to study the art of cooking, and neither did Rachael Ray. “I didn’t major in food in school, but I did go to the ‘School of Momma.’ The kitchen was the heart of our home—it was where you would always find everyone gathered talking about their day or their dreams,” says Ray. “Throughout my life, I’ve met people who were positively influenced by lessons learned in the kitchen. Food definitely brings a smile to my face, and so many great memories can be made by spending time together as a family in the kitchen.”

The kitchen does tend to be a gathering spot—a place that cooks up not only heavenly smells, but also deep discussions and fulfilling family time. Sitting around the kitchen table may also trigger memories of a day when Mom was the one preparing food; her recollection of these special moments is something you can enjoy reliving with her.

Showing You Care
As an Alzheimer’s caregiver, you may not be recognized by Time magazine as one of the top 100 most influential people of the year (as Rachael Ray was in 2006). In fact, being a caregiver is one of the most demanding and overlooked jobs you can hold. Incorporate Rachael Ray’s way of showing she cares—inject some fun into your usually mundane chores and spice up your kitchen time to create a more rewarding experience!

Fish Dishes Can Be Fast—and Healthful
Studies have shown that the Omega-3 fatty acids found in a variety of fish may protect against memory loss. In fact, eating fish at least once a week may slow memory loss in seniors. Check out Rachael Ray’s simple, “yum-o” fish dishes on the next page.
Rachael’s Recipes

These recipes will allow you to prepare healthful fish dishes quickly and easily.

**Tarragon-Tomato Fish**

**Ingredients**
- Four 6-oz. fillets of Sea Bass, Mahi Mahi, or Cod
- Salt and Pepper
- ½ cup extra-virgin olive oil (EVOO)
- 1 pint cherry tomatoes, halved
- 2 shallots, thinly sliced
- 1 tablespoon, chopped fresh tarragon
- 1 lemon, cut into 8 slices
- Crusty French bread, to pass around the table

**Directions**
1. Preheat the oven to 425° or a grill to medium-high. Season the fish with salt and pepper and drizzle with 2 tablespoons EVOO to coat.
2. In a bowl, combine the tomatoes, shallots, and tarragon; season to taste with salt and pepper. Toss with the remaining 2 tablespoons EVOO.
3. Cover a baking sheet with foil. Arrange 4 piles, each with 2 lemon slices, 1 fish fillet, and a quarter of the tomato-shallot mixture. Cover with another sheet of foil and pinch together on all four sides to seal the packet. Roast the fish in the oven or closed grill until opaque, 15 to 18 minutes. Open the foil packet and, using a large spatula, transfer the fish to plates. Pour the cooking juices over the fish. Pass the bread at the table for mopping.

**Was-sup Tuna Salad Pinwheels**

**Ingredients**
- ¼ tsp. wasabi paste, a blob the size of a pea
- 1 Tbsp. tamari (dark soy sauce) eyeball it
- 1 Tbsp. vegetable oil
- 2 scallions, chopped
- One 6-oz. can of water-packed tuna, drained and flaked with a fork
- 1 large (10-inch) flour tortilla
- 1 cup fresh baby spinach

**Directions**
1. In a small bowl, mix the wasabi with the tamari and the oil; add the scallions and tuna and mash with a fork to combine.
2. Heat a large skillet over high heat and blister the tortilla for about 30 seconds on each side to soften and toast. Transfer the tortilla to the countertop and let cool for about 1 minute.
3. Top the tortilla with an even layer of the spinach and then the tuna salad. Fold 2 sides of the tortilla over the tuna and tightly roll up the tortilla to enclose the salad. Cut into 1-inch-thick slices to make the pinwheels.

*For more information about Rachael Ray, as well as fast, delicious recipes, visit www.rachaelray.com*
The activity and festivities of the holidays pose special challenges for families coping with Alzheimer's disease. The hurried pace can be trying at times for just about anyone, of course. But for someone coping with Alzheimer's disease, the change in routine can be especially disruptive. That’s why it’s important to take steps at holiday time to minimize stress and simplify the celebration.

In response to the growing number of questions about the challenges of caring for a person with Alzheimer’s, our Ask the Experts section in this issue suggests helpful tips for getting through this holiday season.

A few steps can help to assure that anyone with Alzheimer’s, and those who care for and love them, can have a safe and joyful holiday season.

- **Simplify.** The change in routine of the holiday season can be disconcerting and upsetting. A tree with blinking lights, loud singing and music, or a football game on the TV can be disorienting for someone with memory loss and confusion. Rethink your holiday traditions, and simplify. Pick and choose those traditions that are most important to you. Downsize family gatherings. Too many people at once can overwhelm a person with Alzheimer’s disease. Think about having a smaller get-together.

- **Keep it safe.** Avoid using candles to decorate the table. They could be knocked over and lead to a fire. Also, avoid artificial fruits, which can be mistaken for the real thing. If the get-together is at a new place, remove slippery rugs that can lead to falls.

- **Engage the person** with Alzheimer’s—but keep things at their usual pace. Have them help in simple food preparation. For example, they can help in tossing the salad or setting the table. Remember, everything does not have to be done to perfection. Someone with Alzheimer’s might also enjoy simple holiday tasks, such as decorating cookies or putting ornaments on the tree. Singing holiday songs and reading a beloved scripture or story at home may be a meaningful alternative to visiting a place of worship. Do not, however, force people with Alzheimer’s to participate if they resist. Stick to the same daily routine and schedule as much as possible.

- **Test the waters.** If a loved one with Alzheimer’s lives in a nursing home or assisted-living facility, test the waters by bringing him or her home for a short visit beforehand. For many with Alzheimer’s, being removed from familiar surroundings can be disorienting and upsetting. Even being around family members a person doesn’t see often can make someone with dementia anxious or fearful. If a home visit seems too stressful, arrange for visits by small groups to the nursing home to minimize confusion and upset.

- **Apprise friends and family ahead of time.** Prepare family members and relatives who may be visiting from out of town about the status of a loved one with Alzheimer’s ahead of time. That way, everyone will be better prepared.

- **Brighten mealtimes.** Setting the table with bold, solid color cups, plates, and tableware makes it easier for someone with advanced Alzheimer’s disease to see the food and drinks in front of them. However, avoid tablecloths with prints or busy patterns and do not overwhelm the person with Alzheimer’s disease with too many dishes, utensils, or other items. This may be an easy and practical way to help loved ones with Alzheimer’s stay properly nourished, not just during the holidays but throughout the year.

- **Delegate.** Let family members and friends help with the chores, like writing cards, baking, or shopping for gifts. Let others watch a loved one while you take in a show or other holiday event.

- **Rethink the presents.** Someone caring for a person with Alzheimer’s might enjoy a gift certificate for a day spa or massage, or an offer to fill in and provide a few hours of caregiving respite. For someone with Alzheimer’s, a photo album with family pictures might be far more meaningful than, say, a new sweater. Other gift ideas include a family heirloom, a “Safe Return” bracelet worn in case an Alzheimer’s patient wanders off, or a donation to an appropriate organization.

All these suggestions need to be tailored to the individual person with Alzheimer’s disease. With some preparation and simple planning, friends and family alike can get the most out of a celebration.
A 2006 poll entitled *Attitudes and Awareness of Brain Health* gauged Americans’ understanding of brain health. One of the poll’s key findings was that most Americans are not making use of all available avenues to ensure their brains continue to function at optimum levels as they age.

The poll, commissioned by the American Society on Aging (ASA), with support from MetLife Foundation, set out to determine whether Americans think brain health can be improved, and also, if people are using all of the information available to them to stay mentally fit. Harris Interactive conducted the national survey of more than 1,000 Americans age 42 and older.

“We believe these findings break new ground by raising public awareness of the importance of keeping mentally fit,” says Sibyl Jacobson, president of MetLife Foundation. “We are pleased to support this poll, because it promotes successful aging, which is a major concern for a growing number of Americans.”

Some of the key findings of the study include:

- **Americans are optimistic about brain health, but give it a low priority compared to other health issues.** Nearly 9 out of 10 people think it is possible to improve brain fitness and most say that thinking abilities should be checked routinely. However, only 3 percent of those 42 years old and older consider brain health the most important health issue for people their age.
Most Americans, regardless of age, rate their current memory as excellent or good, but younger people believe that worry about memory begins earlier than do older people. More than 90 percent of those polled give themselves high scores on their brain fitness. While people ages 42-49 believe that worry about brain health begins at 52, those in their 50s believe people begin to worry at age 59.

Although Americans recommend getting information about brain fitness from a medical professional to others, most do not talk about their memory concerns. More than 70 percent identify doctors as the best resource for information about the brain and keeping it fit, and say they would advise close friends or family to talk with a doctor. However, only 37 percent say they have voiced their concerns with a doctor or nurse.

“What we learned from this poll was surprising and encouraging. This data challenges us to consider how this nation approaches brain fitness and what every person can do, starting today, to take good care of their cognitive capacities,” observes ASA president and CEO Gloria Cavanaugh.

Jeannette Takamura, PhD, dean of the Columbia University School of Social Work, the former Assistant Secretary for Aging at the U.S. Department of Health and Human Services, moderated a panel discussion on the results of the survey, which featured the following brain health experts: Gene D. Cohen, MD, Sandi Johnson, LCSW, Paul D. Nussbaum, PhD, and Lynda Anderson, PhD.

A full report is available in PDF format from ASA at www.asaging.org/brainhealth. The 65-page report includes a summary of poll results, expert commentaries with resources for more information, a description of the methodology, and final top-line data.

Brain Health Is Not Yet a Top Priority

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Only 3 percent of the poll’s respondents identified brain health as the leading health topic.

Serious vision and hearing loss scored at the same low level as brain health. Only kidney disease, liver disease, and asthma were identified as important by fewer people (1 percent).
Improving Brain Health: 3 Tips for Individuals, 3 Tips for Communities

In commenting upon the poll’s findings, the experts on the discussion panel suggested simple things that individuals can do to improve brain fitness, memory, and general mental health. Recommendations included:

1. **Increase physical activity.** It is well understood that blood flow stimulated by exercise is good for the heart, lungs, and muscles—and it’s beneficial for the brain as well. People reluctant to commit to a regular program of physical activity may be more motivated if they understand how it helps them stay sharp mentally.

2. **Cross-train your brain.** A single activity, no matter how challenging, is not sufficient to sustain the kind of mental acuity that virtually everyone can achieve. For example, although activities such as reading and doing crossword puzzles are good on their own, they offer only partial benefits, unless they are part of a comprehensive program for long-term brain health. Brain fitness depends on combining a variety of activities—such as playing music, word games, and physical activity—that differ in frequency, intensity, and variety.

3. **Grow your social network.** Research indicates that individuals who live in isolation have a higher risk of developing dementia than those who remain integrated in society. Lifelong community involvement with particular focus on sustained activities with friends, family, and partners is an investment in brain health. Develop hobbies, promote lifelong pursuits, and grow a social network of meaningful relationships.

Both individuals and communities can work toward improving brain health.

The panel also provided an opportunity to discuss recommendations that communities can implement. These recommendations can enable health and social service departments to better position themselves to meet the evolving mental fitness challenges facing a burgeoning aging population. Suggestions included:

1. **Incorporate brain health in community planning.** Just as consumers should “break a mental sweat” by challenging their brains with new learning, community programs should consider incorporating the latest findings in brain science into the design of services they offer.

2. **Develop community projects for creative and civic engagement.** Creative community projects and engagement are a rich source of mental challenge. Senior theater productions, which can be written, performed, and directed by older adults, stimulate brain health on multiple levels, and provide opportunities for social interaction. Bands and orchestras offer similar opportunities. Improvements in technology and universal design are removing barriers to independence and opening possibilities for productive, active living well into retirement.

3. **Keep health care, educational, and service professionals informed about brain health.** Professionals need continuing-education programs about brain fitness. Although consumers regularly mine the Internet and other media, they turn to doctors and other front-line medical professionals when they want specific recommendations about their brain health. Community professionals who regularly serve older adults should have ongoing access to the latest news about brain capacity and information on how best to prescribe practical approaches that maximize mental fitness.
Long-term care costs can devastate a family. The national average for nursing home costs is approximately $75,000 per year and can go as high as $150,000 if you live in a larger metropolitan area such as New York. Funding home care and assisted living care can also be astronomical.

Many families are rightly concerned about how they will finance long-term care if a loved one becomes ill. Unfortunately, at this time, our country has no health insurance system for long-term care. Seniors who worked hard their entire lives to accumulate a modest nest egg may be forced to spend all their assets, including selling their home, to pay for the cost of their long-term care.

Long-term care insurance provides a valuable planning alternative and should be considered as part of an overall estate plan. Since most seniors cannot afford long-term care insurance or are not insurable due to various infirmities, they must apply for Medicaid to underwrite this type of care. Medicaid presently provides 48 percent of all long-term care in this country.

I should note here that I am talking about Medicaid and not Medicare. Since the names are so similar, there can be confusion between the two programs, but each is very different. Medicare is the federal insurance program covering all those 65 and older and certain persons with disabilities. Medicare is not set up to provide for extended long-term care. Medicare provides for very limited amounts of nursing home care and does so only if the patient requires skilled nursing care. It gets even more complicated as we go on. Medicare will pay for up to 100 days of skilled nursing care, provided that the patient was hospitalized for 3 days during the 30-day period preceding the nursing home admission. But, Medicare will only pay for the first 20 days in full; thereafter (days 21-100) a co-payment of $124 per day is required. A person who has long-term care needs due to Alzheimer’s disease or other chronic illness will soon discover that Medicare benefits are very limited. Medicare is simply not a viable alternative for those in need of long-term care.

Medicaid, on the other hand, is the only government program that pays for long-term care costs for seniors, includ-
ing both nursing home and home care. However, unlike Medicare, Medicaid is a “means-tested” program. This means there are strict income and asset guidelines which must be met in order to become eligible for benefits. Medicaid is a state program funded in part by the federal government. As such, each state has its own Medicaid rules and regulations; there are 51 different Medicaid programs when you include the District of Columbia.

It is critical that you become familiar with Medicaid’s complex rules along with the policies and procedures of your particular state. Because Medicaid eligibility can be confusing, many Medicaid myths abound. I would like to clear up some of these common misconceptions.

• Once I enter a nursing home as a private-pay resident, I must use up all my assets before I can qualify for Medicaid. This is not true. It is never too late to plan. Although it is better to plan ahead, it is still possible to protect a significant portion of your assets even if you are already in a nursing home.

• I can only “spend down” my assets on medical or nursing home bills. Incurred medical expenses is just one way to effectuate a Medicaid “spend down.” There are many other ways, including purchasing or improving exempt assets, establishing a pre-paid irrevocable funeral contract, or purchasing a burial plot, among others.

• My agent under my power of attorney has the power to transfer assets out of my name in order to qualify me for Medicaid. It is critical for you to appoint someone as your agent under a durable power of attorney so you can avoid the unnecessary expense of a guardianship. However, there are many different types of powers of attorney and you will be able to protect your assets only if you have the proper one. In order to have the power to transfer your assets for tax and Medicaid planning purposes, your power of attorney must have very specific language authorizing these types of transactions. Unfortunately, the vast majority of powers of attorney do not have these provisions; they have to be specifically added to the document.

With proper planning, you can get the quality health care you need and not deplete your entire estate.

• I should transfer my home to my children to get it out of my name. Many people believe that if they do this prior to entering a nursing home, they have done the right thing. But there are problems with this. You may have created unnecessary gift and capital gains taxes. Moreover, you would no longer have the legal right to live in your home. A better way to transfer your home to your children is by retaining a life estate. This will ensure that you have a legal right to live in your home and will also maximize tax and long-term care benefits.

• I should give away all my assets to my children. People believe that unless they give all their assets to their children, they will not be eligible for Medicaid. However, gifts can result in tax and Medicaid problems, particularly with the changes in the law resulting from the Deficit Reduction Act of 2005 (the DRA). Fortunately, Congress has enacted laws to protect against spousal impoverishment when one spouse enters a nursing home. Far too few middle-income Americans know about these rules that permit certain transfers of assets. For single individuals, other planning techniques are also available that will allow you to protect your assets while maintaining some control over them.

• All transfers of assets are subject to a Medicaid “look-back period” and are penalized under the Medicaid laws. Some transfers do not result in periods of Medicaid ineligibility. These transfers include certain transfers to children with disabilities, caretaker children, some siblings, certain exempt trusts for persons with disabilities under the age of 65, and pooled trusts for persons with disabilities.

• My home is exempt, so I do not need to worry if I go on Medicaid. Although for many the home is an exempt asset for Medicaid purposes, Medicaid still may have the right to place a lien on the home and force its sale. Even if a lien is not placed on the home, Medicaid may have the right to recover benefits paid on your behalf against your estate when you die. In addition, the DRA limits the equity value of a home to $500,000 ($750,000 in some states). If the equity in your home is worth more than that amount, your house will not be exempt unless certain exceptions apply.

These are just a few of the Medicaid misconceptions you may hear.

With proper planning, you can get the quality health care you need and not deplete your entire estate. You should take steps today to do what is necessary to protect your and your family’s assets should you one day require long-term care. Consult with Medicaid or elder law and estate planning attorneys in your area.

Bernard A. Krooks, JD, CPA, LLM (in taxation), CELA, is president and founding member of the NY Chapter of the National Academy of Elder Law Attorneys and a nationally known and widely quoted expert on elder law. For more information, visit www.littmankrooks.com.
Stress is the Enemy

This special 4-page section will help you learn why stress reduction is important and what you can do to make your life easier—especially during the holidays.

Stress-Prone People Are More Likely to Develop Memory Problems

Stress can be more harmful than you may think.

People who are easily distressed or flustered and who are prone to emotions such as anxiety and depression are more likely to develop memory problems as they age than more easygoing people, according to a new study. The findings were published in Neurology, the scientific journal of the American Academy of Neurology.

In the study, men and women who most often experience negative emotions such as depression and anxiety were 40 percent more likely to develop mild cognitive impairment than those who were least prone to negative emotions. Mild cognitive impairment (MCI), marked by memory or other cognitive loss, sometimes progresses to Alzheimer’s disease. People with the condition have cognitive problems but are not debilitated by them. For example, they can continue working. However, MCI differs from a milder, age-related decline in memory that is believed to be a normal part of aging. Age-related decline, unlike MCI, isn’t likely to progress to Alzheimer’s disease. MCI affects an estimated 15 percent of the senior population.

Researchers analyzed the results from two larger studies, the Religious Orders Study and the Memory and Aging Project. The studies involved 1,256 people who, at the start of the study, had intact memories. During the 12 years of follow-up, 482 people developed mild cognitive impairment. Participants were questioned about their likelihood of becoming distressed or anxious by rating their level of agreement with statements such as “I am not a worrier,” “I often feel tense and jittery,” and “I often get angry at the way people treat me.”

“People differ in how they tend to experience and deal with negative emotions and psychological distress, and the way people respond tends to stay the same throughout their adult lives,” says study author Robert S. Wilson, PhD, of Rush University Medical Center in Chicago. “These findings suggest that, over a lifetime, chronic experience of stress affects the area of the brain that governs stress response. Unfortunately, that part of the brain also regulates memory.”

Hazards of Stress

Studies suggest that stress may play an important role in the progression of Alzheimer’s, a disease that causes damage to parts of the brain essential for thinking and memory. Last year, for example, scientists at the University of California at Irvine found that mice injected with a drug that induces stress had high levels of beta-amyloid, a toxic protein that builds up in the brains of those with Alzheimer’s disease. The findings suggest that managing stress may be an important part of an Alzheimer’s care plan.
If you’re feeling the pressure to have everything just right—and you’re already dealing with the pressures of being a caregiver—take a few minutes to read over the following tips that will (hopefully) help put the “happy” back into the holidays.

Plan—but Not Too Much

“I think part of the problem with holiday stress is when the holidays are really blown out of proportion and people start preparing for them so far in advance,” says Carol Goldberg, PhD, a clinical psychologist and president of Getting Ahead Programs, a New York-based corporation that conducts workshops on wellness and stress management. “Advance preparation is nice, but it shouldn’t take over your whole life.”

“Be realistic. I mentioned that preparation shouldn’t be such that it takes over everything, but you should be prepared.” She suggests making lists—a different one for each event, celebrations, gifts and so on. “That’s another thing you can do that will reduce your level of stress,” she adds.

Share the Work

If you have people coming over for dinner or a celebration and they offer to bring something, let them, recommends Dr. Goldberg.

She adds that there’s nothing wrong with buying some of the food, if you can afford it, or considering a caterer. “Today, lifestyles are much more pressured than they were years ago. We shouldn’t try to replicate the kind of celebration we grew up with,” says Dr. Goldberg.

Being the host or hostess during the holidays can be a stressful role. “If guests ask how they can help, see if a few could arrive earlier to help set the table or stay afterward to

A Holiday Shopping and Entertaining Guide

Suggestions for enjoying the season with a minimum of stress.

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Strategies for a Stress-Free Season

• Make a list of who you need to buy presents for and in which stores you need to buy them.
• Shop via mail or the Internet.
• Stock up on the basics (ribbon, wrapping paper, tape, etc.) before the rush.
• Call ahead to stores if you need special assistance.
• Check your merchandise and sales receipts before you leave the store to make sure you have the right item and were charged the right price.
• Save all your receipts for holiday gifts in one place.
• Take your purchases to the least crowded sales counter.
• Make holiday reservations at restaurants three weeks ahead of time and arrive at least 15 minutes before your reservation time.
• Make a list of items you’ll need for the holiday meal and divide it into sections for easier shopping.
• Shop for host or hostess gifts before the holiday rush.
help with the cleanup,” she says. “It’s very hard to get up the next day to a dirty kitchen with all kinds of food already caked on.”

Start New Traditions

“Ask the people coming to your celebration what they really want to do,” says Dr. Goldberg. “It’s very possible they don’t want to come and get stuffed with lots of calories. They might not even want to have turkey—they may want to have some ethnic food, like Chinese. There’s nothing that says it has to be turkey.”

Although Dr. Goldberg says there is something to be said for tradition, not everyone wants the same kind of celebration. “Some people might not want to stay home, they might want to go to a restaurant and there’s nothing wrong with that,” she says.

10 Tips for Traveling with Your Loved One

Traveling wisely can help reduce stress.

If someone you love has Alzheimer’s disease, there are many things to consider when planning a trip. A few simple measures will help to ensure that your traveling companion remains safe and comfortable. It is also essential that you contact your doctor and develop a realistic travel plan. That way, you can both enjoy the holiday to its fullest.

1. Bring along an identification tag that your companion can wear around his or her neck. In addition, register him or her with the safe return program in your area. Information about the safe return program in your area can be found at your local Alzheimer’s Association chapter.

2. Keep things as familiar as possible. For example, keep bedtimes and eating times as close to normal as possible, and bring the person’s favorite pajamas or pillow. If the person has never traveled on an airplane before, this is not the best time to introduce something new.

3. Be prepared. Get plenty of rest before the trip. Pack for the patient, allowing extra time for everything. Bathe and dress him or her without rushing, and make sure you both wear comfortable clothing during the trip. Research in advance what medical services are offered at your destination, in case you need them. Bring a brief medical history with you, including a current medication list, doctor’s telephone numbers, and a list of any allergies.

4. Plan your itinerary well in advance. If staying with friends or family, make them aware of what Alzheimer’s is and what the symptoms can look like. Minimize time spent with large groups, noisy places, or energetic children. Avoid busy, chaotic locations.

5. Be realistic. Carefully assess what the person’s limitations and strengths are and shape the vacation accordingly. Also be realistic about your own and other caregivers’ limitations and strengths—can you handle the person if he or she becomes agitated or wanders or is unable to sleep? Get your doctor’s feedback on what is realistic and whether he or she recommends prescribing medication for the trip.

6. Limit the length of plane or car rides. If a trip is over four hours, two caregivers should be present. Bring along toys, photos, hobbies, or other distractions in case the person with Alzheimer’s becomes agitated. Carry handi-wipes for any spills.

7. If you are driving and the person with Alzheimer’s becomes agitated, pull over. Do not try to calm him or her and drive at the same time. He or she may become more disoriented and try to leave a moving car. (While driving, keep doors locked.)
8. If you are traveling by air, avoid layovers, and try to fly on direct flights only. Carry all boarding passes, passports, and other important papers yourself. Request a middle seat for your companion and an aisle seat for yourself so that he or she cannot wander away without your noticing. Pre-board the aircraft.

9. If you are staying in a hotel, request a large and quiet room. To protect against wandering, order a door alarm or a childproof doorknob cover. Avoid rooms with sliding glass doors.

10. Have a back-up plan. That way you can react to mishaps without becoming overly anxious yourself. Recognize when the patient is becoming upset or agitated, and stop any activities when necessary in order to get some rest.

In short, planning is the key to having a vacation that is careful and comfortable. It is realistic to assume that the confusion of Alzheimer’s will increase on a trip, leading to discomfort, fear, or agitation. Being prepared can help mediate any mishaps and make for a safe and enjoyable trip.

- If you are flying, keep your medications in your carry-on luggage so that you have access to them during your flight, and will not lose them in the event that your luggage gets lost. Plus, keeping them with you helps prevent exposure to temperatures in the baggage compartment, which can alter the effectiveness of a drug. Keep in mind that airport security requires that your medications be transported in their original, labeled containers. Be sure to check with the airline ahead of time about any additional medication packing guidelines.

- If your medication requires you to use a syringe—insulin, for instance—you may need to carry your prescription with you to ensure that you can pass through airport security. The American Diabetes Association recommends that people with diabetes be prepared to provide airport security personnel with copies of prescriptions for diabetes medications and supplies, and provide complete contact information for the prescriber.

- Make sure that you carry your prescriber’s and your pharmacy’s phone numbers with you when you are away from home. In case you lose your medications, you may need a new prescription. It will also be helpful to have a list of all your prescriptions.

- If you are traveling through several time zones, consult with your physician or pharmacist to work out a specific plan for adjusting the timing and dosage of your medications. This will prevent you from taking too much or too little.

- Take along more medication than the number of days you’ve planned to be away. This will allow you to be prepared for unexpected delays.
This Little Light of Mine

Alzheimer's brings changes both expected and not. Sometimes, it is the little epiphanies along the way that can make all the difference.

My dad always had a devilish sense of humor; sometimes too much so. But I was thankful that when Alzheimer's disease began to creep in and take so much away, his sense of humor remained. Not that all his humor remained intentional. Once, on vacation, despite apparently not being able to call my mom by name, he accurately identified Johnnie Cochran, as the famous attorney’s image flickered on a CNN news program. This startling predicament gave birth to our family referring to “having a Cochran moment” when we were reminded of something that had evaded us in the past. “Great Johnnie Cochran! Here are the keys to the garage.” And so on.

My mom had a wonderful ability to care for Dad as he required more assistance. And we could all tell that his personality was changing. Usually a very private and proud man, he now became impish: We still chuckle at his response to a sneaky but obvious episode of flatulence. His big brown eyes opened wide as he innocently asked my mom the source of the noise.

I once selfishly wondered why I loved him so much when it had often been difficult to recall warm and fuzzy father/daughter moments. I realized that his gift to me was teaching me that unconditional love can be given as well as received and is often more genuine and selfless in the process.

We were fortunate that we never lost the essence of Dad to Alzheimer's completely. In his final weeks, his wonderful hospice caregiver described his gradual passing as a light slowly fading. Often it required patience to see a glimpse of that familiar smile or the recognition in his eyes, but it was worth it.

The last visit we had with Dad included my two young boys, ages 4 and 10 at the time. Mom and I wheeled Dad down the hall in his reclining chair and hoped for the best, as he slept silently. When we reached the boys, my older son stepped forward and Dad's eyes snapped open with a brightness that could only mean recognition and love.

Then, our younger son, without prompting sang in his high, lilting voice, his favorite song, “This Little Light of Mine,” for his granddad. When he stopped, Dad leaned forward in his chair, smiling broadly, and said, “All right!” and gave a thumbs-up sign.

What a memory, what a dad, what a light!
Alzheimer’s Patient’s Prayer

Pray for me I was once like you
Be kind and loving to me that’s how I would have treated you
Remember I was once someone’s parent or spouse
I had a life and a dream for the future
Speak to me; I can hear you even if I don’t understand what you are saying
Speak to me of things in my past of which I can still relate
Be considerate of me, my days are such a struggle
Think of my feelings because I still have them and can feel pain. Treat me with respect because I would have treated you that way
Think of how I was before I got Alzheimer’s
I was full of life; I had a life, laughed and loved you
Think of how I am now, my disease distorts my thinking, my feelings, and my ability to respond but I still love you even if I can’t tell you
Think about my future because I used to Remember I was full of hope for the future just like you are now
Think how it would be to have things locked in your mind and can’t let them out
I need you to understand and not blame me but Alzheimer’s I still need the compassion and the touching and most of all I still need you to love me
Keep me in your prayers because I am between life and death
The love you give will be a blessing from God and both of us will live forever
How you live and what you do today will always be remembered in the heart of the Alzheimer’s Patient

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Join Carolyn and Bonny, and share your caregiving story with other readers. Contact The Fisher Center for Alzheimer’s Research Foundation, West 46th Street & 12th Avenue, New York, NY 10036, or e-mail them to betsey@alzinfo.org
Keeping Your Mind Sharp

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 38)

MATCH THESE

Can you identify these celebrities by matching their “animal name” to their description?

1. _____ Bat  a. Golf champ Woods
2. _____ Bear  b. Newspaper Blitzter
3. _____ Bird  c. Baseball player Hunter
4. _____ Butterfly  d. Frontiersman Masterson
5. _____ Cat  e. McQueen of “Gone with the Wind”
6. _____ Catfish  f. Batman’s sidekick
7. _____ Coyote  g. 12-time NBA All-Star
8. _____ Crocodile  h. “So You Think You Can Dance” host Deeley
9. _____ Crow  i. Movie hero Dundee
10. _____ Robin  j. Football coach Bryant
11. _____ Tiger  k. Peter of “Bitter Moon”
12. _____ Wolf  l. Pop singer Sheryl

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 short quotation from Dorothy Parker. The black squares are the spaces between words. One letter has been dropped in place to start you off.

THREE IN THE MIDDLE

Insert three letters in the spaces below so that you form two common words. The three letters will be the end of the first word and the beginning of the second word.

VISIT US AT KAPPAPUZZLES.COM

Preserving Your Memory
BRAIN-BOOSTING CROSSWORDS

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 clues. The puzzle on the right is a medium-level puzzle and the number of words in the answers have been eliminated. The second puzzle is also a thematic puzzle; the title “Trivialities” is a hint. Have fun testing your knowledge while doing something that’s good for you.

Across
1. “Ather” that trapped a fly  4. Look for bargains  
8. Item cretage  12. Mescaline, for one  
13. “I forget the lyrics” syllables  14. Talk insanely  
15. Computer’s “get me outta here!” key  
16. Cf wings  17. Tette topper  
22. Lime drink  23. Sandcastle mold  
25. Grasshopper or shoo-fly  26. Hot Springs, e.g.  
29. Trifling things  33. Helm of “Lord of the Rings”  
34. Neon diner word  35. “The Human  
Stain” author 38. Metal filaments  
39. Micah or Malachi, e.g.  44. Croon  
45. Do a pressing chore  46. Vestation  
47. Put up, 49. Insect egg  
52. Golly!

Down
1. Respond to a melodrama  
2. Highlands tongue  
3. Asian camel  4. Is a dragon killer  
5. Christmas play headgear  
6. Norway’s patron saint  
7. Ice-cream treat  
8. “The ___ Is Right”  
9. Sprint  10. Exceeding  
11. ___ capita  12. Road fee  
13. Thinker’s product  

Across
1. Throw in the towel  
5. Not at home  
9. Like a perfect beach day  
10. ___ peace prize  
12. Chest wood  
13. Sound  
14. Cuppers source  
15. Capp and Capric  
17. ___ M Caines  
18. Acter Power  
20. Difficult situation  
21. Cne at ___  
22. Indian tribe of Canada  
23. To-do  
24. Walk right in  
25. Peter of “Casablanca”  
26. Touched  
27. Category of milk, cheese etc. 
28. Shoemakers’ helpers  
29. Roadways  
31. librarian’s adnimration  
32. Height (abbr.)  
33. Comic ___  
34. Metal filaments  
35. Marsh plant  
36. Car openers  
37. Gab  
51. “Ather” that trapped a fly  
52. “I forget the lyrics” syllables  
53. Computer’s “get me outta here!” key  
54. Neon diner word  
55. “The Human Stain” author  
56. Metal filaments  
57. Marsh plant

Down
1. Question  
2. “___ the Boardwalk”  
3. Coke ___ lifetime (2 wds.)  
4. Cruel ruler  
5. Landers and Jillian  
6. Go-a-courtin  
7. Stay awhile  
8. Pensive responses  
9. Glasgow gent

Trivialities
25. Rainbow’s end receptacle  
26. Comforting  
27. ___ peev  
28. Groucho  
29. “Jaywalking” host  
31. New England athlete  
32. Snare  
36. “Look Back in ___” (Osborne)  
37. Witch  
38. Endorses another’s bumper sticker  
39. Be credibly  
41. ___ lieu  
42. Canal from Albany to the Great Lakes  
43. Nantes poggin  
44. ___ Paul

(Puzzles continued on page 37; answers on page 38)
There are few things more comforting to an Alzheimer’s patient than a gentle, loving friend—and that can include four-legged friends. Recently, an award-winning show dog retired from the spotlight to spend the rest of his years as a “therapy” dog, soothing people with Alzheimer’s and other disabling diseases. An English Springer Spaniel named “Diamond Jim” recently won the “Best in Show” award at the prestigious Westminster Kennel Club’s annual dog competition in New York City. James (his real name) and his human partner have already worked with Alzheimer’s patients in nursing homes, and the results have been wonderful.
A growing number of hospitals, nursing homes, and other health care facilities across the country are accepting specially trained dogs and cats with welcome arms. Anyone who has ever loved a pet knows how comforting a furry presence can be. Having an affectionate pet visit during a hospital or nursing home stay can be especially beneficial, particularly for someone with Alzheimer's disease. Not just any dog can become a therapy pet. Therapy pets are assessed for temperament and obedience, then given rigorous training to make sure they (and their human partner) are well suited to working in hospitals, schools, or nursing homes. Groups like the Delta Society and the ASPCA train people-pet pairs across the country. More and more pets, primarily dogs but also cats and other animals, are paying therapeutic visits every day.

**Easing Agitation**

Studies at the University of Nebraska Medical Center College of Nursing show that even a short-term visit by a therapy dog to a nursing home can ease agitation in people with Alzheimer’s. The benefits may be particularly pronounced in the early evening, or “sundown” period, when many people with Alzheimer's tend to become agitated and confused. A therapy dog program can be a useful adjunct to other calming activities in such a situation. Therapy dogs also promote social interaction among individuals with Alzheimer’s disease. In one study, 12 people with Alzheimer’s who were living in a Special Care Unit in a large midwest Veterans’ Home were observed after a pet dog came to visit. Various social behaviors were recorded among the group, including smiles, laughs, looks, leans, touches, verbalizations, name-calling, and others.

Observations took place on three separate occasions—when the dog was absent, when the dog came for a visit, and when the dog spent an extended period in the ward. Results showed that the long-term presence of the dog boosted positive social behaviors among people with Alzheimer’s. In another study, the long-term presence of a pet proved useful in those living in a specialized Alzheimer’s ward.

**Wellness and Prevention**

A well-mannered cat or dog isn’t just for people who already have Alzheimer’s disease. Pets have numerous health benefits that may help to stave off the disease as well. Petting and stroking a dog or cat can be very relaxing, slowing heart rate and lowering blood pressure. Stress and high blood pressure have both been linked to an increased risk for Alzheimer’s disease. Dogs, too, get their owners off the couch and around the block, a form of daily exercise that can have multiple physical benefits. Numerous studies show that regular physical activity, at any age, may help to keep the brain young and focused. It’s no wonder that seniors with...
dogs are better able to go about their daily activities than those who remain pet-less. Regular exercise also helps to keep weight down, and excess weight has also been linked to sluggish thinking and memory. If you think your dog or cat might have the right stuff, you might consider making him or her a therapy pet and spread the warmth. And if a loved one with Alzheimer’s is living in a nursing home, inquire about therapy pet visits in your area.

For more information, contact the Delta Society at:
Delta Society
875 124th Avenue, NE, Suite 101
Bellevue, WA 98005-2531
www.deltasociety.org
(425) 679-5500

Pet Therapy at Work—Friends Homes of Greensboro, N.C.

On January 6, 1999, Friends Homes at Guilford and Friends Homes West, Continuing Care Retirement Communities in Greensboro, N.C., began allowing animal “residents” as part of a new program.

Some early concerns about the program included increased falls, allergies, and infections. However, ongoing statistics kept by The University of North Carolina at Greensboro School of Nursing at 14 facilities across North Carolina, including the two Friends Homes, do not support these concerns.

According to Friends Homes: “Residents who have problems sleeping at night can now at least enjoy a cat warming their feet or a dog leaning against their leg to be petted. Arms that used to sit folded in a lap now reach to throw a toy. Eyes that seemed tired and distant now follow movements of fish in a tank. Voices, once silent, now teach the birds to whistle and talk. The evidence is mounting.”

Currently, Friends Homes at Guilford residents and staff enjoy the companionship of Dolly and Lucky (dogs); Boots, Simba, and Sissy (cats); Frankie, Chico, Lucky, Sticky, and Peanut (birds); and countless fish in two aquariums. Friends Homes West residents and staff share a home with QT (cat); lots of sweet, talkative finches; and a host of fish.
Researchers from the Fisher Center for Alzheimer’s Disease Research at The Rockefeller University have identified a therapeutic target protein called casein kinase 1 that may be the key to halting the course of Alzheimer’s disease. The findings, based on studies in the cells of mammals, show that chemicals that block casein kinase 1 don’t interfere with an essential pathway that is often blocked by other experimental anti-amyloid compounds.

Alzheimer’s disease is generally believed to be caused by a buildup of a small protein called amyloid-beta, which is formed when a larger protein is broken into pieces. But the enzyme that produces amyloid-beta is also responsible for cleavage (splitting) of another protein called Notch. The problem with current compounds that lower amyloid-beta production is that they also block the cleavage of Notch, which plays an important role in the development of healthy brain cells.

The new research, based on studies by lead author Marc Flajolet and from the Nobel Prize-winning laboratory of Paul Greengard, director of the Fisher Center for Alzheimer’s Disease Research at Rockefeller, has identified casein kinase 1 that controls the regulation of these enzymes. When the researchers block casein kinase 1, production of amyloid-beta proteins goes down but Notch signaling is not affected.

“Studies of brain tissue from Alzheimer’s patients have shown an increase in casein kinase 1 expression,” says Greengard, Vincent Astor professor and head of the Laboratory of Molecular and Cellular Neuroscience. “We found that the key enzymes involved in amyloid-beta production—called BACE and gamma-secretase—were targets of casein kinase 1, so we investigated what role it might be playing.”

The scientists modified mouse cells to generate a form of casein kinase 1 that was always active, and found that these cells produced more amyloid-beta protein than normal. Then, using three different types of chemicals, they blocked the protein from functioning. When they did this, they were able to reverse the production of amyloid-beta protein without affecting the signaling of Notch proteins.

The studies suggest that an Alzheimer’s therapy based on these chemicals could reduce or halt amyloid-beta buildup without causing side effects. “Numerous efforts have been directed at the development of drugs that inhibit gamma-secretase,” says Greengard, “but there have been significant side effects in animal studies. Our hope is that this research might lead to drugs that don’t have those problems.”

—from Proceedings of the National Academy of Sciences in 2007

Drugs Without Side Effects?
A new therapeutic target for Alzheimer’s could lead to drugs without side effects.

Fisher Center Lab’s Marc Flajolet, senior research associate

To learn more about ongoing Alzheimer’s research, visit www.ALZinfo.org and click on “Alzheimer’s Research.”
Kevin Hannon Launches the “Ironman for Alzheimer’s” Fundraising Campaign

At 7 a.m. on November 3, Kevin Hannon will be standing on the beach in Panama City Beach, Fla., more nervous than he’s ever been in his life. From there, he’ll venture on a 2.4-mile swim in the Gulf of Mexico, then on to a 112-mile bike ride and finally a 26.2-mile run—140.6 miles and 17 hours in all. And he’s doing this all voluntarily. In fact, it was his idea to participate in this challenging test of endurance. But why would a person embark on something so physically taxing? For Kevin, the answer to that is simple: He’s doing it for his dad.

Kevin’s father, Jim Hannon, started developing Alzheimer’s at an early age—his late 40s. Although his symptoms started mildly, Jim’s mental state started deteriorating rapidly after he went through bypass surgery. “First it was minor forgetfulness,” says Kevin. “Then it progressed to difficulty doing simple things, like tying his shoes or zipping up his coat. Eventually, he was unable to do his job and was put on long-term disability.” After awhile, Jim had trouble with speech, which was especially difficult on Kevin who lived in another state from his dad. Presently, Jim is living in an assisted living home where he has resided for the past two years.

While Kevin still visits his father regularly, he wanted to do more. So for his dad—and anyone who suffers from Alzheimer’s—he has chosen to embark on a fundraising challenge: an Ironman competition. Through the Janus Charity Challenge, which is an ironman (and woman) fundraising competition, Kevin will raise money for Alzheimer’s research. Citing the promising and exciting research that is ongoing in the fight for a cure, Kevin has chosen to raise money for the Fisher Center for Alzheimer’s Research Foundation.

Participation in the ironman competition is voluntary, and Janus Charity Challenge gives extra donations to the charities of the top fundraisers for each event. Kevin hopes that his funds will help the Fisher Center’s research programs to one day identify causes and cures for Alzheimer’s. He has no minimum obligation to meet, but he hopes to raise at least $5,000. “I’ll do it if I have to stagger, crawl, or roll myself across the finish line,” he says. “This is for all of the dads, husbands, wives, fathers and mothers out there—and especially my dad.”

To make a donation to Kevin’s Ironman for Alzheimer’s Challenge

If you wish to make a donation, follow these steps:

Go to www.januscharitychallenge.com. On the right-hand side of the page under “Make a Donation” (in red), click “Search for an athlete or charity here.” Next, scroll down a little to the link “Athlete and Charity Search.” On the following screen, type Kevin Hannon in the appropriate boxes and click enter. Then click on Kevin’s name in the box below and you will be taken to his individual fundraising page.
Tony Cochran’s Wellness Woman takes on allergens:

WHAT’S WITH THE DUST MASKS? WE’RE SUPERHEROES, FOR PETE’S SAKE!

WE MUST BE EVER VIGILANT AGAINST OUR ARCH FOE, MR. ALLERGEN!

WE LOOK LIKE SISSIES!

NO. NOT SISSIES. WE LOOK INTELLIGENTLY PREPARED TO BATTLE AIRBORNE POLLUTANTS.

I SAY WE JUST CLOBBER EM. WITH A BIG STICK!

NOW TROUT, YOU KNOW OUR STAND ON MANDATORY STICK REGISTRATION.

Wellness Woman’s saga will continue in future issues.
Get Moving to Improve Your Mood

Studies show that regular exercise can decrease depression and anxiety and improve emotional well-being.

Modern life is stressful—especially if you’re a caregiver, but taking time to exercise can help you beat the blues and calm your mind. It’s commonly known that regular physical activity is good for your heart, reduces your risk for many diseases, and keeps your body flexible and strong. Now evidence shows that exercise not only improves physical health but also emotional well-being.

Depression and Anxiety Relief

In early 2007, a British study published in the American Journal of Epidemiology revealed a relationship between heavy-intensity physical exercise and lowered depression and anxiety. Conducted by researchers at the University of Bristol and Cardiff University, the study followed 1,158 middle-aged men for 10 years beginning in 1989. Research revealed that the men who participated in any heavy-intensity, leisure activity such as running or playing football were less likely to experience depression or anxiety for the next five years compared with less active men.

Fisher Center scientists caution that such studies (based mainly on correlations) do not examine the possibility that some people who exercise do so because they are not depressed in the first place, and some people who do not exercise don’t because they may already be suffering from depression.

Nevertheless, many medical professionals believe that aerobic exercise is most effective in improving mental health, but yoga, a meditative practice that combines fluid body postures with breathing techniques, also may be helpful. A Boston University School of Medicine study published in the May 2007 issue of the Journal of Alternative and Complementary Medicine revealed that brain scans of people who practice yoga show a healthy increase in levels of the neurotransmitter gamma-aminobutyric (GABA) immediately following a one-hour yoga session. According to the study’s researchers, low levels of GABA are linked to anxiety and depression.

Although the link between physical activity and mental health is not completely understood, better mood follow-
ing exercise is a common experience often described as a “runner’s high.” This effect may come from the body’s production of endorphins, neurochemicals released by the brain during and after exercise such as jogging, brisk walking, swimming, cycling, playing sports, or other physical activity.

The Exercise Prescription

Exercise can be as powerful as medication in relieving major depression for some individuals, according to researchers at Duke University Medical Center in Durham, N.C. The 1999 study, “Effects of Exercise Training on Older Patients With Major Depression” compared the results of an exercise training program with the effects of one prescription antidepressant drug (Zoloft) on three groups of patients averaging 57 years old with major depression. Over a period of 16 weeks, one group exercised, a second group only took the antidepressant, and a third group combined the antidepressant with exercise.

Patients who exercised were assigned individual training ranges calculated from maximum heart rates during a treadmill test. Exercise consisted of aerobic sessions that began with a 10-minute warm-up followed by 30 minutes of continuous walking or jogging that maintained the heart rate within the assigned training range.

All three groups experienced nearly identical reductions in depression, although the people taking the antidepressant showed a quicker response. Six months later, researchers found that depression returned in only 8 percent of the patients in the exercise group, compared to 38 percent of the medication-only group and 31 percent of the medication-and-exercise group.

“These data suggest that exercise is not only effective in reducing depressive symptoms among patients with clinical depression, but that exercise may also prevent the recurrence of depression in patients at risk for becoming depressed,” says James Blumenthal, a professor of medical psychology at Duke University Medical Center and lead author of the study. “Exercise may be just as effective as antidepressant medication—at least in patients who are receptive to it as a possible treatment.”

It is important to note, however, that the researchers used only one antidepressant. Some people may react differently to different antidepressants, so the results cannot be generalized to “all” antidepressants. In addition, the above-mentioned study lacks a control group—individuals given a placebo. A placebo was used by the researchers in their most recent study, with results published as this issue of Preserving Your Memory went to print (September 2007). The study results showed that the placebo group also showed a high rate of recovery, though less so than in the treated groups. The researchers conclude that people’s expectations could be important factors in determining successful outcomes. This could also explain why people who took both the antidepressant and exercised didn’t do as well as people who only exercised. Those who got well after exercise alone may have felt a greater sense of accomplishment.

How to get started

When it comes to working out and better mental health, the amount of time you devote to exercise is important. About 30 minutes of physical activity per day for at least three to five times a week can significantly improve symptoms of depression, according to Rochester, Minn.-based Mayo Clinic. Even smaller amounts of activity, from 10 to 15 minutes at a time, has been shown to improve mood for a short time. You should talk to your doctor first before starting an exercise regimen, says Mayo Clinic.

When getting started, first decide what type of exercise you would like to do. Next, determine reasonable goals, such as setting aside 10 or 15 minutes of time, then gradually build up from there. Finally, prepare for setbacks. If you skip exercise one day, that doesn’t mean you’re a failure; just keep trying.

Exercise can improve your self-confidence and serve as a distraction from hopeless or anxious thoughts. It’s also a healthy way to tackle your anxiety and depression, instead of simply hoping that menacing moods will go away on their own.

10 Ways to Exercise Around the House

When you’re a caregiver, there isn’t always time to hit the gym. Try exercising at home instead. You can still find ways to work in heart-pumping workouts as well as stretching and strength-training routines that will banish the blues and relieve stress.

1. Walk on a treadmill or cycle on a stationary bike.
2. Jog in place.
3. Strength train with small dumbbells or ordinary objects around the home, such as unopened canned goods or small plastic bottles filled with water or sand.
4. Pop in an aerobic exercise DVD and follow along.
5. Clean house: vacuum, dust, and walk briskly up and down stairs.
6. Roll out a mat and follow a yoga practice on TV.
7. Skip rope or do jumping jacks.
8. Do stomach crunches on an inflatable exercise ball.
9. Weed the flower or vegetable garden. Cut the grass with a push lawn mower.
10. Turn on some music, and dance!
MedlinePlus.gov® is a free, comprehensive, up-to-date Web site with health information from the world’s largest medical library, the National Library of Medicine of the National Institutes of Health. The Library is working with physician groups to encourage their members to “prescribe” MedlinePlus for their patients who need information. Physicians who wish to participate in “InfoRx” can order their MedlinePlus prescription pads and other promotional materials at www.informationrx.org.
(continued from page 27)

BRAIN-BOOSTING PUZZLES
HIDDEN-MESSAGE WORD-FIND

All the words in the list, which are English words and phrases derived from the French, can be found in the letter grid reading across, up and down, and diagonally. When you have found them all, read the leftover letters to discover an apt quote by Steve Martin.

A LA CARTE  CLICUE  R C B E G A T O B A S P O
A LA MCDE  CONNOISSEUR  U Y L T H O S E U P F R C
ARMOIRE  COUP D’ETAT  E R J I R E C C E O N O A
AL COURLANT  COUTURIER  S C E O Q H O S C T U T V
AVANT-GARDE  HORS D’OEUVRE  S A H I I U U T H P E E A
BON VOYAGE  JOIE DE VIVRE  I F L G R E E E D O Y G N
CAFE  FOTFOURRI  O H F A T A R M O I R R E R
CHANTEUSE  PROTEGE  N O N N C O T E V R E A G
CHIGNON  SAECTACE  H I N G B O N V O Y A G E

You are looking for a 4G-letter phrase.

SUDOKU

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

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

VISIT US AT KAPPAPUZZLES.COM

(Answers on page 38)
Droplines
Wit has truth in it; wisecracking is simply calisthenics with words.

Three in the Middle

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

Hidden Message
Boy, those French, they have a word for everything.

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