

preserving your

Fall 2009

Memory

The Magazine of Health and Hope

Mary Ellen Geist

CBS Radio Journalist, Writer
on Her Journey Back Home

Long-Term Planning

Making the Right Decisions
at the Right Time

Stop Elder Abuse

How to Tell, What to Do

A Healthier You in a Few Minutes

Great Exercises for the
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In her book, *Measure of the Heart: A Father's Alzheimer's, a Daughter's Return*, radio news journalist and writer Mary Ellen Geist narrates her journey from high-power news anchor to family caregiver.

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The Magazine of Health and Hope



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Saving Time, Savoring Fall

For many people, fall is a favorite time of year. The weather turns cooler, but it's still not too cold to enjoy the outdoors. The harvest of summer gardens wraps up, while winter gardens are planted.

In this issue of *Preserving Your Memory*, we look at ways to save time while providing care to your loved ones—and to yourself. Learn how to make the decisions about providing in-home care for a loved one (page 8). Find out how to identify a victim of elder abuse, and how to recognize the signs of stress in caregiving (p. 14).

In our cover story, journalist Mary Ellen Geist explains how she decided to redeem her time. She left a successful career in news broadcasting to become a caregiver for her father in his time of need, and what she is still learning from that process (page 18).

You can learn to save time in the kitchen, too, by trying out recipes from Joyce Chen's famous Chinese cookbook, as graciously shared by her son and former caregiver, Stephen (page 23). And we have some great ideas for getting the physical activity you need in only a few minutes, courtesy of our Fitness department (page 30).

Enjoy the transition of fall, and be sure to let this issue of *Preserving Your Memory* guide you in making the most of every moment.



Betsey Odell

A handwritten signature in blue ink that reads "Betsey Odell". The signature is fluid and cursive.

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 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. Oprah's *O Magazine* lists us as the top charity to give to for Alzheimer's. For more information or to make a donation, go to www.ALZinfo.org.

The Latest News on Alzheimer's Disease and Brain Health

Mildly High Cholesterol in Midlife Linked to Alzheimer's

New research shows that adults in their early 40s who had slightly high cholesterol were at greater risk for dementia later in life than were adults with normal cholesterol levels.

Researchers followed 9,844 members of the Kaiser Permanente Northern California Medical Group health plan who had blood work done between 1964 and 1973. All patients were between 40 and 45 years of age at the time.

Those who had total cholesterol levels above 240 mg/dL were 57% more likely to develop Alzheimer's disease later in life. Also, those who had borderline readings—between 200 and 239 mg/dL—were 50% more likely to develop vascular dementia.

“What's good for the heart is good for the brain,” said Dr. Rachel A. Whitmer, an epidemiologist with the Kaiser Permanente Division of Research and the paper's senior author. “This is something you can change.”

Does this mean that for those of us past middle age, it's too late to lower our risk of Alzheimer's by lowering cholesterol? Probably not. Many of those people with high cholesterol at midlife may have continued to have high cholesterol as they got older, and this may have been partially responsible for their elevated risk. So, lowering cholesterol even for seniors is likely to have benefits.

The study was published in August in the journal *Dementia & Cognitive Disorders*.



Activities such as crossword puzzles may play a role in delaying Alzheimer's symptoms.

Researchers Set to Begin Phase 2 Trial

Researchers at the University of California San Diego's Shiley-Marcos Alzheimer's Disease Research Center will soon launch a Phase 2 clinical trial to test a new gene therapy that may help keep neurons from deteriorating in Alzheimer's patients.

CERE-110, the experimental therapy, has successfully stimulated animal brains to produce a natural molecule called Nerve Growth Factor (NGF), which could help neurons survive the ravages of Alzheimer's deterioration.

Researchers will use viral-based gene transfer to introduce the gene therapy into 50 clinical trial participants at 12 U.S. sites.

“A Crossword a Day” May Be Good AD Treatment, Study Finds

Activities that require ongoing mental focus, such as crossword puzzles, reading and playing cards, may play a role in delaying the rapid deterioration in Alzheimer's symptoms, according to new research.

Researchers at the Albert Einstein College of Medicine in New York City followed 488 people between the ages of 75 and 85, none of whom had dementia when the study began. However, during the study, 101 of them developed dementia.

Study participants reported how often they read, wrote, did crossword puzzles, played board or card games, had group discussions or played music from the

beginning. A point system rewarded those who participated in any of these activities daily with 7 points, those who participated a few times a week with 4 points, and those who participated only once per week with 1 point.

Those who developed dementia averaged 7 points per day. But every additional activity a person participated in was associated with delayed onset of rapid memory loss by 0.18 years. Participating in 11 activities per week was associated with even greater benefit, delay in the rapid decline by 1.29 years. Education level made no difference in the results.

The study was published in the journal *Neurology*.

The Caregiver Connection Matters, Study Says

Alzheimer's drugs can be somewhat effective in treating symptoms in some people and may even modestly slow the inevitable course of the disease. But new research indicates that good caregiving may be just as effective, according to new research funded by the National Institute for Aging and published in the journal *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*.

This study of 167 pairs of caregivers and patients found that patients who gave higher ratings to their relationships with caregivers as "especially close" retained more of their cognitive and functional abilities during the course of the study, which ranged up to 4 years. Those whose caregivers were spouses fared best. Their results rivaled the expected beneficial results from the acetylcholinesterase inhibitor drug family.

The study was conducted by researchers at Johns Hopkins and Utah State University.

Biomarkers May Indicate Alzheimer's Risk

The fluid surrounding the human spinal cord contains many types of proteins. New research from Sweden identifies three specific proteins that may be used as biomarkers. In other words, their presence and amount in spinal fluid may accurately predict the likelihood of developing Alzheimer's disease in people with mild cognitive impairment.

The screenshot shows the Medicare website's 'Caregiver Information' page. At the top, there's a navigation bar with links for Home, FAQs, Screen Reader Version, Printable-Version, Español, and Mailing List. Below that is a search bar and the Medicare logo. The main content area is titled 'Caregiver Information' and includes a section for 'Caregiver Support Resources - What Are You Looking For?' with several topic cards: 'Help With Billing', 'Navigating Medicare', 'Overwhelmed? Get Help.', and 'Care Options'. There is also a sidebar for 'Ask Medicare e-Newsletter' and a quote from Sandra Day O'Connor.

The Medicare website provides important information on nearly every conceivable topic, all in an easy-to-understand format.

Researchers led by Dr. Niklas Mattson at the Institute of Neuroscience and Physiology, part of the Clinical Neurochemistry Laboratory at Sahlgrenska University Hospital in Molndal, Sweden, were able to confirm the results of previous smaller trials. Their study involved 750 people with mild cognitive impairment, 529 people with Alzheimer's disease and 304 people with no cognitive impairment. During the 2-year course of the study, 271 participants with MCI developed Alzheimer's, while 59 developed other types of dementia. These biomarkers were shown to be promising indicators of who eventually developed Alzheimer's.

The ability to detect early signs of Al-

zheimer's will allow testing of candidate therapeutic drugs at earlier stages of the disease, before full blown dementia has occurred. This could lead to earlier treatment. The next phase will be standardization of these biomarker tests so they can be performed anywhere with reliable results.

Medicare Website Provides One-Stop Access for Caregivers

Now that 44 million people provide care for a loved one in the family, the need for support services has never been greater—and it's going to get much greater in the coming years, as the baby boomers retire and age. In fact, 80 percent of long-term care in the U.S. is provided by family caregivers, and 7 percent of these caregivers provide more than 40 hours of care per week.

Medicare is a vital resource for these people, but getting information hasn't always been easy. To help family caregivers who need information about getting support, the

U.S. Department of Health and Human Services recently launched Ask Medicare (www.medicare.gov/Caregivers), a new Web site that helps caregivers find what they need in as little time as possible by cutting through a lot of bureaucratic red tape.

The site provides important information on nearly every conceivable topic, all in an easy-to-understand format. It also provides vital links to products that provide assistance to disabled patients and links for taking care of all Medicare paperwork, and much more. ■

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

In-Home Care

Who, what, when and how much?

By Mary Adam Thomas

Mary Theresa “Terry” Vasquez, RN, has seen Alzheimer’s disease (AD) from a variety of angles. As a registered nurse, she has provided care both in and out of the home for other people’s family members who suffer from AD. When her own mother was diagnosed, her connection to the disease became much more personal.

When her mother’s condition progressed to the point where she could no longer live alone, Terry moved from Virginia to Texas to serve as her in-home caregiver. After six months, Terry returned to her own home and arranged for professional in-home care at her mother’s, combined with local daycare services, both of which she managed remotely. Eventually, her mother was moved to a small assisted living group home in Texas, where she currently resides.

Terry now volunteers as the Virginia State Representative for the National Family Caregivers Association (NFCA), and leads the group’s campaign to develop a U.S. postage stamp recognizing family caregivers. She has even written a book (*Mi Mamacita Tiene Alzheimer’s: My Beloved Mother Has Alzheimer’s*), which offers tips and reassurances to others in similar situations.

“Deciding whether or not to care for a family member in the home is such a personal decision,” she says. “You have to look at the total picture of your life—your family, your work, your faith, and the financial and physical impact it will have. For me, being a nurse, it came to me automatically, but I was really scared. During those six months, the Alzheimer’s Association guided me to daycare and eventually to respite care. It was hard for me to let go when



In-home care can be the right decision for many Alzheimer’s patients.

I moved out, but I am confident that I can continue to take care of my mother’s needs as a long-distance family caregiver.”

Not every caregiver will be able to give care remotely, like Mary. Even when a patient is living in a nursing home, a family member or caregiver outside the nursing home who can make regular visits is often required to fully assess the patient's needs and to see that they are being met. This is especially true when the patient is living at home.



There are an estimated 10 million unpaid caregivers supporting the nation's 5.5 million Alzheimer's patients.

A Growing Population

While Terry lived with and cared for her mother, she became one more among the staggering number of in-home care providers in the U.S. Along with the 5.5 million people currently living with AD, there are an estimated 10 million unpaid caregivers supporting them.

When Terry sought additional help, her mother became one of the 7.6 million individuals who receive in-home care from a professional care provider because of acute illness, long-term health conditions or a permanent disability such as AD, according to the Mayo Clinic.

If you are facing a similar decision, whether as an Alzheimer's patient or a relative, remember that you do have options when it comes to retaining independence. The responsibility for in-home care does not have to fall solely on any one person's shoulders. Just as Terry did, you can design a care profile that best suits your individual needs, and adjust it as those needs change.

Decisions Vary

Determining how best to provide in-home care for someone facing Alzheimer's—and determining whether in-home care is preferable to a move to a residential facility—depends on multiple factors.

"The decision varies with individual situations and with the capability of the family members," says Mary St. Pierre, MGA, BSN, RN, who serves as vice president for regulatory affairs at the National Association for Home Care and Hospice (NAHC). "One person might find she can cope independently while caring for someone with

Alzheimer's just by using resource materials she can get from different organizations. With help of that kind, she can continue care without bringing in more help. Others might find they need help early on," she explains.

Like Terry Vasquez, Mary St. Pierre has multiple perspectives when it comes to Alzheimer's care. In addition

to her experience as an RN and her leadership role with the NAHC, she has assisted with the care of her mother-in-law and her father, both of whom have been diagnosed with AD.

When her mother-in-law came to live with them, Mary and her husband cared for her during non-working hours. When they left in the mornings, Mary's mother-in-law went to a day program designed for persons with memory impairment. The balance worked in large part because of Mary's professional background and her level of comfort both providing and coordinating care.

When Mary's father required assistance, his wife (Mary's mother) provided in-home care for him around the clock. "My experiences with my dad were more intermittent because my parents lived several states away," she recalls. "One day while I was visiting, I told my mom to take a break. I thought I could get dinner on the table while keeping an eye on Dad so Mom could go to church. I assumed he was watching TV, but he was busy doing something else. He had slipped out the back door, picked up the lawnmower and hauled it up three steps into the house!"

Mary offers these examples as a way of illustrating the unique challenges faced by every family dealing with AD. Household dynamics, behavioral patterns, disease progression, experience and financial constraints all contribute to the decision of how best to structure in-home care.

Taking on the Job

If you decide that you are the best person to provide care for your loved one, there are numerous resources

available to you. (See sidebar on page 11 for Web site addresses.) In addition to learning the home care basics, you can become familiar with the ways in which your role will likely change over time. Read as much as you can in advance so that when new demands arise, you will be better prepared.

As you already know, the job of caregiver can be extremely taxing. In order to provide the highest level of care to your loved one, remember to do the same for yourself. Guard against stress and burnout by building breaks into your duties, even if it's just a matter of closing your eyes and counting silently to ten. If someone you trust offers to take the reins for a few hours, take advantage of the opportunity. Take a walk; go to a movie; do whatever it takes to recharge your caregiving batteries. Keeping yourself physically and emotionally healthy is the best gift you can give your loved one.

When to Ask for Help

At some point along the way, every AD caregiver needs help. There is no shame in asking for it. In fact, when you



It's perfectly okay to get help with caregiving, including the in-house care of paid professionals.

find themselves facing new challenges that require the daily attention of a medical professional.

If you seek the help of a professional in-home care provider, look for an individual or an agency offering the appropriate level of care for your current needs. Also, urges Mary St. Pierre, be sure that anyone you bring into the home has had training working with people with dementia.

reach the stage when you can't do it alone, you are providing better care for your loved one when you can embrace that reality. Be proud of what you've done, and of the courage you've shown in seeking support.

The experts agree: Caregivers must ask for help *before* they are in crisis. That way, there is less interruption in the rhythm of life for everyone concerned.

The Professional Options

All Alzheimer's patients need some level of supervision; and in general, a caregiver must be with the patient (e.g., in the house) at all times. Some family caregivers simply seek an hour of coverage each day; others

Certain situations call for a combination of some or all of the following:

- **Companionship:** If your loved one needs or enjoys the company of another person, you can hire someone to provide companion services. This person can help supervise while also engaging the patient in conversation, taking a walk around the block or working a puzzle. A companion can sit with the patient while the in-home family caregiver is elsewhere in the home, or is away for brief periods during the day.
- **Domestic assistance:** This is someone who is available to assist with light household duties such as cleaning, laundry, grocery shopping and cooking. You can even ask for this person to run errands on your behalf.
- **Personal care:** Sometimes called a home health aide, this individual is available to assist with basic daily tasks such as bathing, dressing, exercising, getting in and out of bed, and using the restroom.
- **Home health (skilled care):** When the AD patient requires clinical assistance, licensed home health workers can deliver just that. These professionals are qualified to come to the home and offer skilled medical services. Home health teams may involve any combination of physicians, registered nurses, licensed practical nurses, social workers, physical therapists, speech therapists, occupational therapists and dietitians.
- **Hospice.** Hospice workers come to the home to maximize the comfort and dignity of an individual when life expectancy is measured in weeks or months. Hospice care focuses on pain management and emotional support rather than treatment.

Paying for Care

Professional in-home care can be expensive, which is one of the reasons why so many family members provide care to their loved ones. According to the U.S. Department of Health and Human Services, the average hourly cost of home health workers in 2008 was \$29. The rate can be higher or lower, depending on the level of care and the state where it is provided. However, some services are covered by insurance, and some are available for free or at reduced rates through public agencies.

Here is a rundown of the most common sources of

supplemental funding for in-home care:

- **Medicare:** If a physician orders medical home health services (such as skilled nursing or physical, speech or occupational therapy), they may be covered by Medicare. Visit www.medicare.gov.
- **Medicaid:** Availability is based on financial need. Visit www.cms.hhs.gov.
- **Older Americans Act:** Frail and disabled seniors aged 60 and up may qualify for this federal program, which funnels funds to state and local agencies. Visit www.aoa.gov.
- **Veterans Affairs:** Veterans who are disabled due to a service-related injury or illness may be eligible for services provided through VA hospital-based home care services. Visit www.va.gov/health.
- **Community organizations:** Many communities offer home care support to seniors through local programs. Ask your doctor or hospital social worker for assistance.
- **Insurance:** If you already have private insurance, check to see if it covers home care services and long-term care. Call the customer service number associated with your policy to learn more.

Ask Your Doctor

Talk with your doctor or another member of your healthcare team to get recommendations on the proper level of home care to meet your unique needs and to suit your budget. Physicians, nurses, hospital social workers and discharge planners should be familiar with the professional care options in your area and can help you decide which—if any—services you'll need to supplement your own in-home efforts. ■

Resources and support

The National Family Caregivers Association:
www.thefamilycaregiver.org

The National Association for Home Care and Hospice: www.nahc.org

Fisher Center for Alzheimer's Research Foundation: www.ALZinfo.org

Memory and Aging on Exhibit

Two traveling museum exhibits, both sponsored by MetLife Foundation, are opening many eyes to the wonders of the human mind and body.

The world of memory and the brain as it ages and the biology of aging are subjects of two stimulating exhibitions sponsored by MetLife Foundation currently traveling the United States. “MetLife Foundation has a long history of partnering with museums to support education and development opportunities for people of all ages,” said Rohit Burman, Culture Program Manager, MetLife Foundation. “We are proud to sponsor these innovative exhibitions to engage young people, older adults and families in learning and exploration.”

When San Francisco’s Exploratorium launched its pioneering breakthrough, *Memory*, in 1998, it was a hit. Ten years later, as *Memory* travels the country, it still is.

This comprehensive exhibition is currently in Peoria, Ill. “It is getting good reviews there,” said Richard O. Brown, Ph.D., staff neuroscientist at the Exploratorium. The 40-year-old science museum was a pioneer in hands-on science exhibitions and welcomes 550,000 visitors every year.

Memory features hands-on experiments that engage visitors with important lessons about how the memory works—and why it sometimes does not. Exhibits focus on personal and shared memories, the phenomenon of forgetting, the importance of meaning in memory, memory and the senses, and much more. Multimedia presentations include:

- The work of an artist, Franco Magnani, who painted scenes of his childhood Tuscany home entirely from memory
- A guessing game where participants have to identify



©Oregon Museum of Science & Industry

Fun exhibits about the biological process of aging in the Oregon Museum of Science & Industry’s *Amazing Feats of Aging* exhibition

- common house items by touch alone
- “Hoops Nightmares,” which puts a new twist on “March Madness” by inviting visitors into a basketball game where familiar skills—passing and shooting—are tested in a changing environment
- Loads of memory tests
- Explorations of shared memory, including major events from the past century, stirring visitors to share their personal reminiscences of where they were and what they were doing when an event happened. “Often complete strangers will share memories as they experience the exhibit, which is a very satisfying thing to see,” Brown said.

As with all of the Exploratorium's offerings, *Memory* is designed for students and adults alike. Visitors actually get to do experiments at the exhibit. By focusing on the phenomena that are being described, individuals of all ages have opportunities to experience the science and learn about their memory directly.

A Fresh Look at Aging

Another exhibit currently making the rounds hails from Portland's Oregon Museum of Science & Industry (OMSI). Originally opening at OMSI in 2003, *Amazing Feats of Aging* seeks to educate families and K-12 students about the biology of aging through a series of interactive exhibits and multimedia presentations. The exhibit was initially funded by a grant from the National Science Education Partnership, part of the National Science Foundation. It is currently on a nationwide tour, which is also being sponsored by MetLife Foundation.

In addition to covering the process of aging in human beings, the exhibit offers a lot of fascinating information on aging across the animal kingdom. "One of the challenges of this exhibition was appealing to kids," said Vicki Coats, manager of Exhibit Research & Development at OMSI. "I feel that we had some success by including aging animals, which the kids relate to a little more. What we found when we did our evaluation, was that it really was getting kids to think about aging in ways that they obviously would not from their own experience."

One interesting element in the exhibition is a display of older technologies that older people would readily recognize, but would be totally foreign to younger people. "Visitors who saw this exhibit and could identify the things we had on display were able to share what they know with their children," Coats said. "The point was to show how much knowledge a person gains over a lifetime, and how important healthy aging is."

While we live in a culture that celebrates youth and too often regards aging as something to be avoided, the natural world rewards the experience and wisdom that aging brings, Coats said. Elephant herds led by older, more experienced females tend to be more successful in the wild because older leaders are better able to interpret

the signals of fellow elephants. "They can read the threats more accurately and are better able to take the appropriate actions," Coats said.

The animal presentations grab the attention of all ages, Coats said. Included are some surprising facts:

- The giant tortoise ages like all other creatures, typically living for 100 to 150 years. But they show no outward signs of aging along the way.
- Even longer-lived is the bowhead whale, which beats all other mammals with a life expectancy of 150 to 200 years.
- But the creature with the longest life span is the quahog, a clam that lives 250 to 300 years.

The exhibition introduces visitors to the process of human aging through hands-on stations, including a computer simulator that alters a scanned picture of a visitor's face to show how he or she will age over the next 25 years. A game introduces the concept of free radicals, the "loose" molecules that are necessary for life but can cause damage to cells. Another activity shows how a healthy brain ages by comparing PET scans and MRIs of healthy brains. And there is a wealth of information on Alzheimer's disease and how it affects the brain.

The idea behind this multifaceted presentation is to present aging as so much more than demise, Coats said. Even the young visitors seem to grasp the concepts. "One of my favorite responses came from a 12-year-old," Coats recalled, "who said, 'Aging is an amazing process, even though it is not the greatest.'" ■



©The Exploratorium, Amy Snyder

The Exploratorium's *Memory* exhibition teaches how the mind works, with fun-filled activities.

See for Yourself

Memory and *Amazing Feats of Aging* are both currently on tour nationwide. To find out if *Memory* is coming to a museum near you, visit the Exploratorium's Web site at www.exploratorium.edu/memory/. To see if *Amazing Feats of Aging* is scheduled for your area, visit www.oms.edu and search for "Amazing Feats of Aging."

Stop Elder Abuse

Know the Signs, Know What to Do

Eight years since her mother died of Alzheimer's, B. Lynn Goodwin still remembers the stress of being her caregiver, of driving her mom to doctor appointments, cooking her meals and paying her bills. The task was daunting, and Goodwin found herself increasingly isolated as she poured her energies into caring for her mom.

"Technically, I had nothing I had to do other than go to work and honor my volunteer tutoring and writing commitments," says Goodwin, now 60, of Danville, Calif. "I could have given all of that up and simply been present for her. I had no husband or kids, and I felt selfish because I craved a life of my own when I had a mother who needed me. I was beyond frustrated. I wanted her to fire me from this unpaid job, but family doesn't work this way. I was feeling hopeless, immature and miserable."

All the stress came crashing down on her, and Goodwin found herself yelling at her mother. "I never tried to physically hurt her," she says. "Never. But I sometimes exploded verbally, irrationally, a bit like an earthquake when the pressure builds until something moves. Sometimes she would look at me with curious eyes, like a child watching something she does not understand."

Lessons Learned

Goodwin is thankful that those moments of anger never escalated to anything worse and have since become a distant blur, but she still recalls the shame she felt for getting so angry. She also understands how the rigors of caregiving can lead to elder abuse. Her experience led her to write her book, *You Want Me to Do What? Journaling for Caregivers*, which helps those caring for others to express their feelings in writing.

Unfortunately, it's not unusual for caregivers to take out frustrations on their loved ones. Long hours of providing unpaid care to someone with dementia causes undue stress that can exhaust even the hardest souls.

But unleashing your frustrations can become elder abuse, a crime that is both devastating and morally reprehensible. Elder abuse can take myriad forms:

- Physical abuse may involve hitting, shoving and inflicting pain against the older adult.
- Verbal abuse may include yelling, threatening or ridiculing the elderly person.
- Psychological abuse may involve ignoring the elderly person, isolating her from others or menacing the victim.
- Sexual abuse is engaging the elderly person in inappropriate sexual activities.
- Financial exploitation involves the misuse of the elderly person's money without his or her consent. It may involve forgery, theft or inappropriate use of the elder's

credits cards and checking accounts.

- Neglect can mean failing to meet the elderly person's most basic needs, be it food, water or clothing. It may also be withholding medication or isolating him from others.

Experts estimate that there are 1.5 million to 2 million cases of elder abuse a year in the U.S., but that only 5 percent to 10 percent are reported to authorities, says Sy Moskowitz, JD, a professor of law at Valparaiso Law School in Indiana who specializes in elder law and elder abuse and neglect. Though many cases escape the notice of authorities, the number of reported cases is actually growing, Moskowitz says, thanks to a growing awareness of the problem and an increase in the elderly population. According to the National Elder Abuse Incidence Study, reports of elder abuse increased more than 150 percent between 1996 and 2006.

Elder abuse can have dire consequences. "The fact is, elder abuse and neglect is a big risk factor for death," Moskowitz says. "It can even lead to suicide."

"I wanted her to fire me from this unpaid job, but family doesn't work this way. I was feeling hopeless, immature and miserable."

The Victims and the Perpetrators

Sadly, most cases of elder abuse are committed by a family member, often someone who is caring for the victim. According to the National Elder Abuse Incidence Study, two-thirds of all abusers were adult children or spouses of the elderly victim. "The likelihood of being abused by a family member is much higher than it is by a stranger," says Allan Hoffman, EdD., author of *Elder Abuse* (American Public Health Association, 2005) and CEO of Ottawa University of Arizona.

Most cases of abuse occur where the elderly person lives, most often in the home. Older adults with Alzheimer's and other forms of dementia are especially vulnerable. "They're less able to prevent these kinds of abusive situations, and they have less access to outsiders," Moskowitz says.

Many cases of elder abuse never get reported to authorities. Victims are often too intimidated or embarrassed to turn in the abuser, or they don't want their loved one to get in trouble. "There may also be a lot of fear, as in who is going to take care of me, if I turn them in?" Moskowitz says.

While there is no typical profile of someone who commits elder abuse, certain factors do raise the risk for abuse. According to Hoffman, many people who abuse the elderly are frustrated, stressed caregivers. They tend to come from families with a history of violence and may have been abused as children. Many abusers also suffer from more personal problems such as mental and emotional disorders, alcoholism and drug addiction, and financial troubles. Some researchers have found too, that older adults who are in worse health are more likely to be abused than those in good health.

But don't be deceived by appearances, says Marion Somers, PhD, author of *Elder Care Made Easier* (Addicus Books, 2006). "It's not necessarily somebody who talks loud," she says. "It can be the sweetest, meekest person in the world. And they might be hurting someone without knowing it."

A Quiet Crime

Like most forms of domestic violence, it isn't always easy to spot an elderly victim of abuse, especially if you don't see that person on a regular basis. But there are clues that sometimes may cause concern. Victims who are being physically hurt, for instance, may have unexplained bruises, broken bones or other inexplicable injuries. Those who are being neglected may lose weight, become increasingly isolated and disappear from activities that they once cherished.

The most telling signs may occur in the presence of the person committing the abuse. "You have to watch (the elderly person's) body language around the abuser," Somers says. "The victim may pull toward you, or their voice may go down. They may also avert making contact with the person."

Financial abuse is tougher to spot, especially if you don't have access to the victim's accounts. But if you do, you may notice large, unexplained withdrawals of cash from bank accounts, changes in her financial situation, unpaid bills, and suspicious changes in documents such as wills, power of attorney and insurance policies.

Even so, many cases of elder abuse are so subtle as to go unseen. For instance, an unemployed child may simply "borrow" funds from an elderly parent with the intention of paying it back someday, or an exhausted caregiver may grab the elderly person's arm when she refuses to cooperate.

And in the current economic climate, experts say the incidence of financial abuse has gone up. Of particular concern is a caregiver with power of attorney over an elderly parent's assets and finances, especially when there is evidence of financial mismanagement.

Preventing Abuse

Moskowitz estimates that most cases of abuse are deliberate, but there are also those in which caregivers become abusive as a result of all the stress. "Caregivers are often overwhelmed and just can't take it anymore," he says. "They're acting out of frustration or anger."

For caregivers, the best thing they can do to stop themselves from becoming abusers is to be aware of the fragility of their situation and to look out for their own well-being. "They have to take physical and emotional care of themselves," Hoffman says. "They need a break from taking care of the individual." Here's what experts advise caregivers to do to avoid slipping into an abusive situation:



It isn't always easy to spot an elderly victim of abuse.

- **Join a support group.** Local organizations such as the Alzheimer's Association often provide weekly support groups for caregivers to gather and talk about the challenges of caregiving. Being among others in your situation can be a tremendous source of comfort

and relief. “The best thing for anybody is to become part of a support group,” Somers says. “You can connect with others in your same situation, and you can vent some of your frustrations.”

- **Take advantage of community services.**

These same organizations—which may be social service agencies, churches or local non-profits—are also often able to help you with practical care for your elderly relative. Some may provide adult day care and respite services, which will give you the breaks you desperately need.

- **Stay socially connected.**

It’s easy to abandon friends and social activities when you’re in the throes of caregiving. But maintaining connections can help you endure the difficulties.

- **Do what’s necessary to stay healthy.**

Exercise, a good night’s sleep and healthy meals aren’t luxuries—they’re necessities for your well-being. Maintaining your own health will make you a better caregiver and give you the stamina you need for the long haul.

- **Be smart with your time.** Somers says caregivers should know their limitations, learn to make lists of what needs to be done and do what they can to make the best of their time. Even shopping for groceries according to the layout of the store can save time and make a caregiver less fretful.

- **Learn to ask for help.** Resist the urge to do it all by yourself. Instead, delegate responsibilities to siblings, your children, your spouse and others. If no one wants to help, ask for contributions of money instead. Use the money to hire someone to look after mom for a couple days while you take a break.

- **Talk to a professional.** If you think you’re on the brink of becoming abusive, seek professional help



If you think you’re on the brink of becoming abusive, seek professional help from a therapist or social worker.

from a therapist or social worker. Airing your concerns can relieve stress and help you regain your footing while avoiding an abusive situation.

Do You Suspect Abuse?

Putting a stop to elder abuse takes effort, both on the part of the individual and the community. Whether it’s the vigilant neighbor who notices that her elderly neighbor is no longer out and about, or the watchful bank teller who spots unusual withdrawals from a customer’s savings account, it’s important that everyone be on the lookout for elderly people who are targets of abuse. Here’s what you can do if you think someone is being victimized:

- If you think an elderly person is being abused, contact your state’s Adult Protective Services agency or the police. You can also locate help on the National Center on Elder Abuse Web site at www.ncea.aoa.gov.
- If you don’t live near the victim, you can contact the national Eldercare Locator number to find services and agencies in the community where the older person lives. That number is 1-800-677-1116.
- And if you’re the victim of elder abuse, consider reporting it to the police, talking to your physician, a clergy member or a close friend. They may be able to report the problem and get you the help you need. Remember, elder abuse is a crime. ■



Measure of the Heart

Four years ago, Mary Ellen Geist walked away from a career in broadcast news to help her father, an Alzheimer's sufferer, and her mother. Today she is using her journalistic skills to advocate for creative caregiving.

"These days, it is the measure of the heart that matters most to me. I can only hope that my heart will be as large as my father's when I begin to leave this world."—Mary Ellen Geist, from *Measure of the Heart: A Father's Alzheimer's, a Daughter's Return*.

In the broadcast news business, Mary Ellen Geist had a reputation as a danger girl. For several years, she worked as a "morning streets" reporter for KFWB radio in Los Angeles, where she covered such major news stories as the

O.J. Simpson trial and the L.A. riots.

Then the Michigan native moved up the Pacific Coast to San Francisco's KGO radio station, where she worked as a reporter and anchor for 13 years. Her reporting was lauded with distinction and acclaim, winning Associated Press and Edward R. Murrow awards along the way. In 2004, she reached the pinnacle of her ambitious career when she moved to New York to work as the afternoon anchor for WCBS Radio.

A Family's Need

Just one year later, Mary Ellen traded in the glamour, six-digit salary and prestige that her position yielded to return to the farmhouse where she grew up and help her mother Rosemary care for her father. Woody Geist, now 82, was first diagnosed with Alzheimer's 15 years ago. Slowly, his dementia had worsened. He could no

longer drive, tie his shoes or remember much of anything. Mary Ellen and her two sisters knew her parents needed help—their father had reached the advanced stages of Alzheimer's and their mother was fighting her own battle against exhaustion and sorrow. Because her sisters had their own young families, Mary Ellen volunteered. She took what's commonly called the "daughter track." Her mother paid her \$22,000 a year for necessities.

"I'm here to make my dad feel loved and keep my mom from losing her mind," Mary Ellen told *The New York Times* in November 2005.

A Team of Caregivers

Approaching her parents' struggles like the competitive, skilled journalist she had been for more than 20 years, Mary Ellen calculated that caregiving would entail three main jobs. The first was to help her mother care for her father and housekeeping matters. She also thought her role would be to serve as a companion to her dad.

Third, she thought she could create ways for her mom to have fun and relax.

Unfortunately, the demands of her parents' lives were greater than Mary Ellen anticipated. The mother-daughter caregiving team settled into a hefty and exhaustive routine of caring for Woody—making sure he was showered, shaven, and dressed; had eaten, taken his medicine, and had activities to occupy him; and was taken to adult day care. That still left other necessary household chores.

For a while, Woody was able to help—and had a particular affinity for vacuuming and folding clothes. But eventually his dementia forced him to surrender those tasks as well. At the same time, Alzheimer's continued to chew

away at his memory; he no longer remembered his past, the names of his three daughters, or the present. Mary Ellen and Rosemary found themselves constantly repeating simple instructions. The

endless repetition took its toll.

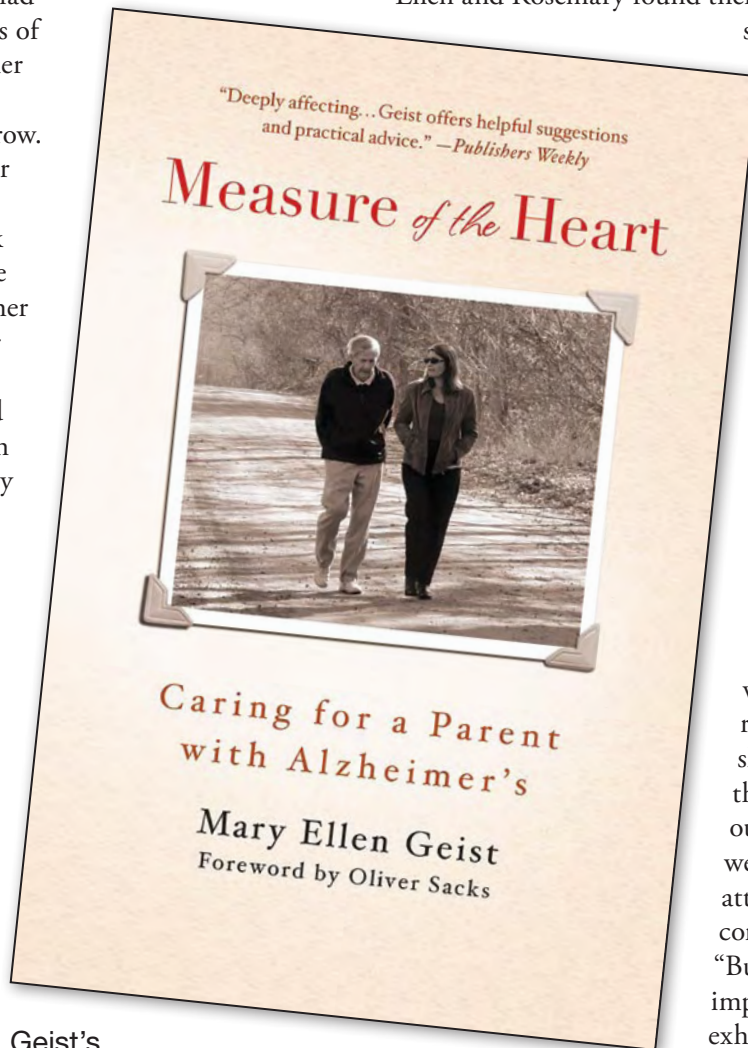
"It's hard to believe two people can't take care of one person like that," Mary Ellen says, "but it's because it's constant and a constant worry and you are constantly repeating. And then the physical stuff became really difficult—especially showering. Everything, everything was hard."

When Mary Ellen returned home, she looked forward to going places with her parents and rediscovering the area where she grew up. At first, the three enjoyed a variety of outings, even though they were not always easy. They attended symphonies, movies, concerts and museums. "But as dad became more impaired," she says, "it became exhausting"—and precarious. At the Detroit Institute of Arts, Mary Ellen barely kept Woody from leaning against one of the first bronze castings of Rodin's

The Thinker. Afterward, excursions became less frequent, Woody's need for continuous supervision intensified. Rosemary wrestled to keep up with his needs while coping with her own despair and self-neglect, and Mary Ellen realized she couldn't fix her dad.

Although Woody remained in good health physically, by early 2008, Rosemary and Mary Ellen could no longer take care of him. The Geist family made the painful decision to place him in a nursing home.

Watching Woody's descent is an ongoing source of anguish to the family as they lose the father and husband they used to have. A handsome, athletic, gentle man, Woody headed an industrial distribution firm for 40



Geist's book is now available in paperback at bookstores everywhere.



The Geist family in the 1960s, from left to right: Libby, Alison, Woody, Rosemary, and Mary Ellen.

years. He and Rosemary fell in love while students at the University of Michigan. They have been married now for nearly 60 years. “Now my mom is in a new kind of state of grief,” says Mary Ellen. “She really doesn’t have a husband any more. I can’t help her.”

The Power of Music

There is one source of memories that yet remains imbedded in Woody Geist’s brain. He clearly remembers musical lyrics, notes and baritone parts. It seems to restore his dignity and ability to recall. “I believe my father’s authentic self resides in music,” says Mary Ellen.

Woody began singing as a boy. When he was in his 30s, he joined a 12-man a cappella singing group called the Grunyons and became a regular in the church choir. The rest of the family shares his talent as well. Mary Ellen sang professionally with a jazz band. Whenever the family is together, rest assured they are singing or whistling.

And they continue to sing together. When Mary Ellen visits Woody, the first thing she does is sing. “At first he’s not sure what’s going on, but after his first song, he comes back to the world through singing those songs, I am convinced of it. And he comes back to me as my father. It really is the way he and I communicate now. And he remembers who I am. The minute we finish singing he says, ‘I love you.’”

Unexpected Consequences

When Mary Ellen returned to Michigan four years ago, she had a clear entrance strategy, but she didn’t come with an exit strategy. Nevertheless, her father has inspired her to take her life in new directions. “There are gifts that have come out of this,” she says.

Mary Ellen never gave up writing. She would help care for her dad during the day and at 2 or 3 in the morning she would sit at her father’s desk and write. She began writing a blog and was soon surprised at how many caregivers responded to her

entries and were online in the middle of the night.

"In the United States, there are 10 million of us taking care of someone with dementia or Alzheimer's, and they all talk to each other at night on the Internet because they can't leave. [They're] insomniac caregivers," she adds.

From Blog to Book

Soon, those writings took the form of a memoir. "I feel like my father reached through his Alzheimer's and gave me the gift of this book," she adds.

Published in 2008, *Measure of the Heart: A Father's Alzheimer's, a Daughter's Return*

is Mary Ellen's account of the first two years she spent caring for her father and lending a hand and shoulder to Rosemary. The book also serves as a caregiver's guide, providing common-sense advice on creative ways to care for someone suffering from dementia and ways for caregivers to take care of themselves. Ever

the journalist, she garnered ideas from her own experiences, professionals, organizations and fellow caregivers. The book was recently released in paperback.

There have been other gifts, as well. Now Mary Ellen travels around the country with her own lecture agent, giving speeches about creative caregiving. "It's become a real calling, a passion for me to talk about new ways to deal with people with Alzheimer's and to help families through it," she says. In fact, since her book, many a cappella singing groups—including The Grunyons—have begun entertaining residents in nursing homes. Many people are even referring to this trend as "Woody's Voices." "Music has meant so much to my father," she says, "and I feel like

his word is getting out about how important it can be, especially to someone with Alzheimer's."

Back Home to the Heart

In her spare time, Mary Ellen has also begun singing again, is working for public radio and back on the air, doing some freelance writing, and working on her second book. She also visits her father regularly to enable her mother to have more free time. "My mother is an incredible artist," says Mary Ellen. "I want her to have another chapter in her life."

Mary Ellen believes returning to Michigan and being with her parents was the "best thing I have ever done."

Today, love and family and relationships have replaced the values of ambition and self-obsession. "I had become a narcissistic person who was consumed by my career at the cost of my heart," she says. "[In New York] I was becoming this very competitive



The Geist family, with a new generation. Listed in relation to Woody Geist. Front row: Charles Gregg-Geist, grandson; Alison Geist, daughter. Back row: Bill Howard, son-in-law; Mary Ellen Geist, daughter; Nathan Howard, grandson; Rosemary Geist, wife; Woody Geist; Will Howard, grandson; Libby Howard, daughter; Gary Gregg, son-in-law.

machine. I didn't like what I saw in the people around me, and I was in danger of becoming someone I don't like. Then I'd go to my parents' house in Michigan on the weekends, and it was all about love and responsibility and family. I think they brought me back home to my heart." ■

More About Mary Ellen

For more information about Mary Ellen Geist, visit www.maryellengeist.com. *Measure of the Heart: A Father's Alzheimer's, a Daughter's Return* is available in bookstores nationwide and through online booksellers.

Do you have a question you would like to ask the experts at the Fisher Center for Alzheimer's Research Foundation? If so, please call 1-800-ALZINFO visit ALZinfo.org, send surface mail to Fisher Center for Alzheimer's Research Foundation, West 46th Street & 12th Avenue, New York, NY 10036, or e-mail info@alzinfo.org.

Time-Saving Tips for the Doctor's Office

A visit to the doctor with an Alzheimer's patient can be challenging. But a little preparation and flexibility can go a long way to saving time and trouble.

Doctor's visits are a very important part of every Alzheimer's patient's life. As challenging as they can be, there are steps you can take to save time and help the process along. In order to make these visits go as smoothly as possible, experts suggest the following tips:

Before the Visit

As the caregiver, you can take a few steps in advance of the visit that will help your loved one and the office staff.

- When scheduling an appointment, consider when your loved one is at his or her best. Also, ask the scheduler when the office is least crowded. Try to schedule the appointment at a time that meets both conditions, if possible.
- Let the office staff know in advance that you're bringing in a patient who is confused.
- If this is the first time you're visiting this clinic, ask the office staff if you can provide the information they need over the phone or mail it in before the appointment.
- Find out what lab results and other records the office will need for the appointment. Make arrangements to have records sent to the office before the day of the visit.
- Ask for copies of all lab results



Some basic preparations can make a trip to the doctor's office easier on the caregiver and patient.

and other pertinent records. These documents will come in handy should you need to visit another doctor.

- Make notes of any changes in your patient's behavior since the last visit, as well as any questions you have for the doctor.
- Don't tell the patient about the appointment until the day of the appointment arrives, preferably even

shortly before the visit. Tell the patient as simply and cheerfully as possible that you're both going to the doctor.

The Day of the Visit

- Allow plenty of time to prepare for the visit.
- Prepare yourself first. It may be difficult to get ready for the visit if your loved one is already prepared (See "Tips," on page 38)

A Taste of Home

Even as Joyce Chen, the world-famous chef of Chinese cuisine, succumbed to Alzheimer's disease, her son Stephen was there for her. He carries on her tradition of good, healthy food from family recipes today.

Most kids learning how to cook can be found by a parent's side, helping out as they gather pointers for making great meals. That's how Stephen Chen learned, too—except his mother, Joyce Chen, was hosting a cooking show on PBS, and Stephen was helping her as the show taped. “Back then, a taped program couldn't be edited,” says Stephen Chen, remembering those days back in the 1960s. “So we had to get everything right the first time.

Stephen not only learned how to cook, but to do so quickly. “I was there to clean up and keep things in order, so she could keep her flow moving along.”

Growing Up with a Chef

By the time she hosted that show, Joyce Chen was a national celebrity. Often credited with introducing the Mandarin style of Chinese cooking to America, Joyce wrote a best-selling cookbook, *The Joyce Chen Cook Book*. Originally published in 1962, Chen's cookbook is still in print, a testament to its enduring popularity. The cookbook arose from the fame of Chen's Boston-area restaurant, Joyce Chen Restaurant, in 1958. Her TV show, *Joyce Chen Cooks*, debuted in 1968. The busy entrepreneur and chef kept up a rigorous schedule until she was diagnosed with Alzheimer's in the early 1980s. Stephen became her caregiver,



Joyce Chen on the set of her popular PBS cooking show. As a boy her son, Stephen, served as her assistant on the show.

© Joyce Chen (2009 Joyce Chen Family Trust)

and continued in that role until she passed away in 1994.

“Since I worked with Mom at the restaurant, I spent much of my life taking care of her when she became ill,” Stephen says. “In the beginning, she was having difficulties, and there were a lot of visits to the doctor. It was very scary, but at least we had a heads-up as to what to expect.”

Alzheimer's was particularly difficult for Joyce, who thrived on close contact with her customers and a busy social calendar. “She loved to talk to the customers,” Stephen recalls. “It became awkward.” One thing that was sure to calm her when she experienced anxiety: a ride in the car with Stephen at

the wheel. “When she was in the car, she felt she was on the way to where she needed to go, even though we weren't going anywhere in particular.”

“Peking Raviolis”

Her children took on the various elements of the Joyce Chen product lines and restaurant, with Stephen heading up the Joyce Chen Foods division, a then-emerging frozen foods enterprise based on Joyce's famous recipes. One of those recipes: Joyce's famous pot stickers, which she called “Peking ravioli” to make them more accessible to American audiences. The name stuck, and to this day, pot stickers are called Peking raviolis throughout the Boston area.

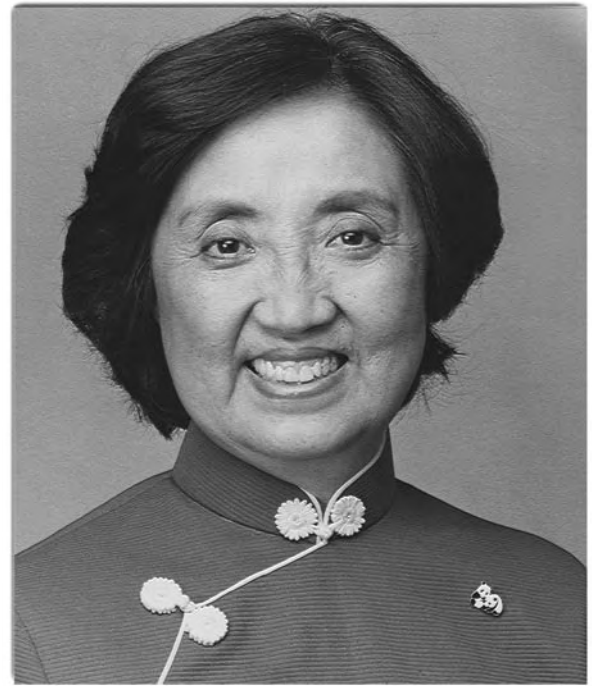
“It occurred to me that my Mom had always wanted to do ‘Peking raviolis’ as a frozen-food item,” Stephen says. “So I found a company in California that can make 40,000 dumplings per hour. For us to grow our business, we had to have a company that could follow our recipes, do good quality control and deliver on schedule.”

The Peking ravioli line debuted in Boston-area stores after the restaurant closed, in 1998. After that and before launching Peking raviolis, Stephen and his wife took a year off and adopted a baby girl from China.

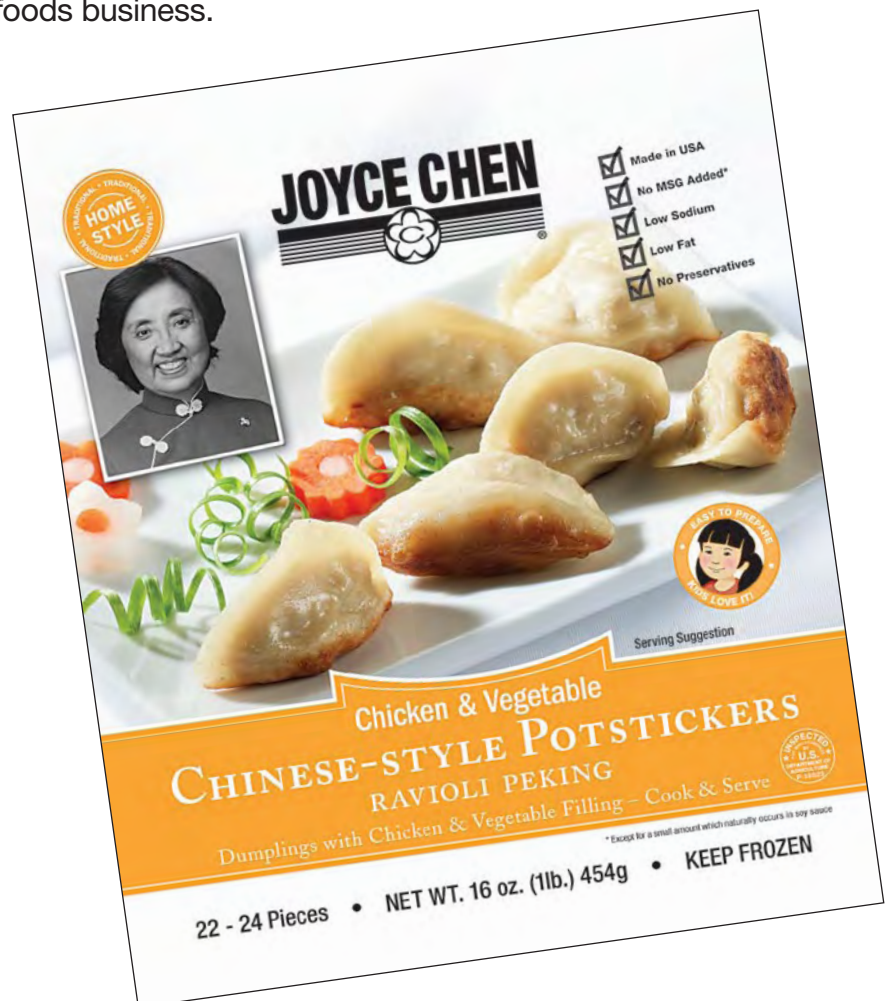
Today, Joyce Chen Foods is still a one-man operation, even as the business grows. “The dumplings are now available throughout New England and as far south as Virginia,” Stephen says. “It’s been a tough process, growing this business. The frozen-food business is tough, because there’s not a lot of retail space available and a lot of cost involved.” Nevertheless, the business has been successful. “If you lined up all the dumplings we’ve sold, they would stretch from [Boston’s] Logan Airport across the state of Massachusetts. I sometimes picture them lined up when I’m driving on the Mass Turnpike.” He’ll need to drive carefully; he plans to launch dipping sauces based on his mom’s recipes in the near future.

To this day, Stephen Chen cooks for family and friends straight from his Mom’s cookbook. “Some of the dishes I know by heart, but referring to my copy of her cookbook has helped me more than once,” he says. “That’s the neat thing about cooking, that you carry forward a legacy you learned from your parent, who learned from her parent, and so on.” Stephen recalls a favorite saying of Joyce’s: “Cooking is an unselfish art. When you cook, you cook for others.”

Caregivers can make savory meals that are healthy, quick and above all, from the heart. With that in mind, we present easy-to-make recipes from Joyce Chen Cooks—with Stephen’s blessing, of course. ■



Joyce Chen, the chef regarded as the mother of Chinese cooking in the U.S. Stephen, her son, now manages the late chef’s frozen foods business.



蔥花餅

Minute Scallion Pancake

Ingredients

- 1 egg
- 2/3 cup flour
- 1/3 cup scallion (minced, about two stalks)
- 1 strip bacon (minced, or 1 heaping tbsp. dried shrimp, minced)
- ¼ tsp salt (heaping)
- ½ cup canned chicken broth or water, with ¼ tsp salt
- 4 tsp cooking oil

Directions

Mix the above ingredients (except oil) in a bowl into a thin paste (about 1 cup). Put 2 tsp. oil in hot flat skillet over medium heat. Cover the bottom of the skillet evenly by tipping pan, or use spatula. Pour half of the mixture from the bowl into skillet, spread out flat and cover the bottom with the mixture. Cook until the edges are lightly browned, then turn to brown the other side. Using the remaining 2 tsp. oil, cook the rest of the mixture in the same manner.

Makes two 8" to 10" round pancakes. Serve hot.

木樨湯

Egg Drop Soup

Serves 4–6

Ingredients

- 1 can chicken broth (13 ¾ oz.—or 2 chicken bouillon cubes with 2 cups warm water, or 2 cups stock with 1 tsp. salt)
- 2 cups water or stock
- 1 tsp. salt
- 1 strip ginger root (if obtainable)
- ½ tsp. dry sherry
- 2 eggs
- 1 tbsp. scallion (minced or fine shreds)

Directions

Beat eggs slightly with dry sherry.

Mix the chicken broth, water, salt and ginger slice in a saucepan. Bring to a boil and remove ginger slice. Stir beaten eggs into boiling soup. Remove from heat instantly. Garnish with minced scallion. Serve hot.

Well Versed

Written by Andrew Ezergailis
Ithaca, New York

My wife, Inta Ezergailis, died of cancer. But during her time here, she wrote poems about her own mother's battle with Alzheimer's disease. I want to share one:

The belly-laugh, to relax
into the grotesque
Rabelaisian joke of
old age. The make-up, meant
to resist, aimed for prettiness
has been co-opted. The mouth
still curves a punctilious red
but the brows insist on
drawing themselves darker
and thicker and more
stylized every day,
the arch now Gothic
rising to a point,
starting to sharpen
its punctuation
for the final question.

Memories of loved ones still stir the hearts of many.



Grandma Is Not Home

Written by LeRae Bullard
Eagle Point, Oregon

The door flew open as if it had been blown off its hinges by a hand grenade. She stood in the doorway, wearing her ragged bathrobe and slippers, now a mere 80 pounds.

Thelma was once a beautiful and talented lady; now she looked as if she were homeless. She had lived a life of sublime opportunity and extravagant material items, but none of that mattered now. She can no longer remember the life she led. Grandma now has Alzheimer's.

Thelma was talented in her day. She painted the most fabulous paintings of natural vistas and other scenic views. She would add such precise details to the mountains and trees in her work. Grandma's paintbrush would flow across the canvas like an extension of her spirit.

One summer we traveled together, photographing old barns so that she might reference them later in a painting. She once submitted a painting to Learning Tree, which was published two years later.

We spent holidays as a family at Grandma's. The house would smell of Christmas ham, a reminder of the elaborate meals Grandma would cook. We never had fewer than 15 pies, one of every flavor or berry you could think of. After dinner, Grandma would sneak outside to stomp around on the deck and ring sleigh bells, as if Santa had arrived. All the children would jump up and dash outside to see Santa, but he had already left by the time we got outside—leaving the best presents out on the deck, of course, with luxurious bows and dazzling wrapping paper. Somehow, Grandma had always managed to sneak back inside and follow us out, so she could say, "Look what Santa brought us!"

Two years ago our lives changed. Grandma drove to Wal-Mart and could not remember how to get home. This was the beginning of a transition that none of my family members was prepared for. The doctor diagnosed Grandma with dementia, and would go on to tell us that it could progress slowly or extremely quickly. Grandma's illness took over our lives, turning a wonderful woman into one who was often angry and used foul language.

The day I realized I needed to reach out for help was the best day I had in over a

year. I called the help line and reached someone who listened with sincere empathy. I discovered resources I never knew existed. I now pray every day for the support I need to be there for her, just as she was always there for me in the past. Dealing with an Alzheimer's patient is trying and tiring, but reaching out for help is very helpful to a caregiver. ■

When a caregiver reaches out for help in assisting an Alzheimer's patient, a world of resources becomes available.



Plain Talk About Alzheimer's Research

At the Fisher Center for Alzheimer's Research Foundation, we are funding innovative Alzheimer's research that is beginning to make serious headway. I wanted to talk to you not as a scientist, but as a regular guy originally from the Midwest, trying to help make sense of the new initiatives aimed at developing new Alzheimer's treatments, taking place in the Fisher Center for Alzheimer's Disease Research laboratory.

What is Alzheimer's disease?

Alzheimer's is a progressive disease that destroys large areas of the brain over time, leaving its victims with little comprehension or awareness. Research indicates that the disease is associated with abnormal accumulations of proteins in the brain called plaques and tangles.

A majority of scientists involved in Alzheimer's research believe that abnormal accumulation of beta-amyloid is the main factor responsible for the degenerative changes that occur in the brain as the disease runs its course. Thus, drugs that lower beta-amyloid levels in the brain are expected to offer the most promising treatments.

What does that mean?

The lab we primarily fund is under the direction of Nobel laureate Dr. Paul Greengard. The Greengard lab team believes they can decode the mystery of Alzheimer's by identifying a protein that can stop the unnatural buildup of beta-amyloid. Their plan is to isolate those cells that are resistant to beta-amyloid plaque and bring them into the lab, where they can find out why they are re-



Laboratories supported by the Fisher Center for Alzheimer's Research Foundation are making significant advances in the search for a cure.

sistant and look for more effective treatments for people with Alzheimer's.

How are they going to do that?

Previously, looking at the nature of cells required examining them one at a time. But the scientists at our lab recently developed a new tool called TRAP (translating ribosome affinity purification), which allows them to see the nature of many cells at once. Using TRAP, they are now able to analyze the subtle differences between cells that they couldn't detect before to see which cells are more resistant to beta-amyloid plaque, and how they work in groups.

This new information should point scientists in the direction of a protein that can help cells resist beta-amyloid plaques. Once that is located—and they are close to finding it now—they will be able to provide the fundamental information needed for drug companies to produce and develop effective Alzheimer's treatments. This process offers the possibility of cutting a significant amount of time from the search for a cure.

What is being done now?

Along with our lab's promising new discoveries, we are working to make sure our educational and awareness resources are the best we can offer. It is my greatest desire to offer a real sense of hope and show you how far we've come in our search for effective treatments and a cure. In fact, you can visit our website, www.ALZinfo.org, to read *The Expert Review*, where we publish scientifically reviewed Alzheimer's news. There you

can also learn about the stages of the disease and appropriate care, access our social networking site www.ALZTalk.org, and ask us any question you want through our Ask The Experts section. No question is too big or too small. ■

Have a question now? Call 1-800-ALZ-INFO or write to info@alzinfo.org.



A handwritten signature in blue ink that reads "Kent".

Kent L. Karosen, President & CEO

Taking It on for “Lucky”

In commemoration of her beloved grandfather, Christina Weber competed in her first triathlon in July to raise money for the Fisher Center for Alzheimer’s Research Foundation.

Christina Weber, a 28-year-old business-development specialist in New York City, saw a chance to cross an item off her “bucket list” and to pay tribute to Elturino “Lucky” Loiacono, her grandfather, who passed away after a long battle with Alzheimer’s disease in August 2008.

When she realized she could “team up” her goal with an opportunity to raise funds for the Fisher Center for Alzheimer’s Research Foundation, she knew she had to do it—for Lucky, for the millions of others who suffer from Alzheimer’s, for herself.

“He was an amazing man, father, grandfather and friend,” Weber says. “When I registered for the triathlon, I knew I wanted to accomplish the goal in honor of my Grandpa, benefiting a cause dear to him.”

A “Lucky” Inspiration

It certainly isn’t hard to see why her Grandpa has had such an influence on Weber. A World War II veteran, “Lucky” Loiacono received the Bronze Star and a Purple Heart in his honorable service to our country. He also won his nickname, “Lucky,” from that time: In 1943, his unit, fighting at the Battle of the Bulge, was trapped by an advancing German tank unit. Lucky nearly lost his eye to shell shrapnel, and was nearly taken prisoner by German soldiers who, for reasons still unclear, suddenly had to abandon the position, leaving him bleeding from the eye and feigning lifelessness in a foxhole.

“Knowing what he went through during his time in the war would give me the courage to cross the finish line,” Weber says.

Sharing the Benefits

She then turned to her next task: Find a worthwhile charity to raise funds for as she competed in the triathlon. She chose



Christina Weber with her Grandpa, Elturino “Lucky” Loiacono. Right: Christina at the finish line.



the Fisher Center. “I researched potential beneficiaries, and saw that the Fisher Center is the top charity to give to for Alzheimer’s disease, according to Charity Navigator,” she says.

With that, Weber registered for the Nautica New York City Triathlon and began training. “I have always been exercise- and health-conscious, and started off training strong,” she says. “Then in spring, my career life got extremely busy as I transitioned into a new partnership, taking on tons of meetings.” Still, she relied on her deep background with swimming, worked with trainer Adam Daredia one day a week on strength and

flexibility, and—three days before the event—learned how to shift gears on her bike.

On July 26, Weber completed the triathlon, her very first—a 0.9-mile swim, a 26-mile bike ride, and 6-mile run, all in succession. “Right when I crossed the finish line, I thought, ‘Check that off my list!’ But after giving it some more thought, I would do it again if I had a friend or group of friends step up to the challenge with me.” ■

Fitness in a Flash: Exercise for Older Adults and Caregivers

Regular physical activity can keep you strong, improve your flexibility and help you manage stress. But when you're a caregiver for a loved one with Alzheimer's disease, it's often difficult to find time to exercise.

If you don't exercise, however, you stand to lose strength, mobility and balance as you age, according to the American Council on Exercise. Inactivity can have serious health consequences and makes it more difficult to achieve simple tasks, like carrying groceries or putting away dishes.

"[A lack of] time should not be an excuse for not exercising," says senior fitness instructor Mary Ann Wilson, RN. "While your focus is on the person you are caring for, it's important to remember to take time, just for you, at least once during the day."

Sit and Be Fit

Wilson is the creator and host of the television series *Sit and Be Fit*, a 30-minute exercise program for older adults and caregivers. The series is broadcast on PBS stations throughout the U.S. and Canada.

A seated workout can help lubricate and keep joints flexible, increase circulation and strengthen muscles for better posture. Try these seated exercises at home:

- **Deep breathing exercise.** While inhaling deeply through your



Mary Ann Wilson, RN, host of the fitness program *Sit and Be Fit*.

Photo: Kaveh Nikpour

nose, pull your elbows backwards. Hold your breath, with your back just slightly arched, for a count of five. Force the air out through your mouth by gently contracting your abdominal muscles. Repeat up to 10 times.

- **Spine stabilizer.** Reach up to the ceiling with your right arm. Then reach down to the floor with your left arm. Repeat exercise with left arm up and right arm down. Look at your hands as you reach up and down.
- **Abdominal Strengtheners.** Take a deep breath in. Breathe out, press your back into the chair and tighten your abdominal muscles.

(Picture a string being pulled from your belly button to the back of the chair.) As you do this, avoid rounding your spine. Pull the abdominal muscles in.

Walk to Stay Sharp

Walking can help you stay mentally sharp as you age, according to the Fisher Center for Alzheimer's Research Foundation. A four-year study of 750 older men and women living in Italy found that seniors who regularly took walks and participated in other forms of moderate exercise had a lower risk of developing a type of memory loss associated with poor blood flow in the brain.

Sit and Be Fit Works Wonders

"I have appreciated your senior exercise program, Sit and Be Fit, for six years. I have worked in nursing homes for 12 years and part of my job is to exercise the residents. The diversity in your exercises helps keep the daily routine of exercising fun. Your exercises help so much to maintain a quality program for the residents working with stroke, amputation, arthritis, Parkinson's dementia of all levels, as well as age difference—40s to 101. The exercises are so excellent. Thanks for being so dedicated to seniors. Exercising helps immeasurably improve the quality of their lives."

Janice Roberts, Activity Director
Encanto Palms Assisted Living
Phoenix, AZ

"If it all possible, take the person in your care out for a walk," recommends Wilson. "The fresh air and change of scenery will brighten your day, and the additional exercise will energize both of you."

Follow these tips to build more walking into your day:

- **Park farther away.** When you're out running errands, park farther away from your destination than you normally would.
- **Walk to nearby locations.** Don't drive—take a stroll instead.
- **Take the stairs.** Avoid taking the elevator or escalator and climb the stairs instead.
- **Walk while you talk.** If you have a portable phone, walk around the house or pace back and forth while talking.
- **Take a commercial break.** When watching television, get up and walk around the room during commercials. During a single one-hour show, you can get in more than 10 minutes of walking time.
- **March in place.** Lift those knees and walk in place while you're doing dishes or folding laundry.

Move to Improve

The American Council on Exercise recommends functional fitness as a way for older adults to stay active and inde-



Healthy physical activity can be squeezed into even the busiest schedule.

pendent. Functional exercise only takes five minutes or less, requires no special equipment and can be done just about anywhere.

Try these functional fitness exercises throughout the day:

- **Penny Pick-Up.** Start three steps away from a penny placed on the floor. Slowly walk toward the penny. Stop to lunge or squat down to pick the penny up. Stand back

up and continue walking another three steps. Repeat five times.

- **Step Overs.** Place a 6-inch-tall vegetable can on the floor and stand about 6 inches behind it with both feet facing forward. Slowly lift your right leg and—while maintaining your balance—step over the can. Shift your weight to balance on your front leg and lift your left leg up and over. Return to the starting position by stepping back over the can. Repeat 10 times.

- **Standing Push-presses.**

Stand with your feet hip-width apart. Hold weights (2- to 10-pound dumbbells, or cans of vegetables) at shoulder height, palms facing forward with your weight on your heels. Slightly dip your knees to start the exercise, then straighten your knees and simultaneously push the weights overhead until your arms are fully extended. Avoid arching your lower back. Also, avoid leaning your head and neck forward. Slowly return your arms to shoulder level and repeat. Continue exercise for 30 seconds.

Short Bursts are Best

Short bursts of exercise can raise your heart rate and keep you stronger and more flexible. Wilson rec-

ommends exercising a few minutes at a time throughout the day.

"Here is one easy way to remember—do some of the exercises before breakfast, lunch and dinner," she says. "This way, it will become a habit." ■

To learn more about Sit and Be Fit, call (509) 448-9438, visit www.sitandbefit.org, or e-mail sitandbefit@sitandbefit.org.

Elder Law Attorneys Offer Senior Citizens Hope

Recently, I spoke to a group of seniors. Someone in attendance asked the following question:

What is elder law? Here is how I responded.

Elder law focuses on the fact that many of us are living longer. Advances in modern medicine have allowed more individuals than ever to live into their eighties and nineties. According to the most recent U.S. census, the over-65 population is growing faster than any other age group. In fact, people over age 85 are the fastest-growing segment of the over-65 population.

However, by living longer we increase our exposure to chronic illnesses, such as dementia or Alzheimer's disease, which can result in long-term care expenses and the loss of independence.

The Advantage of a Specialist

If you have a medical concern, you sometimes need to see a specialist who is qualified and experienced in that specific field. That's why you wouldn't go to a podiatrist if your head hurts. People go to specialists for a very good reason: Medical specialists limit their practice to one or a couple of practice areas.

The legal profession has evolved in much the same way. The laws have become so complex and change so fast that



An elder law attorney has the specific training and expertise to counsel families appropriately.

it is difficult for attorneys to be proficient in more than a couple of areas of the law. In fact, the American Bar Association has recognized the need for specialization in elder law by accrediting

the National Elder Law Foundation as the only certifying organization for elder law attorneys in the United States.

(You can go to www.nelf.org to see if your attorney is a certified elder law attorney.)

Elder law attorneys take a holistic approach when representing their clients and focus on the needs of the elderly client as opposed to one particular area of the law. We must be proficient in Medicare, Medicaid, Social Security, tax, trusts and estates law, among others. Elder law attorneys help senior citizens preserve their independence and avoid impoverishment.

How Elder Law Attorneys Help

Allow me to share with you two real-life situations that illustrate elder law much more clearly. The first situation involved a client who sought our advice when his wife was admitted to a local long-term care facility. The cost of her care exceeded their combined income, and he was quickly exhausting their savings. He was afraid he would run out of money to pay their bills. To visit his wife in the nursing home, he was driving



Planning for your family's future should include the counsel of an elder law attorney.

an old car that he feared would break down at any time. His children were concerned because he was living alone in a risky area.

We were able to help the client obtain Medicaid benefits to pay for his wife's nursing home care while preserving his income. He went on to purchase a new automobile, make renovations to his home and retain his modest amount of life savings. When we finished putting the plan in place, the client was no longer in fear of poverty and his wife was receiving needed skilled nursing care.

The second situation involved a client who was a widower in his 80s. Although he had mild dementia, he wanted to live independently in his home. His children were very busy with their own lives and careers, and were not in a position to serve as caregivers. However, they were

all very concerned about their father and wanted him to receive the best possible care at home.

We prepared the necessary legal documentation that allowed one of his children to manage his financial affairs, such as paying his bills, filing tax returns, and monitoring his investments. We also arranged through the services of a geriatric care manager for our client to receive quality care at home from licensed home care providers. As a result, the client remained in his home and his children were no longer worried about him.

Plan Early, Rest Easy

These are just a couple of examples of how elder law attorneys offer senior citizens and their families hope that they can afford long-term care and maintain their independence. Unfortunately,

many families wait until there is a crisis before contacting an elder law attorney. We are still able to help these families, but the earlier you plan, the better.

Why not spend some time thinking about what is truly important to you and work with an elder law attorney to help you accomplish your goals? After all, many people spend more time picking out the color of their living room carpet than they do planning for their and their family's future.

Do it for your family. ■

Bernard A. Krooks, J.D., CPA, LL.M (in taxation), CELA is immediate past president and founding member of the N.Y. chapter of the National Academy of Elder Law Attorneys and a nationally known and widely quoted expert on elder law. For more information, visit the firm's website at www.littmankrooks.com.

Brain-Boosting Puzzles

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

(Answers on page 37)

MATCH THESE

Can you match each sports term with its appropriate sport?

- | | |
|------------------------|-------------------|
| 1. _____ Alley-oop | a. Badminton |
| 2. _____ Love | b. Football |
| 3. _____ Mulligan | c. Fencing |
| 4. _____ Rhubarb | d. Billiards |
| 5. _____ Salchow | e. Basketball |
| 6. _____ Parry | f. Cricket |
| 7. _____ Bird | g. Golf |
| 8. _____ Jerk | h. Diving |
| 9. _____ Bridge | i. Figure skating |
| 10. _____ Stonewalling | j. Weightlifting |
| 11. _____ Gainer | k. Tennis |
| 12. _____ Sack | l. Baseball |

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 read from left to right spell out a short witticism. The black squares are the spaces between words. One letter has been dropped in place to start you off.

N	T	O	E	F	C	R	T	E	O	F	T	E	T	E	U	J	D	T
S	C	H	M		O	O	T	F	O	R	W	T	O	F	E	O	H	I
	T	O	N		W	I	M	H	N	U	T		H	H	N	G	O	I
	I	O	O		O	F	T		O				O				P	Y
	T																	

LEAPFROG

Here’s a list of fabrics — two of them for every number. The letters of the two words are in the correct order, but they overlap. All you have to do to find the terms is separate the letters.

Example: **JCEHARMSBERAYY** — JERSEY, CHAMBRAY

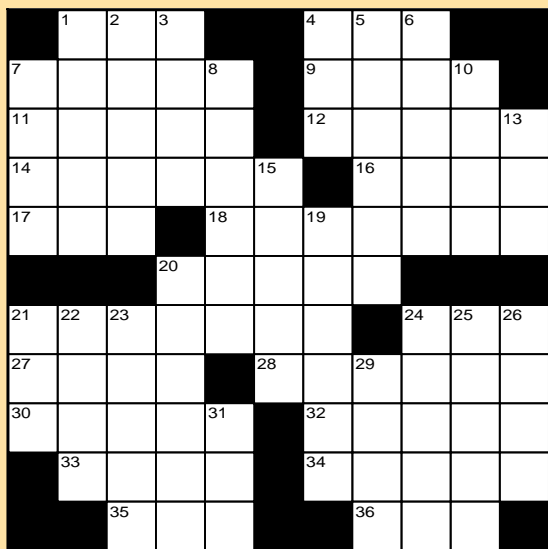
- | | |
|-------------------|-------|
| 1. LDIENNIEMN | _____ |
| 2. SBEURRGLEAP | _____ |
| 3. CASALTEICEON | _____ |
| 4. CPAERCNVALASE | _____ |
| 5. GTIANFGFEHATAM | _____ |
| 6. TRAWEYEOND | _____ |
| 7. COLARDUCROEY | _____ |
| 8. DAFLMEASECKE | _____ |
| 9. MVEUSLLVIENT | _____ |

•VISIT US AT KAPPAPUZZLES.COM•

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 the number of words in the answers have been eliminated. The second puzzle is also a thematic puzzle: the title "Find a Hobby" is a hint. Have fun testing your knowledge while doing something that's good for you!



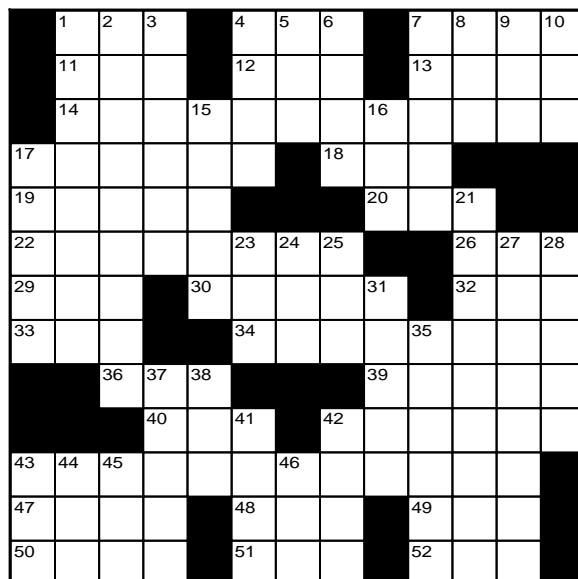
Across

- | | | |
|------------------------------|-----------------------------|----------------------------|
| 1. Cane liquor | 28. William Tell, for one | 8. Pressed |
| 4. La Plata's locale (abbr.) | 30. Favors one leg | 10. Bedspring |
| 7. Biblical mountain | 32. Privileged class | 13. Fish ____ |
| 9. Powder | 33. Slangy refusal | 15. Fred Flintstone's wife |
| 11. Happen | 34. Gives sparingly | 19. Glowered |
| 12. Unfriendly | 35. Bar staple | 20. Brisk |
| 14. Gent | 36. "____ the season ..." | 21. Four qts. |
| 16. Poker holding | | 22. Demolish |
| 17. Three (Ital.) | Down | 23. Jousting's uniform |
| 18. ____ news (TV offering) | 1. Kitchen favorite | 24. Tex-Mex |
| 20. Trades for money | 2. Mom's brother and Seeger | 25. Sampras |
| 21. Painter Moses | 3. Handle roughly | 26. Greek god |
| 24. Likely IRS worker | 4. ____ moment's of war | |
| 27. Luminous radiation | 5. Lauren of fashion et al. | |
| | 6. Be smug | |
| | 7. Not hard | |

Find a Hobby

Across

- | | | |
|------------------------------------|---------------------------------|-----------------------------------|
| 1. Atlas entry | 43. Altruistic hobby | 17. Very sentimental |
| 4. Pixie | 47. Poker premium | 21. Michigan city |
| 7. Yes, informally | 48. Cape Cod's SE of | |
| 11. Form of "to be" | ocean (abbr.) | Ann Arbor |
| 12. Elton John's title | 49. Ordinal suffix | 23. Class |
| 13. Forearm bone | 50. "Sweeney ____" | 24. French negative |
| 14. Nostalgic hobby | 51. FDR's successor | 25. #4 on the phone |
| 17. Flavor with spices | 52. Dah's partner in Morse code | 27. Daytime rays |
| 18. #6 on the phone | | 28. Score used to assess newborns |
| 19. Passion | Down | 31. Fighting (with) |
| 20. However much | 1. Italian sports car | |
| 22. Creative hobby | 2. Idealized rustics | 35. Cleared up a mess |
| 26. "Read to your kids" spot, e.g. | 3. Individual | 37. Hinted |
| 29. School org. | 4. "SportsCenter" network | 38. Charged atom |
| 30. Wahine's greeting | 5. Women's ____ | 41. Arizona's neighbor |
| 32. Dine | 6. Starting at | 42. Jarring blow |
| 33. ____ and yang | 7. Canadian territory | 43. Dye holder |
| 34. Crafty hobby | | 44. Artist Yoko |
| 36. Biol., e.g. | 8. Actor Wallach | 45. British partnership abbr. |
| 39. Novelist Cather | 9. Actress Sheridan | |
| 40. Singer Rawls | 10. Crone | 46. SAT org. |
| 42. Stuffy room problem | 15. Major artery | |
| | 16. Stop ____ dime | |



BRAIN-BOOSTING PUZZLES

HIDDEN-MESSAGE WORD-FIND™

The names of the famous artists listed below 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 from Pablo Picasso.

You are looking for a 64-letter phrase.

BACON LICHTENSTEIN
 CALDER MAGRITTE
 CARR MATISSE
 CASSATT MODIGLIANI
 CEZANNE MONDRIAN
 CHAGALL NEVELSON
 DALI O'KEEFFE
 DE KOONING POLLOCK
 HOPPER STELLA
 JOHNS WARHOL
 KAHLO
 KANDINSKY

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

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

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PUZZLE ANSWERS

Match These

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

Dropline

Too often we enjoy the comfort of opinion without the discomfort of thought.

Leapfrog

1. Denim, linen; 2. Burlap, serge;
3. Calico, sateen; 4. Canvas, percale;
5. Gingham, taffeta; 6. Rayon, tweed;
7. Corduroy, lace; 8. Damask, fleece;
9. Muslin, velvet.

Hidden Message

Every child is an artist. The problem is how to remain an artist once he grows up.

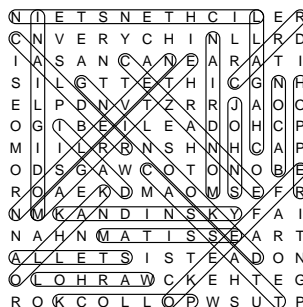
Crossword 1



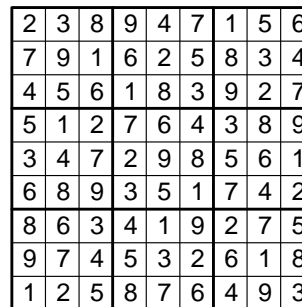
Crossword 2



Word-Find



Sudoku



YOU CAN MAKE A DIFFERENCE!

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("Tips," continued from page 22)
and waiting for you.

- Pack something for your loved one to eat and drink, and a fun activity that you can share.
- Take along another family member or friend who can help you both. It is especially important to have the help of another who can attend to your patient when you need to talk with the doctor.
- When you tell your loved one that you're both going to the doctor, be prepared for questions and emotional responses.

At the Office

- You will probably have to wait to see the doctor. If it is difficult for your loved one to sit still, keep your loved one occupied with the activity

you've brought along to share, a magazine you can read together, or with food and drink.

- Don't be too anxious if your loved one gets up, walks around, or talks to other patients and family members. Remember, most people will not be as troubled as you may be by the patient's behavior.
- Your loved one may be fearful or angry about going to the examining room. If that's the case, don't force the issue. Give it a couple of minutes, and try again. If the patient is still resistant, suggest a trip to the bathroom, then head for the examining room straight from there.
- Let the office staff know if the patient continues to resist; there may be other accommodations they can make.

Talking with the Doctor

- Discuss any changes in your loved one's behavior with the doctor. Be sure to consult your notes so you don't forget anything.
- Decide whether you should be present in the examination room while the doctor is with the patient. For some patients, your presence may present an additional difficulty. For others, it's a necessity.
- If your loved one is angry about or resistant toward getting examined, don't allow yourself to become impatient. Take deep breaths, and keep a sense of humor close by. Ask the doctor if any steps can be skipped this time in view of the situation.
- If it becomes impossible to continue the examination, ask the doctor if you can try again another day. ■

Living with Alzheimer's Disease

Products That Make Life Easier, Simpler, 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 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.



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Nothing could be more frightening than the thought of a loved one with Alzheimer's, or another condition, wandering away. That's why LoJack® now offers SafetyNet™ and is working with Project Lifesaver International to provide the most effective solution for rescuing people at risk who've gone missing. In collaboration with law enforcement and other public safety agencies, LoJack SafetyNet/Project Lifesaver International is the best way to bring your loved one home. Safely.

▶ To learn more about protecting your loved one, call 1-877-4-FIND-THEM (1-877-434-6384) or visit LoJackSafetyNet.com.

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



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