

preserving your

Memory

The Magazine of Health and Hope

Hector Elizondo

Celebrated actor talks about his family's experience with Alzheimer's

Build Your Caregiver Team

Here's what you need to consider

Elder Care Facilities

Make the right choice for your loved one

Soup's On!

Try these delicious, easy-to-make recipes



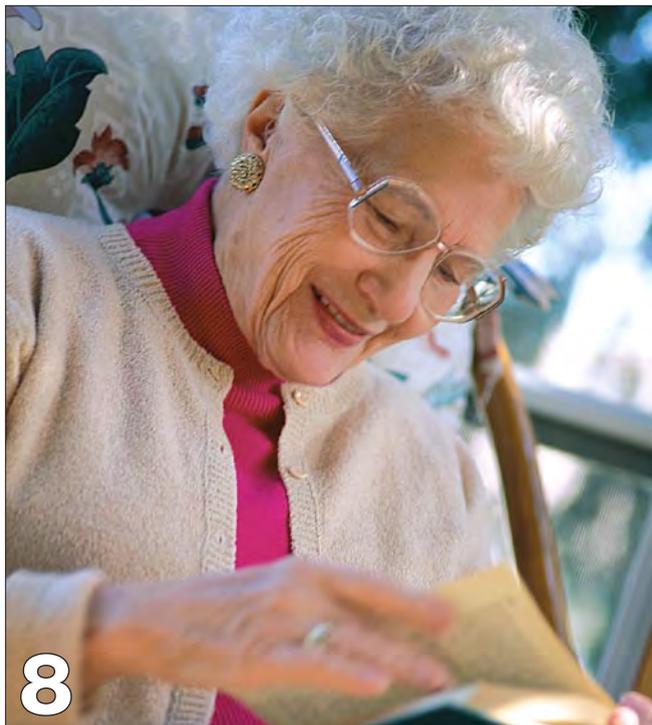
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Imagine not being able to recognize your best friend.

Today millions of people with Alzheimer's can no longer remember the ones they love. That number is expected to increase dramatically over the next 20 years. And it's one more reason MetLife Foundation continues to support research to find a cure. This year the Foundation honors the outstanding work of Todd E. Golde, MD, PhD, University of Florida, Gainesville, Edward H. Koo, MD, University of California, San Diego, Eckhard Mandelkow, PhD, and Eva-Maria Mandelkow, MD, PhD, Max-Planck-Institute for Structural Molecular Biology, Hamburg, Germany, with the MetLife Foundation Award for Medical Research.

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Spring Forward



Betsey Odell

Spring is back, and we're glad to be back with another issue of *Preserving Your Memory*. We think you'll find that this issue has plenty of hopeful news and helpful information for Alzheimer's patients and caregivers alike.

In our cover story (page 18), actor Hector Elizondo shares his family's experiences with Alzheimer's disease and his personal mission to expand awareness of the growing prevalence and importance of continued research. On the research front, be sure to read our interview with Dr. Barry Reisberg (page 26), one of the world's leading Alzheimer's researchers, whose team published a breakthrough study on the early recognition and diagnosis of AD. Also, meet the winners of the MetLife Foundation Awards for Medical Research in Alzheimer's Disease and learn about the important work they're doing (page 14).

Where do we even begin to figure out what our options for long-term eldercare are? Start with our informative guide through the maze of alternatives (page 8). Learn how to build a strong caregiving team for your loved one (page 11). And be sure to try our soup recipes, taken from *Soup Classics from Custom Catering* (page 22).

We hope your spring blooms with positive opportunities for good health and refreshment.

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

Alzheimer's Draws Global Focus at World Economic Forum

For 35.6 million people worldwide, Alzheimer's disease is a daily reality. And that figure is expected to double every 20 years, according to presentations made in January at the World Economic Forum in London.

Because of its rapidly growing prevalence, Alzheimer's and other dementias are expected to have a major impact on the economy of every nation, rivaling the impact of HIV/AIDS, according to the *World Alzheimer's Report*. The report was published in 2009 by Alzheimer's Disease International (ADI), a London-based, nonprofit, international federation of 71 national Alzheimer's organizations.

Rapid growth of the prevalence of Alzheimer's is expected in every region of the world:

- Europe: 40%
- North America: 63%
- South American "cone": 77%
- The rest of Latin America: 134–146%
- Asian Pacific: 89%
- East Asia: 117%
- South Asia: 107%
- North Africa and the Middle East: 125%

Today, the worldwide impact of Alzheimer's on the international economy is estimated at US\$315 billion every year.

"The rapid increase in Alzheimer's disease creates a significant economic, social and personal burden, yet we are just beginning to mobilize around this



The global impact of Alzheimer's disease is growing rapidly.

condition," said Dr. Robert N. Butler, moderator of the Davos panel and CEO and President of the International Longevity Center. "Today's meeting of government, corporate and civil society representatives is an important step in driving urgency to act."

New Study Identifies Three Proteins

Research published in the January edition of *BMC Genomics* points to three proteins, called kinases, that may play a role in disrupting connections between brain cells, an activity believed to be an important part of the progression of Alzheimer's disease.

The Translational Genomics Research Institute (TGen) led a team of scientists in exploring the effects of these kinases on a key brain protein called tau, which helps brain cells (neurons) build communication channels with each other. The structures formed by tau that allow the neurons to build connections are called microtubules. By disrupting this process, the three kinases also stimulate the creation of tangles, which are composed of hyperphosphorylated tau and are the structures commonly identified with the development of Alzheimer's.

The TGen team looked at all 572 known and proposed kinases in human cells, identifying 26 that affect the tau protein. Further study revealed the three

suspect kinases that appear to cause a process called hyperphosphorylation, a chemical reaction that dismantles the microtubule, causing the “bridges” between neurons, called synapses, to degrade. This finding gives researchers a new target for developing protein-inhibitor drugs to stop this process.

FDA Approves Generic Aricept

In December, the U.S. Food and Drug Administration (FDA) approved the first generic versions of Aricept (donepezil hydrochloride), a drug typically prescribed in the early stages of Alzheimer’s disease to slow the progression of dementia.

The generic tablets will dissolve on the tongue, which should help older adults with difficulties swallowing take the medication. The medication will be manufactured by Mutual Pharmaceutical of Philadelphia in 5 milligram and 10 mg strengths.

Comprehensive Report Details Expanding Caregiver Role, Impact

A 2009 report produced for the National Alliance for Caregiving and AARP reveals that 65.7 million Americans are involved in caregiving to some degree. The report, *Caregiving in the U.S. 2009*, was funded by MetLife Foundation and produced by Mathew Greenwald & Associates. It is the most comprehensive analysis of caregiving in the United States published to date, involving 6,806 quantitative telephone screenings and 1,408 interviews with caregivers age 18 and older.

That figure represents all adults who provide ongoing care for loved ones of any age, which comes to 31% of all U.S. households. Some 29% of Americans are involved in caregiving, providing an average of 20 hours per week, the report states.

The findings also reveal that:

- 66% of caregivers are female
- 86% care for a relative; 36% for a parent
- Caregiving lasts an average of 4.6 years
- 10% provide care for someone with Alzheimer’s disease



The overwhelming evidence of the benefits of exercise includes brain health benefits.

Among caregivers, 17 percent report that providing care has had a negative impact on their health. But there is good news on that front: Since 2004, there has been a 9% increase in the number of caregivers who have received help from other unpaid caregivers.

The recession has taken a toll on paid caregiving. Since 2004, there has been a 4% decline in the number of people who report hiring caregivers for their loved ones.

“Caregivers report they need help looking after their loved ones, but they also need help managing their own stress,” said Dennis White, president and CEO of MetLife Foundation. “Those surveyed suggested potential solutions for these challenges, including greater access to information resources, emergency response devices, transportation assistance, and respite services for caregivers.”

Evidence Mounts: Exercise Is Great for Brain Health, Too

If there were indeed any holdouts on the increasingly obvious maxim that exercise is great for you, four new studies should end all but the most stubborn opposition. The new research indicates that exercise may even be critical to a healthier old age.

One study revealed that women who were more physically active during middle age were more likely to be “successful survivors” at age 70, even if that activity was mild exercise, such as walking. The second study pointed to the benefits of more strenuous exercise, however: Women who engaged in higher-intensity physical activity four days per week had stronger bones and were less likely to fall. A third study found that moderate to intense exercise reduced the risk of cognitive decline in participants age 55 and older, when checked over a 2-year follow-up period. The fourth study reported that women who used resistance training once or twice per week showed improved cognitive skills in attention and conflict resolution, as compared to those who engaged only in balance and toning workouts.

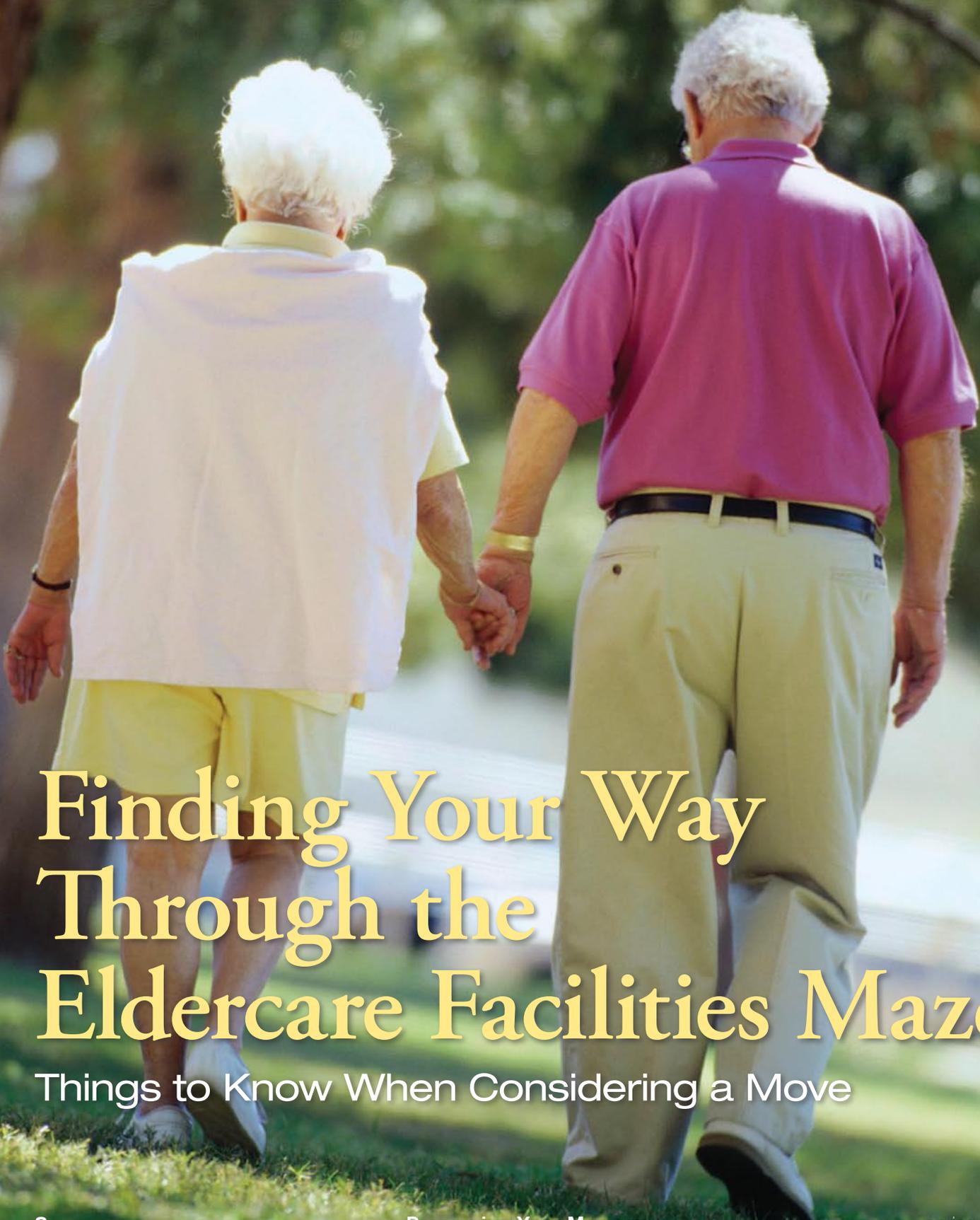
The studies were published in the Jan. 25 issue of the journal *Archives of Internal Medicine*.

“Exercise is better than any drug or anything else we have for aging,” said Dr. James O. Hill, professor of pediatrics and director of the Center for Human Nutrition at the University of Colorado at Denver. “There’s no downside. If this were a drug, it would be the safest, most effective drug in the universe.” Before engaging in an exercise program, you should consult your physician. ■

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

Planning is critical to making a successful transition to an eldercare facility.

By Mary Adam Thomas



Finding Your Way Through the Eldercare Facilities Maze

Things to Know When Considering a Move

There are many factors to consider in thinking about a move to an eldercare facility.

John Simons is as love-struck today as he was when he first met Dorothy Evans 21 years ago. With a shared passion for dancing—especially the tango—their romance blossomed quickly. “She was exciting, good looking and kind—always on the go, ready to do anything,” John recalls. “She was my companion and my dance partner, and I felt so lucky to have her.” Within a year of meeting, they moved in together and began to dance through life as a pair.

But Dorothy’s memory started to fade due to the gradual onset of Alzheimer’s disease (AD). When she started to forget dance steps, she retired from their troupe. At that point, John set his own dance shoes aside and devoted himself to her care.

“When her disease became advanced and she didn’t want to stand or walk, I realized I could no longer care for her alone,” John says. So he initiated a search for a residential facility where she could receive the care she needed.

John located an eldercare facility near their Southern California home with the help of A Place For Mom (a referral service that is free to families), and Dorothy moved last November at the age of 89. She now receives a level of care that exceeds what John feels he could provide on his own. He credits the expertise of the eldercare advisor from A Place For Mom, who identified Dorothy’s needs and matched her with an appropriate site.

John now visits Dorothy nearly every day, occasionally coaxing her into a few dance moves to entertain the other residents. He regrets what AD has taken from Dorothy, but he is comfortable with how well she’s treated in her new home. The move was important for both of them.

If you care for someone with AD or another form of dementia, you may one day need to move your loved one into an eldercare facility. Whenever that transition takes place, information will be your greatest ally. The more you have, the smoother the process will be for everyone.

Here are some key things to know about eldercare facilities that provide services outside of the home:

There are many different types. Get to know the various options to determine what might suit your situation best.

- **Adult day care:** Non-residential care provided during daytime hours at a dedicated site.

- **Independent living:** A place where people who are able to care for themselves live in a community of homes or apartments.
- **Board and care homes:** Sometimes called adult foster care, eldercare homes or residential care homes, these offer meals and help with some daily activities.
- **Assisted living:** Facilities providing around-the-clock staff, meals and a level of service that varies according to each resident’s needs.
- **Continuing care retirement communities:** Facilities offering a range of services for residents who want to stay in one location as their care needs change.
- **Skilled Nursing Facilities:** Facilities equipped and staffed to provide full acute and long-term care to residents, such as nursing homes.
- **Respite care:** Designed to offer temporary care (hours, days, weeks) to support elders and their caregivers.
- **Hospice care:** End-of-life care in the home or at a dedicated hospice setting.

Definitions vary by state. Skilled nursing facilities are federally regulated, but their quality control is overseen by the public health departments of the states where they are located. All other categories of eldercare are regulated by individual states so there is no consistency in how they’re defined across the country. So “assisted living” might mean one thing in Florida and another thing in Illinois. Some states have greater regulatory control over the eldercare industry than other states, so it’s important to evaluate specific sites for quality and suitability.

A move to eldercare does not eliminate the caregiving role. Many families worry that making the transition to eldercare will mean handing over all caregiving responsibilities, according to Mike Splaine, director of state policy and advocacy programs at the Alzheimer’s Association. “I’ve never met a family that gave up care [for their loved one with AD] even when they chose to use the support of a facility,” he says. The healthy approach, Splaine insists, is for family members to use their acquired skills and close connections with the elder, and allow those to complement the expertise of the facility’s staff. “It’s not about giving up; it’s about sharing the responsibility,” he says.

Not all qualified sites fall under the memory care umbrella. Eldercare facilities that advertise specialized services for residents with AD or other forms of dementia come under a variety of “memory care” headings. But

family members should not limit their searches exclusively to those locations, since there are not enough with specialized licenses to accommodate all seniors with memory issues. According to Mike Splaine, two-thirds of the country's nursing home residents suffer from AD or related dementia, while only 10 percent of them actually live in specialized memory care units. Many residential facilities cater well to AD patients even though they are not recognized in state regulations as licensed to provide memory care.

The cost is high but support is available. Residential eldercare can cost anywhere from \$4,500-\$6,000 per month, depending on the level of care provided and the facility's location. While an estimated two million Americans have private long-term care insurance to help defray costs, many AD patients do not (and once the disease is diagnosed one becomes ineligible for such insurance). There are resources available to families unable to pay for the high cost of eldercare, the most common examples being Medicare (which offers very limited long-term care coverage) and Medicaid (reserved for low-income applicants). "People become eligible for Medicaid even when they're not considered 'poor' because it doesn't take very long to spend family savings on eldercare," explains Nancy Dapper, executive director of the Western and Central Washington State Chapter of the Alzheimer's Association and former regional administrator for the Federal Centers for Medicare and Medicaid. "If you don't have long-term care insurance and you're already low-income, you want to get signed up with Medicaid," she says. "If you're above that income level, talk to your state Medicaid officials about spending down because the rules differ. If you have resources that you want to protect, talk to an elder-law attorney," she advises.

It's not too soon to research. Even if you feel your loved one has no immediate need for residential care, you might want to begin learning about your options so you are armed with information if the situation changes. "It's never too early to start thinking about this," says Pamala Temple, founder and CEO of A Place for Mom. "We typically find that families think they're in one time frame, but the reality is that they'll need to make other arrangements much sooner than they realize. Getting people into healthy, safe care environments can actually prolong their lives." In addition, she notes, transferring some of the responsibilities away from family caregivers can help protect their health as well by reducing dangerously high stress levels. "When it's

time for residential care, family members can enjoy more experiences like meals and walks with their loved ones rather than always needing to serve as caregivers, which can be very stressful," says Temple.

On-site interviews are crucial. A critical component of any eldercare facility search is an in-person visit by you or someone who represents your loved one's interests (such as a professional geriatric care manager). According to Nancy Dapper, it's important to get a complete picture of the facility, its services and its staff—including the intangible things that aren't spelled out in a brochure. "When you visit a facility, observe what's going on; see how people are cared for," she advises. Also, don't be afraid to ask whether your relative can stay there permanently. "Ideally, you want to find a place where the people will work with you all the way through hospice care," she says. ■

Resources

- **Fisher Center Alzheimer's Resource Locator.** We offer an online directory to facilities nationwide, available here: www.alzinfo.org/providers/doctor.aspx.
- **Alzheimer's Association CareFinder.** This easy-to-use online tool provides an overview of care options and can help you determine the different types of facilities that are located all over the country. Go to www.alz.org/carefinder or call the Alzheimer's Association 24-hour helpline at 800-272-3900.
- **National Association of Area Agencies on Aging.** The NAAAA ("n4a") administers the Eldercare Locator, a public service of the U.S. Administration on Aging. Consumers may order promotional materials from up to five eldercare facilities at no charge. Visit www.n4a.org.
- **National Association of Professional Geriatric Care Managers.** This non-profit organization oversees the efforts of professional geriatric care managers around the country who are hired by families to advocate on behalf of their elder loved ones. Visit www.caremanager.org or call 520-881-8008.
- **A Place for Mom.** The country's largest free eldercare referral service connects families with professional eldercare advisors to identify what type of housing is most needed and recommend local options. Visit www.aplaceformom.com or call 877-666-3239 (877-MOM-DAD9).



Many people will find themselves providing care for a loved one at some point.

How to Assemble a Caregiving Team

By Winnie Yu

Fact: Most of us either already are involved in caregiving, or will need to be a caregiver or find a way to provide caregiving for someone in our family at some point in our lives. But how do you do that? Where to begin? Read on.

Whether it's driving mom to the doctor, doing dad's laundry, or providing 24/7 care to an aging relative, many Americans these days are familiar with the rigors of caring for a loved one. According to the Family Caregiver Alliance, 78 percent of adults in the U.S. who receive long-term care at home get all their care from family and friends, mostly wives and adult daughters.

For the caregivers, the task can be overwhelming. Studies show that caregivers are prone to depression, stress and anxiety. They're also more vulnerable to high blood pressure, poorer immune function and an increased risk of dying.

The task is especially daunting if the care recipient suffers from Alzheimer's disease—not just because the disease can be so challenging, but also because the responsibilities can last for years. “When you're dealing with someone with Alzheimer's, you're going to be doing it for a long time,” says Donna Schempp, program director for the FCA in San Francisco. “Most people with Alzheimer's have had it for 3 to 5 years before diagnosis and will have it for 5 to 20 years after diagnosis. When people start being a caregiver for someone with dementia, they often don't think about the long haul.”

Taking a team approach to the task is essential for the caregiver to preserve her own well-being. “If you don't get help in caregiving, it's going to hurt you,” Schempp says. “It's going to hurt your body. It's going to hurt your mental health. It's going to hurt your spiritual health.”

To make matters worse, long-term caregiving often results in isolation for the caregiver. “You'll be surprised at how quickly you can become isolated from family and friends,” says Linda Rhodes, Ph.D., former secretary of aging for the state of Pennsylvania and author of *Caregiving as Your Parents Age* (New American Library, 2001). Studies have found that the longer someone is a caregiver, the more cut off from others they become.

The only way to reduce the impact is to find others to pitch in. “Having help eases the burden,” Schempp says. “And you don't have to be in crisis before you look for help. You should get help along the way before a crisis happens.”

What's Stopping You?

Many caregivers have a hard time asking for help. They may identify themselves as “The Caregiver” and have difficulty sharing that role with others. Or they may be perfectionists who think others won't take care of mom the way they would. “You'll start to feel that it's easier to just do things yourself, or your parent will become so

dependent upon you that he or she never wants you to leave,” Rhodes says.

Some caregivers slip into the role so gradually that they don't even think of themselves as caregivers. What starts out as making occasional meals for mom turns into a daily grind that involves doctor visits, grocery shopping and medication management.

It's possible too, that some caregivers know they need help, but are unaware of the resources available to them in the community, or that they're so immersed in the day-to-day duties that they don't have time to seek help.

Many other caregivers simply have trouble accepting help from others. “Caregivers seem to have difficulty asking for help for the person they are caring for and even for themselves,” says Marion Somers, Ph.D., author of *Elder Care Made Easier* (Addicus, 2006).

What many caregivers fail to realize is that if they don't care for themselves—and lighten the burden—there may be no one around to care for their loved one. “It's not surprising that many caregivers pass on before the person they are caring for does,” Schempp says.

To get in the practice of accepting help, Schempp recommends having a list of specific tasks that you need done—and keeping that handy. “If someone asks, ‘Is there anything I can do?’ you need to learn to say yes,” Schempp says. “And if you have that list, you can say, ‘Yes, I need someone to walk the dog, or I need someone to stay with him while I get my hair cut.’ The key is to be specific and to have a list of things for people, so they can pick the things that suit them.”

Schempp says many people actually enjoy helping out. “People offering help actually feel good when they do something good for someone,” she says.

Identifying Helpers

If no one is offering any help, it's time for you to take a more proactive approach to lining up a caregiving team. Start by identifying the tasks you need help with. Is it paying bills? Preparing meals? Driving to doctor appointments? Bathing and hygiene? After you know what needs to be done, it will be easier to identify the right people for the job.

When you're looking for help, here are several resources to consider:

- **Family members.** Turning to siblings is only natural if the person you're looking after is a parent. Though you may be the lead caregiver, it's critical to let others know that they need to play a role, too, even if it's

No caregiver should go it alone. Support is available.



sending money, so you can put mom in adult day care a couple hours a week, or making phone calls to arrange dad's appointments. But don't forget other relatives, such as your spouse, children, aunts, uncles and cousins.

- **Friends and neighbors.** Depending on the relationships you have, friends and neighbors can be another viable source of help. And while you may not ask a neighbor to do dad's taxes, you might feel comfortable asking her to watch your kids while you run your mom to the doctor's. Whatever you do, be clear about what you need them to do and how long you'll need that help, Somers says. "People are more likely to lend a hand if the role and time commitment are both clearly defined," she says.
- **Community organizations.** Many communities have service groups set up specifically to help caregivers. The Eldercare Locator (www.eldercare.gov), sponsored by the Area Agencies on Aging (www.n4a.org), is one place to start. Another: Lotsa Helping Hands (www.lotsahelpinghands.com). You can also get information from local churches, senior centers, and government agencies. Once you start looking, you may find a whole network of services available to help.
- **Hired help.** If you have the resources, you may consider hiring people to be part of your caregiving

team. Hired help might include a geriatric care manager, who can help you plan and orchestrate your relative's care, especially if you're trying to do this long distance. You might also considering hiring a home health aide, house cleaning service, a handyman, lawn care or transportation services.

- **Support groups.** Whether it's in person or online, a support group should be part of any caregiver's team—not so much for the recipient, but for the caregiver herself. A support group can serve as a place for you to vent your frustrations, ask questions about specific challenges and get information about community resources. Look for support groups through your local hospital's community education program, Rhodes suggests. You can also find groups through health associations. Also, check www.ALZTalk.org and your local Alzheimer's Association chapter.
- **Respite care.** Most caregivers eventually need a break from the rigors of caregiving. That's when you should find someone to provide respite care. Whether it's a couple of hours a week at an adult day care or a weekend break provided by your sister, the goal is to give you time away from your duties to recharge. "You have a right to take care of yourself, laugh, keep up your interests and not allow caregiving to consume you," Rhodes says. ■



MetLife Foundation Honors Four Scientists for Alzheimer's Research

As Americans live longer and the Baby Boomer generation reaches retirement age, the importance of Alzheimer's research has never been greater. MetLife Foundation continues to celebrate the achievements of researchers who are uncovering promising new directions for future study and the development of effective treatments.

While their specific fields of research are not identical, all four winners of the MetLife Foundation Awards for Medical Research in Alzheimer's Disease share distinguishing accomplishments in the push for better tools to diagnose and treat Alzheimer's disease.



Edward H. Koo, M.D.

Consider the work of **Edward H. Koo, M.D.**, professor of neuroscience at the University of California, San Diego School of Medicine. Dr. Koo, who is also co-director of the Shiley-Marcos Alzheimer's Disease Research Center at UCSD, has led a team focusing on documenting the pathophysiology of

Alzheimer's. The lab's goal is to translate the findings of basic cell and molecular biological studies to the needs of the clinic, so that a better understanding of the disease's causes can be applied to treatments.

Dr. Koo's team worked with that of another of this year's honorees, **Todd E. Golde, M.D., Ph.D.**, professor of neuroscience at the University of Florida, Gainesville, and director of the university's Center for Translational Research in Neurodegenerative Diseases, in identifying and understanding the origin and development of gamma-secretase modulators (GSMs). These compounds selectively lower the production of the "long" form of amyloid-beta, a primary chemical component in the



Todd E. Golde, M.D., Ph.D.

development of Alzheimer's.

Dr. Golde's team is also looking into the role of various immunologic factors in Alzheimer's, and whether these can be developed to prevent or treat the disease; what causes the degeneration of neurons that occurs in Alzheimer's, and how that process can be slowed; optimizing anti-amyloid immunotherapy for Alzheimer's and other amyloid-related diseases.

Also being honored are two researchers who work very closely together. **Eva-Maria Mandelkow, M.D., Ph.D.**, and **Eckhard Mandelkow, Ph.D.**, are researchers at the Max-Planck-Institute for Structural Molecular Biology in Hamburg, Germany, where Dr. Eva-Maria Mandelkow serves as principal investigator and Dr. Eckhard Mandelkow serves as director. The husband-and-wife team have been probing the pathology of the tau protein and its involvement in the development of Alzheimer's, with an eye toward creating therapies to target the process of pathological change in the protein that is involved in the disease's development. Dr. Eva-Maria Mandelkow examined the structure of recombinant tau with that of the tau proteins found in Alzheimer's brain tissue, which led to the discovery of tau's role in causing toxic effects in neurons and inhibiting the transport process. She also generated a regulatable mouse model that showed the effects of "switching off" the expression of toxic



Eckhard Mandelkow,
Ph.D.

tau species on the learning and memory deficits that are typical of Alzheimer's.

Dr. Eckhard Mandelkow's work in studying the cytoskeletal assemblies of neurons, has led to critical insights into the proteins and processes that impact that structure. His team identified certain "hotspots" in the structure of tau proteins that determine their behavior, which in turn led to the development of cell and mouse models for

the further study of tau pathology, as well as exploration of the potential therapeutic value of tau aggregation inhibitors.

All four scientists received their awards at a ceremony in Washington, D.C., on Feb. 25. Each winner received a \$100,000 research grant and a personal prize of \$25,000 to continue pursuing their work. Recipients briefed attendees on their research in a moderated panel led by Robert N. Butler, M.D., president and chief executive officer of the International Longevity Center—USA, and professor of geriatrics at Mount Sinai Medical Center in New York City. Dr. Butler was also the founding director of the National Institute on Aging at the National Institutes of Health. "Alzheimer's disease research is crucial to saving an aging



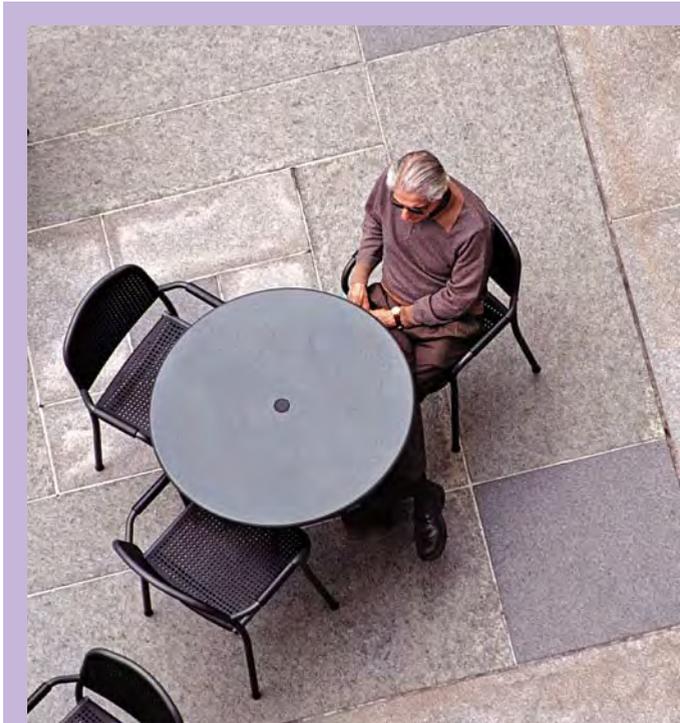
Eva-Maria Mandelkow,
M.D., Ph.D.

population from its devastating effects," Dr. Butler said. "The personal and societal costs are staggering because Alzheimer's takes away the essence of individuals and robs years from their families. Through these awards, MetLife Foundation has demonstrated sustained support for scientists working to unravel the mystery of Alzheimer's by providing leading scientists with the funds to freely pursue their

life-saving ideas."

"MetLife Foundation has long recognized the impact Alzheimer's has on families, society and the economy," said C. Robert Henrikson, Chairman, President and Chief Executive Officer of MetLife, Inc. "We continue our commitment to support the outstanding scientists who are making strides and developing methods to combat and, perhaps some day, prevent Alzheimer's disease from impacting future generations."

"Millions around the world look to science to find hope for the families affected by Alzheimer's, and the scientists we have honored—today and in years past—truly represent the best of what the scientific world has to offer," said Dennis White, president and CEO of MetLife Foundation. "These awards are an investment in the future and we thank our awardees for their vital contributions." ■



Fox Gives MetLife Foundation Alzheimer's Awards Keynote

Photographer and artist Judith Fox, whose book *I Still Do: Loving and Living with Alzheimer's* was featured in the Winter 2010 issue of *Preserving Your Memory*, gave the keynote address at the MetLife Foundation's Awards for Medical Research in Alzheimer's Disease event. Fox's volume of photographs feature her husband, Dr. Edmund Ackell, documenting in powerful detail the journey of a man diagnosed with Alzheimer's along with Fox's poignant observations about sharing that journey.

Photo-Eye magazine named *I Still Do* "one of the best of 2009." The book is published by Powerhouse Books and is available through Amazon.com, Barnes & Noble and booksellers everywhere.

Written by Karen Brenner
 Brenner Pathways
www.brennerpathways.org
 Chicago, Illinois

Hemingway's Garden

In the spring, each new tender leaf is a cause for celebration, each returning plant welcomed as an old friend. The crocus and daffodil bring color once again to the somnolent garden; they also bring hope that winter is finally past.

While spring is the time to celebrate new life, there is a darker side to the burgeoning season. This is also the time when the gardener must be prepared to rip up, dig out and cut back. In my garden, I become ruthless with shears and shovel, many of the hopes and dreams of last summer are bundled onto the compost heap.

This process of creation and destruction is also the dilemma of the writer. There always comes that moment when the writer must be prepared to destroy. Hemingway, so lean and spare a writer, was ruthless in his ability to cut words, rip out sentences, throw away entire novels. His garden would doubtless have been clean-lined and minimalist, marching rows of the useful vegetable patch and perhaps one exotic palm tree, but no wild roses, no pansies.

I share these thoughts about gardening and writing with Billie, who is an artist. Billie reminds me that artists, too, have to be prepared to destroy in order to create. She tells me that when she makes a mistake in a painting, she first tries to paint over it, but sometimes, she has to start with a clean canvas. Billie is in her eighties and trying to cope with the

twin blows of having Parkinson's and Alzheimer's disease. I watch as she applies paint to paper. Her hand shakes so badly that she must cup one hand around her arm in order to steady her brush.

I watch Billie working on her portrait of a single, red rose. She creates shadows and depths in different shades of red while the leaves trail away, curling and turning with patches of brown and pink and shadings of green. As I watch Billie layering paint, rubbing off the excess with her thumb, the flower, leaves and vines become luminous under her touch. I promise Billie that I will have this glorious rose painting framed.

When I meet Billie again a few days later, I hand her the painting, matted and framed, the rose looking even more vibrant under the glass. Billie looks at me blankly, not remembering me, not remembering her painting. She shakes her head and tells me that this is not her work. Relentlessly, Billie's diseases are destroying both her mind and her body, but within this destruction there still lives the artist, the creator. Once again, I hand Billie a paintbrush. This time an entire garden of flowers jump to life under her shaking hand. Watching Billie's courageous brush strokes, I am reminded of Hemingway's words: "The world breaks everyone, and afterward many are strong at the broken places." ■





Photo: NBCU Photo Bank

Hector Elizondo, left, and Tony Shalhoub on the set of *Monk*.

By Tamekia Reece

Hector Elizondo: Speaking Up About Alzheimer's

Few celebrities have been more vocal in their advocacy for Alzheimer's research and brain health than Hector Elizondo, the popular star of stage and screen.

You probably know Hector Elizondo from movies and television shows such as *Pretty Woman*, *Chicago Hope*, *Georgia Rule*, *Monk* and, most recently, New Line Cinema's *Valentine's Day*. The Emmy award-winning actor has appeared in over 80 films and TV shows and has been acting for more than 40 years. He's in demand today as much as ever.

What you may not have known is, despite his busy schedule, Elizondo makes time for one of the most personally satisfying roles of his life—that of an Alzheimer's educator. As a celebrity spokesperson for the Alzheimer's Foundation of America, Elizondo has toured the country with Alzheimer's specialists promoting awareness and sharing the story of his own experience with Alzheimer's—the disease that ultimately claimed both of his parents' lives.

"There's Something Wrong with Mom"

Back in the 1960s, when Hector's mom, Carmen Medina Elizondo, first began showing symptoms of what today would likely be diagnosed as Alzheimer's, there was very

little information about the disease. “Those days were the dark ages of dementia,” Elizondo says. “They didn’t even know what to call it.” Because it started off as simple things, like her forgetting where she put her keys and forgetting names, the family did what many other families do—they chalked it up to normal memory loss that occurs as people age. “We saw the symptoms but didn’t know what was wrong. We just thought mom was getting forgetful,” he says.

Eventually she began losing herself—getting lost in the neighborhood where they lived, even though she knew it like the back of her hand. “More than once my father [Martin Echevarria Elizondo] got a call from police officers at the precinct,” Elizondo says. His mother would take the bus, forget where she was going and end up getting off somewhere and wondering around until someone realized she was lost.

“After that happened two times, it should have been a big red flag. But in those days, you didn’t pay much attention to that. You say, ‘Oh, well, mom’s getting forgetful,’” Elizondo says.

Those episodes of forgetfulness kept piling up and the family realized it was something more. “All we knew was that something was wrong with mom, and something had been wrong for quite awhile, and it was getting worse and worse,” he says.

Her descent into memory loss was a hard hit for the whole family. “It was progressive, it was slow, she was losing her life backwards. It was like going through a deep, dark tunnel for all of us because we didn’t know what it was,” he says. “The worst thing about it was not knowing, the mystery of it.”

A Caregiver’s Pain

As his mother’s memory continued to decline, Elizondo’s father took over the responsibility of being her caregiver, and was resistant to help from other family members. “That’s a man thing,” Elizondo says. “He insisted on doing it because that’s what a responsible Puerto Rican man does.” But there was also a negative side to that kind of stance. “They didn’t know when to give up,” Elizondo says. “Dad didn’t know it was okay to say, ‘I can’t handle this. You’ve got to help me. I really need a day off. I can only do this eight hours a day.’”

Elizondo’s dad wasn’t prepared for the physical and mental toll of being a full-time caregiver. He eventually had to leave work because caring for his wife was so tiring and overwhelming that he couldn’t perform his job, there were bouts of anxiety and distress, and he couldn’t eat

properly. “We checked in with him everyday to make sure everything was cool but there’s just so much we could do. My wife was working, I was working, my son was in school, my sister was working and my uncle lived far away,” Elizondo explains. Even worse, at the time, there were no organizations to help. “There were no services that came to your house to take mama away and play patty-cake with her for two or three hours and give papa a chance to take a nap or do some work at the office,” Elizondo says.

Those things ultimately proved to be too much for Elizondo’s father. “That’s what helped bring him down—no help, no information and no one to really pick up the slack,” Elizondo says. “I saw him age and get very, very sick.”

When Elizondo’s mother’s illness became more than they could handle, she was sent to a state hospital that didn’t specialize in dementia because, at that time, there was no such specialization.

“She was like a cucumber placed in a chair. She had no speech, no memory, no nothing, and she was incontinent,” Elizondo says. “It was like she had died a long time ago but her body was alive, which I think is a disgrace and undignified.”

Even after his wife’s hospitalization, Elizondo’s father still refused to take a break. “He’d visit her almost everyday, take her food and make sure they were doing the right thing at the hospital,” Elizondo recalls. The stress got to be so overbearing for Elizondo’s dad that he suffered a nervous breakdown and ended up in the same hospital as his wife. He rebounded from the breakdown, but the deterioration to his mind and body was lasting. He died about two years later in 1974—*before* his wife.

A Sigh of Relief

A month after his father’s death, Elizondo received an early morning call. “I was doing a movie at the time and thought it was a wake up call to get to work,” he remembers. Instead, it was his sister telling him their mom had passed. “I was greatly relieved,” he says. “We all were because there was not much left of our mother.”

Interestingly, his mom died on a day of special meaning for the family. “Before Dad passed away he said, ‘If I go before your mother, I’m going to call for her because I can’t be alone,’” Elizondo says. She died on her husband’s birthday. After fifty years of being together on Earth, they were once again together, he says. “I guess he gave himself a birthday present.”

The Most Important Role

Decades after his parents' deaths, and after Alzheimer's became a common term and research of the condition exploded, Elizondo found himself reaching out to educate others about what he and his family didn't understand at the time of his mom's illness.

Elizondo speaks to anyone and everyone who is willing to listen, but says there are certain groups that especially need the message—the Latino and black communities.

“Unfortunately, there's still a bit of a stigma and a mystery about Alzheimer's in those communities,” Elizondo says. “They think it's mental illness and something to be ashamed of.” In hindsight, he recognized this stigma in his own family when a few of his aunts each faced dementia. “As they became forgetful, because of cultural pressure, they were sort of put in the background,” Elizondo says. “These are Caribbean people, so everybody was loving and they were well taken care of, but they didn't appear in public because it was a stigma against the family,” he recalls.

“People need to understand Alzheimer's disease is not a mental illness—it's neurological ... and there's no reason to be ashamed,” Elizondo says. “That's why it's imperative that caregivers have all the information they can about what this is, how to deal with it and who to go to.”

For many Alzheimer's advocates, conveying those messages can be difficult when addressing populations that speak little or no English. “We need to make an extra effort to get the message out there through the different language radio stations, TV stations, print ads and online ads,” Elizondo says. And people who speak more than one language need to plug in more and help out by getting the information and passing it along to those who don't speak English, he adds.

A Family Matter

Even if the message is relayed, another thing that may play a part in the diagnosis of an Alzheimer's patient (and how overwhelmed the caregiver gets) is the strong sense of family responsibility many cultures possess.

Taking care of your own is great if you have an extended family and everyone is available to help, he says. However, most families don't have that availability and it's usually one person handling the bulk of the caregiving. “If you can't handle it on your own, ask for help, whether it's from family members, your church, support groups or medical facilities,” Elizondo says.

“If my father had more help and the information we have today, he would have lived for a few more years and I

would have been able to take him to Spain, the one place he always wanted to visit,” Elizondo says.

Although he understands that most caregivers feel it's their duty to take care of their loved one, Elizondo says it's not your duty to kill yourself trying to do it alone. “If you need help, don't hesitate to ask for it,” he says. “Make sure one tragedy doesn't become two.” ■

Resources

Research indicates that African Americans may have a greater prevalence of dementia and Alzheimer's disease than their white counterparts. Hispanic Americans face an additional barrier: many older adults speak only Spanish. But there are good resources online for African Americans and Hispanic Americans concerned about Alzheimer's disease.

African Americans

- Alzheimer's Association's section for African American caregivers: <http://www.alz.org/africanamerican/>
- National Network of Libraries of Medicine's African American Health Resources page: <http://nnlm.gov/mcr/resources/community/ethnic/aahealth.html>
- U.S. Department of Health and Human Services Office of Minority Health: <http://minorityhealth.hhs.gov>
- The U.S. Centers for Disease Control and Prevention's African American Health Resources page: <http://www.cdc.gov/omhd/Populations/BAA/BAA.htm>

Hispanic Americans represent another typically underserved population where dementia and Alzheimer's disease are concerned.

Spanish-Language Resources

- Alzheimer's Association's Spanish language portal: www.alz.org/espanol
- Family Caregiving Alliance: www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1408
- National Institute on Aging's Family Caregiver Guide: <http://www.nia.nih.gov/Alzheimers/Publications/guia.htm>
- National Library of Medicine's MedlinePlus Alzheimer's caregiving resource page: <http://www.nlm.nih.gov/Alzheimers/Publications/guia.htm>

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.**

The Simple Joy of Soup

It can be an appetizer or an entrée, a snack or a meal. However it's made, soup is enjoyed all over the world. Here's how one caterer came to specialize in it, and to share her good fortune with a good cause: Alzheimer's research.

Joan Gavagan started a career as a caterer at an age when many people have already retired. At 67, the self-taught cook and her husband Don opened Custom Catering in Herkimer, N.Y. "My mother and father worked as a team," says daughter Bridget Gavagan Gosine. "He was her shopper and delivery man."

Joan's specialty was making soup, says Bridget. "She was constantly perfecting her recipes." Joan spent hours tinkering with the ingredients for recipes such as Cream of Roasted Red Pepper, Creole Gumbo and Mexican Red Lentil Soup. She meticulously recorded her recipes on index cards and dreamed of one day publishing her own cookbook.

In 2001, Joan was diagnosed with Alzheimer's disease. As a final gift to her mother, Bridget began compiling her mother's recipes in preparation for publication in 2005. "It was a labor of love and gratitude," she says.

A Delicious Way to Get Vital Nutrients

Soup can be an important part of a diet that nurtures brain health. Because so many ingredients can be combined in a soup, brain-healthy choices are readily available. For example, cumin and turmeric—spices known to promote brain health—is an important flavoring additive in many soup recipes. Such legumes as pinto beans, kidney beans and black beans also may have brain health-supporting properties, while also being part of an overall healthy diet. The same can be said of green, leafy vegetables.

SOUP CLASSICS from Custom Catering

A Mother's Legacy of Delicious Home-Style Soups
Soups formulated for family & restaurant use



by
JOAN GAVAGAN

See the recipes taken from Joan's cookbook on pages 24.

Reaching Her Dreams

A mother of six children, Joan previously worked for General Motors and as office manager for Don's dental practice before following her passion to cook professionally. She sharpened her culinary skills at several Herkimer-area establishments, including the Herkimer County Community College Food Service Department, Chirico's Restaurant, the Prospect Hotel and the Mohawk Valley Country Club, before opening her catering business in 1994.

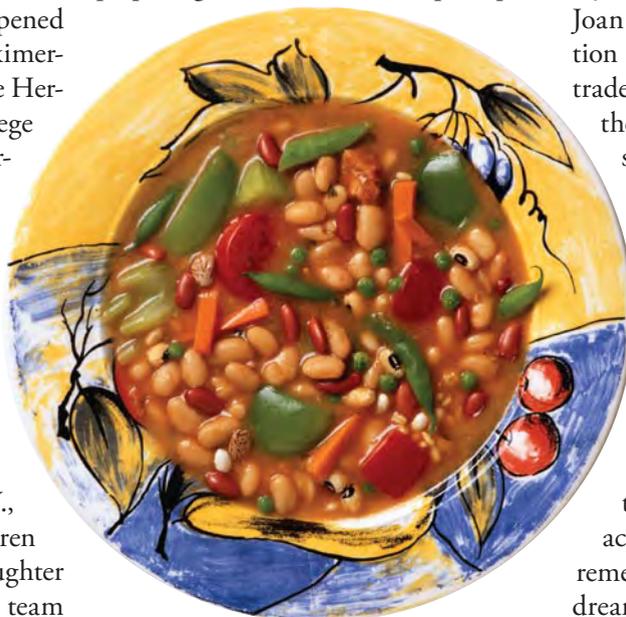
Joan and Don continued to work in the catering business until Don was diagnosed with cancer and Joan was diagnosed with Alzheimer's. In 2005, the couple moved to Rochester, N.Y., to live closer to two of their children and their families. Don and daughter Brenda Gioia worked closely as a team to care for Joan.

Meanwhile, Bridget, who lives in Florida, began working on the soup cookbook her mother had dreamed of publishing. Bridget decided to make a difference in the fight against Alzheimer's by donating half of the profits from sales of the book to Alzheimer's Research. The remaining profits would go to the Daniel Dunn Memorial Scholarship in memory of a family friend who passed away before realizing his dream to become a doctor.

Soup Classics from Custom Catering was published in 2007. Two years later, Joan passed away from complications of Alzheimer's. "I consider this book to be a gift in so many ways," Bridget says. "Number one, of course, is that it gave my mother joy. Knowing that not only comforts me, but continues to give me joy. The fact that this book has the potential to even make a small contribution to-

wards Alzheimer's research and Danny's scholarship is like icing on the cake."

Before Joan's passing, the Gavagan family celebrated the publication of the cookbook with parties and soup tastings in Herkimer and Rochester. Joan's son, Dennis Gavagan, took charge of preparing several of Joan's soup recipes.



It's evident that the cooking gene runs in the family, as Dennis is a professional chef and Bridget pursued a career in pastry creation.

Although unable to attend the party in Herkimer, Joan joined the soup tasting in Rochester at The Legacy, the adult living community where she lived. Bridget was happy that her mother not only understood the celebration was for her, but more importantly, was able to feel that her dream had finally been realized.

Living in the Moment

During Joan's illness, her family sought help dealing with Alzheimer's by attending a support group. Brenda says the group helped her family learn to cope by sharing guidance on how to live in the moment. She highly recommends reading the book *Creating*

Moments of Joy: A Journal for Caregivers by Jolene Brackey.

Brenda recalls how they turned simple activities into moments of joy. "On our daily walks, my mom's face would light up when the other residents and staff greeted or teased her," Brenda says. Standing only 4 feet, 6 inches tall, Joan would prop her chin on the reception desk of The Legacy, lock eyes and trade jabs with the receptionist behind the desk, revealing a flash of her old sense of humor.

The cookbook was another moment of joy for Joan every day, says Brenda. Using a small bookstand, the family displayed a copy of the cookbook on Joan's bedroom bureau. As their mother was helped getting dressed each morning, her daughters would say, "Look—there's your book!" Joan would react with great happiness every time, remembering that she had reached her dream of becoming a cookbook author.

Soup Classics from Custom Catering contains recipes for more than 50 made-from-scratch soups in addition to a grilled sandwich recipe Joan named "The Herkimer" in honor of her hometown. The sandwich pairs well with many soups in the book, such as Beef and Barley, Oyster Bisque and New England Corn Chowder. Several recipes are named after family friends from Herkimer, including Waterfront Grille owner Rocky Fiato and his wife Barbie, and Rudy Scialdo, whom Joan cooked for at the Prospect Hotel. ■

Where to Buy It

Soup Classics is available for purchase through Amazon.com, Barnesandnoble.com and iUniverse.com, as well as through many local booksellers.

Joan loved to cook for family and friends. Caregivers can share the simple joy of a home-cooked bowl of soup with loved ones, too. Here are two of Joan's delicious recipes from *Soup Classics* for your cooking enjoyment:

Beans & Greens

Yield: 8 8-oz. servings

Ingredients

1 lb Escarole (weight before trimming—see note)*
½ lb Onions, medium dice
2 each Garlic, large fresh, medium dice or substitute 3 pinches granulated garlic
½ Tbsp Vegetable oil
¼ tsp Oregano, dried
¼ tsp Thyme
1 lb. Cannellini, canned (white kidney beans)
5 1/3 cups Water, hot
1 ½ Tbsp Chicken base
1 Tbsp Beef base
½ tsp Salt
1 pinch White pepper
¼ cup Parmesan cheese, grated
Parmesan cheese, grated, for garnish

Directions

Trim escarole and rinse in 2 changes of cold water.

Finely chop escarole by hand or in blender. If using blender, place escarole in blender and cover with cold water. Chop for 1 second, then pour into a colander to drain.

Cook onions and garlic in oil, covered on low heat for 6 to 8 minutes.

Stir in escarole.

Stir in seasonings and beans.

Add water, chicken base, beef base and bring to a boil.

Season with salt and pepper.

Remove from heat and stir in grated cheese.

Serve soup with grated cheese on the side.

*Note: The escarole used in this soup weighed from 1 lb to 1 ½ lbs per head before being trimmed.

Meatball Soup—Greek Style

8 8-oz servings

Meatball Mix

10 oz
 1/2 cup
 1/3 cup
 1/2 Tbsp
 1 pinch
 1 pinch
 1 pinch
 1 pinch
 1 pinch
 1/2 Tbsp
 1 1/8 cup
 5/8 cup
 5/8 cup
 1/4 tsp
 1/2 tsp
 1/8 tsp
 1/3 tsp
 3/4 tsp
 1/8 tsp
 6 oz
 2 Tbsp
 1 Tbsp
 1 1/2 qt
 1/8 cup
 1 oz

Ingredients

Lamb shoulder, lean, ground twice
 Rice, cooked
 Onion, very small dice
 Parsley, minced
 Garlic, granulated
 Salt
 Oregano, dried
 Cumin, ground
 Coriander, ground or omit and increase cumin to 1/2 tsp
 Vegetable oil
 Onion, small dice
 Celery, small dice
 Carrot, small dice
 Basil, dried
 Cumin seed, dried
 Oregano, dried
 Garlic, granulated
 Salt
 White pepper
 Tomatoes, canned, diced
 Chicken base
 Beef base
 Hot water 2 1/4 gal
 Lemon juice
 Spinach leaves only, finely chopped
 Reserved meatballs

50 8-oz servings

by weight or measure

3 3/4 lbs
 1 1/4 lbs 3 cups
 1/2 lb 1 3/4 cups
 1/4 cup
 1/2 tsp
 1/2 tsp
 1 tsp
 1 tsp
 1/2 tsp
 2 oz 1/4 cup
 2 lbs 1 3/4 qts
 1 lb 3 3/4 cups
 1 lb 3 1/2 cups
 1/2 Tbsp
 1 Tbsp
 1 tsp
 2 tsp
 to taste 1 1/2 Tbsp
 1 tsp
 2 lbs 2 oz 1 qt
 8 oz 3/4 cup
 4 oz 1/3 cup
 1 cup
 5 to 8 oz 10 oz before trimming

Directions

1. Prepare meatballs in advance. In shallow steam table pan, layer ground lamb, rice, onions and seasonings. Mix lightly but thoroughly.
 2. Spray sheet pan with cooking spray to prevent rice from sticking. Place meatballs on sheet pan and bake in 375 degree F oven for 25 minutes or until cooked. Cool with pan angled to drain grease.
 3. Refrigerate or freeze until needed. Yield approximately 200 meatballs or 3 meatballs per serving—66 portions.
-
1. In soup pot, sauté vegetables in oil until hot—stir occasionally.
 2. Reduce heat to low, cover and cook for 15 minutes for 50 people (6 to 8 minutes for 8 people).
-
1. Stir in seasonings. Add tomatoes, chicken base, beef base, and hot water. Bring to a boil—stir occasionally.
 2. Reduce heat to low, cover and simmer for 20 minutes for 50 people (10 to 12 minutes for 8 people).
 3. Stir in lemon juice and spinach. Simmer uncovered for 10 minutes for 50 people (2 to 3 minutes for 8 people.) Stir occasionally.
 4. Meatballs may be added to soup at this point. Continue to simmer until they are hot.

Breakthrough Study Points to New Direction for Alzheimer's Research

The research team led by Dr. Barry Reisberg at the New York University School of Medicine has published a landmark study that suggests that those early signs of memory problems and other cognitive issues in older patients may be early indicators that dementia and Alzheimer's may later develop.

In the Jan. 11, 2010 issue of the journal *Alzheimer's and Dementia*, Dr. Barry Reisberg and his research team published research showing a significantly higher risk of dementia and Alzheimer's in people who have experienced subjective memory loss. This condition, called subjective cognitive impairment (SCI), typically occurs in people age 65 and older.

Dr. Reisberg is the director of the Fisher Alzheimer's Disease Education and Resources Program at New York University's Langone Medical Center, and is a professor of psychiatry there. He is also the director of the clinical core at the NYU Alzheimer's Disease Center.

Preserving Your Memory spoke with Dr. Reisberg about his team's findings and what this means for the future of Alzheimer's research, as well as the importance of these findings for patients and caregivers now.

Preserving Your Memory:
What is "subjective cognitive impairment"? Also, how is "mild cognitive impairment" best understood?

Dr. Barry Reisberg: We define subjective cognitive impairment (SCI) as when a person believes that their thinking abilities, including memory, are not as good as they were 5 to 10 years before. It's a change people notice in themselves, without being told by others. It's a personal conviction



Dr. Barry Reisberg

that they see as a problem. The most common complaints are due to memory issues.

Mild cognitive impairment (MCI)

is the point at which others begin to recognize that something's going on with a person's memory or cognitive functions. It could be from a clinical

Photo courtesy of NYU Langone Medical Center

interview that a doctor could detect deficits, or co-workers could notice a change in performance. These changes become evident from different perspectives.

The next line along the path to Alzheimer's is "mild dementia," which is a general deficit that interferes with complex daily activity—things like handling personal finances, paying bills on time, correctly filling out personal documents, etc. That's the key identifier at this level.

PYM: What do your new findings mean in terms of detecting and diagnosing Alzheimer's disease and other forms of dementia?

BR: There are a few things to point out here. I should mention that we're speaking of SCI, and this phenomenon has already been recognized under various names. Surveys indicate that a big proportion of people—from 25 to 50%—over the age of 65 have SCI symptoms. Classically, these people come to us because they're convinced they have a problem, and they're concerned.

So we've been studying this entity for a long time. The whole world has had this question, whether these symptoms of early memory loss are truly meaningful. There are various ways to answer that, but the best way is to follow these people and see what happens to them. The study I published was a longitudinal study of people who came to us with these complaints, and we compared them to people who did not have these complaints. We controlled for age, follow-up time, etc. The people who did not have these complaints were a bit younger, typically. Without age control considered, we found that among people who did not have subjective complaints, only 15% went on to MCI or worse after 7 years. But among those who did have complaints, 55% went onto MCI or worse over 7 years.

When we controlled over individual follow-up time and age and some other demographic features, we found that the risk of decline was 4 ½ times as great for people who have SCI. What this means for us, taken with all the data we've compiled thus far in other studies, is this: People who did not have SCI, but went on to develop cognitive decline took an average of 3½ years longer to decline than those with SCI.

This study is different in another way. All studies that have been done in this area used much shorter follow-up times, and they also used dementia as an outcome criterion. This study used our definition of MCI and looked at it with a 7-year view, and with that outcome we're able to see the meaning of the SCI condition. That stage lasts 7 years, as

(continued on page 38)

Who will be there to protect you in an emergency?



Last year there were
3 emergency room
visits every second.

More than
12,000 auto accidents
happen every day.

A case of
medical identity theft
occurs every 60 seconds.

Medical mistakes contribute to
80,000 deaths annually.

LIFEGUARD 30
Your Medical Records. Mobile.

LifeGuard30.com or call 888-791-3391

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Make Mental Fitness Your Priority

We all know that physical fitness is an important component for a person's overall health, including brain health. But there is another vital part of the picture: mental fitness. Here's how you can help your brain stay as healthy as it can be.

Keeping your mind sharp could help stave off Alzheimer's disease and dementia, some experts believe. And while there is still no cure, studies that look at ways to delay onset are providing hope.

Work Your Brain

A study in the August 2009 issue of the journal *Neurology* found that doing cognitive-enriching activities such as crosswords, card games, reading and writing might delay the actual onset of memory loss and the other thinking problems associated with Alzheimer's.

Sandra Bond Chapman, Ph.D., director of the Center for Brain Health at the University of Texas at Dallas, has been researching Alzheimer's for the last 20 years. In a randomized study of people with early-stage Alzheimer's, her team found a significantly slower rate of decline in measures of meaningful verbal responses, functional life abilities and global mental function, as well as reduced apathy and irritation, in those who were treated not only with medication, but brain-training exercises. These exercises included discussing current events as well as writing down life stories to read later and trigger recall of the defining moments in one's life.

"We found mental stimulation over an eight-week period slowed the rate of verbal and functional decline and decreased negative emotional symptoms in Alzheimer's for up to eight months after treatment had been completed," she said.

Chapman encourages us to exercise the frontal lobe regions of our brain—



Mental stimulation is an important part of maintaining brain health.

the last region to develop, but the first to decline with age, she says. This can be done by deeper-level thinking activities such as interpreting what you read in a book, discussing the "larger messages" in the book and pushing to see how many meanings you can derive. She also recommends focusing on one task for increasingly longer time periods without interruptions—starting

with 10 minutes. One activity at a time is better than multitasking, she says.

"As we age, our brain has a harder time dealing with distractions. Brains get stronger by eliminating distractions rather than pushing to overcome them," she adds.

Melinda K. Baker, Ph.D., an assistant professor at Ohio Wesleyan University in Delaware, Ohio, has been conduct-

ing research on people with dementia for the last 15 years. She agrees that engaging in these activities can help:

- Activities that focus attention
- Those that require us to recall factual information and personal memories
- Using math skills and vocabulary
- Solving problems
- Learning new information
- Board games
- Playing musical instruments
- Singing
- Dancing
- Drawing or painting

All these cognitive pursuits provide different types of stimulation to the brain. She believes that this stimulation strengthens neurons and even creates new pathways between them in the brain, thus building a stronger network that is more resistant to decay caused by Alzheimer's.

Go One Step Further

Cynthia R. Green, Ph.D., suggests pushing our brains beyond crosswords. "Things such as crossword puzzles, word searches or reading don't give us the same kind of workout," says Green, an assistant professor in the Department of Psychiatry at Mount Sinai School of Medicine in New York City.

Green is the author of three books, including her newest, *Brainpower Game Plan*, and is president of Memory Arts LLC, a company that provides training in memory and brain health to corporations, organizations and professionals. "Look for games such as Boggle, Set, handheld electronic games such as Simon, or computer-based games found on sites such as miniclip.com or pogo.com," she suggests.

Another key to mental fitness is keeping socially active. James Mastrianni, M.D., Ph.D., associate professor of neurology and director of the Center for Comprehensive Care and Research on Memory Disorders at The University of Chicago, suggests finding more opportunities to socialize. "Go to a movie and discuss it in detail afterwards, or enjoy the museum, the symphony or a play. Let your brain experience something new so it can make new connections, enrich it," he says. "Learn something you always wanted to learn—a language, pottery, painting."

Dr. Mastrianni says that studies with transgenic mice that develop Alzheimer's disease show that symptoms were delayed by enriching the cage with mazes, toys and exercise wheels.

(continued on page 30)



can protect you two ways.

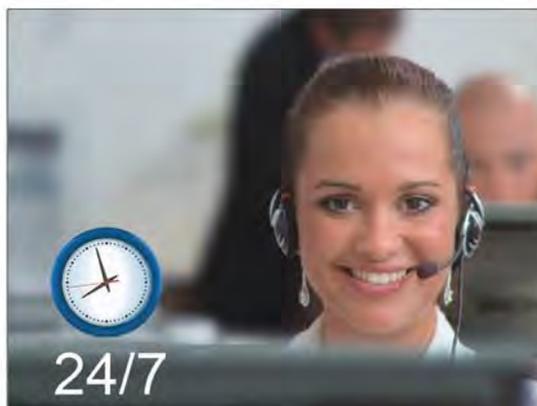


Patent Pending

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(continued from page 29)

Antioxidant-Rich Foods

Among the foods containing antioxidants are:

- Artichokes (cooked)
- Blackberries
- Black beans
- Black plums
- Cranberries
- Cultivated blueberries
- Apples
- Pecans
- Pinto beans
- Plums
- Prunes
- Raspberries
- Red kidney beans
- Russet potatoes (cooked)
- Small red beans
- Strawberries
- Sweet cherries
- Wild blueberries

Source: U.S. Department of Agriculture

Stay Active

Physical activity also benefits brain health. The National Institute on Aging, part of National Institutes of Health, reports that exercise may be key in increasing brain volume, activity and cognitive function.

One study they conducted used magnetic resonance imaging (MRI) tests to measure changes in brain activity in older adults before and after a 6-month program of brisk walking. The results showed increased brain activity in specific regions as the subjects' cardiovascular fitness increased.

Meditation is a scientifically proven method of training the mind, and

thereby of changing aspects of your life," says Patt Lind-Kyle, author of *Heal Your Mind, Rewire Your Brain*.

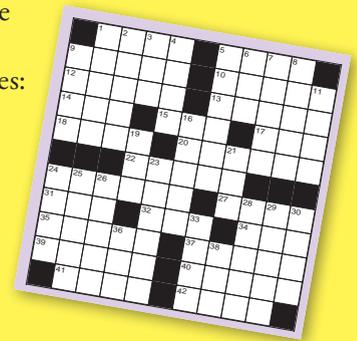
Meditation and exercise are also beneficial for stress management. The hormone cortisol is released during stress, causes an inflammatory response and may even produce a decrease in immunity. Cortisol also blocks neurotransmitters, halts glucose metabolism (which is needed for proper cell function) and damages cells in the memory

disease features. Omega-3s can be found in salmon, tuna, herring, sardines and mackerel as well as flaxseed and walnuts. A study by the University of California Los Angeles found that diets rich in DHA "dramatically reduce the impact of the Alzheimer's gene." However, NIH suggests that more research is needed before specific conclusions about the potential benefits of DHA can be made. So far, Alzheimer's patients given DHA do not appear to benefit, although some patients

Brain-Training Activities

Remember, there are good brain challenges in the back of every issue of *Preserving Your Memory*. In addition, here are some sites that offer good brain workouts, including games, puzzles and other challenges:

- www.kappapuzzles.com
- www.brainage.com
- www.livingwordsprogram.com
- www.lumosity.com
- www.sharpbrains.com



center of the brain, says Harold Shinitzy, Ph.D., co-author of *Your Mind: An Owner's Manual for a Better Life*.

Change the Way You Eat

NIA reports that foods rich in antioxidants, which fight off the free radicals that make our healthy cells unstable, and those that have anti-inflammatory components affect age-related changes in the brain. One study found that curcumin, the main ingredient in the spice turmeric, suppressed the buildup of plaques in the brains of rodents. The U.S. Department of Agriculture has identified other spices that have antioxidant properties, including cinnamon, cloves, chili powder and ginger.

Another study, the Institute reports, found that docosahexaenoic acid (DHA), a type of omega-3 fatty acid found in fish, reduced plaques on the brains of mice that were specifically bred to have Alzheimer's

may experience very modest benefits. There is also some evidence that omega-3 fats (which include DHA) might prevent or delay cognitive decline in people who have not yet developed dementia.

The National Institute on Aging also reports that several studies show the benefits of eating green leafy vegetables and cruciferous vegetables like broccoli and other studies have shown that folic acid might also play a role in maintaining cognitive function.

"Good advice is to follow a heart-healthy diet that is low in cholesterol and fats and high in antioxidants, [to include] leafy green vegetables," Dr. Mastrianni adds.

"The actions that we take physically, emotionally, and mentally can literally expand or contract areas of the brain, depending on the functions that are used most frequently," explains Lind-Kyle. ■

In an emergency, doctors have to act fast. Sometimes too fast.

Every day over 300,000 Americans visit an emergency room¹. Almost none of them arrive with complete medical records; not even people with serious allergies to common medications.

Nearly half a million Americans have their identities stolen every year for the purpose of using their medical insurance benefits². The people who steal your identity to get treatment also get your medical records changed to include their blood types, allergies, and medical conditions, instead of yours. This is why victims of medical identity theft are at such great risk of being given improper medical care. The types of medical mistakes that can result killed more than 230,000 people over a recent three-year period³.

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Patent Pending



The second way LifeGuard30™ can protect you is with our people. A team of trained professionals are available 24 hours a day, 365 days a year. We are here for you if a medical professional calls us with questions about your medical information. Or, if the circumstances allow, we can allow ER doctors to access your information over the Internet. Paramedics often like for us to send information directly to their cell phones at the scene of an accident, which is something that can be done at the touch of a button.

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Nothing is more important than your health. And few things are as risky as trusting your health to people who do not have the information they need to treat you correctly. Fortunately LifeGuard30™ gives you—and them—accuracy and peace of mind. Find out more by visiting LifeGuard30.com or by calling a friendly operator at 888-791-3391 today.

¹ <http://www.cdc.gov/nchs/FASTATS/ervisits.htm>

² <http://www.ftc.gov/opa/2007/11/idtheft.shtm>

³ HealthGrades Patient Safety in American Hospitals Study, April 2008

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Common Errors in Long-Term Care Planning

You can save yourself and your loved ones some difficulties by avoiding a few common missteps in planning for your long-term care needs.

During our discussions with clients, we learn about many misconceptions they have and previous errors they have made in their long-term care planning. I would like to share a few of those with you.

Believing Medicaid myths.

Relying on information from family members or friends, many people have a misunderstanding of how the Medicaid program works. Medicaid is a state program funded in part by the federal government. It is the only government program that pays for long-term care. Each state has its own Medicaid rules and regulations; including the District of Columbia, there are 51 Medicaid programs. In some states, Medicaid procedures even vary by county. Thus, it is very important for seniors and their families to consult with an experienced elder-law attorney familiar with the Medicaid program in the state and county in which the Medicaid application is to be filed.

Thinking it's too late to plan.

It is never too late to plan. In fact, it is possible to begin planning even after the individual has entered a nursing home, although you are always much better off if you plan ahead. Even if someone has already been diagnosed

with Alzheimer's disease, they may be able to sign advance directives if the disease is in an early stage. If the disease has progressed, then planning may still be possible through a guardianship proceeding. With proper planning it is possible to protect a significant portion of the person's assets.

Giving away assets too early.

These assets belong to the senior or the person with disabilities. Don't put

Don't repeat the mistakes others have made; instead, learn from them. Make sure you do what is necessary to protect your family's assets.

these individuals at risk by making premature gifts to family members. Premature gifts can also result in tax and Medicaid problems, particularly in light of changes to the Medicaid laws now in effect as the result of the federal Deficit Reduction Act of 2005.

Ignoring exempt transfers.

Some transfers do not result in peri-

ods of Medicaid ineligibility. These include certain transfers to children with disabilities, caregiver children, some siblings, certain exempt trusts for persons with disabilities under the age of 65 and certain pooled trusts for persons with disabilities.

Failing to take advantage of spousal protections.

These protections include maximizing the Community Spouse Resource Allowance, exercising the right of "spousal refusal," purchasing exempt resources or converting countable resources to income.

Applying for Medicaid too early.

Applying for Medicaid within 5 years of making a gift can result in a period of ineligibility that will not start until the senior or person with disabilities is in the nursing home—with no funds available to pay for his or her care. While the rules are complex, there are still ways to protect assets even if a gift has been made within the 5-year look-back period.

Applying for Medicaid too late.

Putting this necessity off can result in spending funds that could have been protected by proper planning. While Medicaid is the payer of last resort, in many cases it must be considered in or-



Planning for long-term care should not be put off, but it's never too late to start planning.

der to maintain the quality of life of the well spouse and family.

Failing to keep good records.

This has become a critical issue in light of recent Medicaid changes. A Medicaid eligibility worker will thoroughly examine all Medicaid applications. The applicant should retain records to support all items listed on the application, document the applicant's assets as of the date of admission into the nursing home and verify the disposition of the applicant's assets for the entire look-back period.

Not considering long-term care insurance.

All those who are healthy and who

can afford the premiums should consider long-term care insurance. By purchasing long-term care insurance, you may have more options available to you in the event of a chronic illness. If someone has already been diagnosed with Alzheimer's disease, it is too late for that person to purchase long-term care insurance. However, this should serve as a wake-up call to other family members that considering long-term care insurance is a vital part of your overall financial and estate plan.

Not getting expert help.

Medicaid asset protection planning is complicated. Most people will require this planning only once during their lives. Because a great deal is at

stake, it is wise to consult an experienced, certified elder-law attorney when long-term care is necessary. The attorneys' fees are an investment, not an expense.

Don't repeat the mistakes others have made; instead, learn from them. Make sure you do what is necessary to protect your family's assets. ■

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, 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 identify these actors by matching them to the films for which they won Best Actor Oscars?

- | | |
|----------------------------|----------------------------|
| 1. _____ Ben Kingsley | a. “Gladiator” |
| 2. _____ Henry Fonda | b. “American Beauty” |
| 3. _____ Al Pacino | c. “The Godfather” |
| 4. _____ Gene Hackman | d. “Elmer Gantry” |
| 5. _____ Art Carney | e. “Gandhi” |
| 6. _____ Spencer Tracy | f. “Philadelphia” |
| 7. _____ Tom Hanks | g. “Training Day” |
| 8. _____ Burt Lancaster | h. “Harry and Tonto” |
| 9. _____ Denzel Washington | i. “The French Connection” |
| 10. _____ Russell Crowe | j. “On Golden Pond” |
| 11. _____ Marlon Brando | k. “Captains Courageous” |
| 12. _____ Kevin Spacey | l. “Scent of a Woman” |

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.

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

LEAPFROG

Here’s a list of country music stars — a first and last name for each. The letters of the two halves are in the correct order, but they overlap. All you have to do to find the terms is separate the letters.

Example: **TSWAIYLFORT** — TAYLOR **SWIFT**

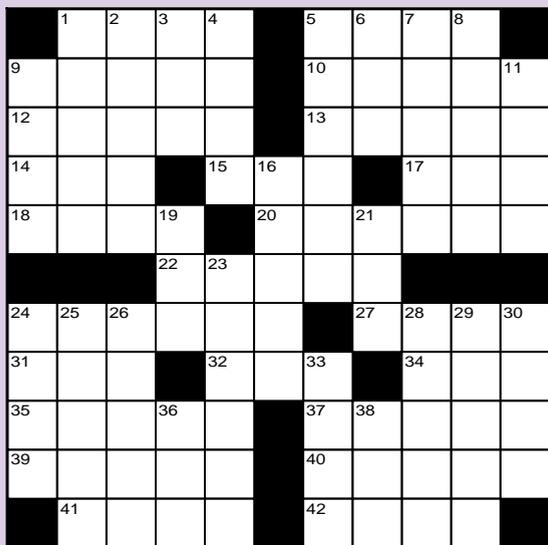
- | | |
|-------------------|-------|
| 1. LOLRYETNTAN | _____ |
| 2. MTCGIRMAW | _____ |
| 3. UCANRDERRIWOOD | _____ |
| 4. PABIRSALEDY | _____ |
| 5. WTAYMNMETYTE | _____ |
| 6. UKREIBATNH | _____ |
| 7. MMACRTBRIINDEA | _____ |
| 8. HAMEGRGLARED | _____ |
| 9. MRCEEBNTIARE | _____ |

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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 have been eliminated. The second puzzle is also a thematic puzzle: the title "Vernal Verities" is a hint. Have fun testing your knowledge while doing something that's good for you!



Across

- 1. Social rebuff
- 5. Box
- 9. Dictation taker, for short
- 10. Popular pants
- 12. Ducks' homes
- 13. Invigorating air
- 14. "Old Cape ___"
- 15. Soft-boiled ___
- 17. ENE's opp.
- 18. "___ Wanna Do" (2 wds.)
- 20. Expires, as a membership
- 22. Pours
- 24. Bank (on)
- 27. Scratch's target
- 31. Logger's tool
- 32. Teacher's group (abbr.)
- 34. Kanga's baby
- 35. ___ Gras
- 37. Fishing equipment
- 39. Master of ceremonies
- 40. Froglike
- 42. Make ___ meet
- 16. Slide along
- 19. Great wrath
- 21. Frat letter
- 23. Oakley and Hall
- 24. Lord's wife
- 25. Finals
- 26. Food fish
- 28. Tire pattern
- 29. Winter maladies

Down

- 1. Backless chair
- 2. Ivan of tennis
- 3. Additionally
- 4. Phony attitude
- 5. Motto
- 6. Candy in a dispenser
- 7. Swears
- 8. Dentist's direction
- 9. Animal adoption org.
- 11. Bastes
- 30. Cartwright son
- 33. Comic Johnson
- 36. Fourth letter
- 38. Very long period

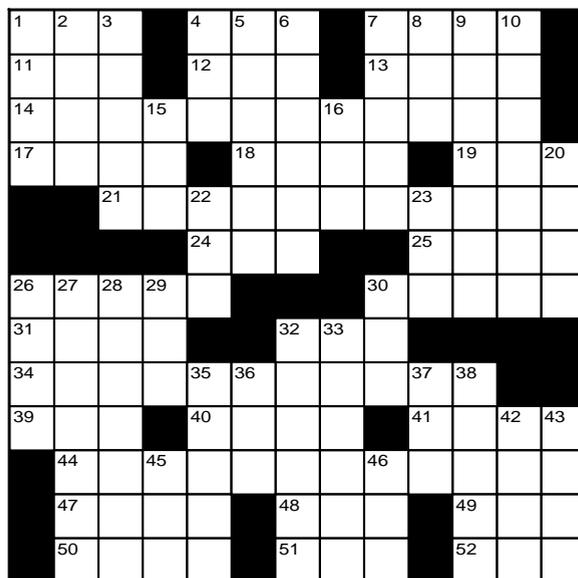
Vernal Verities

Across

- 1. "___ the Yankee Doodle Boy"
- 4. Miss Clare of "Bleak House"
- 7. Swimming ___
- 11. Friar's title
- 12. Zero
- 13. Dashiell's contemporary
- 14. Olympic diving spots
- 17. Furniture woods
- 18. "Cutty ___"
- 19. Intelligence org.
- 21. Leader of the E Street Band
- 24. "___ Day Now"
- 25. Fearful
- 26. "High Sierra" director Raoul
- 30. Overbearing
- 31. Apple music player
- 32. Polar navigation hazard
- 34. Collegian vacation time
- 39. Back half of a laugh
- 40. Canal completed in 1825
- 41. South-of-the-border snitch
- 44. Australian city
- 47. Dinghy danger
- 48. Always, in poems
- 49. USO patrons
- 50. "___ of Jezebel" (1953 film)
- 51. Draft inits.
- 52. Toward the stern

Down

- 1. Should that be the case
- 2. Original Internet developer: abbr.
- 3. Stooges
- 4. New England cape
- 5. Starts to eat
- 6. "Ironweed" setting
- 7. "Twin ___"
- 8. Eight-time Norris Trophy winner
- 9. Yesterday's info, dismissively
- 10. Renters
- 15. AOL, e.g.
- 16. Part of some Internet addresses
- 20. Curmudgeon Rooney
- 22. Stadium cheer
- 23. Eastern "truth"
- 26. Jinn liberator's boon
- 27. Court of ___
- 28. 430-foot-high rock on the Rhine
- 29. Reagan-era nuclear defense prog.
- 30. Apiary inhabitant
- 32. Storks' kin
- 33. Yuppie flapjacks
- 35. Parts of bottles
- 36. Post-college test: abbr.
- 37. "Exodus" role
- 38. A.A. Milne character
- 42. Weekend-preceding letters
- 43. Aide: abbr.
- 45. Holm of "The Sweet Hereafter"
- 46. Train systs.



BRAIN-BOOSTING PUZZLES

HIDDEN-MESSAGE WORD-FIND™

After you have circled all of these words in the diagram, read the leftover letters from left to right, line by line, to discover an apt quote from songwriter Johnny Mercer.

You are looking for a 32-letter phrase.

ABRACADABRA	PALMISTRY	T T H G I S D N O C E S E H
CHANNELING	SEANCE	N O I T A T I V E L U N N C
CHARM	SECOND SIGHT	A S E A N C E T O P U O H T
CLAIRVOYANT	SORCERER	C O L O R A C L E T I A Y S
CRYSTAL BALL	SUPERNATURAL	D R M B L R Y R R T R R C I
FORTUNE	TALISMAN	A C Y I C B N O A M T K H L
INCANTATION	TELEPATHY	N E N S N A F T V S M A A A
LEVITATION	TRANCE	A R G A T D N V I R I C N T
MAGICIAN	VISIONS	M E H U I A R M I A I E N N
MENTALIST	WAND	S R R S C C L E D S C A E E
MIND READER		I A M N E A I B A N I I L M
ORACLE		L N I I P R T G A D A O I C
		A S S P E B L R A L E W N L
		T E L E P A T H Y M L R G S

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.

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

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PUZZLE ANSWERS

Match These

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

Dropline

Coloring one's hair is one way to get to the root of the problem.

Leapfrog

- Loretta Lynn; 2. Tim McGraw;
- Carrie Underwood; 4. Brad Paisley;
- Tammy Wynette; 6. Keith Urban;
- Martina McBride; 8. Merle Haggard;
- Reba McEntire.

Hidden Message

That old black magic has me in its spell.

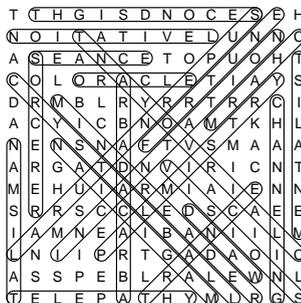
Crossword 1



Crossword 2



Word-Find



Sudoku

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

YOU CAN MAKE A DIFFERENCE!

Now here is how you can do your part to support the cause to find a cure!

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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.



(continued from page 27)

we’ve shown, so it’s a long time before dementia. So you have to follow people for a long time, and if you use dementia as a criterion, you need to use a longer time frame.

MCI is a term I originally defined and is well understood now. Other work we’ve published shows that this stage of MCI lasts about 15 years, and this study confirms that. So, 22 years before mild dementia, you have SCI. It’s a benign condition, depending on one’s age and other risk factors. But it provides an opportunity for us to address the problem when it may be relatively easier to treat.

Our work shows that when Alzheimer’s disease (AD) develops, it does so in certain areas of the brain, and in those areas it continues to progress in nerve cell loss in a linear, continuous fashion in a given region of the brain, such as the hippocampus. At the same time, it spreads outward into other areas of the brain.

In many ways, AD, as it evolves, is like a fire. If you have a little fire, a match, then it’s in an isolated location, and if you pour some water on it the fire is gone. But if you have a forest fire, it spreads outward in all directions, and that cup of water has no effect. It’s the same thing—a chemical reaction—just as AD is a chemical reaction in the body. We think that by catching it early, we can better identify treatments and change the trajectory of the disease, hopefully to the extent that we can prevent it.

This is a very long stage, so it helps that we can identify the trajectory earlier. Even small, significant differences on tests can give us a handle, albeit a small one. We need a bigger handle in order to look at treatment, and that will be one area of focus in the future.

Along with this, we’ve been looking at brain metabolism via PET scans. I did the first PET scans of AD patients in 1979, and we showed a decreased metabolism in the brain in the paper

we published in 1980. Now we know that people with SCI have significantly lower metabolism in these areas of the brain than do those who do not have that condition. So we now have markers for this condition at the early SCI stage, an 18 percent decrease from no cognitive impairment at all (NCI). With these markers, we can now try to develop treatments to address these earlier symptoms.

There are a lot of studies showing that in the memory region of the brain, a big proportion of people of around age 65 have these tangles, according to neuropathological studies. So these changes we now know are beginning very early, before the SCI stage. There are other examples of changes occurring early, too, that seem to be a harbinger of the process of AD. Right now, this is the earliest clinical stage we can identify.

It’s like a fulcrum: If you can treat it as its origin, you can have a big effect in terms of the disease’s progress. ■



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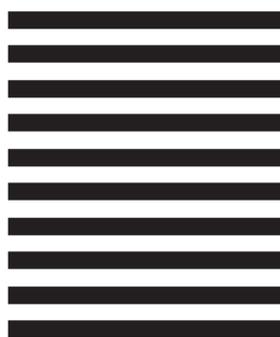
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