

preserving your

Memory

The Magazine of Health and Hope

The U.S. Surgeon General, Adm. Regina Benjamin

On Health Care for Elder Americans

Major Breakthrough Discovery in Alzheimer's Disease

Key protein found by Fisher Center Lab
(p. 29)



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Reviewed Alzheimer's News

Sign up to get Alzheimer's disease news reviewed by William J. Netzer, Ph.D., Fisher Center for Alzheimer's Disease Research at The Rockefeller University.

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Photo: Leticia Fernandez

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Autumn is here!



Betsey Odell

Autumn is a time of transition and change, and in that spirit, we have some good news to share on the research front (page 29) in this issue of *Preserving Your Memory*. We have plenty more to share, too.



Many people take advantage of cooler weather to take on home improvement projects in the fall. Did you know you could make your loved one with Alzheimer's feel more at home with some simple home design techniques? Learn how, beginning on page 8. As we head indoors, let's consider how we can make healthy meals in very little time with chef Kirk Leins (page 22).

In our cover story, the U.S. Surgeon General, Rear Admiral Regina Benjamin, M.D., shares her thoughts on getting elder minority Americans with Alzheimer's and dementia the care they need (p. 18).

And learn how Generations United, a national nonprofit organization, connects older Americans with the young in order to bridge a gap in a vital way (page 14).

Here's hoping fall brings a healthy transition to us all!

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

Betsey Odell
Editor in Chief

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

About the Fisher Center for Alzheimer's Research Foundation

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

The Latest News on Alzheimer's Disease and Brain Health

Fisher Center Scientists Discover Protein Involved in Plaque Formation

Dr. Gen He and Dr. Paul Greengard of the Fisher Center for Alzheimer's Disease Research laboratory have discovered a protein that stimulates the production of beta-amyloid, the toxic protein that is linked to the development of plaques in the brain. These plaques are typically associated with Alzheimer's disease. Beta-amyloid is known to be the main cause of the disease's most devastating symptoms.

For more information about this important discovery, see the complete article on page 29.

Intranasal Insulin May Help Memory in AD Patients

Spraying nasal insulin into the noses of Alzheimer's disease (AD) patients resulted in improved memory, according to U.S. research announced in July.

Researchers at the VA Puget Sound Health Care System/University of Washington-Seattle conducted the short-term trial of 109 patients. In the study, AD patients received either a placebo or a 20 or 40 IU dose of insulin treatment over the course of four months. Patients were given simple memory tests and those who received insulin treatments performed better on cognitive and functional tests. The improvements lasted up to two months following the end of treatment.

"We believe that restoring normal insulin function in the brain may provide therapeutic benefits to adults with

Alzheimer's," researcher Dr. Suzanne Craft says. Researchers cautioned that further testing is needed to determine whether nasal insulin would be a useful treatment for AD patients.

Insulin Resistance Linked to Alzheimer's

A study of 135 deceased men and women in Japan found evidence of a link between insulin resistance and a stronger likelihood of developing the brain plaques that are associated with Alzheimer's disease.

Scientists found the plaques associated with dementia and Alzheimer's disease in 88 of the 135 brains, each of whom were more likely than their peers to be diagnosed with type 2 diabetes or to have shown early signs of developing diabetes during their lifetimes.

The study supports the view that Alzheimer's may begin forming in the brain years before any cognitive dysfunction is noticed, and adds to the weight of existing evidence that type 2 diabetes is a risk factor for dementia later in life.



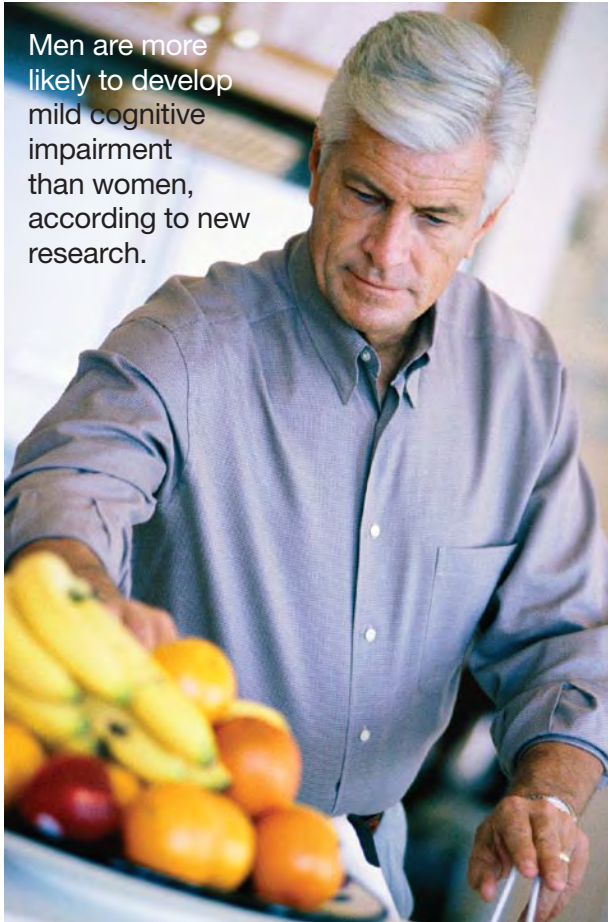
Nasal insulin spray improved the memory of Alzheimer's patients in one recent study.

New Diagnostic Criteria Proposed for Alzheimer's

A panel of Alzheimer's experts is proposing new guidelines for diagnosing Alzheimer's disease that would include new technologies, such as brain scans, if adopted.

The new guidelines are expected

Men are more likely to develop mild cognitive impairment than women, according to new research.



to be adopted this fall. Some experts anticipate the number of Alzheimer's patients, currently around 5.5 million in the United States, could double or even triple with earlier diagnosis.

Current guidelines point to steadily progressing dementia and a pathologist's report of plaques and tangles in the brain during a postmortem autopsy. These limited guidelines mean that diagnosis can take longer. But researchers now believe the disease is present as early as a decade before there are signs of dementia.

The new guidelines include three stages of diagnosis: preclinical disease, mild cognitive impairment due to Alzheimer's disease and Alzheimer's dementia, the final stage. These assessments would be made using biomarkers, which may take the form of subtle changes in brain structures or function or changes in the protein content of blood or spinal fluid. Such biomarkers would be detected by using brain scans (for example: PET scans), MRIs

and spinal taps. These tests, combined with new knowledge about proteins produced by the brain in Alzheimer's can provide powerful indications that Alzheimer's is developing even before patients have dementia or memory loss.

It is hoped that the new guidelines will allow for a more definitive diagnosis of Alzheimer's disease. "This is a major advance," says Dr. John Morris, an Alzheimer's researcher at Washington University in St. Louis. Morris was one of the experts who helped developed the new guidelines. The identification of pre-dementia biomarkers will help researchers understand underlying neurological conditions and mechanisms that may cause

Alzheimer's to start. The biomarkers may also be used in clinical trials to assess the efficacy of experimental drugs, and when effective drugs to treat Alzheimer's are developed, they could be given at a very early stage to stem the course of the disease before significant damage occurs to the brain.

Men More Likely to Develop Cognitive Decline, Study Finds

New research from the Mayo Clinic indicates that men are more likely to develop mild cognitive impairment (MCI), a condition that can be linked to the initial stages of Alzheimer's disease and dementia.

The study looked at more than 2,000 patients ages 70 to 89 years old, and found that men were 1½ times more likely to experience MCI than their female counterparts. Previous research

has shown that women are more likely to develop Alzheimer's, however.

The study points to the importance of further research into MCI and the role it plays in the development of Alzheimer's and dementia, according to the study's lead author, Dr. Ronald Petersen of the Mayo Clinic in Rochester, Minn. "Can we pick up people at this memory impaired stage and determine which will go on to have Alzheimer's?" he says. "This would allow us to intervene with treatment as early as possible and hopefully have a greater response to treatment."

Genes with Alzheimer's Connection Discovered

Two regions of the human genome may be related to the development of Alzheimer's disease (AD), report researchers in the June issue of the *Archives of Neurology*.

The scientists looked at genetic and neuroimaging data of brain structures of 168 people with "probable" AD, 357 with mild cognitive impairment and 215 with no signs of cognitive decline. The study found that the gene APOE is still dominant in AD development, while three more regions that were recently identified seem to have an effect, as well.

"These are now new biological pathways to start thinking about in terms of finding drug targets and figuring out what really causes Alzheimer's disease," says the study's senior author, Dr. Jonathan Rosand, member of the faculty at the Center for Human Genetic Research at Massachusetts General Hospital and associate professor of neurology at Harvard Medical School in Boston. Rosand says the next step is to determine what these genes do and how they may be involved in the development of AD. ■

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



Elizabeth Brawley, author of *Design Innovations for Aging and Alzheimer's*, shows how your home's décor can affect a loved one with Alzheimer's disease.

The Comforts of Home



Home is where the heart is, but it's also where the memories are. If you have a loved one with Alzheimer's disease living at home with you, you'll want to make sure it's an environment that lends itself to comfort, safety and preserving memory.

Elizabeth "Betsy" Brawley is an expert on designing living spaces for people with dementia. As a professional interior designer, Brawley became interested in how to make spaces more beneficial for

people with Alzheimer's when her own mother was diagnosed with the disease. She's gone on to help design assisted living facilities and Alzheimer's special care units across the country. She's also shared her tips in two books on the subject: *Designing for Alzheimer's Disease: Strategies for Creating Better Care Environments* and *Design Innovations for Aging and Alzheimer's: Creating Caring Environments*. Here she offers helpful home décor tips for our readers.

The Holistic Home

Before you get ready to redesign your entire house, stop for a minute and consider what symptoms you're trying to address, says Brawley. "It can be a problem to just treat this as a 'design' issue or even just an 'Alzheimer's' issue," she says. "We sometimes identify the wrong problem, then try to solve it. You have to consider the person and what their needs are. With our loved ones, we sometimes get so hung up on their Alzheimer's that we forget to look at other things we can do to help them."

Therefore, Brawley says, you should also take into consideration other problems your loved one may have—such as arthritis and vision problems—and factor all of them into how you decorate and furnish your home.

Keeping that advice in mind, let's look at some general tips for maintaining a pleasing home for the loved one with Alzheimer's disease.

Firm Seating

When it comes to the sofas and chairs in your home, you'll want seating for your loved one that has a firmer, shorter seat and firmer back. "A lot of elderly people have arthritis and joint issues, and they can have great difficulty getting in and out of really soft, cushy sofas and chairs," says Brawley. "It's painful for them, and then they don't want to get up and move around. What we want for people with Alzheimer's is to get them up and moving around—not sitting in a chair all day long. It's boring for them and it's not good for them."

Window Treatments That Balance Light

When it comes to designing a home for a person with Alzheimer's disease—or for any elderly person—you must strike a balance with natural light. Substantial lighting is very important but you must take care to keep glaring light out of the home.

"I don't use a lot of window treatments when designing for older people, but I do use sheers a lot," says Brawley. "The glare that comes from strong light hurts their eyes, but you don't want to close off the window and pull the drapes—because if it gets too dark in the house, they will stumble around and have difficulty finding things. Sheers are great for letting light in, but still filtering the really bright light that can be painful.

"If it's a bedroom, feel free to add drapes over the sheers," continues Brawley. "That way you can have the sheers over the window during the day and draw the drapes at night."

Lighting in the Home

Because lighting is so important for someone with Alzheimer's—and anyone with vision problems—it's also important to have a lot of bright light originating in the home. "If they have a spot where they like to work on puzzles, you want to have a lot of good direct light there," says Brawley. "Floor lamps provide much more light than table lamps. And it's good to have one you can move around if you need to—just make sure it's sturdy enough so that your loved one won't knock it over."

Use Contrasting Colors

Vision problems can create other needs as well. Having contrasting colors in specific areas of your home can help your loved one better differentiate and identify things in their environment. In the dining room, this can extend to your dinnerware: "If somebody's not eating, it could be because they can't see what they're eating," says Brawley. "If you've got white rice on a white plate, they may not be able to find it. You can buy one or two place settings and have one that's light and one that's dark ... and if you're having really light food, use the dark plates, and if you're having darker food, use a light plate."

It's also important to make sure your wall and floor colors contrast well. "Make sure your base molding is the same color or shade as your walls," says Brawley. "This tells them exactly what the horizontal and vertical planes are and helps with balance. It doesn't have to be exactly the same color, but what you don't want to do is have dark colored floors and a dark colored base—even if it's a different color. If they don't see well, all of that runs together and it's like the floor is wrapping itself around the wall. It can impact their sense of balance."

Brawley says it's also good to have furniture that contrasts with the floor as well: "A navy blue sofa on a dark floor doesn't stand out to someone who can't see well," she says.

Furniture Hardware Dos and Don'ts

Your furniture hardware—drawer knobs and pulls—can work for you or against you, says Brawley. "If you don't want them to get into the drawers, then use small round knobs that are the same color as the furniture," she says. "There are some things you want them to be able to use ... unfortunately, a lot of the contemporary cabinets and furniture today don't have knobs or handles. If that's the furniture you have, add pulls to the doors and drawers you want them to be able to open. They may not be able to figure it out otherwise."

(continued from page 9)

Remove Throw Rugs

“Rugs can be a real trip hazard,” says Brawley. “I do recommend removing rugs. You can use two-way tape and tape them to the floor, but unless it’s a room-sized rug, most of the time it doesn’t work very well. If it’s a very large, heavy rug and it doesn’t move around on the floor very much, it can be fine. But just keep an eye out. If someone has tripped over it, it might be time to remove it.”

Accident-Friendly Upholstery

It might sound space-age, but a material called Crypton is an excellent family-friendly and dementia-friendly fabric that is now frequently used in homes and Alzheimer’s care facilities. “We’ve been lucky in the advances of this fabric,” says Brawley. “When it first came out, it was atrocious, but now there are a lot of beautiful options in Crypton fabric. It’s a great material that keeps liquids from soaking through, and you don’t have to worry that your house is going to die of ugly. There are all kinds of designs, and it will hold up.”

Invest in Outdoor Furniture

If you don’t have an outdoor living area, you might want to consider investing in some furniture for your porch or patio, says Brawley. “It’s very important to get your loved one outside when you can,” she says. “It’s ideal to get them moving, like taking them on a walk, but spending time sitting outside can be beneficial too.”

Simplify but Maintain Normalcy

“The more you can simplify things, the better it is,” says Brawley. “If they’re used to having a lot of things around, then I think that’s fine. But if you’ve got things like fine-china figurines, gradually try to move them from the environment because they’re probably going to get knocked over or broken. You don’t want your things demolished, but most of all, you don’t want your loved one to get hurt.”

Gradual Is Good

Still, keep in mind that you don’t want to make a lot of changes—especially not all at once. “If your loved one is living at home, try to keep things as much the same as possible unless there’s something that poses an eminent danger,” says Brawley. “People with Alzheimer’s can’t adjust to changes that easy. It makes them feel like they’re in a strange place.”

You don’t have to do a complete redesign of your home, says Brawley. “Just keep things simple and normal,” she summarizes. “Keep things out of your loved one’s way if

they can get hurt on it, and just make it easier for them to get up and down and to see around their home.”

Betsy Brawley’s books are available through her Web site (www.betsybrawley.com) or from booksellers everywhere. ■

Home Away from Home

If your loved one has to move to an assisted- or full-time care facility, be sure to decorate and furnish it as closely to their own home as possible, says Alzheimer’s design expert Elizabeth “Betsy” Brawley.



Shopping for New Furniture

If you really do need to buy a new piece of furniture, you can make it into an activity for your loved one. “I don’t think you have to go out and buy a lot of new furniture,” says Alzheimer’s design expert Elizabeth “Betsy” Brawley, “but if you are out looking for something new, take your loved one with you. Let him or her sit in different chairs. You don’t have to buy the first thing you see. Make it an activity. You can drag it on for months, if you want to.”

You can find Alzheimer’s-specific products for the home by visiting www.Alzstore.com.

Lisa Snyder, MSW, LCSW, author of a new book about early-stage Alzheimer's disease.



When Your Best Is Good Enough

By Sam Gaines

A new book by Alzheimer's counselor Lisa Snyder is written for the person with early-stage Alzheimer's disease.

Thanks to recent advances in evaluation tools and techniques, Alzheimer's disease (AD) can be diagnosed at an earlier stage than ever before.

That's exactly what is happening for thousands of Americans even now as they are joining the 5.5 million Americans who have been diagnosed with AD.

For people with early-stage AD, that diagnosis is very important for giving them opportunities to live their lives fully before the disease's inevitable progression begins to have deteriorating effects on cognitive abilities. Early

diagnosis gives an opportunity to manage symptoms, plan for the future with those loved ones who will be providing care, and to cope effectively with the disease.

That's where Lisa Snyder, MSW, LCSW, comes in. Snyder, the author of *Speaking Our Minds: What It's Like to Have Alzheimer's* (now available in a revised edition—see the sidebar on page 13), has written a new book that speaks directly to the person diagnosed with early-stage AD: *Living Your Best with Early-Stage Alzheimer's* (Sunrise River Press, 2010). Snyder is a licensed clinical social

(continued from page 11)

worker and the director of the Quality of Life Programs at the University of California, San Diego's Shiley-Marcos Alzheimer's Disease Research Center where she has worked with people with early-stage Alzheimer's for more than 20 years. She is also the editor of *Perspectives—A Newsletter for Individuals with Alzheimer's or Related Disorders*, which features articles written specifically for and by people with early-stage AD or dementia.

Rethinking the Early Stages

As a leader of early-stage AD support groups for more than 15 years, Snyder has seen firsthand that an Alzheimer's diagnosis shouldn't mean the person with AD is excluded from conversations about care and planning.

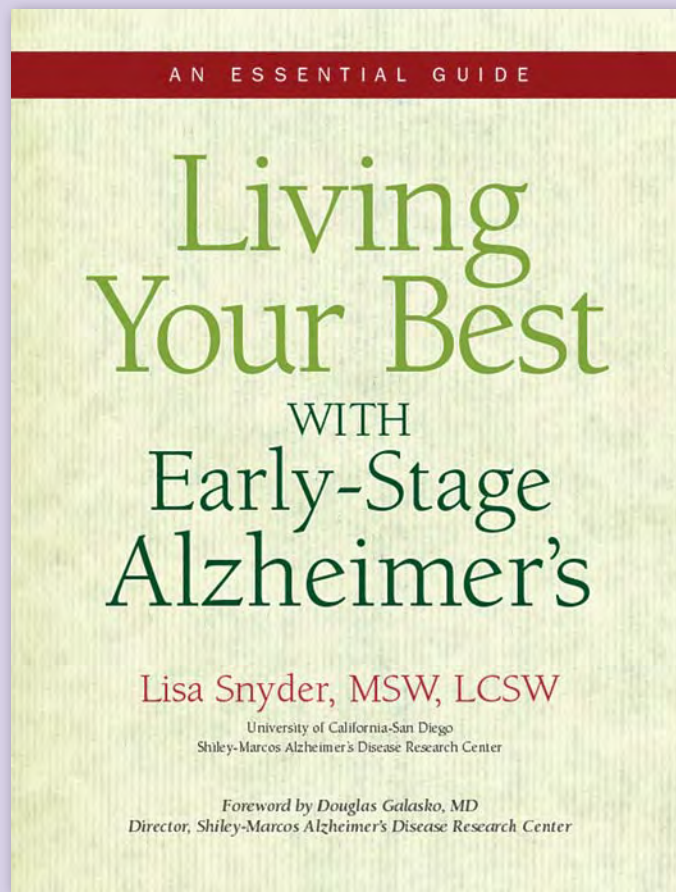
"It was long assumed that AD symptoms would interfere with a person's ability to understand and deal with their condition, but this is certainly not always the case," says Snyder. "People with Alzheimer's are seeking more information about how to move forward and live effectively with early-stage symptoms. The great majority of our educational materials on Alzheimer's have been written for family members, with very little written to the person with AD."

That's exactly what Snyder seeks to correct with her new book. "*Living Your Best with Early-Stage Alzheimer's* attempts to address that void," she says.

Designing a Book for the Person with AD

Snyder wrote *Living Your Best* based on her years of leading support groups for people with early-stage AD and her experience as editor of *Perspectives* newsletter. "This book is the outcome of the insights, advice, and wisdom from both persons with early-stage Alzheimer's and their care partners that have been shared over the years," Snyder says. It is organized into 30 brief topic-specific chapters (rather than long chapters that are hard to remember) and includes interactive questions at the end of each chapter that are designed to stimulate conversation between loved ones, or among the members of an early-stage support group.

The importance of dealing with the diagnosis positively was of paramount importance to Snyder as she wrote the book. "We want to reduce fear and stigma by showing people who are successfully living with AD and taking as much charge as possible of their present day lives and their futures," she says. "We need to focus on what individuals and families can do, and what communities can do to help, rather than predominantly focusing on the images of helplessness and hopelessness we often see associated with AD."



Lisa Snyder's latest book, about early-stage Alzheimer's disease.

Equipping the Caregiving Team

Snyder sees the person with early-stage AD as a vital member of his or her own caregiving team—not just as a care recipient. "I refer to the team as 'care partners,' because people in the early stages of AD can be involved in creating partnerships of care," she says. "It's not necessarily a process where the person with AD is purely a taker and others are purely the givers."

Living Your Best features a chapter on this very topic entitled, "Caring for Your Care Partner." Snyder encourages the person with Alzheimer's to care for those who are caring for them through important and invaluable gestures. "This may be through recognizing the need for a care partner's time out, cooperating with attempts to get outside help, consenting to give up driving, agreeing to wear a medical ID bracelet, being sure to express gratitude, or countless other ways that are discussed in the chapter," she says. "Of course loved ones are taking on more responsibilities, but we need to acknowledge that every time a person with AD attempts to make a cup of coffee for a loved one, says a heartfelt

thank you when they are helped with a task, or sits in the passenger seat when they'd rather be in the driver's seat, they are trying to give back and be a partner in their care. This book aims to provide suggestions throughout the chapters for ways that persons with AD can develop partnerships with others so they can move forward with a sense of teamwork, and not isolation."

Group Awareness

Snyder has been leading support groups for people with early-stage AD and mild dementia since the early 1990s. She has witnessed frequently the power of a focused group setting to help the person with early-stage AD

"When a person with Alzheimer's can walk into a room and see other high-functioning, communicative people who are living full lives, expressing their feelings, developing coping strategies, and maintaining an amazing sense of humor, it gives a sense of courage and hope that you're not alone and that life can go on," she says.

The therapeutic group can be a lifeline to the individual, who is often reeling from a recent diagnosis and wondering what comes next. "Camaraderie, safety, and a deep caring for one another are all a part of these groups, which are often safe havens for people with early-stage AD," she says. "The group provides a place where they can really communicate at a pace that is manageable and at a level of deep sharing that they don't often get otherwise."

The Coming Boom

It's not news that the baby boomers are reaching retirement age, and that demographic shift is already putting a renewed focus on AD. Snyder sees this as a positive for individuals with early-stage AD and other forms of mild dementia. "Baby boomers are increasingly active in seeking and advocating for services for their aging parents with AD and baby boomers themselves are beginning to develop AD," she says.

Because AD research and treatment is under-funded with respect to other major chronic illnesses, this demographic shift toward aging baby boomers is timely, Snyder says. "Younger individuals with early-stage Alzheimer's are very powerful voices in advocating for programs, services, and research funding."

Change is afoot, but the need for programs is still great, particularly in less populated areas. "We're on the cusp of a lot of change, not just demographically, but in how we approach living with AD," she adds. "There are more AD organizations locally and nationwide, but our rural regions are still very under-served and there is much work still to be done." ■



Hearing the Voices of Alzheimer's Patients

Lisa Snyder's previous book, *Speaking Our Minds*, was released in a special revised edition in 2009 by Health Professions Press. Originally published in 1999, the book won wide acclaim as an in-depth view into the world of Alzheimer's disease from a distinctly personal point of view.

The idea behind this book was to demystify the Alzheimer's experience in order to help neutralize the fear so many have toward the disease. By letting people with early-stage Alzheimer's and mild dementia speak for themselves, *Speaking Our Minds* takes AD out of the realm of the unknown into broad daylight.

Living Your Best with Early-Stage Alzheimer's is available from Sunrise Rivers Press by calling 1-800-895-4585, or by visiting sunriseriverpress.com, Amazon.com, and booksellers everywhere.

Speaking Our Minds: What It's Like to Have Alzheimer's is available from Health Professions Press and can be ordered by calling 1-888-337-8808 or by visiting www.healthpropress.com, Amazon.com, and booksellers everywhere.

Perspectives—A Newsletter for Individuals with Alzheimer's or a Related Disorder is available free of charge by email subscription. To subscribe, contact Lisa Snyder at lsnyder@ucsd.edu

Connecting generations in community programs benefits young and old alike.



Bridging the Years, Meeting the Needs

Generations United is leading the way in connecting young and old alike for mutually beneficial community efforts.

Studies have shown that older adults with dementia or other cognitive impairments experience more positive effects during interactions with children than they did during activities limited to their peer group. Generations United is a national membership organization focused solely on improving the lives of children, young adults and older people through intergenerational strategies, programs and public policies.

Since 1986 Generations United, with major underwriting from MetLife Foundation, has served as a resource for educating policymakers and the public about the economic, social and personal benefits of cooperation among all generations.

Making Connections

Generations United acts as a catalyst for stimulating collaboration among elder, children and youth organizations (such as Generations United's original founding organizations, the National Council on Aging and the Child Welfare League of America), providing a forum to explore areas of common ground while celebrating the unique qualities of all generations.

"MetLife Foundation has been a pioneer in the intergenerational field," says Donna Butts, executive director of Generations United. "Their generous support has helped to build the body of knowledge and the number of intergenerational shared sites, and we are very grateful for their continued leadership."

Older adults want to remain productive and engaged in the community. One way to prevent social isolation in their later years is to increase opportunities for interaction with children and youth. According to Princeton Survey Research Associates International, 45% of Americans who are working in retirement say they want to work with youth in some capacity.

Intergenerational shared sites are locations where elders and young adults receive services under the same roof and interact through joint activities. Model examples of shared sites include community centers with mixed programs, childcare centers in senior housing communities, and senior centers in schools and libraries.

Honoring Accomplishments in the Community

Since 2008, MetLife Foundation and Generations United have honored successful intergenerational shared site programs and encouraged the development of new models through their Shared Sites Excellence Awards. The 2010 winners included the Ebenezer Ridges Care Center in Burnsville, Minn., which offers independent living, assisted living, rehabilitation care and day care for older adults. In 2002, the site added a spacious and stimulating handicapped-accessible child care center. Children and seniors interact daily, celebrating holidays, sharing songs and engaging in conversations about faith, life, aging and loss.

"For years we have known the benefits of these types of programs for the children and older adult participants," Butts writes in Generations United's 2008 report, *Intergenerational Shared Sites: Saving Dollars While Making Sense*, an analysis comparing operational costs of shared site facilities. The report is one component of a growing body of research that has shown impressive results.

Research shows that children who regularly participate with older adults in a shared site program at a nursing home have more positive perceptions of older adults, persons with disabilities, and nursing homes in general. For older adults, repetitive interaction with children results in an atmosphere that is more "family/home-like" and promotes social enrichment and renewed interest in others.

Learning by Doing

Butts first experienced the benefits of shared sites while overseeing a program at the Salem, Ore., YWCA in the early 1980s that saw teens making home visitations to community seniors. When word came through one day that the program would be cut, Butts did further research on the program, and learned that for many of the teens, “the only day they went to school was when they were going to visit the seniors,” she says. “And for many of the seniors, the only day they got dressed and came downstairs was when they knew a teen was coming to visit them. Both teens and seniors needed to feel valued, and that connection transformed their lives.”

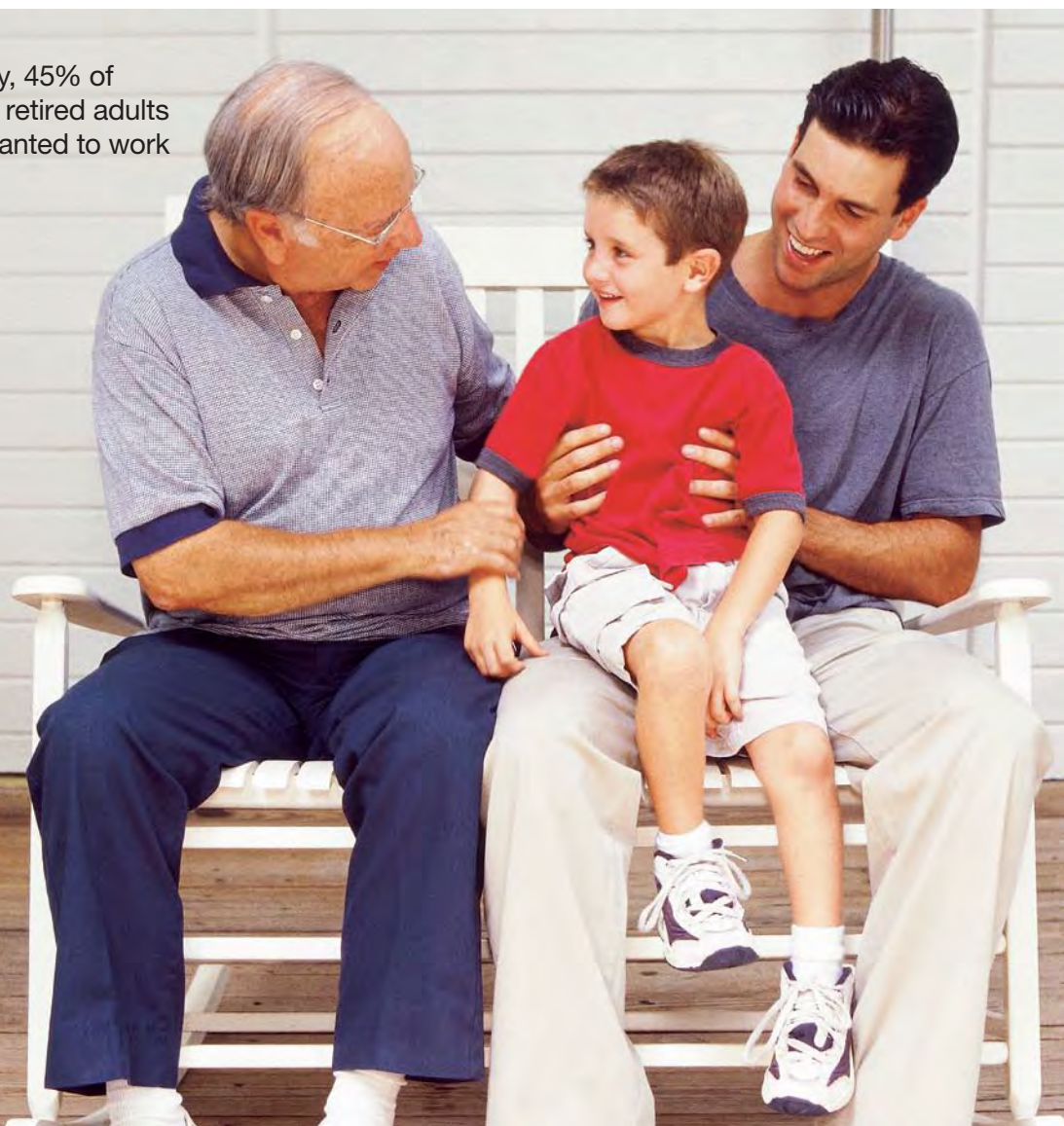
Regular participation in structured social and productive activities and membership in large social

networks have also proven beneficial to people’s health and functional abilities as they age. Older adults who regularly volunteer with children burn 20 percent more calories per week, experienced fewer falls, were less reliant on canes, take better care of themselves and perform better on memory tests.

An Ongoing Mission

Incorporated in 1997 as an independent entity with the coalition support of over 100 national organizations including AARP and the Children’s Defense Fund, Generations United exists to help communities across the country to recognize and capitalize on the opportunity presented by connection older and younger people. Generations United’s research has revealed that program

In one study, 45% of responding retired adults said they wanted to work with youth.



costs are less when older adult, youth and child services shared expenses.

In particular, Generations United's 2008 study found personnel costs were less when older adult, youth and child services shared program expenses, especially in intergenerational shared-site facilities. This finding becomes more relevant when considering that personnel costs often make up more than 30% of a program's annual budget, and runs contrary to the belief that such programs would require additional staff. The study also concluded that shared sites experienced cost savings where rent is concerned, which is sometimes up to half of a child care or senior care institution's budget.

In the future Generations United plans to delve more deeply into building the research foundation that encourages cities, counties and neighborhoods to use resources more wisely to connect generations rather than separate them. ■



Intergenerational shared-site facilities benefit all concerned while reducing personnel costs.

Making a Difference

Generations United has tallied an impressive slate of accomplishments over the years. To date Generations United has:

- Developed the National Center on Intergenerational Shared Sites, creating and distributing training materials, standards and networking opportunities for intergenerational centers and programs around the country.
- Unified diverse groups such as Children's Defense Fund, Volunteers of America, Easter Seals and AARP in 2010 for a growing national movement to strengthen Social Security for all generations, producing publications, interviews and organized advocacy to federal lawmakers.
- Launched Seniors4Kids, a civic engagement campaign that raises the voices of adults age 50 and older in support of policies affecting children and youth.
- Held successful biennial international intergenerational conferences beginning in 1999.
- Created and maintained the National Center on Grandfamilies, the national resource serving grandparents and other relatives raising grandchildren and their advocates.
- Led the push to include grandfamilies in the Fostering Connections to Success and Increasing Adoptions Act, groundbreaking child welfare legislation signed by President Bush in 2008 that helps grandparents and other relatives more easily care for children, and is frequently sought to provide expertise on implementation of the new law at the state level.
- Created and helped to pass the LEGACY Act in 2003, the first national housing policy specifically for grandfamilies, which led to homes for hundreds of grandparents raising grandchildren.

Vice Admiral
Regina Benjamin, MD, MBA,
the U.S. Surgeon General



Photo: Chris Smith, Dept. of Health and Human Services

Alzheimer's and Minorities

The way Alzheimer's affects different people can be shocking. One person may remain in the earliest stages of the disease for a long time. Another may progress from moderate to severe Alzheimer's within a few years. The different impacts of the disease are most noticeable with minorities and other underserved populations. Minorities get Alzheimer's earlier than their Caucasian counterparts, yet they may be diagnosed later. The type of care they receive may not be up to par with that received by Caucasians, and even how family members deal with the disease may differ.

To discuss these disparities, *Preserving Your Memory* turned to a doctor with the largest patient load in the United States: Vice Admiral Regina Benjamin, MD, MBA, the U.S. Surgeon General.

Higher Risk

According to established research, African-Americans are about two times more likely to develop Alzheimer's disease (AD) than Caucasians, and Hispanics are at about 1.5 times the risk. The reasons why are unclear, however, experts say health issues that commonly affect Hispanics and African-Americans, like heart disease, high blood pressure, diabetes and stroke—known risk factors for AD—play a role.

Delayed Diagnosis

Though minorities have a greater risk of developing AD, they tend to seek a diagnosis later, if at all. One study found that on average, Caucasians sought a diagnosis two years after symptoms first appeared, while American Indians waited five years, and African-Americans waited six years.

Why the delay? Many minority groups live in poverty, so lack of health insurance and financial hardship make it difficult to pay for screening. Adm. Benjamin has witnessed this firsthand. Before her appointment as surgeon general, she ran a family practice in Bayou La Batre, Alabama, catering to mostly rural and underserved minorities. She made house calls when patients couldn't

make it to the clinic, and sometimes even accepted crab meat or oysters if patients had no other means of paying. Although you can't expect that of most doctors, Benjamin has always made it her focus to help the poor and underserved. And she continues to do so. It's also become a key provision of health care reform law. "The Affordable Care Act offers Medicare beneficiaries a checkup, which ultimately is to include cognitive assessment, without any co-pays or cost-sharing requirements," says Dr. Benjamin. (For more information about the provisions of the Affordable Care Act, see the article beginning on page 30.)

In addition to financial problems, many cultures also lack knowledge of AD or believe it's a normal part of aging. A Harris Interactive poll found that, of those caring for someone with Alzheimer's, 70% of African-Americans and 67% of Hispanic-Americans were more likely to believe Alzheimer's symptoms were merely a sign of old age, compared with 53% of other caregivers. Furthermore, 67% of African-Americans and 63% of Hispanics said they didn't know enough about the disease to recognize the symptoms.

"This matters for all individuals, and minority populations are no different in this respect," says Dr. Benjamin. "It's important to provide appropriate information based on sound research, and outreach to minority populations via trusted healthcare providers is key. The NIH's National Institute on Aging sponsors the Alzheimer's Disease Education and Referral (ADEAR) Center, a primary source of evidence-based information on Alzheimer's disease, with information tailored to different audiences. Readers can contact the ADEAR Center at 1-800-438-4380, and on the web at www.nia.nih.gov/alzheimers."

Misunderstandings and Fear

Even if dementia-related symptoms are recognized for what they are, language barriers may cause difficulties. Some Hispanics and Asian/Pacific Islanders have trouble communicating symptoms or understanding information because they may not speak, read or understand English



Hispanics are traditionally very private and family-oriented.

AD or undiagnosed but showing all of the symptoms, many minorities resist putting the person in a long-term healthcare facility. In a study sponsored by the National Institute on Aging, researchers found that older African-Americans and Latinos with significant cognitive decline had about 50% to 80% less placement in nursing homes compared to older Caucasians.

That's because, with minorities, caregiving is usually a "family matter," meaning one or more persons in the family handles the bulk of caring for the family member with Alzheimer's.

well (or at all). And, sometimes, even if the actual language doesn't pose a problem, how a message is relayed (and by who) can make educating, screening and management of AD in minorities difficult.

This is especially important for some African-Americans who may be wary of medical professionals or support services due to past negative experiences or (in older adults) remembrance of the infamous "Tuskegee Experiment." That distrust also plays a large part in why many African-Americans are reluctant to participate in clinical trials and studies. This explains why research on African-Americans and Alzheimer's isn't as readily available as it is about some other races.

Fear of stigma is another reason for delay in diagnosis, and it spans across all racial and socioeconomic groups. Some people consider dementia a mental illness, and having a family member who is "crazy" or "mentally ill" can be embarrassing and shameful for the whole family. In some cultures, Hispanic for example, Alzheimer's may be seen as a curse or punishment for past sins. Sometimes, it isn't the family's fear of stigma that's the issue. In the Harris Interactive poll, one-third of the minority respondents said the patient himself was concerned about the stigma of an Alzheimer's diagnosis.

Coping with Alzheimer's

Whether a family member is formally diagnosed with

- Hispanics are very private and family-oriented, so problems are kept within the family and they may not be open to outside help.
- African-Americans may also have a hard time venturing outside of the family for support because they believe family takes care of family, and they may lack trust in service providers.
- Vietnamese-American families feel it's shameful to place loved ones in residential care.
- In traditional Chinese-American families, it is expected that parents will be taken care of by their oldest son and his wife.

"The national direct and indirect costs of caring for people with Alzheimer's are estimated to be more than \$100 billion a year," says Dr. Benjamin. "Family members caring for someone with Alzheimer's often face years of great emotional, physical and financial challenges. As the disease runs its course and people with Alzheimer's steadily decline, family members often face difficult and costly decisions about long-term care. An excellent resource in this area is NIA's Caregiver Guide, which explains some of the issues and offers guidance, at <http://www.nia.nih.gov/Alzheimers/Publications/CaringAD/>."



How and where elderly Americans receive care depends in part on their ethnic and cultural background.

Alzheimer's Death and Minorities

Even in Alzheimer's-related death, there are differences between minorities and Caucasians. Surprisingly, African-Americans and Latinos with AD live longer than Caucasians with AD, according to a study published in the journal *Neurology*. The study didn't examine the reasons for the longer survival rate.

Caregivers' response to death differed too. A study on bereavement and Alzheimer's caregivers showed that Caucasians and Hispanics are three to five times more likely to report a sense of emotional relief at the death of

the care recipient, compared to African-Americans. In addition, Hispanics were only half as likely as African-Americans to report feelings of anger, while Caucasian caregivers were considerably more likely to report feelings of anger than both the other groups.

There is one overarching theme among all demographic groups when it comes to caregiving, however. "Generally, their response is that they will care for their family member regardless of the diagnosis or disease," says Dr. Benjamin. For loved ones with Alzheimer's disease, that is perhaps the most important finding of all. ■

Timely Meals for Time-Strapped People

NoTimetoCook.com is helping people on tight schedules get the most out of the healthy food they have at home.

For many people, daily schedules packed with the duties of work and school mean little time for family life.

But two Los Angeles entrepreneurs are out to change that, and they're doing it through the art of cooking. Chef Kirk Leins and business partner Tony Pinto hope to revive family connections through the simple tradition of eating home-cooked meals around the nightly dinner table. They've taken their mission online, at NoTimetoCook.com, a community they created to demystify the art of cooking.

"It's a Facebook for food," Leins says. "We want to get people interacting."

Pinto, who built the site, is the tech expert; Leins is developing the message. And part of that message is accessibility. "No one's going to judge you here," Leins says. "You can ask questions on the site, throw out topics."

Keeping It Simple

Indeed, snobbery is distinctly lacking on the site, a dynamic social exchange of recipes, advice, memories and culinary passions. Leins believes that good home-cooking can be fast and simple. You'll find few complex recipes with ingredients that you'll never use again. Typically, there's humbler fare—for example, tasty-sounding deviled-ham croquettes, made from leftovers. For caregivers who are pressed for time and need quick, affordable ideas for cooking, that can be a huge help.

Leins, 42, follows his own advice. He's the father of a 5-year-old son, a food writer and self-taught personal chef who also works 9 to 5 as a producer for TV's *Judge Judy*. Despite the schedule, each night he's home making meals that are long on fresh, local ingredients and short on ready-made, processed foods. You might say he's doing slow food fast.

"The end goal is to have a really delicious dinner that's not a three-hour process, that didn't cost me a ton of dough and that everybody enjoys."

It's a goal that Leins says is reachable with commitment. "Think about your meal way before you step into the kitchen," he says. "Develop a dependable collection of recipes. Keep a folder, make notes and add your own touches."

How does Leins make the meals happen each night? "While homework is going on for my son, I start making food—something that's in my repertoire that I know I can bang out.

Planning Ahead—A Little

"You can accomplish some steps the night before," Leins says. "The perfect example is chicken breasts. It might be easy to put canned soup on it and some cheese. OK, fine, but at the same time, it's processed. How about, instead, you put them in a Ziploc bag the night before with some soy, garlic and ginger, and stick it in the fridge. That can go on a grill or an indoor grill pan and cook up in 12 minutes. Throw in a little bit of brown rice, and while that's cooking, do the salad."

"It's common sense stuff," Leins points out. "The end goal is to have a really delicious dinner that's not a three-hour process, that didn't cost me a ton of dough and that everybody enjoys."

Leins' son has taken to his dad's creations. "I make him rise to the occasion," Leins says. "He eats an adult diet—lentils, salmon, curry—because I have allowed him to eat it. ... His reward is a reasonable dessert."

Mealtime Together

Another reward is crucial time together. "I grew up in a family that ate not only dinner every day but also breakfast," Leins says. That has shaped much of his life—his cooking style, his attention to his health and his relationship with his son.

That's why he stresses the family dinner. "I can draw a lot of correlations from that one subject to the breakdown



Chef Kirk Leins, co-founder of NoTimetoCook.com.

of the family, to our health, the obesity rate with children, heart disease and diabetes.”

His emphasis on unprocessed foods also may have a health benefit: preserving memory. A 2010 study published in *Archives of Neurology* suggests that certain basic foods—including nuts; fish; poultry; tomatoes; fruits; and cruciferous, dark and green vegetables—may lower the risk of Alzheimer’s disease.

Cooking as Brain Exercise

Leins says that the act of cooking itself can keep the mind active. “If you’re engaging, reading new recipes, starting food clubs, you’ll be increasing your brain activity. It’s like learning a new language.”

Health benefits took second place to deliciousness in the German-influenced

family kitchen where Leins grew up. “It was all about cheese, butter, organ meats, cold cuts, wine or beer at every dinner.

“I was never shooed out of the kitchen. If I wanted to be there, I could be,” Leins says. He made his first meal at age 6 or 7. “My paternal grandparents were coming from Germany, and I got it into my head that I was going to make them

dinner,” he says. “And my mom said, ‘Go through the cookbooks.’ I picked out a filet of sole stuffed with shrimp. My mom turned on the burners and stoves, and I sort of did it. My grandparents did not believe that I had picked out that meal.”

Leins has been cooking ever since. Join him in reviving the family dinner table and at NoTimetoCook.com. ■

Find Leins and Friends Online

NoTimetoCook.com

Facebook.com/Notimetocook

Twitter.com/NoTimeToCook

YouTube.com/NoTimeToCookDinner

Everyday Gourmet: Monthly newsletter by Leins; subscribe at NoTimetoCook.com. Select the Recipes tab, then Everyday Gourmet.

First up, a quick, easy and healthy soup. It can stand alone or be served alongside a salad or protein.

Zucchini Bisque (serves 4 to 6)

Ingredients

2 lbs. fresh zucchini, roughly chopped
4 cups canned chicken stock or water
3 tablespoons extra-virgin olive oil
1/3 cup heavy cream (optional)
Kosher salt and freshly ground black pepper

Directions

Heat oil in a soup pot and add the zucchini. Season the zucchini with salt and pepper and sauté them until they start releasing their liquid—about 5 minutes.

Add the stock or water and simmer for 15 minutes.

Remove the pot from the stove and process with a hand blender until soup is smooth.

Return pot to stove, add cream (if desired) and allow soup to simmer for another 5 minutes. Serve.



Linguini Puttanesca (serves 4)

1 lb. dried linguini	1/4 Tsp crushed red pepper
5 anchovy filets, chopped	1/4 cup pasta cooking water (reserved)
4 cloves garlic, minced	1/4 cup Italian parsley, chopped
(1) 28 oz. can whole tomatoes, crushed by hand	3 Tbsp extra virgin olive oil
1/2 cup large green olives, pitted	Kosher salt and freshly ground black pepper
2 Tbsp capers	Freshly grated Parmigiano-Reggiano cheese

Ingredients

Directions

In a large skillet, heat olive oil over a medium flame. Add chopped anchovy and sauté until they dissolve into the oil. Add garlic and sauté for an additional minute. Add tomatoes (along with juices), olives, capers, crushed red pepper and season with salt and black pepper. Allow sauce to simmer uncovered for 15 minutes.

Meanwhile, cook linguini to an al dente consistency.

Add the reserved pasta water to the sauce and stir well. Add the chopped parsley and toss with drained pasta, and an extra drizzle of olive oil. Serve in pasta bowls topped with freshly grated Parmigiano-Reggiano.

Living with Alzheimer's Disease

Products That Make Life Easier, Simpler, and Safer

Every 72 seconds, someone in the United States is diagnosed with Alzheimer's disease. There are now more than 5 million Americans living with the disease. What is not widely known—even by some physicians—is that there are products available that are made especially to help make Alzheimer's patients' lives better with the disease, and, in some cases, to help them remain living at home longer and safer.

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



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



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



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

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

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

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 or 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.

How Should I Suggest a Memory Screening?

It can be a touchy moment: You notice changes in a loved one's cognitive abilities, want to suggest screening for possible memory deficit, but aren't sure how to go about doing that. If that sounds like a situation you'll be in soon, read on.

By Kevin Gault

Even as specific memories fade for individuals with Alzheimer's disease (AD) and other forms of dementia, emotional recognition may remain even into advanced stages. A person may have difficulty recalling a name and might stumble trying to remember her relationship to another, but she still often has the capacity for human connection. This is why it is so important for family and friends of AD patients to visit whenever they can.

When a caregiver suggests to an older family member that they have their memory evaluated, the loved one often responds with fear, denial or even hostility. It's a very difficult issue for older people and it's important to choose the right way to talk about it.

"A family member should keep in mind that the prospect of a memory screening can be very confronting for an older person," says Danielle Arends, advanced practice nurse at the Rush Memory Clinic at Rush University Medical Center in Chicago, Ill. "The thought of it can create strong feelings of anxiety—possibly fear of what may be found out—embarrassment and for some people, a lack of understanding about why they need to have a memory screening done."

It's important to realize that a proper diagnosis of Alzheimer's disease is a multi-step process that requires testing administered by a trained neurologist.



The entire family should consult with a healthcare professional to bring up the subject of a memory screening.

A memory screening is only an initial step in this process. In addition, not all people with Alzheimer's have a significant memory problem in the early stages of the disease. Alzheimer's can begin with language problems and problems with day to day functioning.

Stay Positive

According to Arends, when mentioning a memory screening—a series of questions and tasks that detect impairments in memory and thinking—it's best to accentuate the positive. Explain to your loved one that finding memory problems early increases the chances of better care if dementia or Alzheimer's disease is diagnosed. "The earlier you intervene in this condition, both medically and with cognitive therapy, the better your chance of slowing the symptoms and achieving a better quality of life," Arends says.

When should you suggest a memory evaluation? Observe the loved one's behavior. When their faltering memory causes problems finding words, a detachment from people, irritability, confusion, forgotten appointments or difficulty with everyday affairs such as grocery shopping, cooking or paying bills, it's time to broach the subject. Ultimately, a family should rely on gut instinct—they know their loved one better than anyone else.

When it's time for that important talk, the primary caregiver in the family shouldn't go it alone. "They need to 'huddle up' as a family," says Dr. Jamie Huysman (www.drjamie.com), PsyD, LCSW, CAP, CFT, psychologist, social worker and adjunct professor at Florida International University. "Usually the primary caregiver closest to the loved one is dealing with a lot in addition to caring for their loved one: job stress, their kids and all of the other anxieties in their own lives. Families should share the load. Have a group conversation about the loved one and the behaviors that you've observed, and make plans as a family for the next steps."

Choosing the Best Way

There are four basic ways to approach your loved one about having a memory screening, the first two of which are **not** recommended:

- **Caregiver One-to-One:** This method can be ineffective, even when a trusted family caregiver broaches the subject in a non-threatening way. The loved one may fear that the screening will reveal memory problems and lead to a loss of independence, and thus respond negatively.
- **Group intervention:** This technique—typically used for people with alcoholism or drug addiction—in which the family sits in a circle and confronts the loved one, isn't appropriate for this situation. "I never use this method with patients who are facing memory-loss issues," says Dr. Huysman. "It's too confrontational and intimidating for them—it simply doesn't work."
- **Crisis intervention:** This method is used when a life-threatening situation such as a fall or injury occurs. After emergency medical technicians transport the loved one to a medical facility, physicians explain that the loved one needs more help than the family caretaker can provide. If the loved one agrees, the family can consider an assisted-living or skilled-nursing facility.
- **Involving a medical or mental-health professional:** This approach works best. The family meets with the loved one along with their primary-care doctor, neurologist or psychologist. The medical professional recommends, for example, that the loved one isn't able to drive a car anymore. Since the statement comes from an objective expert—and not a family member—the loved one is

more likely to accept it. The entire family can listen to the recommendations together and ask their loved one to have a memory screening.

Additional Tips for Best Results

Here are some other helpful suggestions for handling this difficult situation:

- **Don't isolate yourself:** If your loved one is evaluated and diagnosed with Alzheimer's disease, contact a support group, such as www.ALZTalk.org. You can find a support group in your area by visiting www.ALZ-info.org and clicking on Alzheimer's Resources.
- **Find a safe place:** The loved one should have a safe place to go to talk about the situation. Contact an experienced therapist or caregiver who thoroughly understands this issue and will allow your loved one to express any feelings about the suspected memory loss.
- **Make lifestyle changes:** If Alzheimer's disease is diagnosed early, medications and other lifestyle changes such as improved diet, managing other medical problems well, preserving social connections, remaining physically active and treating psychiatric problems such as depression can increase chances of a higher quality of life.
- **Caregiver, take care of yourself:** A caregiver who is anxious and fearful can't provide effective care to a loved one in need of stability and reassurance. A caregiver must take time to nurture mind, body and soul. When the caregiver feels confident, optimistic and at peace, the loved one who is facing the difficult issue of memory loss will tend to feel the same way. ■

Introducing the ALZinfo.org Blogs

At the newly redesigned ALZinfo.org, you'll find our new blog feature specially designed for our readers. To introduce the feature, we are excerpting part of a recent post from Norman McNamara, an Englishman who was diagnosed with early onset Alzheimer's. To read more from Norman's blog (and the others), visit www.ALZinfo.org/blogs.

The Future

It's been a few months now since I started taking the Excelon but I still have what I call my "cloudy days." This is when I find it hard to coordinate anything I do, I can't get my words out—and as for the computer, well, that's a complete "no." Whatever I write and no matter how hard I concentrate I still write gibberish, but the thing is, when I'm typing it all seems perfectly normal to me.

Lately I have forgotten what day it is and even when I've looked at a calendar it still made no sense. Then yesterday while I was out for our usual ride out I was convinced it was the year 2006 and had very little memory of anything else since then for a short while until most of it came back. This disease is horrifying as it eats away at your self-confidence bit by bit. It's like having two illnesses, Alzheimer's and knowing you have Alzheimer's. I know that one day I won't be able to look after myself and all the trials will be on my darling Elaine, which makes me feel guilty enough. But do you know what the worse thing is? Knowing I might not be able to recognize the love of my life and all my children and grandchildren. It's heartbreaking.

Am I frightened? YES, very much so, but I am happy in the knowledge that I have raised a loving, kind family who will stand by my side until the end. And I am also very lucky to have a large social network of worldwide friends. I will also be very grateful for their friendship and correspondence.

The only advice I could give to those who finds themselves in my unfortunate position is try to get help early on—the earlier the better—and don't be afraid of telling people you are ill, not mad. More importantly, smile and laugh at it or it would truly drive you insane. ■

Norman McNamara, top, and Norman and his wife, Elaine, center.



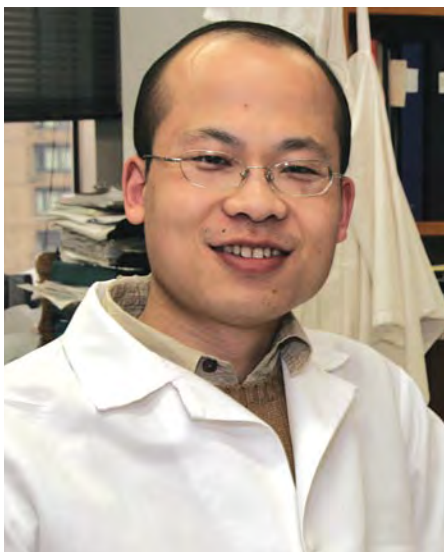
The screenshot shows the ALZinfo.org website interface. At the top, there is a navigation menu with links for Home, About Alzheimer's, Treatment & Care, Research, Blogs, and a prominent 'DONATE Now!' button. Below the navigation is a search bar and a breadcrumb trail: 'About Me and My Alzheimer's...'. The main content area displays a blog post dated August 24, 2010, by Norman McNamara. The post begins with 'Hello, this is my most recent account of how I first found out how I was suffering from Alzheimer's (The early onset off and how it has affected my day to day living and how it deteriorated since despite the help of some wonderful medicines and medicine.' The text continues with a personal narrative about his diagnosis and the challenges he faces. On the right side of the page, there are several sidebar sections: 'Recent Posts' featuring 'The Magical Mystery Tour - So Simple, So Meaningful - The History Edition', 'Popular Posts' including 'Saying "Hello" to a Changing Mind', and 'Recent News' with a link to 'Fisher Scientific Discovers Protein that Fuels Alzheimer's Disease'. The website footer is not visible in the screenshot.

Fisher Center Research Lab Discovers Key Protein in Plaque Formation

Dr. Gen He and Dr. Paul Greengard of the Fisher Center for Alzheimer's Disease Research laboratory have discovered a protein that stimulates the production of beta-amyloid, the toxic protein that is linked to the development of plaques in the brain that are typically associated with Alzheimer's disease. This important discovery has the potential to guide the development of highly effective and safe drugs that could treat the underlying cause of Alzheimer's, and thus stop or slow the disease's progression.

Their findings were published in the September 2, 2010 edition of the journal *Nature*.

Dr. He and Dr. Greengard have identified gamma secretase activating protein (gSAP), and showed that it stimulates an enzyme called gamma secretase that is responsible for producing beta-amyloid. The researchers also discovered that the anti-cancer drug, Gleevec, binds to gSAP, preventing it from activating gamma secretase. Fisher Center researchers had previously discovered that Gleevec lowers levels of beta-amyloid in the brain by blocking the activity of gamma secretase, but they did not know how Gleevec did this or whether it was affecting gamma secretase directly or indirectly, through another protein. "I was researching the mechanism of Gleevec's effect of lowering amyloid," says Dr. He. "My preliminary results indicated that Gleevec works by indirectly inhibiting gamma secretase. Therefore, I started to search for a specific protein that is targeted by



Dr. Gen He (above) and Dr. Paul Greengard (below) of the Fisher Center for Alzheimer's Disease Research Laboratory



Gleevec and regulates gamma secretase activity. This is how gSAP was found."

Just as importantly, the process of inhibiting gSAP did not prove toxic to nerve

cells or other body cells, a factor that has plagued many other experimental treatments that inhibit beta-amyloid. This discovery therefore opens a new door for research into highly specific anti-amyloid drugs that do not harm the body. That's what Dr. He and his team are engaged in now. "We are working on selecting more potent drug-like compounds that selectively target gSAP and reduce plaques in experimental animal models; hopefully this will provide new treatments for Alzheimer's," Dr. He says.

"Millions of people suffer from Alzheimer's disease, and treatment options are limited," says Dr. Paul Greengard, Nobel Laureate and director of the Fisher Center for Alzheimer's Disease Research laboratory at The Rockefeller University. "Existing drugs may mask symptoms for a time but do nothing to stop the relentless downward progression of Alzheimer's. What is needed are safe and effective medications that will halt the cause of the underlying disease. It is our hope that this gamma secretase activating protein will greatly add to the creation of safe and effective Alzheimer's treatments."

Kent Karosen, President of the Fisher Center for Alzheimer's Research Foundation says, "We are so proud of the scientists we support, and would like to specifically congratulate Drs. He and Greengard for discovering this important protein. Their latest research is a potential paradigm shift in how scientists and doctors around the world will attack Alzheimer's." ■

For more information or to read the full finding, please visit www.ALZinfo.org.

Health Care Reform and Its Impact on Seniors

Sweeping new health care reform legislation promises many changes for seniors. Here's what you need to know.

During the past spring, Congress passed and the President signed into law the Patient Protection and Affordable Care Act. The Act contains numerous provisions that affect, or will affect, seniors in our country. It is expected to cost approximately \$940 billion over the next decade. To help offset the cost of health care reform, the Act imposes higher taxes, fees and reduced payments to Medicare providers. According to the Congressional Budget Office, the Act is projected to reduce the federal deficit by about \$143 billion over 10 years.

The changes to the tax code include restrictions on the use of flexible spending accounts, limitations on the deductibility of medical expenses, increases in the Medicare tax on wages and a new tax on unearned income for certain taxpayers. There will also be new assessments on insurance companies and pharmaceutical companies.

Generally speaking, the Act requires most U.S. citizens and legal residents to have qualifying health insurance. Those without coverage will pay a penalty, which will be phased in over a few years. Exemptions will be granted from the penalty for reasons of financial hardship and religious reasons, among others.

So, what does this all mean for seniors and those with special needs?

An Overview of Key Changes

The Medicare prescription drug benefit has been improved. Seniors



The Patient Protection and Affordable Care Act—commonly referred to as “Health Care Reform”—requires most U.S. citizens and legal residents to have qualifying health insurance.

who enter the “donut hole” receive a \$250 rebate this year. The Act gradually eliminates the donut hole by 2020, when it is expected to be fully closed.

The donut hole, which first took effect a few years ago, is a coverage gap in Medicare Part D. It refers to a hole in Part D coverage that occurs once you and your prescription drug plan have spent a certain amount of money

for covered drugs; from that point on, you have to pay all costs out-of-pocket up to a certain limit. In addition, for those in the donut coverage gap, the Act provides that in 2011 pharmaceutical manufacturers whose drugs are covered by Part D must provide a 50% discount for brand-name drugs. Moreover, federal subsidies are provided for generic drugs.



The Act will provide for free preventive care services, and an annual physical exam starting in 2011.

Payments to Medicare Advantage plans (Part C), the private-plan part of Medicare, will be reduced to make them on par with payments made through traditional Medicare. The excess payments to Medicare Advantage Plans have allowed these privately run plans to offer more benefits than traditional Medicare. So, if you are in one of these plans, don't be surprised if some of your optional benefits such as vision or dental coverage are reduced. It is hoped that these reductions will extend the life of the Medicare Trust Fund, which according to some estimates is on a path to run out of money in 2017 unless some combination of cost savings or tax increases are enacted.

The Act provides for free preventive

care services such as mammograms, colon and breast cancer screening, and an annual physical exam for Medicare recipients starting in 2011. Thus, there will be no co-payment or deductible for an annual wellness visit, which includes the creation of a personalized prevention assessment plan. This is a shift in focus from treatment to prevention in an attempt to reduce Medicare costs in the long term. Prevention services include referrals to education and preventive counseling or community-based interventions to address risk factors.

The Act also creates an Independent Medicare Advisory Board, which will have authority to make legislative proposals containing recommendations to reduce the cost of Medicare. While

there are restrictions on what the Board can propose, the recommendations of the Board will take effect if Congress does not enact an alternative proposal that achieves the same cost savings. Congress is required to re-examine the Board in 2017 and has the power to terminate it.

The Act also ties Medicare Part D premiums to income and moves more Part D and Part B beneficiaries into higher-income categories. Thus, these people will pay higher premiums due to a freeze on income thresholds. For example, the Medicare Modernization Act of 2003 changed how Medicare Part B premiums are calculated for some higher income beneficiaries. The majority of Medicare beneficiaries are

not affected. This law, which took effect in 2007, requires higher income beneficiaries to pay a higher Part B premium based on income they report to the Internal Revenue Service. The income thresholds have historically gone up based on an inflation index. The Act freezes the Medicare Part B premium threshold from 2011 through 2019, which means that more people will be paying higher Part B premiums. This continues a trend in the Medicare program to tie benefits to income. Traditionally, Medicare has not been a means-tested program, although that appears to be changing.

Changes to Long-Term Care

In addition, the Act makes some changes to the way long-term care will be delivered in America. The Act attempts to move our health care delivery system away from the current institutional bias to a more community-based system.

Under current law, many seniors are forced into nursing homes because they do not have the resources to stay at home and are not eligible for long-term care insurance due to a pre-existing condition. The Act establishes the Community First Choice Option, whereby the states are given more federal money if they set up community services for residents who would otherwise be in nursing homes. The states will be able to provide community-based services to seniors and other individuals with disabilities who are Medicaid-eligible and who require an institutional level of care. This program ends in 2016, five years after it starts.

The Act also mandates that states include spousal impoverishment protections, such as the community spouse resource allowance, in their home-based waived Medicaid programs. Since the late 1980s, spouses of nursing home residents have been entitled to enhanced protections under law. Although the protections vary by state, generally speaking, the spouse of a nurs-

ing home resident is entitled to keep more assets and income than a spouse of someone who is receiving care at home paid for by Medicaid. This new program will apply to Medicaid waiver

programs and will also end after five years. A Medicaid waiver program allows states to provide certain services to their residents yet still receive federal matching funds.

The Act also freezes the Medicare Part B premium threshold through 2019, which means more people will be paying higher Part B premiums.



A New CLASS of Benefits

The Act also establishes the Community Living Assistance Services and Supports program ("CLASS"). CLASS is akin to a national long-term care insurance plan in many respects. This was the brainchild of former Senator Edward M. Kennedy and had been in the works for several years. CLASS is intended to allow seniors and those with disabilities to maintain their independence and alleviate the burden on caregivers, while reducing the institutional bias in our health care system. Another goal is to ease the strain on the Medicaid program by attempting to get more Americans to recognize the need to plan for long-term care at an earlier age and to contribute towards the cost of that care.

CLASS is set to take effect next year, although it is unlikely to be fully implemented until the Secretary of Health and Human Services (HHS) has issued regulations, since many of its provisions are subject to interpretation such as setting the premium and benefit levels and the disability triggers for receiving benefits. It is not expected that HHS will have issued regulations until 2012; therefore, the CLASS program might not take effect until 2013.

Under the program, employees may make voluntary payroll deductions as determined by HHS, in exchange for the right to receive cash payments if they are unable to perform activities of daily living (e.g., bathroom use, dressing, transferring, eating, and bathing) or suffer from cognitive impairment. The cash benefits are to be used for the purchase of community living assistance services and supports such as a home health aide, transportation, wheelchairs, lifts, adult day care, respite care, or to pay for care in assisted living or a nursing home. Only working people are eligible. People who are retired (unless they work part-time), non-working spouses, and unemployed

people are not eligible to participate. The premiums and benefits will be determined by your age, with younger people paying less. Participants will be required to pay premiums for five years, the so-called vesting period, before they can receive any cash benefits. The daily benefit has not been set but will not be less than \$50, with no lifetime limit. The Congressional Budget Office assumed a daily cash benefit of \$75 and a monthly premium of \$123 in one of its cost estimates. The premiums are expected to remain constant, unless an increase is needed to maintain the solvency of the program. There are no underwriting requirements and those with pre-existing conditions are accepted.

One of the biggest questions regarding the implementation of CLASS is who will participate. According to some estimates only about 5% of eligible employees choose to participate in employer's private long-term care insurance benefit programs and only about 7 million Americans own private long-term care policies. Initially, the long-term care insurance industry lobbied against CLASS, fearing that it would reduce people's incentive to purchase private long-term care insurance. Others argue that it will heighten people's awareness about the need to plan for long-term care and actually increase sales of long-term care insurance since the CLASS daily cash benefit may be in the \$50 to \$75 range. The average cost of long-term care in the United States is significantly higher than that. In fact, in some major metropolitan areas the cost can exceed \$200,000 a year. Perhaps long-term care insurance can be used to fill in some of the gaps in the CLASS program similar to the way Medigap policies fill in the gaps in Medicare.

Under the Act, CLASS is supposed to pay for itself through premiums. It cannot be subsidized by the government. During the first five years

CLASS is in effect this should not be a problem since no participants will be entitled to cash benefits during this time. However, after the first five years the long-term viability of CLASS will depend upon whether enough people participate. Will enough young, healthy people contribute so that the system is not financially strained by significant payments to people who need the benefits? We won't know the answer to this question until CLASS has a track record. According to one government estimate, only 5% to 6% of those eligible to participate would actually sign up for the CLASS program.

In order to attract healthy employees, the government hopes that the CLASS regulations will provide for a streamlined sign-up process and make it easy to have the premiums deducted from people's paychecks. One way of doing this is to offer employees the opportunity to pay their premiums through payroll deductions. In that case, all employees must be automatically enrolled in the program unless they opt out similar to the way some firms administer their 401(k) plans. It is hoped that automatic enrollment will increase participation by employees, which, in turn, would strengthen the financial condition of the CLASS program.

While there are many other provisions in the voluminous Act, including those regarding insurance reforms, nursing home staffing and quality of care provisions, and elder abuse, these are some of the more salient provisions affecting seniors and those with disabilities. ■

Bernard A. Krooks, J.D., CPA, LL.M (in taxation), CELA, is past president of the National Academy of Elder Law Attorneys and past president of the Special Needs Alliance and is a nationally known, 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 literary character to his or her occupation?

- | | |
|--|----------------------|
| 1. ___ Bob Cratchit, “A Christmas Carol” | a. Phonetician |
| 2. ___ Rhett Butler, “Gone with the Wind” | b. Artist |
| 3. ___ Henry Higgins, “Pygmalion” | c. Architect |
| 4. ___ Howard Roark, “The Fountainhead” | d. Minister |
| 5. ___ Sam Spade, “The Maltese Falcon” | e. Nurse |
| 6. ___ Tom Joad, “The Grapes of Wrath” | f. Blockade runner |
| 7. ___ Meg March, “Little Women” | g. Clerk |
| 8. ___ Atticus Finch, “To Kill a Mockingbird” | h. Governess |
| 9. ___ Catherine Barkley, “A Farewell to Arms” | i. Lawyer |
| 10. ___ Basil Hallward, “The Picture of Dorian Gray” | j. Weaver |
| 11. ___ Arthur Dimmesdale, “The Scarlet Letter” | k. Farm worker |
| 12. ___ Silas Marner, “Silas Marner” | l. Private detective |

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 and sweet piece of advice. The black squares are the spaces between words. One letter has been dropped in place to start you off.

G	E	H	A	O	G	O	M	U	A	N	I	O	S	O	M
H	T	E	N	N	K	O	F	P	T	E	T	M	S	N	N
E	H	L	I	C	C		U	O	G		F		E	O	T
W			O	Y		O		R		A		R			T
W															

LEAPFROG

Here’s a list of two-word phrases that are all places and social events where people gather. The letters of the two halves are in the correct order, but they overlap. All you have to do to find the place names is separate the letters.

Example: **SMAHOLPLPISNG — SHOPPING MALLS**

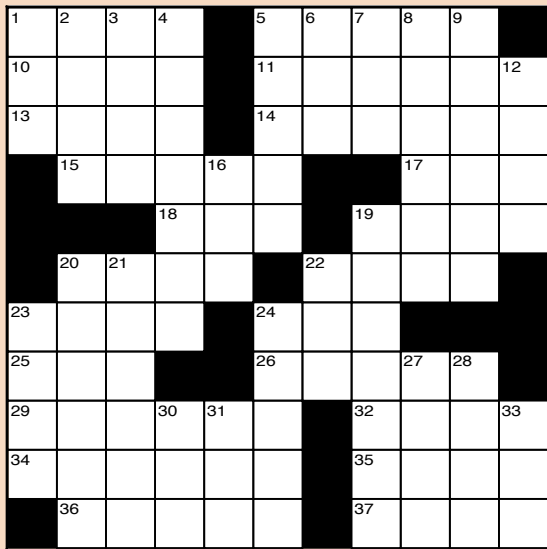
- | | |
|------------------------------|-------|
| 1. B P A L O R C T K Y | _____ |
| 2. F M L A R E K E A T | _____ |
| 3. S T A F A T I E R | _____ |
| 4. B C O N A C N E R D T | _____ |
| 5. F S H A S O H I O W N | _____ |
| 6. S D Q A U N C A E R E | _____ |
| 7. S O G C A C E M R E | _____ |
| 8. P A S G C H E A O N O T L | _____ |
| 9. C R L E U A N S I O S N | _____ |

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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 haven't been given. The second puzzle is also a thematic puzzle: the title "Put Your Mind to It!" is a hint. Have fun testing your knowledge while doing something that's good for you!



Across

1. Show amazement
5. Track shapes
10. Air freshener target
11. "American ___" (Richard Gere film)
13. El ___
14. Specific item
15. HBO offering
17. SSW's opp.
18. Very long period
19. Cribbage pieces
20. Hose color
22. Jelly containers
23. Side of bacon
24. Ripken of Cooperstown
25. "___ So Fine"
26. Make corrections

29. Avoided beverages
34. Formal argument
35. Parable
36. Titles
37. Director Kazan

Down

1. Elephant's party (abbr.)
2. Eden dweller
3. Just okay (hyph.)
4. Adage
5. Utah city
6. Strive
7. CIA employee (abbr.)
8. Borrower's opposite
9. Arm supports
12. Spanish hurrahs
16. Debtor's letters
19. Artist's board
20. Number of pipers piping
21. Winter melon
22. Traffic snarl
23. Cast off
24. Yields
27. Patricia of "Hud"
28. Artist Salvador
30. Aswan landmark
31. Paris summer
33. Adriatic, e.g.

Put Your Mind to It!

Across

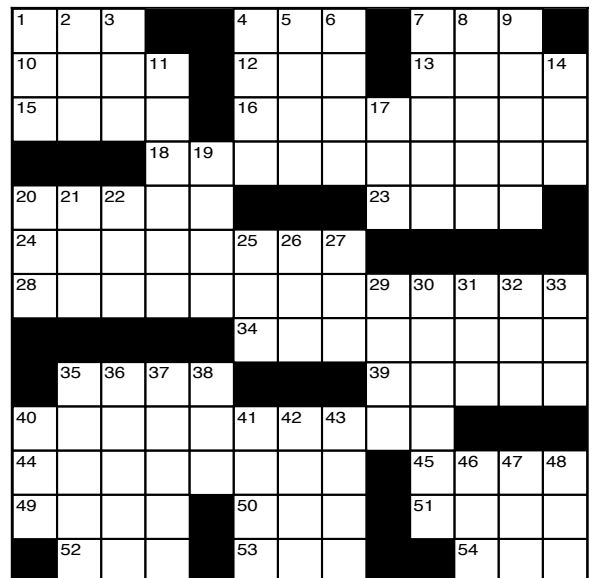
1. Frazier opponent
4. Draft letters
7. Pt. of speech
10. Incentive, informally
12. He runs the Springfield Kwik-E-Mart
13. Fir fruit
15. ___ torch (outdoor party staple)
16. Chicago Seven lawyer William
18. Intellectually provocative article, perhaps
20. It goes with tortilla chips
23. Catcher Carlton
24. Debar or prevent
28. Possessing proper opinions
34. Four-time Olympic discus champion
35. American petroleum company
39. Tom Mix two-reeler
40. Conformity
44. Ginsberg, Corso, or Ferlinghetti
45. Thessaly peak

49. "Quills" subject
50. Nintendo product popular with seniors
51. Proceed
52. Lithuania or Latvia, pre-1991: abbr.
53. Near-grads: abbr.
54. Dutch ___ disease

Down

1. Like a quick learner
2. Pacific neckwear
3. Bug
4. Satirist Munro's pseudonym
5. Took a turn on "Wheel of Fortune"
6. Like the "Titanic"
7. Height of a drama
8. Politicians Robert and Elizabeth
9. Sweater feature
11. Tacky bric-a-brac
14. Preceding, poetically
17. No. on a Coppertone bottle

19. Sentry's order
20. Season: abbr.
21. Magnate Onassis
22. Triangle side
25. Actress Hagen
26. "The Rainbow" author's monogram
27. Between A and U
29. Sign gas
30. Site of a Polish uprising
31. "Addams Family" cousin
32. Birth name indicator
33. Guard dog's warning
35. Environs
36. Turnpikes
37. More buttonlike?
38. Against: abbr.
40. "Pygmalion" author's monogram
41. Pulls a disabled car
42. Will beneficiary
43. "How Sweet ___" (James Taylor song)
46. Visualize
47. Long-running NBC comedy show
48. Nav. chief



BRAIN-BOOSTING PUZZLES

HIDDEN-MESSAGE WORD-FIND™

Modern politics is a contentious and unrelenting struggle. Circle the words below, and the unused letters will spell out an apt quote from Harry S. Truman.

You are looking for a 35-letter phrase.

ATTACK AD	PATRONAGE	P N S S E G A N O R T A P I
DIRTY TRICKS	PORK BARREL	P O F K O Y O U W L A U F N
FILIBUSTER	POWER	T I W T C U A F E L O I P R
IMPEACHMENT	PROTEST	N T H E I I N R A R L A A T
INFIGHTING	SCANDAL	E C I S R N R D G I R E T A
INNUENDO	SMEAR CAMPAIGN	M E N D N A N T B T I S T L
INTEREST GROUP	SOUND BITE	H J N W B A S U Y I E A A K
OBJECTION	TALKING POINT	C B S K C E S L E T T H C S
PARTISANSHIP	TALK SHOWS	A O R S R T I I O N R E K H
PARTY LINE		E O I E E N N R T G D I A O
		P T T R E O P N G R E O D W
		M N G I A P M A C R A E M S
		I N F I G H T I N G T P A D
		T N I O P G N I K L A T O G

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.

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

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PUZZLE ANSWERS

Match These

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

Dropline

When you get something for a song, look out for the accompaniment.

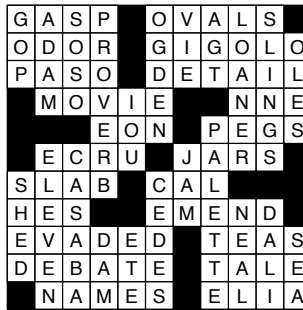
Leapfrog

1. Block party; 2. Flea market;
3. State fair; 4. Band concert;
5. Fashion show; 6. Square dance;
7. Soccer game; 8. School pageant;
9. Class reunion.

Hidden Message

If you want a friend in Washington, get a dog.

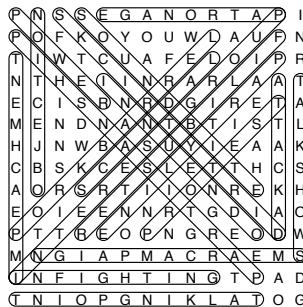
Crossword 1



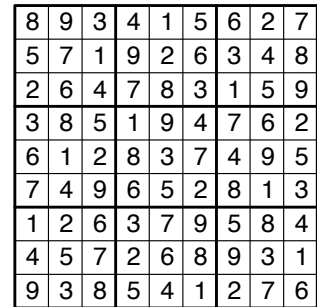
Crossword 2



Word-Find



Sudoku



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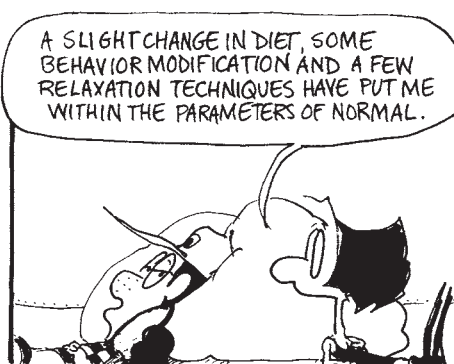
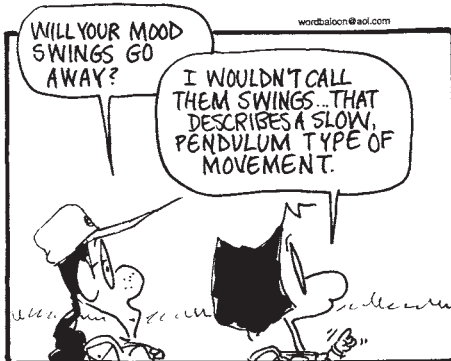
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Agnes

We are happy to share with you the indomitable Agnes—also sometimes known as “Wellness Woman”—the delightful cartoon creation of artist Tony Cochran. Win, lose, or draw, Agnes faces life’s challenges with spirit, humor, and a never-give-up attitude.





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People (215)

Search People Search

View Just My Friends

Page: 1 2 3 4 5 6 7 8

Sort by: Alphabetical

	19328		3rdgradepro		TragicHelp		4787
	58131		aarie		Adus		aHail
	ajzumb		alexi		als19		alyes
	Lind		anapole		anselam		Sharo
	arizonash		PatMcAd		askdutch		aw1
	Barb		Bell				

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All Users

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Much better today...I think the meds are finally starting to help

How's your mom?

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Will you be on same time tomorrow? I have to run...

NP - see you then!

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Start a Topic

Topic	Attachment	Posted by	Date	Replies	Last Post
Looking for Help With Story	None	Journas12	Oct 16, 2007	0	No comments yet!
Finding a "Good" Nursing Facility	None	Heid	Oct 8, 2007	3	7 hours ago by ztaa
Short Term Care	None	Heid	Oct 8, 2007	1	on Oct 8 by Marc
new to alzheimer's	None	lynn31	Oct 7, 2007	2	on Oct 8 by Heid
Help for Dementia Caregivers	None	Adus	Oct 5, 2007	2	on Oct 8 by Adus
my moon is driving me crazy	None	yelle	Oct 4, 2007	2	on Oct 3 by Adus
Other On-Line Chat Sites	None	Yae	Oct 4, 2007	1	on Oct 5 by Marc
curious	None	gimbea	Oct 3, 2007	2	on Oct 7 by Yae
Her Husband is a Stranger Now, What to do?	None	BallinMar	Oct 1, 2007	1	on Oct 2 by Tragic-He
How to convince Mom to move into Assisted Living	None	Clair	Oct 1, 2007	2	on Oct 4 by DianalMoch
my mum	DSC00113.JPG	malcol	Sep 27, 2007	3	on Oct 9 by Marc
how to support a caregiver overseas	None	sgean	Sep 26, 2007	3	on Oct 1 by egean
early onset alzheimers	None	Cynthi	Sep 25, 2007	4	on Oct 7 by lynnl31
Any Chats?	None	Tammy8	Sep 21, 2007	2	on Sep 22 by kath
Staying in bed	None	Thomds	Sep 19, 2007	1	on Sep 22 by shei
Alternative treatment	None	rssar	Sep 15, 2007	1	on Oct 3 by Yae
new to group	None	rssar	Sep 15, 2007	1	on Sep 25 by Marc
Dementia	None	Tammy9	Sep 14, 2007	4	on Sep 14 by Orlen
What if you have to leave them alone	None	Heid	Sep 13, 2007	1	on Sep 30 by curleeto
What if you have to leave them alone	None	Heid	Sep 13, 2007	1	on Sep 14 by kathry

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