

preserving your

Memory

The Magazine of Health and Hope

Spring 2011

Denise Austin

Fitness Guru on
Good Health After 40

Handling Conflict

Our Experts Tell You How

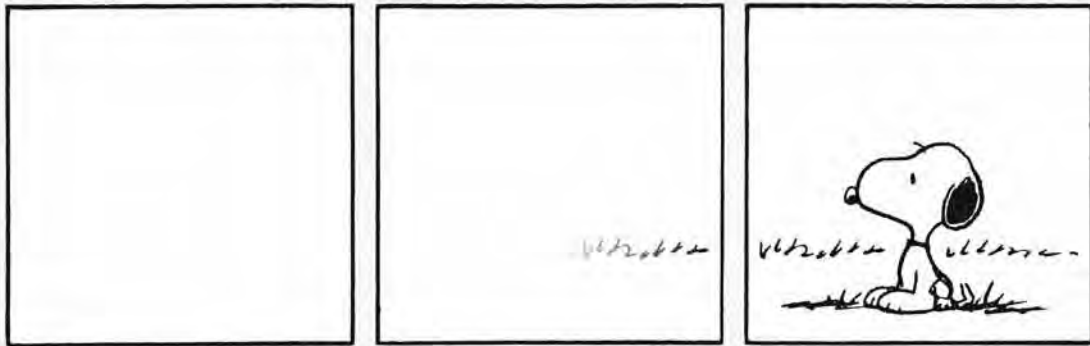
New Alzheimer's Legislation

What It Means for You

**Plus the latest news
on Alzheimer's research
and treatment**



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Imagine forgetting your past.

Alzheimer's is a disease that affects millions worldwide. For 25 years, MetLife Foundation has provided support to dedicated scientists in search of a cure. This year, the Foundation's Award for Medical Research honors the extraordinary efforts of Randy L. Buckner, PhD of Harvard University and Howard Hughes Medical Institute, and Marcus E. Raichle, MD of Washington University School of Medicine. To learn more, visit metlife.com/alzheimers.

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Photo: David Vance

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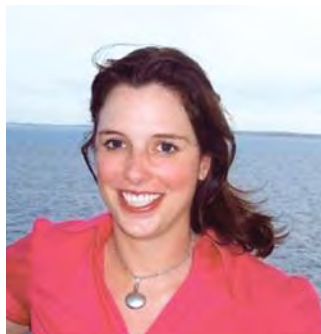
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Spring into Action



Betsey Odell

18), who always has something to say about healthy living for older adults. And check out our story on stretching to learn how to incorporate that important activity into your workout (page 22).

We also take a look at important new federal legislation, just signed into law this year, which will put a new national focus on Alzheimer's disease (page 10). We give you the lowdown on reverse mortgages (page 28). And we tell you what you need to know to handle conflict successfully as a caregiver (page 24).

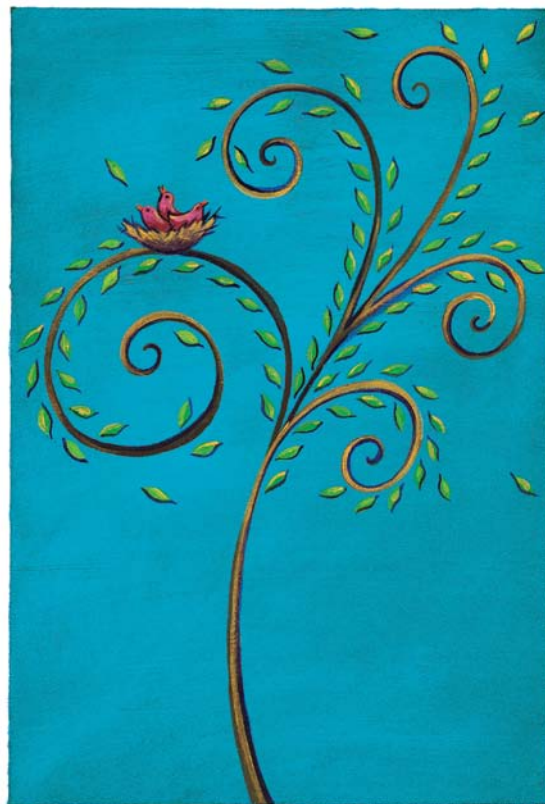
We hope this spring brings a renewed focus on good health for you!

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

Betsey Odell
Editor in Chief

The temperatures are getting warmer, the grass is getting greener, and blooms are appearing everywhere ... yes, spring has returned, and with it comes the spring issue of *Preserving Your Memory*.

To get you inspired to get active, our cover story is an interview with fitness legend Denise Austin (page



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

National Alzheimer's Plan Signed into Law

For the first time, the federal government will focus on combating Alzheimer's disease just as it has with cancer and AIDS, thanks to new legislation signed into law by President Obama in January.

The National Alzheimer's Plan Act (NAPA) will, according to the legislation's language, "accelerate the development of treatments that would prevent, halt or reverse the course of Alzheimer's" and "improve the early diagnosis of Alzheimer's disease and coordination of the care and treatment of citizens with Alzheimer's." Although the act doesn't specify any funding at this point, the bill places an increased focus on Alzheimer's research. For more on the National Alzheimer's Plan Act, see our article, "Federal Legislation Puts New Focus on Alzheimer's," beginning on page 10.

New Technology Could Help Detect Alzheimer's

Researchers at the Scripps Research Institute in Jupiter, Fla., have developed a new approach that may help identify Alzheimer's disease before symptoms appear.

The technology works by "reading" the immune system—that is, searching for antibodies in the bloodstream without knowing in advance what they're searching for. Ideally, these antibodies would occur more frequently in people with Alzheimer's. Lead researcher Thomas Kodadek and his team de-



President Obama signed the National Alzheimer's Plan Act earlier this year.

veloped an artificial molecule that attaches to the antibodies so they can be marked and identified. But the nature and origin of these antibodies is yet unknown, said Dr. Richard Lerner, president of the Scripps Research Institute.

The technology is in its early stages, and much more research is needed to determine how effective the approach is in detecting Alzheimer's, the researchers cautioned.

Diabetes Drug May Hold Promise for Alzheimer's

Research into AC253, a drug originally developed to treat diabetes but never released into the market, has shown promise in combating the pro-

tein beta amyloid, which is associated with the development of Alzheimer's disease. Specifically, the drug seemed to block the protein's toxic effects on brain cells.

The team made two other significant discoveries, as well. They used a relatively new technique to "silence" a gene involved in the death of brain cells, which also blocked the toxic effects of beta amyloid. And they found that the gene in question wasn't present everywhere in the brain, but was found in large quantities in the areas of learning, memory and cognition.

Further research is needed to see if injecting the compound into Alzheimer mouse model brains can help stop or prevent learning and memory problems.

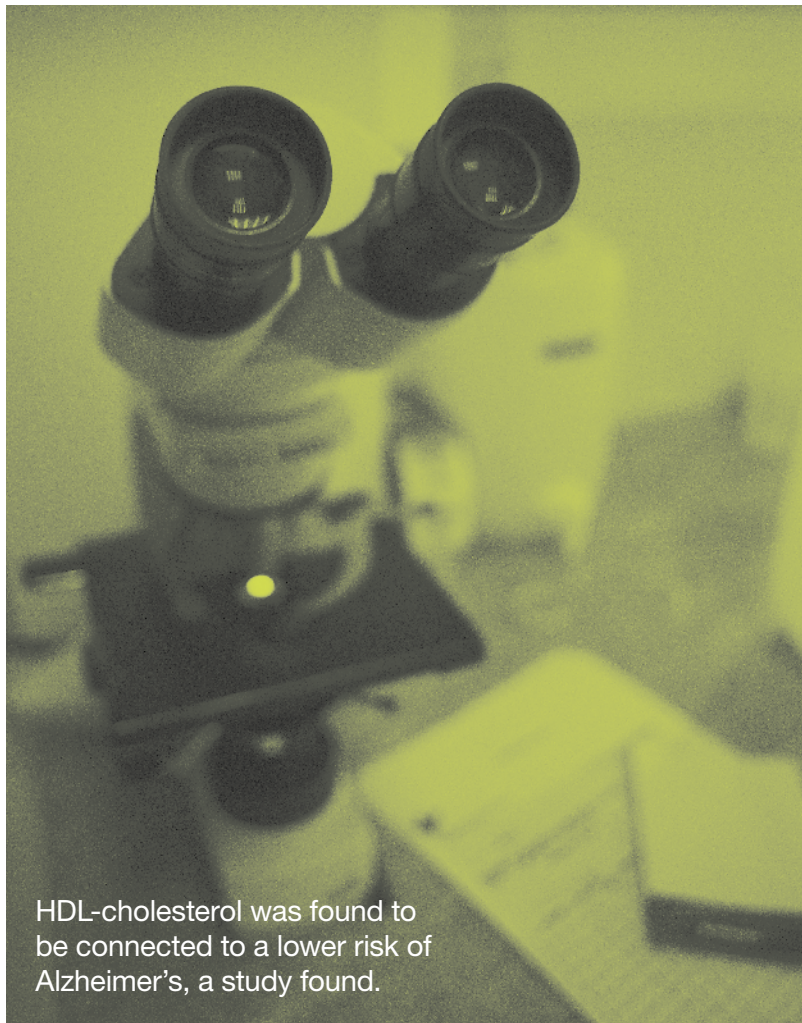
The research team at the University of Alberta published their findings in the *American Journal of Pathology*.

Lower Alzheimer's Risk Associated with High HDL Cholesterol

High-density lipoprotein (HDL) cholesterol—often called “good” cholesterol because of its association with a healthy cardiovascular system—was found to be connected to a lower risk of Alzheimer's in a study of more than 1,000 patients over age 65, researchers reported in the December 2010 *Archives of Neurology*.

The study found that those in the highest quartile had a 60% lower risk of developing Alzheimer's over four years, compared to the lowest quartile. The highest quartile was defined as having an HDL reading above 55. Dr. Christiane Reitz and her colleagues at Columbia University used two criteria for diagnosing Alzheimer's in the test patients. A diagnosis of “probable Alzheimer's” was made when dementia could not be explained by any other cause, and a diagnosis of “possible Alzheimer's” was made when other factors that might account for dementia, such as stroke, were involved. The study results held across both diagnostic categories.

“You can probably lower the frequency of Alzheimer's disease in the population” by raising HDL levels, Dr. Reitz said.



HDL-cholesterol was found to be connected to a lower risk of Alzheimer's, a study found.

FDA Puts Imaging Agent on Fast Track Review

The results of late stage clinical trials of Florbetapir, an imaging agent that may help detect Alzheimer's disease, will be reviewed by the FDA for the agent's possible release to the market, according to Eli Lilly. Lilly purchased Avid Radiopharmaceuticals, the developer of the agent, in December 2010.

The agent is designed to detect amyloid plaque in the brain, one of the structures associated with Alzheimer's disease. Florbetapir works by being injected into the patient, who is then given a PET scan.

An FDA advisory panel met to consider the agent in January, and a decision may be forthcoming as early as May.

Typically, FDA review takes 10 months, unless it is fast-tracked.

Second Molecule Involved in Alzheimer's Toxicity Identified

Researchers at the University of Texas' Health Science Center San Antonio announced they have found the second gene involved in the activation of a beta amyloid fragment called APP intercellular domain (AICD), which controls the expression of genes involved in the development of Alzheimer's disease.

“We discovered a protein molecule that communicates with AICD to turn on target genes,” said Thomas G. Boyer, Ph.D., professor of molecular medicine at

the Health Science Center. “We hope to exploit this knowledge to identify compounds or drugs that can disrupt these signals, leading to a novel and effective treatment for this disease.” The contribution of the AICD to Alzheimer's is complicated and will require continued research. One gene that is activated by the AICD may actually be beneficial for combating Alzheimer's, while others may not.

The finding was published in the Feb. 4 edition of *EMBO Reports*, the journal of the European Molecular Biology Organization. ■

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

No Senior Left Behind

Meals on Wheels, a national organization that delivers hot meals to shut-ins, wants to ensure that no senior citizen in America goes hungry.

When you were middle-aged or a young adult, busy with work and family, you might have fantasized about what it would be like to have someone deliver a hot meal to your home each day. You wouldn't have to squeeze in time to shop for groceries or slave over the stove. It would be wonderful—decadent, even. But now, your situation may be completely opposite. Perhaps you'd love to stroll through a supermarket or prepare a meal for your loved ones, but circumstances—whether it's your health or the health of someone you care for—have left you homebound. Now, a meal delivery is no longer a fantasy; it's a necessity.

Delivering a Need

Fortunately, an organization called Meals on Wheels is providing nutritional aid to shut-in seniors across America. The non-profit, which is present in virtually every community in the country, arranges for volunteers to prepare and deliver hot, healthy meals to senior citizens who are unable to leave their homes.

“Our vision is that we want to end senior hunger in America by the year 2020,” says Michael Flynn, communications director for Meals on Wheels Association of America (MOWAA).

MOWAA's mission is ambitious, especially when you consider that nearly 6 million senior Americans are currently at risk for hunger—and that number, with the aging Baby Boomer population, has the potential to increase quickly in coming years. However, the group, which began in the early 1970s, is well organized, leaving individual Meals on Wheels programs the flexibility to serve their communities in ways that are most effective

for them. This gives MOWAA a chance to chip away at the daunting statistics. “At the national level, we provide the smaller programs with leadership and education,” says Flynn. “We want to make sure they can keep up with the growing demand of seniors who need food in this country. But at the same time, there can be a lot of variation in how the different programs are run.”

Lillian “Liffy” Taubman, an 89-year-old New Yorker, makes use of the New York City branch of Meals on Wheels. Shortly after being discharged from the hospital for acute breathing problems, she was approached by one of the city's social workers about her meal situation at home.

“A social worker called me and asked ‘Do you have any food in your apartment at this time?’” recounts Taubman. “I told her I was just out of the hospital and didn't have very much. She asked me if I'd like to receive food from Meals on Wheels. At the time, I was very weak and needed it.”

A Square Meal

One of the things Taubman liked most about her Meals on Wheels delivery was the meals themselves. As someone who previously only cooked by microwave, she liked having a balanced, hot meal.

“The meals are good and tasty and well-balanced meals,” says Taubman. “They deliver them once a day, and each meal includes meat, fowl or fish, a vegetable, and a potato or pasta. There's also a separate package with milk and fresh fruit. I can tell the Meals on Wheels people are very conscientious people.”

Flynn says the types of meals available vary throughout their different programs. “They run the gamut,” he says. “For instance, in southwestern communities you might



Finding Meals on Wheels in Your Area

There are several ways you can contact a Meals on Wheels representative in your community:

1. Meals on Wheels Association of America (MOWAA)— Visit www.mowaa.org, select the “Find a Meal” link and enter your city and state in the search box. You can also call MOWAA at 703-548-5558.
2. U.S. Government Elder Care Locator—Visit www.eldercare.gov, or call their toll-free number at 1-800-677-1116.
3. Your local phone directory or community listing—Many, but not all, Meals on Wheels programs are published in local guides.

Meals on Wheels generally serves clients who are at least 60 years old and are homebound.

find cuisine that has more of a Mexican influence. The local programs are in tune with what their residents want.

“All of our programs follow federal nutrition and food-safety standards,” Flynn continues. “Beyond that, there’s a lot of variety. For instance, many programs have their own kitchens, but some contract out the meal preparation and then have the volunteers pick the food up for deliveries.”

Meals on Wheels tries to accommodate dietary requirements as well. “We take into account the health issues of the client,” says Flynn. “Some programs have more options than others; however, one accommodation all have is diabetic meals.”

Now that Taubman is recovering from her illness, she’s considering giving up her daily deliveries. “I find that I want to eat out once in a while,” she says. “If I have that ability, I won’t sign up for Meals on Wheels any longer. However, they were a big help to me when I needed it most. I like them very much and am thankful for their services.”

Simple Requirements

You might be wondering if you or your loved one qualify for Meals on Wheels. Well, if the client receiving the meals is age 60 or over and is homebound, he or she is eligible. Those are really the main requirements, says Flynn. “Usually, the only thing involved is a visit from the program to see who the client is going to be and that they meet those standards,” he says. “It’s not needs tested at all, which means that we’re not going to be looking at your finances, or anything like that.”

As the caregiver for someone with Alzheimer’s or dementia, you may be able to cook for yourself or leave your home, but because your loved one’s condition can inhibit those necessities, you may be able to sign up for Meals on Wheels on his or her behalf, says Flynn. “We know the reality of caregivers looking after homebound seniors,” he says. “Most of our programs will accommodate that.” ■

Congress passed NAPA and President Obama signed it into law in January 2011.

By Mary Adam Thomas



Federal Legislation Puts New Focus on Alzheimer's

The National Alzheimer's Project Act (NAPA) was signed into law by President Obama earlier this year. Here's what it means for you.

In 1937, the United States Congress passed the National Cancer Act, allocating federal funds for cancer research and paving the way for the National Cancer Institute. In 1990, Congress authorized the Ryan White Comprehensive AIDS Resource Emergency Act, which has since been amended and reauthorized four times to continue support for uninsured Americans affected by HIV/AIDS.

Now patients and caregivers dealing with Alzheimer's disease (AD) and other forms of dementia may also claim recognition from the U.S. government. On January 4, 2011, President Barack Obama signed into law the National Alzheimer's Project Act, legislation that passed unanimously through both houses of Congress in December.

The Act—known as NAPA—is a significant victory for the rapidly growing community of Americans touched by AD since it acknowledges the expanding nature of the crisis and the need for federal oversight in the battle against it.

Senator Susan Collins (R-Maine) co-authored the bill with Senator Evan Bayh (D-Indiana), inspired by a combination of personal familiarity and fiscal responsibility. “As someone whose family has experienced the pain of Alzheimer's too many times, I know that there is no more helpless feeling than to watch the progression of this dreadful disease,” says Sen. Collins. “In addition to the suffering it causes, Alzheimer's costs the United States \$172 billion a year, primarily in nursing home and other long-term care costs,” she adds.

According to Sen. Collins, Alzheimer's-related Medicare and Medicaid expenses will grow more than 400 percent by 2050 due to the growing number of diagnosed cases.

What's in the Bill

NAPA will establish a national strategy and focus the country's efforts to overcome the disease. The U.S. Department of Health and Human Services (HHS) will administer and monitor the program.

According to the text of the Act, the purpose of NAPA is to:

- Create and maintain an integrated national plan to overcome Alzheimer's disease.
- Provide information and coordination of Alzheimer's research and services across all federal agencies.
- Accelerate the development of treatments that would prevent, halt, or reverse the course of Alzheimer's.
- Improve the early diagnosis of Alzheimer's.
- Improve the coordination of the care and treatment of citizens with Alzheimer's.
- Ensure the inclusion of ethnic and racial populations at higher risk for Alzheimer's or least likely to receive care, in clinical, research, and service efforts with the purpose of decreasing health disparities in Alzheimer's.

- Coordinate with international bodies to integrate and inform the fight against Alzheimer's globally.

Department of Health and Human Services Secretary Kathleen Sebelius will be responsible for creating and updating a national Alzheimer's plan and reporting annually to Congress on the state of the plan. Sebelius commended Congress and the President for passing NAPA and says she looked forward to implementing the legislation swiftly and effectively. “The passage of this Act will help to ensure we confront this challenge with an aggressive and coordinated national strategy,” she says.

The View from the Laboratory

People in the trenches of Alzheimer's research look at NAPA as a crucial first step in a long journey toward improved treatment, early prevention and eventual eradication of the disease. Dr. Barry Reisberg is among the many professionals who believe it will help direct greater attention—which will likely channel necessary funds—toward a disease that touches millions of American families. Dr. Reisberg serves as Director of the Fisher Alzheimer's Disease Education and Resources Program at the New York University Langone Medical Center as well as Director of NYU's Alzheimer's Disease Center, funded by the National Institute on Aging.

“NAPA is potentially very important because it adds direction in terms of research, treatment and care,” he says. “Even though there are no funds currently attached to the legislation, it will help Alzheimer's be seen as the major problem that it is—and has been for several decades.”

Dr. Reisberg identifies three ways in which NAPA has the potential to change the game in the fight against Alzheimer's:

1. The Issue of Institutionalization

Even people who recognize the severity of Alzheimer's as a medical condition may be unaware of how many AD sufferers end up institutionalized because of the disease. Furthermore, those outside the world of AD may not understand the toll that institutionalization can take on individuals, families, personal finances and public funds. “The institutional aspect of AD is extraordinarily traumatic,” says Dr. Reisberg. “There are about 1.5 million Americans currently in nursing homes, and an absolute majority of those persons suffer from Alzheimer's or related dementia disorders.” That number, according to Dr. Reisberg, is somewhat greater than the number of people in all hospitals at any particular point in time.

However, the institutional burden of AD is actually even greater. “What's happened with Alzheimer's disease is that

(continued from page 11)

much of the institutional burden is being hidden because Alzheimer's patients are commonly placed in assisted living facilities where their numbers are not counted. So the true institutional burden of the disease is not seen in the statistics," he explains. A federal plan such as NAPA will improve the likelihood that the problem of AD will be addressed in accordance with the extraordinary burden that the disease places on our society.

2. The Impact on Communities

Communities bear a significant burden when it comes to Alzheimer's and other forms of dementia (including Mild Cognitive Impairment, a phrase coined by Dr. Reisberg and his associates after studying and defining its effects and clarifying how the condition differs from full-blown Alzheimer's disease). "The dimensions of cognitive disorders are enormous and comparable to those of cancer or heart disease in many ways," he says. "Yet Alzheimer's hasn't gotten the attention and necessary financial research support that other major illnesses of similar magnitude receive."

According to Dr. Reisberg, NAPA could begin to make a real difference in recognizing the care needs of AD patients in *communities* as well as—or perhaps instead of—in institutions. "The kind of structured assistance that's often needed for persons with Alzheimer's—everything from physical therapy to social support—can be difficult for them to get within communities," he says. "We need comprehensive solutions." NAPA will shine a broader spotlight on the ways in which this far-reaching disease affects neighborhoods, towns, cities and states and the various ways we can meet the needs of AD patients closer to and in the home.

3. Expanding Research Efforts

Dr. Reisberg believes it is noteworthy that AD is garnering national political attention through the NAPA legislation. Such attention might pave the way for better funded research in the future. Significantly, it could also help strengthen the financial foundations of research efforts supporting the broad spectrum of age-related health concerns. "The pay line for investigator-initiated research grants—the bread and butter of research—for the National Institute on Aging [the primary agency at the NIH responsible for AD research] is the lowest of any of the national institutes at this time," he points out. "So NAPA could be a tremendous advance in terms of AD research funding if the sentiment in the legislation is concretized in terms of necessary funds."

With time and what Dr. Reisberg refers to as "additional substance and sentiment" he hopes NAPA will eventually yield

Americans living with or caring for someone with AD have cause to celebrate the passage of NAPA.



research funding and an integrated approach to Alzheimer's disease. "I'd like to see unified centers for research, treatment and care," he says. "Perhaps even outreach to help the many persons in the community who don't know how to properly manage this devastating condition."

Something to Celebrate

Every American living with or caring for someone with AD has cause to celebrate the passage of the National Alzheimer's Project Act. It recognizes the patients. It validates the caregivers. It expands awareness among segments of the population not directly touched by the disease. It provides new hope that Alzheimer's and other forms of dementia will be addressed with increasingly available treatment strategies and, eventually, with prevention strategies.

"Persons with Alzheimer's disease are forced by their condition to bear their losses in silence. Their caregivers are forced to take on a tremendous burden," acknowledges Dr. Reisberg. "For those of us who are concerned about Alzheimer's—which is an increasing proportion of the community—we hope and want to believe that this legislation is the beginning of a truly comprehensive approach to this enormous problem." ■

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.**

Researchers Honored for Brain Imaging Breakthroughs

MetLife Foundation recognizes Dr. Randy L. Buckner and Dr. Marcus E. Raichle for their pioneering work in medical imaging related to detecting Alzheimer's disease.

The MetLife Foundation celebrated the 25th anniversary of its Awards for Medical Research in Alzheimer's Disease this past February by honoring two researchers who have broken new ground in the field of brain imaging.

Randy L. Buckner, Ph.D., is Professor of Psychology and Neuroscience at Harvard University and a Howard Hughes Medical Institute Investigator. Marcus E. Raichle, M.D., is Professor of Radiology and Neurology at Washington University School of Medicine in St. Louis.

Dr. Randy L. Buckner

Dr. Buckner's lab studies human thought and the disruption that diseases such as Alzheimer's cause. In the mid-1990s, he developed a new technique, called event-related functional magnetic resonance imaging (fMRI), for tracking brain activity. This new technique enabled researchers to observe a memory materializing in seconds. Dr. Buckner used this technique to lead an extensive research effort to characterize the brain systems involved in memory and cognition. He went on to map brain activity as it is involved in memory functions in healthy individuals, which led to a better understanding of the degeneration characteristic of Alzheimer's disease.

Dr. Buckner is also the Director of Psychiatric Neuroimaging Research at Massachusetts General Hospital. He is a fellow of the American Psychological Association, the Association for Psychological Science and the Society for Experimental Psychologists. He has also been honored with the Wiley Young Investigative Award from the Organization of Human Brain Mapping in 1999, the Young Investigator Award from the Cognitive Neuroscience Society in 2002, and the 2007 Troland Research Award from the National Academy of Sciences.

Dr. Marcus E. Raichle

Dr. Raichle has been a leader in producing brain-imaging research for the diagnosis and treatment of Alzheimer's disease for nearly 40 years. As part of his work, he has

helped develop the tools that researchers now use to visualize mental activity in the human brain.

His lab discovered the brain regions now known as the default mode network, which describes the pattern of a brain's specific functions when it is not engaged with the outside world. This pattern involves memory and frontal systems, and is distributed across the brain. Dr. Raichle then focused on the intrinsic functional activity of the brain in default mode, distinguishing this pattern from patterns of brain activity in behavioral or task-related events. His team measured the energy consumed by these activities and discovered that more than 95% of the brain's energy use is consumed during this default activity.

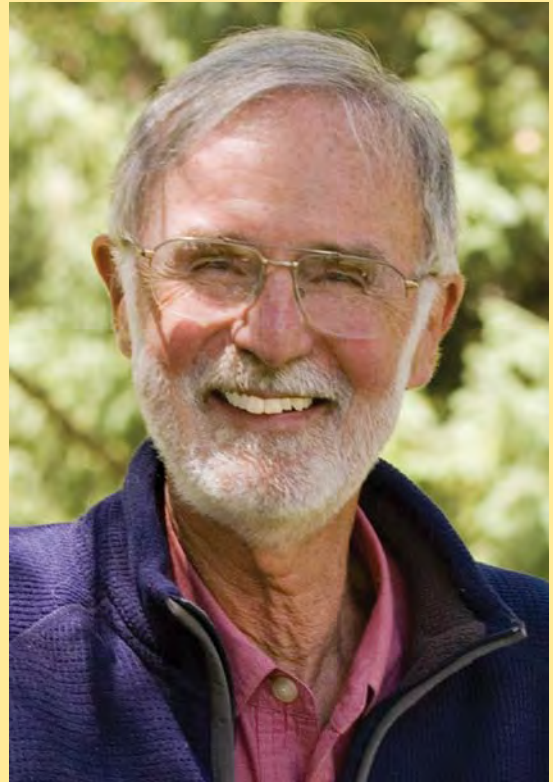
Dr. Raichle is also the Director of the Neuroimaging Laboratories at Washington University's Mallinckrodt Institute of Radiology. He was elected to the Institute of Medicine in 1992, the National Academy of Sciences in 1996 and the American Academy of Arts and Sciences in 1998. His many awards include the Bristol-Myers Award for Distinguished Achievement in Neuroscience (1999); the Grawemeyer Award for Psychology (inaugural recipient, 2001); the University of Washington School of Medicine Distinguished Alumni Award (2006); and the Ralph W. Gerard Prize in Neuroscience from the Society for Neuroscience (2008).

Each researcher received a \$200,000 research grant for his institution and a \$50,000 personal prize. Dr. Buckner and Dr. Raichle also presented a research briefing moderated by Donald Price, M.D., Professor of Pathology, Neurology and Neuroscience at the Johns Hopkins University School of Medicine. "Alzheimer's disease research is crucial to saving an aging population and the legions of those with dementia," said Dr. Price. "Through these awards, MetLife Foundation has demonstrated a quarter of a century of support for scientists working to unravel the mystery of Alzheimer's by providing them with the funds to freely pursue their life-saving ideas."

"For 25 years we have been honoring those who have dedicated their careers to studying Alzheimer's," said



Dr. Randy L. Buckner



Dr. Marcus E. Raichle

Dennis White, president and chief executive officer of MetLife Foundation. “It’s gratifying to see how much has been accomplished in a quarter century, although there’s

still a long way to go. The best hope we have of finding a cure is through the work of outstanding scientists as those we honor today.” ■

Survey Results Reveal Widespread Ignorance of Alzheimer’s

Alzheimer’s disease is the second most-feared condition, after cancer, yet most adults (62%) said they have little or no knowledge about Alzheimer’s, according to a new report, *What America Thinks: MetLife Foundation Alzheimer’s Survey*. Harris Interactive conducted the survey on behalf of the MetLife Foundation.

The 2010 survey was released in conjunction with the MetLife Foundation Awards for Medical Research in Alzheimer’s Disease presentation. It represents an update to the 2006 survey.

Among other eye-opening findings from the survey of 1,007 adults: Alzheimer’s is the second-most feared disease, behind only cancer, and most adults have done nothing to prepare for the possible onset of the disease, which affects more than 5 million Americans. It is estimated that Alzheimer’s will affect 7.7 million people by 2030, which represents an increase of more than 50% over today’s numbers.

Other findings from the survey include:

- Some 44% of adults have family members or friends with Alzheimer’s.
- Nearly a quarter (23%) of adults are extremely or very concerned that they may become a caregiver some day for a loved one with Alzheimer’s. That’s an increase from the 18% who said the same thing in 2006.
- Only 18% say they have made plans for the possibility of getting Alzheimer’s, and fewer than half have talked to their families about Alzheimer’s.
- About one-third (33%) say they have considered their care options should they get Alzheimer’s, and 44% say they have designated who will take care of them in that event.
- Just over one-fifth (21%) say they have made financial arrangements in advance of a possible onset of Alzheimer’s.

You can read the complete survey findings at www.metlife.com/alzheimers.

Written by Emily Gillespie Clement
Severna Park, Maryland

Rocky Roads Aren't All Bad

At the newly redesigned ALZinfo.org, you'll find our new blog feature specially designed for our readers. Here we excerpt a blog post by Emily Gillespie Clement, whose husband Jeff has Alzheimer's disease. To read more from Emily's blog (and the others), visit www.ALZinfo.org/blogs.

I got home from my Japanese class today to discover Jeff wearing a button-down shirt (buttons askew, naturally) instead of the new sage green sweatshirt I'd helped him pull over his head after his shower.

Daughter Becca, who had the day off from work, filled in the rest of the story. She'd wandered into the kitchen to discover her dad stationed in front of the kitchen sink. He was chuckling like a five year old, his mouth, nose, cheeks and sweatshirt smeared liberally with Rocky Road ice cream. There was Rocky Road on the counter, on the floor, and the carton itself was upended in the sink as Jeff took bites out of a wad of ice cream he was holding in his right hand (which was otherwise empty of any sort of dish.)

Jeff surrendered his sweatshirt, and Becca (with a bit of unneeded assistance from a dog and cat,) cleaned up the ice cream mess. (Or at least most of it. I think it turned out to be a little like the time my son Gabe, then 10, shook a can of root beer before popping the top. I was still finding root beer on the ceiling months later.) I wiped some errant melted chocolate drips off the dishwasher handle and countertop, then gave the sink—which was still thoroughly splashed—a Bon Ami scrubdown.

If you've learned even the basics of Alzheimer's it will not be news to you that people with the illness age, at least in the mental sphere, backwards. There



Even the rocky road of caregiving can have its pleasures.

was no appreciable difference between the mischief Becca discovered her dad in, and the many scenes starring herself or her siblings I'd stumbled upon 15 or 20 years earlier.

Nor do opportunistically displayed arrays of candy at check-out counters trap only children and their parents in the eternal struggle of "I want M&Ms" versus "But we're about to have lunch." It seems to be almost universal that adults with Alzheimer's rediscover the call of their sweet tooth, and the joy

of a happily positioned opportunity to sate it at almost any retail enterprise you can name.

The big difference is that when someone is 63 and suffering a degenerative disease, you no longer feel compelled to attend assiduously to whether he has his lunch *before* his dessert, and you're certainly not looking for teachable moments. If Jeff wants M&Ms, he gets M&Ms. If he wants spice drops every time we walk into his former (now his brother's) hardware store, he gets spice drops.

While palliative care, in the final sense, is somewhere in our future, we're now living—to the extent that we can—the palliative life. When a person gets the AD diagnosis, there is one thing I believe to be inexorably true: Except for possibly at the very beginning of the road, when there's still some insight and choice to work with, the time for wrestling with life's hassles is through. Inasmuch as you the caregiver are able, your goal is to allow that loved one as much contentment as you can facilitate.

Because, truthfully, an AD life is not without its pleasures. Whatever the mind tricks and emotional armor with which I've had to fortify myself to heft the weight of spousal caregiving, it is often at least a bit of compensation to notice that ... from Jeff's perspective ... maybe things aren't so bad.

There's scarcely a morning when I hand him his cup of freshly brewed coffee that he doesn't respond with something akin to: "Wow ... coffee!" I am certain that we'd all be better off if we greeted such simple pleasures—coffee, or a bag of spice drops—as fresh delights. ■

Dr. Reisberg Honored with Distinguished Scientist Award

In March, the American Association for Geriatric Psychiatry (AAGP) presented its Distinguished Scientist Award to Barry Reisberg, M.D., in San Antonio, Texas. Dr. Reisberg is Director of the Clinical Core at the Alzheimer's Disease Center, Clinical Director of the Fisher Alzheimer's Disease Education and Resources Program at the New York University Langone Medical Center and Clinical Director of the Aging and Dementia Research Center.

The annual award is given to an AAGP member who has advanced the field of geriatric psychiatry, both in terms of lifetime scientific accomplishment as well as dedicated mentorship in contributing to the success of junior researchers in the field. The Distinguished Scientist Award is recognized as the highest research and scientific honor within the geriatric psychiatry specialty.

The noteworthy contributions in Dr. Reisberg's career are many. They include being the first to describe the most important symptoms of Alzheimer's disease and to define the characteristic course of the disease. The staging tools he created are now governmentally mandated measures throughout the United States, in some Canadian and European provinces, and are recommended in Japan. Dr. Reisberg's work has been instrumental in the worldwide development of the three major current pharmacologic treatment modalities for Alzheimer's, as well. Dr. Reisberg and his team also developed the



Dr. Barry Reisberg

concepts behind and coined the term "mild cognitive impairment" to describe that condition. It is now universally recognized as a descriptive term. His description of "subjective cognitive impairment," an earlier clinically manifest stage, is increasingly being recognized as the earliest manifestation of Alzheimer's in patients.

Commenting upon receiving notification of the award, Dr. Reisberg said, "I'm especially excited about this award because it calls attention to our very exciting and very important research findings. We have observed that Alzheimer's disease proceeds in a total of 16 characteristic stages and sub-stages. This progression is very interestingly, and very importantly, a precise reversal of the order of acquisition of everyday functions of life in normal development. We have found

that not only does Alzheimer's disease reverse normal human development functionally, but also it reverses normal development cognitively, in terms of persons' thinking abilities. We and others around the world have found that the physiological changes in brain aging and Alzheimer's disease also reverse normal development in various ways. For example, in terms of basic reflexes, in terms of brainwave activity, and in terms of brain structural changes, for example, in the brain's white matter. What all of this means, and what we have done with this information, is that we have developed a science of Alzheimer's disease management. By understanding and applying this science of AD management, there is a tremendous amount we can do about AD in this world today. We can diagnose the disease properly, we can give a proper prognosis for the disease at each stage, we can identify treatable complications in the disease that occur at each stage and that may be producing a more rapid course of the disease, and most importantly, we can identify the care needs of Alzheimer's patients. We can also identify ways in which the life of the AD patient can be enriched at each stage. Hence, our work indicates that through our better understanding of AD, we can eliminate the stress and suffering of this disease at all points in this process, and optimize the satisfaction of the person with Alzheimer's and those around him or her at all points of the disease process." ■

Denise Austin on *The Balancing Act* set.



Denise Will Show You How

Fitness and health expert **Denise Austin** is on a mission to help people over 40 get fit and stay healthy.

She may not look it, but she just turned 54. Fitness guru Denise Austin has been helping others achieve their goals for healthy living through exercise for 25 years, and one of her latest projects is helping those over 40 stay strong, increase energy and age healthfully.

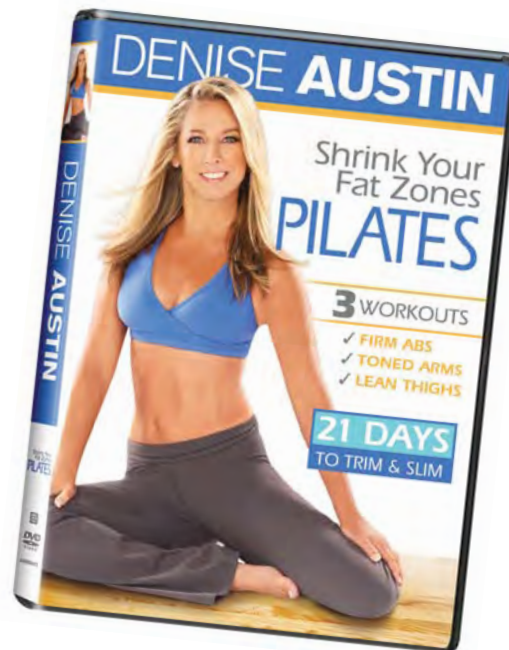
After age 40 is one of the most important times to really focus on a healthy lifestyle, Austin says. In fact, research shows that we begin to lose muscle mass after age 40.

“If you don’t use it, you lose it,” she says. “You need to continue muscle conditioning exercise as you age.” Muscle conditioning exercise is more important as we age than any time in our life because of this muscle breakdown. “Muscles have beautiful memory, so no matter where you start in a fitness routine, you can increase your muscle cells.” Austin refers to a study at Tufts University on 70 year olds who increased their strength by 40 percent in 6 weeks by performing various exercises twice a week.

“This is the most important time of (your) life to stay healthy and take care of (your) bodies and minds,” Austin says, whose *Stay Strong* program is aimed not only on exercise but also healthy eating, all in hopes of preventing chronic disease. “Muscles work miracles on your metabolism too,” she adds and exercise improves your overall ability to do simple tasks such as reaching high on a shelf or squatting down low to reach in a cupboard. “It’s almost like rehab for the body as we age.”

Years of Accomplishment

Austin is a longtime follower of Jack LaLanne, who



recently passed away at 96 after a lengthy career as a fitness guru. She began her career teaching aerobic exercise classes in the Los Angeles area and went on to co-host the *The Jack LaLanne Show* in 1981. In 1982, she earned her own television program on KABC in Los Angeles and released her first two workout videos, *Rock Aerobics* and *Rock Hard Abs*.

From 1984 to 1988, she was the fitness expert on NBC's *Today Show*. During more than 25 years promoting health and fitness, Denise has created 85 workout videos and DVDs. She has had her own television shows on Lifetime and ESPN, and is serving her second term on the President’s Council on Physical Fitness and Sports. She has also testified before the U.S. Senate Committee on Health, Education, Labor, and Pensions and helped launch the food guidance system of the U.S. Department of Agriculture (mypyramid.gov).

Austin just released her new book, *Get Energy: Empower Your Body, Love Your Life*, as well as two new DVDs: *Quick Burn Cardio* and *Pilates Shrink Your Fat Zones*. She also has a special section on her web site (DeniseAustin.com) called *Stay Strong*, aimed at healthy aging and disease prevention. She also appears every morning on

(continued on page 21)

Tips from the Expert

Here are some tips from Austin that she believes can guide you through your healthy aging experience:

Exercise every day.

“Walking is such a great form of exercise and everybody should walk every day,” she says. “It helps circulation and truly gets the muscles working.” Not only is it great for the body, it is also great for the mind, she adds.

Austin recommends brisk walking for 30 minutes every day, but start slow, she says, say, with 10 minutes a day and work your way up to 30 minutes. “You will burn fat and it is truly a mental exercise.” When walking, take the “talk test.” Austin says if you are walking with a friend, keep your ability to talk with that person somewhere in between breathless and being able to talk easily. Austin herself works out just 30 minutes each day.

Stand instead of sit.

If most of your time is spent sitting throughout the day, spend part of it standing. “Standing burns more calories than sitting,” Austin says. “The average American sits for seven and a half hours a day. ... Getting up out of your chair throughout the day improves circulation that gets to your brain.”

Perform mental activities.

Crosswords, puzzles, and active conversation with friends are among the good brain health activities.

Use resistance bands instead of weights.

“They are easy to take with you and if you have any signs of arthritis, it won’t hurt because they have a very smooth and fluid movement versus weights,” Austin says.

Strengthen your core (the center of your body).

That’s what keeps your back strong and your belly toned. “You lose length (in your spine) as you age. The goal is to keep each space (separated) between the spine,” she says. “Your spine is your lifeline.” Abdominal exercises also help with balance. One

exercise Austin suggests is to use chair exercises. Hold on to the back of a chair or kitchen counter and lift one knee up toward your abdomen, tightening as you go, and then bring the knee back down. Continue with the opposite knee.



Increase your flexibility.

Try Pilates and yoga, which are great for this, she says, since lost flexibility is associated with aging, which can keep you from being active, and thus creating that vicious cycle. Also, stretch every morning. “Just five minutes a day will make a world of difference,” Austin says.

Keep a youthful appearance.

Austin, who promises she has never had cosmetic surgery, says she attributes her youthful looks to her attitude and diet. “A lot is attitude. I wake up happy and believe attitude makes a difference in the way you live,” she says. Austin says she maintains a healthy diet about 80 percent of the time, offering herself a treat each day, such as a small bowl of ice cream after dinner.

Hydrate.

“Water is key. It has a lot to do with your energy level all day,” she says.

Strengthen your upper body without straining your joints.

Try “push aways.” Place your hands shoulder level and shoulder-width apart and push up against a wall. Try it 10 times and then as you become stronger, use the kitchen counter to perform a push-up type movement.

Keep your metabolism up.

Eat healthy snacks throughout the day.

Eat breakfast.

“It is so important. It can really start your day off right. ... It gives you stability for the day,” Austin says. A good breakfast, she adds, contains a carbohydrate, protein and fruit.

(continued from page 19)

Lifetime's *The Balancing Act* show with a 15-minute exercise segment and travels around the country promoting health and fitness for kids. She is the mother of two teenage girls and has been married for 25 years.

"I love what I do," Austin says. "I feel that I have a mission here to get people to make (living healthfully) a priority in their life because they will feel better and it's all about how you feel." ■

Denise Austin's books and videos are available at deniseaustin.com and at booksellers everywhere.

Two new studies show the benefits of walking to brain health.

New Research Points to Brain Benefits of Walking

Two new studies highlight the powerful medicine that walking can be for brain health. In one, a team at the University of Pittsburgh led by Dr. Cyrus A. Raji found that for those with healthy brains, walking at least 6 miles per week helped maintain brain volume and reduce the risk of cognitive decline by half. But even those with signs of Alzheimer's dementia, walking at least 5 miles per week slowed the progression of Alzheimer's and cut memory loss symptoms by half.

Dr. Raji's team followed 299 healthy adults between the ages of 60 and 90, and 127 cognitively impaired adults, over the course of 10 years. All underwent 3-D MRI scans to determine brain volume and identify changes in that measurement.

A second study found similar results. In it, a Pitt research team led by Dr. Kirk Erickson found that after only a year of regular walking, study subjects showed an expanded hippocampus, the part of the brain involved in memory formation.



Stretching to Keep Active

Taking time to stretch can do much more merely than help you avoid injury. Here's why it's an important part of a good workout.

Stretching, experts say, keeps you flexible, and thus, mobile, an important aspect of keeping young and fit.

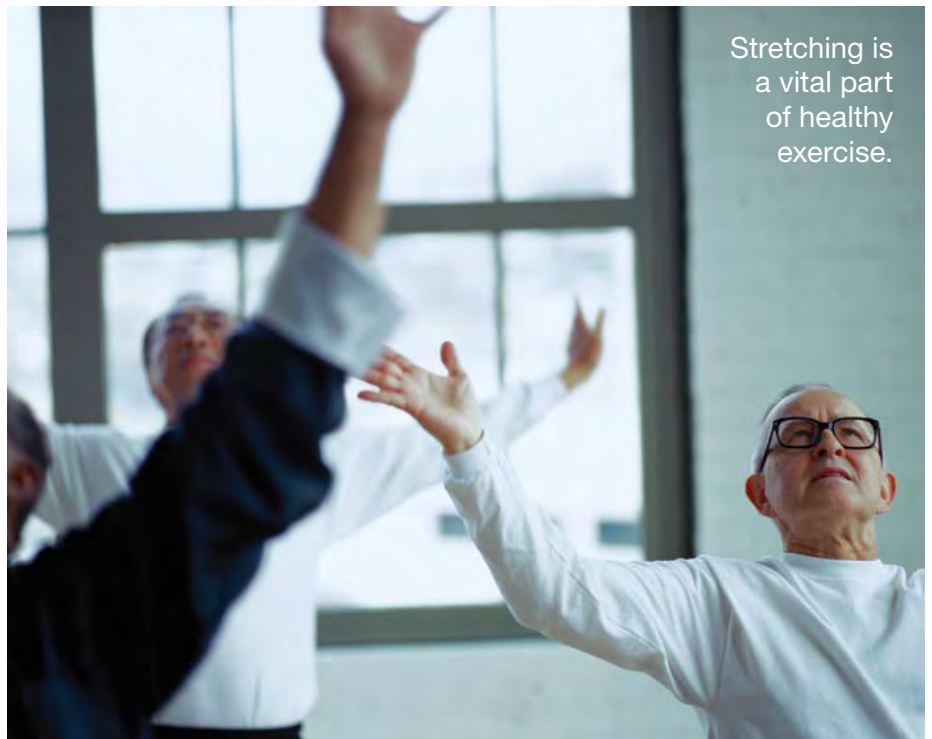
Tosca Reno, author of *Your Best Body Now* (October 2010) and the *Eat-Clean* diet series, is a swimsuit and fitness model at the age of 50. She says that with each decade after age 30 the aging process begins to tear the body down—a process, she says, that is hastened by neglect.

“Most of these changes occur at the cellular level,” Reno says. “Cells do not repair themselves as efficiently as in younger years. Flexibility is something taken for granted in youth, but as time wears on, the body loses its ability to bend and fold with ease. The old adage, ‘If you don’t use it, you lose it,’ absolutely applies here. Without practice or effort, you can rapidly slide into a couch potato mode. The more you neglect the body, the harder it becomes to undo the damage without incurring injury.”

The Benefits of Stretching

In general, Reno says, stretching is important to keeping your body flexible, which leads to greater mobility, and thus, more physical activity. And while yoga is so popular these days to help improve strength and flexibility, you won’t have to go that far to see considerable improvement.

“By maintaining flexibility you are less likely to injure yourself doing simple daily activities, bolster immunity, sharpen brain activity, ward off disease, shed toxins from the body and enhance



Stretching is a vital part of healthy exercise.

overall physicality,” Reno says. “The muscles remain elastic through stretch and exercise and injury is avoided because the muscle is used to this kind of activity.”

Suzanne Andrews, host and founder of *Functional Fitness* TV series on PBS, says stretching also combats the negative effects of stiffness and pain. “Muscle connective tissues have a natural tendency to shorten with aging, as often evidenced in the stiffness of people age 40 and over. Now, when you stretch, you are in fact tearing down the fibers of your muscles. Stretching produces microscopic tears in the muscles, which is necessary for increased flexibility. But this has to happen a little at

a time. Why? Because your body has to build new muscle fibers to fill in these tears,” says Andrews. “Over time, this process of breaking down and rebuilding lengthens your muscles, and makes them stretch more easily.”

Types of stretching

There are two main types of stretching used today.

- **Dynamic stretch** is stretching the muscle in its range of motion slowly in a movement pattern.
- **Static Stretching** is holding the muscle in a specific stretch for a period of time.

Muscles must be regularly stretched to minimize the effect of natural muscle shortening, Andrews says. “Flexibility, one of the three primary components of physical fitness, keeps muscle supple and responsive to the demands of daily life activities. Because no matter how strong your muscles are, if your muscles are tight, bending and reaching will become painful and affect your ability to function at work and home,” she adds.

Always After Exercise

Rob Glick, an Exercise TV Star Trainer who helped develop the GRAVITY program on a commercial version of the Total Gym, agrees that saving static stretches for after exercise is best. “The old school mentality was to stretch before exercise. Now we’ve learned that a proper warm-up involves doing an activity at a lower intensity first. For example, run at an easy pace to get the body warm and then pick up the pace as you feel your body getting warmer. For weight training, mimic a movement, such as a body weight squat, before adding weight or increasing the intensity.”

“The muscles need to be warm before stretching to avoid injury,” Andrews advises. She suggests static stretching post-exercise and encourages one to hold a stretch for 10 to 30 seconds. She says one should never bounce during a stretch, as this can lead to injury.

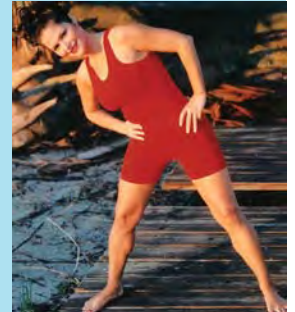
Exercise causes the muscles to grow, and stretching after exercise causes the fascia (connective tissue of the muscle) around the muscle to expand, allowing the muscles room to grow, Andrews says.

Reno says stretching after exercise keeps your muscles lean and prevents buildup of scar tissue. “The fascia tends to bunch up, which often causes injury and pain,” she says. “Stretching prevents the fascia from sticking. It is widely suggested that a bounc-

Stretches to Try

Not sure where to start? First, talk with your doctor to find out what kinds of stretches work best for your situation. With your doctor’s blessing, try these stretches:

- **Side bend:** Andrews says to stand with your feet shoulder width apart, and bend your torso to the right, as if you were trying to touch the floor with your right hand. Hold this pose for 10 seconds, and then bend your torso to the left in the same manner. Repeat 5 times. Andrews says it is important not to twist the spine, and to move in slow, fluid motion. (See photo.)



- **Sea Turtle:** (Not for those with osteoporosis): Andrews says to sit on a chair and slowly bend forward reaching your hands towards the floor. Hold the stretch for 30 seconds, come up slowly take a deep breath - in through your nose and out through your mouth and repeat 3 times, she suggests. (See photo.)



- **Chest stretch:** A recommended chest exercise is to take the arms out to the side like goal posts, then move your chest through and up toward your chin, Glick says.

- **Calf stretch:** Glick recommends placing the ball of your foot on the wall and pull your shin toward the toe. He also recommends standing in a lunge with the feet hip width apart, and while bending the front knee keeping it in line with the front foot, pressing the back heel into the floor.


- **Hamstrings:** Glick says to step one foot in front of the other hip width apart and then sit back like you are sitting in a chair. “While keeping the front leg long, draw the hip away from the knee to feel a stretch in the back of the leg,” he says.

ing stretch or old fashioned ballistic stretch is not beneficial because it puts the body into a dangerous position that may cause injury or damage. Long, slow, controlled stretches are best.”

Pain-Free Stretching

“Stretching should never feel restricted or painful,” says Glick. “Stretches

should always be felt in the muscle itself. As long as you’re stretching the muscle to bring it back to its normal length (or longer), it will result in less tightness in the body. Stretching should never be painful, but it could be uncomfortable. If you feel pain, you should back off. If the stretch is uncomfortable, then breathe through it to get the maximum effect.” ■



You can help minimize the inevitable tensions of being a caregiver to someone with Alzheimer's.

When Tensions Rise

Managing Conflict with Alzheimer's Patients

Conflict is inevitable. When you're providing care for a person with Alzheimer's disease, it's going to happen frequently. Here's what you need to know to handle it successfully.

As Alzheimer's disease (AD) progresses and diminishes a person's memory and cognitive skills, emotions and behaviors begin changing dramatically. The patient may become unpredictable and aggressive, anxious and withdrawn, or experience extreme personality changes. While these devastating effects are heartbreaking for family and friends, they also may be a source of frustration and tension for everyone involved.

Perhaps the most difficult aspect of AD is the toll it takes on caregivers, family and friends, affecting emotional and physical well-being. Caregivers are at high risk for depression, a weakened immune system, heart problems and chronic health conditions.

"People with Alzheimer's disease—at all stages—need not suffer greatly if they get proper care, but the caregivers generally must bear the terrible burden of this illness, which is invariably altering their lives," says Barry Reisberg, M.D., Director of the Fisher Alzheimer's Disease Education and Resources Program at the New York University Langone Medical Center. "For those who take on this extraordinary burden, they have to watch the person whom they love change."

The confusion and difficult behavior caused by AD can cause a patient to act inappropriately—sometimes aggressively. The troublesome behaviors associated with AD may cause conflict between the patient and the caregiver as the pressure of stress builds. While a wide range of difficult behaviors is possible—depending on the patient and stage of disease progression—there are some general categories of behavior that are typical. Caregivers can learn to diffuse the situation by learning and employing appropriate strategies to manage these behaviors. This ultimately will promote a calmer environment that will benefit both caregiver and patient.

"The most important thing people have to do as caregivers is learn how to understand and figure out the different behaviors, then they need to take care of the person appropriately," says Sunnie Kenowsky, D.V.M., co-director of the Fisher Alzheimer's Disease Education and Resources Program at the New York University Langone Medical Center and an Alzheimer's care specialist. "When an Alzheimer's patient's needs are met, and they're cared for in an appropriate way, then we don't see those behaviors."

Strategies for Coping

Here are some typical sources of conflict between AD patients and their caregivers:

Struggling for independence.

The first conflicts to arise in the early stages of AD typically stem from issues related to independence—specifically, the patient's unwillingness to give up autonomy, Kenowsky says. The AD patient may begin having difficulty managing finances or trouble cooking Thanksgiving dinner for the family, for example. They may resist giving up driving, even though they no longer can drive safely.

How to cope:

While the patient will have to give up some independence, encourage him or her to maintain abilities for as long as possible—particularly those that foster their sense of dignity, such as going to the bathroom alone or eating. Giving the patient simple tasks will help him or her to feel needed and successful.

Rummaging or hoarding.

Patients in the moderate stage of AD tend to go around collecting objects that are important to them—anything from money to favorite foods to tissues—and stashing them away. And because the disease affects memory, the patient often can't remember where they hid the item; often, however, the item has been removed by a caregiver for their safety. Either way, the patient often accuses others of stealing from them. "Psychologically, because they are suffering a loss of self, they start to symbolically place their loss on objects," Kenowsky explains. "Anger for the loss gets misplaced, so when they can't find whatever it is they're looking for, whoever is in the environment gets the blame."

How to cope:

Don't take accusations personally. If possible, keep on hand duplicates of items that tend to get lost. Distract the patient with another activity, such as puzzles, music or dancing.

Delusions and hallucinations.

Patients in the middle stages of AD may begin having delusions, such as thinking their parents are alive, even though they're not, or thinking people are stealing things from them. They may not recognize their own reflection in a mirror, Kenowsky says, and will either yell at or carry on a friendly conversation with their reflection.

How to cope:

Remove items that may be causing distress, and alter the environment to create a peaceful setting. Don't argue with the patient about reality; instead listen to and empathize with his or her emotions. Consider that there might actually be a problem: Talk to the patient's doctor to determine if medication needs to be adjusted, or there's an underlying health problem, such as a urinary tract infection or skin irritation, that is causing discomfort.

Resistance and Refusal.

An AD patient may become resistant to or even refuse to participate in daily activities, particularly mealtimes or baths. In an article published in a 2002 issue of *American Journal of Alzheimer's Disease*, Dr. Reisberg and his co-authors point out that AD patients, like any of us, "avoid trauma and humiliation." He explains that the patient's resistance may be the result of underlying sadness or frustration over the loss of independence or from feeling like a burden to the caregiver.

Quick Tips for Managing Conflict

- Maintain a daily routine that includes stage-appropriate activities that reinforce dignity.
- Be calm, patient and reassuring.
- Become educated: Learn how to properly care for an AD patient from resources such as an Alzheimer's care specialist, a geriatrician or a geriatric psychiatrist.
- Try to figure out what's triggering troublesome behaviors and alter the environment accordingly.
- Never force people to do something, Kenowsky says, "because that can provoke catastrophic behavior."

How to cope:

Try to stick with a daily, predictable routine each day. Reduce distractions and approach the patient calmly. Try to make these activities enjoyable for the patient, and respect his or her dignity.

Aggression.

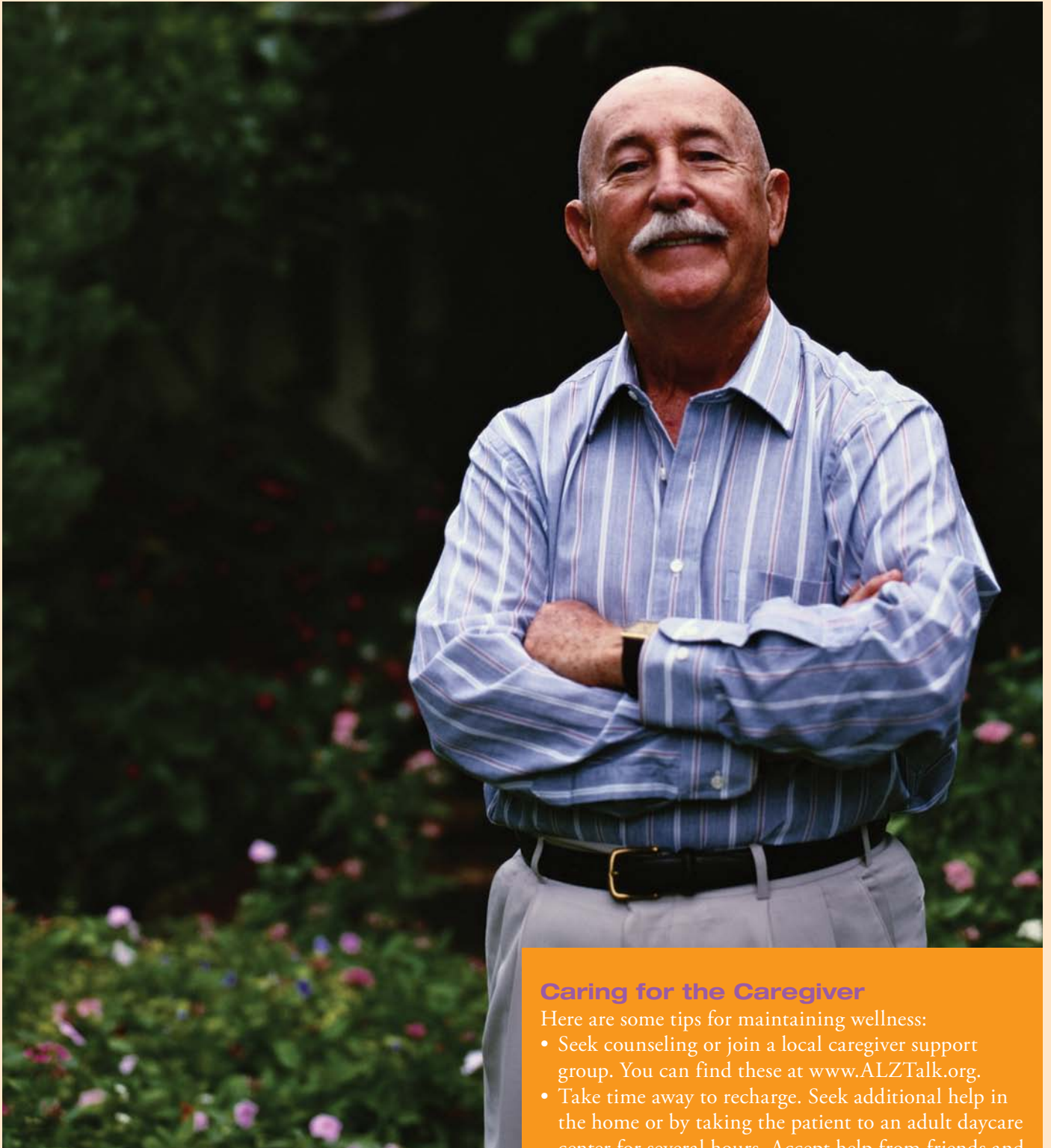
AD patients in the middle stages of disease may demonstrate aggressive behaviors, such as pinching, hitting, throwing objects, screaming and cursing. Even in the late stages of the disease, when patients lose the ability to talk, they may display aggressive behaviors if not cared for properly, Kenowsky says.

How to cope:

Remain calm. Try to figure out what's triggering aggression. Keeping a daily journal that details when aggressive or difficult behaviors occur—and what happened just before that—may help you identify patterns that are causing the patient to act out. Structure the patient's day with activities that reinforce skills and dignity, such as reading, writing or puzzles.

Though the relationship between caregiver and AD patient changes as the disease progresses, both can still experience a loving and fulfilling bond. Surprisingly, the caregiver who is successful in finding appropriate ways to care for their loved one may experience joy and a sense of reward. Caregivers should focus on the positive aspects of taking care of someone with AD.

"People, in general, can have their greatest moments because they have a chance to take care of someone," Dr. Reisberg says. "It can be, for some people, a source of personal strength and satisfaction." ■



A caregiver must care for him- or herself, too.

Caring for the Caregiver

Here are some tips for maintaining wellness:

- Seek counseling or join a local caregiver support group. You can find these at www.ALZTalk.org.
- Take time away to recharge. Seek additional help in the home or by taking the patient to an adult daycare center for several hours. Accept help from friends and family.
- Channel frustration through exercise.
- Participate in activities you enjoy and spend time with friends.

Reverse Mortgages Can Make a Difference ... But Do Your Homework

For seniors who are struggling to make ends meet, a reverse mortgage can be a godsend, bringing needed cash to give their financial situation a boost. But when checking out the benefits, it's important to also consider the potential dangers of this type of loan.

How It Works

How does a reverse mortgage work? In essence, it takes the equity you've built up in your home and gives it to you in a lump-sum cash payment, periodic payments or a line of credit.

The money you get from a reverse mortgage is based on your age, current interest rates and the value of your home. Usually, the older you are, the more you receive. To qualify, you must be at least 62 years old and your outstanding mortgage balance must be less than the reverse mortgage loan amount.

With a reverse mortgage, a credit check isn't required and you don't have to have a certain amount of income to qualify. You have to enroll in a U.S. Department of Housing and Urban Development (HUD) counseling session that provides helpful information about reverse mortgages and alternatives you can consider.

With a reverse mortgage, you won't have to make monthly mortgage payments, but you're still responsible for staying current on real-estate taxes and homeowner's insurance payments.

Reverse mortgages are a popular topic among retirees and people considering retirement, for good reason. If you owe little or nothing on your home, you're probably eligible for this type of loan through the Federal Housing Administration (FHA). The FHA's reverse mortgages, called Home Equity Conversion Mortgages (HECMs), are the most popular choice.

Unlike a conventional mortgage that requires monthly payments until the debt is settled, no payment is due on a reverse mortgage until you pass away, leave your home or sell it.

Count the Cost

Without question, a reverse mortgage can invigorate an older couple's financial situation. "The combination of the cash that you receive and the elimination of the mortgage payment gives seniors extra money to use any way they want to use it," says Greg Patti, CPA, a Certified Senior Advisor and author of *Reverse Mortgages: Cash for the Rest of Your Life* (www.ReverseMortgageBook.com). "Most of the people I've advised used the funds to help them keep up with day-to-day expenses, to do home remodels, to pay for in-home health care or a driver to take them shopping or to the doctor's office."

While the prospect of receiving a bundle of cash that you don't have to pay back as long as you live is tempting, reverse mortgages have serious drawbacks. The most bothersome is the expense involved. Origination fees for the loan can run as high as \$6,000 and other fees such as closing costs, service fees and mortgage-insurance payments can add thousands more.

Over time, the balance of the reverse mortgage rises as a result of accruing interest, which continues to compound until the loan is repaid. Since the loan grows larger over time, it may be difficult to leave your home debt-free to an heir.

Buyer Beware

While a reverse mortgage can be a blessing for seniors, it's important to be vigilant for scams and predatory lenders. Rick Jurgens, consumer advocate and investigative reporter at the National Consumer Law Center (NCLC), has cautionary comments for senior borrowers: "There are outright scams in which reverse mortgages are solely intended to put money in the pockets of disreputable people and companies. For example, some companies send their sales reps door-to-door trying to convince seniors to take out a reverse mortgage so they can do a home repair, or offering a financial product and the key to making an investment in that product is taking out a reverse

mortgage. Seniors should be very wary of this type of offer.”

Jurgens also cautions that while a reverse mortgage has benefits, it’s a very complex loan—choose your advisor wisely. “Because reverse mortgages are so complicated, the senior is likely to rely on a knowledgeable advisor to guide them,” says Jurgens. “In many instances, the advisor gets paid if a deal gets done, so it’s hard to tell whether the advisor has the senior’s best interest at heart or their own. It’s best to get advice from a knowledgeable financial planner who won’t benefit when the transaction occurs—they can be objective and provide sound advice.”

Greg Patti offers more tips that will help seniors make sound decisions when pursuing a reverse mortgage:

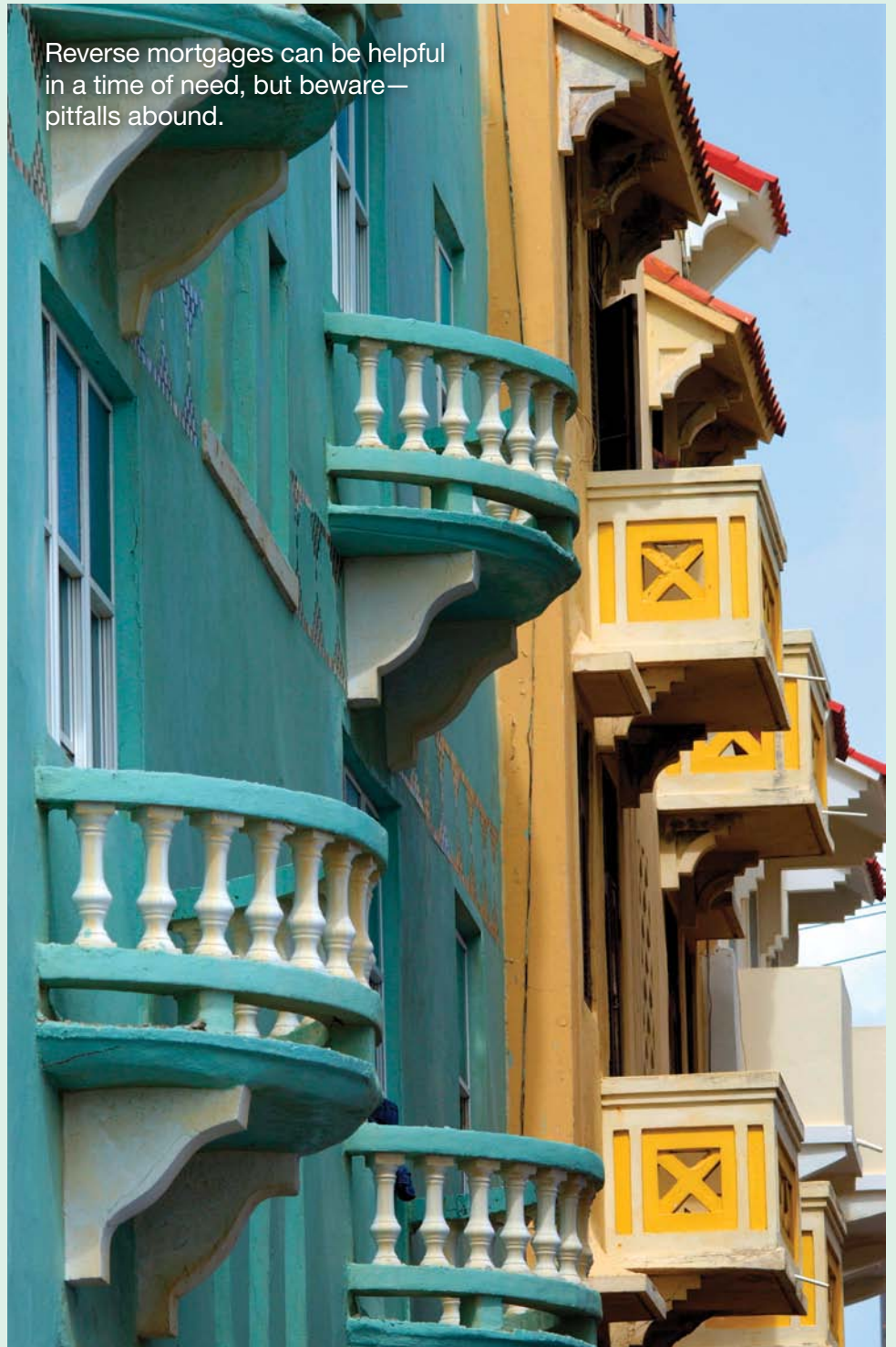
- **Arrange long-term payments**—

Unless a senior has financial experience or a specific purpose such as a home-remodeling project, take the payout of your funds as a “tenure” payment—basically, a payment for life—or over a 20-year period. “With this situation, the payout is a little lower, but you have peace of mind knowing that there is a fixed income going forward.”

- **Establish a goal**—Have a clearly defined purpose for taking a reverse mortgage, whether it’s paying monthly expenses, making home improvements or other specific reasons. “It’s best to have a plan for the additional money and arrange the payout of the funds in a way that will help you meet your goal.”

- **Talk to your family**—A couple should let their children know about their plans for a reverse mortgage. When the children realize that your reasons for the mortgage are sound—and that you have solid plans for paying it off—they’ll be more inclined to be supportive.

Reverse mortgages can be helpful in a time of need, but beware—pitfalls abound.



- **Get advice from a friend**—“I always recommend that before seniors make a decision to take a reverse mortgage they talk about it with a friend or family member who has this type of mortgage. There’s no better source of advice than someone close to them who will discuss their experiences and recommend mortgage products and brokers that they trust.” ■

Finding Your Elder-Law Attorney

Here's how to find legal counsel to help you navigate the complexities of long-term care and planning.

It is of the utmost importance to find a qualified attorney to help you plan for the future, particularly when a debilitating illness such as Alzheimer's enters the picture. But what do you look for, and how do you go about looking?

You can start by checking with either of two associations for elder-law attorneys. The National Elder Law Foundation (NELF) is an American Bar Association-certified organization that certifies the elder-law specialty among practitioners, who are known officially by the designation "CELA" (for "certified elder-law attorney").

According to NELF, a CELA must be knowledgeable in the following subjects:

- Health and long-term care planning.
- Public benefits (including Medicare, Medicaid and Social Security).
- Surrogate decision-making (including powers of attorney and guardianship).
- Older persons' legal capacity.
- The conservation, disposition and administration of the older person's estate (including wills, trust and probate of an estate).

You can find a complete directory of CELAs in the United States at the foundation's website (www.nelf.org), or look for a CELA in your area using their search engine.

The National Academy of Elder Law Attorneys (NAELA) "is a professional association of over 4,300 attorneys who are dedicated to improving the quality of legal services provided to seniors and people with special needs," according



Finding the right elder-law attorney is very important to planning for your future.

to the organization's website. It also has a searchable directory of elder-law attorneys throughout the United States, including CELAs, at its website (www.naela.org).

When do you contact an attorney? The sooner, the better. There may be more options available to you and your loved one at the early stages of Alzheimer's than later on.

Asking the Right Questions

NAELA and NELF recommend meeting with the attorney of your

choice armed with lots of questions. Before you agree to meet with an attorney, NAELA suggests that you ask some basic questions:

- How long have you been in practice?
- Does your practice have a particular area of focus?
- How long have you been focused on that particular area?
- What percentage of your practice is devoted to elder law?
- Is there a fee for an initial consultation, and if so, how much is it?



Knowing the right questions to ask can help you find the right elder-law attorney.

- Are you a member of the National Academy of Elder Law Attorneys and/or are you a CELA?
- What documentation should I bring with me to the initial consultation?

Once you've found an elder-law attorney, it's time for the initial consultation. Here you'll explain your specifics in some detail to give the attorney the scope of your situation. Before you meet with the attorney, answer as many of the following questions as you can:

- What is the current stage of the illness?
- What needs are currently being met?
- To what extent can the person with Alzheimer's care for him/herself?
- Is the person with Alzheimer's

capable of handling financial affairs?

- Can the person live at home now, and at what point will assistance with daily activities become necessary?
- Does the person have disabilities?
- Does insurance or entitlement cover the disabilities in question?
- What are the person's overall financial needs?
- Does this person qualify for federal or state benefits? If so, which ones?
- What are your needs as a caregiver? Are you disabled, or can you foresee becoming disabled?
- In the event of your disability or death, who will provide care for

the person with Alzheimer's?

- Are there other family members who require caregiving, such as a child with disabilities? What are their needs?
- The needs of the person with Alzheimer's may deplete the available resources. How will other family members react if this happens?
- Are you the only caregiver, or are there other family members or friends who are willing to help? How much help can they provide? Do they have the time and the expertise to do so? Can they be trained to handle problems that may arise?
- Is there someone you can trust sufficiently to name them as holder of power of attorney or healthcare

- proxy? Will they act in the best interests of the person with Alzheimer's?
- You may need outside help, particularly if no family members or friends can help. Who can help you in that event? How much will it cost to hire help?
 - What are your long-term goals, and what are your long-term goals for the person with Alzheimer's?
 - What are the person's assets and liabilities? (You will need to carefully compile an inventory all assets, all sources of income, and all liabilities.)

You may need an attorney's help answering some of these questions. But whether you can answer them yourself or need help, these questions need to be answered soon.

Also, be sure you understand how your attorney's fee structure works. Ask how the firm bills and how often. Some attorneys ask for a retainer before beginning work, which is money paid in advance to the law firm in order to begin work.

Why a CELA?

Seeking an attorney certified in elder law (a CELA) brings with it certain assurances, according to NELF. A CELA has met rigorous criteria for certification, including:

- Being licensed to practice law in at least one state or the District of Columbia.
- Practicing law for five years prior to applying for CELA certification, and must still be in practice.
- Being in good standing with the bars of every place in which they are licensed.
- Spending at least 16 hours per week practicing elder law during the three years before they applied, and having handled at least 60 elder law matters during that time with specific targets defined by NELF.
- Continuing legal education, with 45 hours logged in the preceding three years.

- Having five references from attorneys familiar with the applicant's competence and qualifications in elder law.
- Passing a full-day certification examination.

In addition to these criteria for certification, there are expectations for a CELA's practice that NELF specifies. Among these:

- The capability to recognize issues of concern, including the abuse, neglect or exploitation of older persons; insurance; housing; long-term care; employment; and retirement.
- Familiarity with professional and non-legal resources and services available to meet the needs of older persons, whether public or private.

- Capability to recognize professional conduct and ethical issues that arise as a matter of course during representation.

Hiring an elder-law attorney is worth taking the time to do it right. These guidelines should help you do just that, which is all the more important if you're dealing with other pressing issues besides legal matters. ■

Bernard A. Krooks, J.D., CPA, LL.M (in taxation), CELA is past president and founding member of the N.Y. chapter of the National Academy of Elder Law Attorneys and a nationally known and widely quoted expert on elder law.

For more information, visit the firm's website at www.littmankrooks.com.

Finding Your Attorney Without the Internet

If you don't have a computer or Internet access, here are some recommendations for finding a qualified attorney to help you:

- **Get a reference:** You may have friends, colleagues, etc., who have used the services of an elder-law attorney and can provide a recommendation to you. Don't hesitate to ask.
- **Yellow Pages:** Your local directory should have listings for the elder law specialty. If not, check the ads, and don't be afraid to ask the questions listed in this article to find out if the attorney is a good fit for your needs.
- **Your state's bar association:** State bars also keep directories of members in good standing. Again, don't be shy about asking questions of any attorney you contact.



This is a delicious healthy recipe that ideally is prepared in the spring, when green garlic is at its peak at your local farmers' market. If green garlic is out of season or you just can't find it, substitute with organic garlic. If you do find spring garlic, remember it can be very mild. If it is too mild, add more to the recipe to your taste. This dish could easily be a one-dish dinner recipe. Here's to eating healthy, delicious food!

Organic Green Garlic & Broccoli Orzo Pasta

Serves 3–4

Ingredients

1 cup orzo

1 head of broccoli

½–1 cup of green garlic (depending on how strong or mild the garlic is)

½ stick of organic butter

3–4 tablespoons of olive oil

½ teaspoon capers, finely chopped

3 anchovy filets, finely chopped

¼ teaspoon lemon zest

1 tablespoon of fresh lemon juice (preferably Meyer lemon)

¼ cup of fresh herbs—about 2 tablespoons of marjoram and 1 tablespoon of Italian parsley, roughly chopped

Grated Parmesan cheese for garnish



Method

Follow instructions on package to prepare orzo pasta.

Bring a medium size pot of salted water to a boil (water should taste like the ocean). Meanwhile, remove stems from broccoli crowns, and slice crowns into bite size pieces. Prep an ice water bath to blanch and shock broccoli crowns. Once water has come to a full rolling boil, place broccoli crowns in water and cook until they are just under fork tender and bright green. Remove broccoli and place in ice water bath.

Wash green garlic and remove tough outer skin. Trim root and cut away tough upper portion of green leaf. Cut lower tender part into thin rounds.

In another medium saucepan over medium heat, bring butter, olive oil, green garlic, anchovy fillets, capers, lemon zest, juice to a simmer and reduce to low. Simmer about 10 minutes.

Toss with broccoli and pasta, taste for seasoning and adjust with a little salt and pepper. Serve immediately and garnish with Parmesan if desired.

**Note: Because you love organic food and follow an eco friendly lifestyle, OrganicAuthority.com recommends using certified organic ingredients, in all of your food recipes when available, to maximize flavors and nutrition while minimizing your risk of exposure to pesticides, chemicals and preservatives.*

Recipe written by Laura Klein, publisher of OrganicAuthority.com, your trusted friend and the web's leading resource for all things (what else?) organic! Food, drink, entertaining, health and more: come chill in our kitchen as we test drive the best recipes and chat about the organic lifestyle. Organic Authority has all the tips and expert advice you need for delicious living good. Get your free report, *How to Shop for Organic Foods on a Budget*, when you sign up for their free newsletter today at www.OrganicAuthority.com.

Brain-Boosting Puzzles

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

(Answers on page 37)

MATCH THESE

Can you match these American expressions with their British equivalents?

- | | |
|--------------------|--------------|
| 1. ___ Vacation | a. Subway |
| 2. ___ Gasoline | b. Cupboard |
| 3. ___ Apartment | c. Chemist’s |
| 4. ___ Truck | d. Biscuit |
| 5. ___ Drugstore | e. Holiday |
| 6. ___ Underpass | f. Braces |
| 7. ___ Checkers | g. Flat |
| 8. ___ Suspenders | h. Cooker |
| 9. ___ Closet | i. Petrol |
| 10. ___ Stove | j. Draughts |
| 11. ___ Cracker | k. Vest |
| 12. ___ Undershirt | l. Lorry |

DROPLINE

Take the letters in the top half of each column below and distribute them in the blanks of the bottom half so that the letters spell out a thought from Will Durant. The black squares are the spaces between words. One letter has been dropped in place to start you off.

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

LEAPFROG

Here’s a list of African nations – two terms for each number. Their letters are in the correct order, but they overlap. All you have to do to find the names is separate the letters.

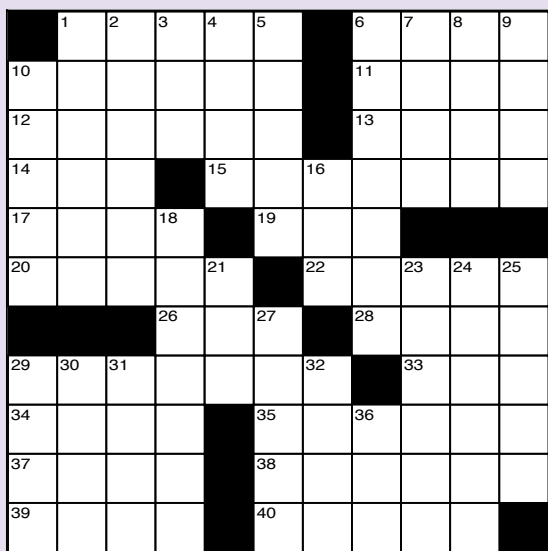
Example: **NGIHGEARINAA** – **NIGERIA, GHANA**

- | | |
|--------------------|-------|
| 1. LEGIYBYPAT | _____ |
| 2. SUKEDNAYNA | _____ |
| 3. AGUNGINOLAEA | _____ |
| 4. UMAGANLADAWI | _____ |
| 5. ARWLGANEDRAIA | _____ |
| 6. LMOIBROERCICAO | _____ |
| 7. SBEOTNSEWAGNALA | _____ |
| 8. CBUARUMENDROION | _____ |
| 9. SOETMHIOALIPIAA | _____ |

BRAIN-BOOSTING CROSSWORDS

(Answers on page 37)

We have provided two crosswords here to sharpen your puzzle skills. Start with the one on the left, which is the easier puzzle. In this one we have provided solving aids, such as the number of words in multi-word entries. The puzzle on the right is a medium-level puzzle and those solving aids are not provided. The second puzzle is also a thematic puzzle: the title "Memory Blanks" is a hint. Have fun testing your knowledge while doing something that's good for you!



Across

1. Purse item, these days
6. 2000 Subway Series participants
10. Whooping birds
11. Dismounted
12. Lifts
13. Train trip
14. Mar. follower
15. Upholstered seats for two or more
17. FBI employees, for short
19. Recite
20. Shepherd's charge
22. Nursery items
26. Pant leg bottom

28. Winter forecast
29. Larry, Curly, and Moe
33. Skater Babilonia
34. Akron's state
35. Busy hens
37. Biology 101 study
38. Current styles
39. Kyser and Starr
40. Smooths wood
8. Neap ____
9. Fr. holy women
10. Straw
16. Tic-____-toe
18. Academies
21. Frat party receptacle
23. Propose
24. Lumber pieces
25. Dotted ____ (fabric)
27. Grilled sandwiches

Down

1. Drive onward
2. Style of tresses
3. Switch positions
4. Butterfly catchers
5. Curved letters
6. Persecuted ones
7. Author Wiesel
29. Punch
30. "Take ____ Train" (2 wds.)
31. Greasy
32. Actress Gilbert ("The Class")
36. Longing

Memory Blanks

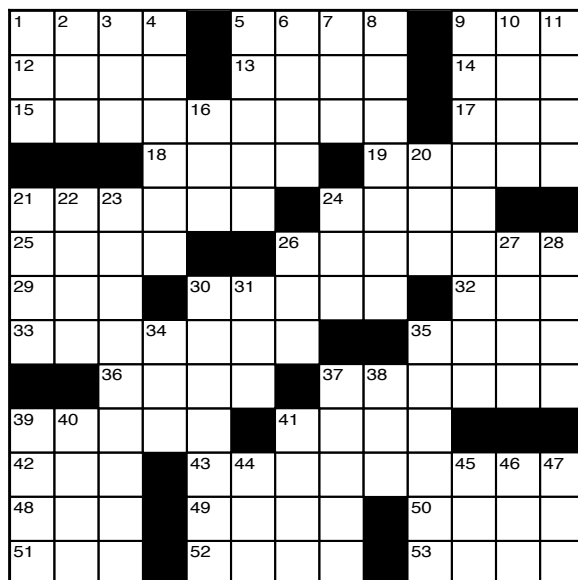
Across

1. Clarinet's orchestral kin
5. Dance wildly at a concert
9. Disco staffers
12. Roseanne's sometime surname
13. His paw was Sheriff Taylor
14. Informant
15. ____ memory
17. Fruit drink
18. City south of Moscow
19. Farmer, in the spring
21. Oxalis
24. Ken of "thirty-something"
25. Heloise had 1,001 for nylon net
26. First word in a Shakespearean title
29. Former broadcast TV letters
30. Dimwit
32. Mountain butter
33. "Madame X" painter
35. Corrida cry

36. Large birds
37. Camels' cousins
39. Attacks
41. Limerick, for one
42. "____ Wednesday" (Liz Taylor film)
43. ____ memory
48. Outstanding one
49. Fall months: abbr.
50. Slugger Sandberg
51. Pronounce
52. Front of a plane
53. Rescue
16. Three, to Luigi
20. North Sea resource
21. Minivans' kin
22. Workplace watchdog gp.
23. "____ memory.."
24. Possess
26. It's a blast: abbr.
27. Visiting spot for the Tarleton twins
28. Modern physicians' gps.
30. Atomic particle
31. Winners
34. A.M. TV show, informally
35. Circus staffers
37. Eastwood's "Every Which Way But ____"
38. Bk. after Exodus
39. Viragoes
40. On the "Bounty"
41. Grades on some tests: abbr.
44. Environmental prefix
45. Swedish rug
46. Pt. of SASE
47. Slightly better than failing

Down

1. Like archaic wds.
2. Curmudgeon's contemptuous cry
3. ____ y plata
4. Corrigenda
5. Motor inn
6. Citroen's four-wheeled cousin
7. Elton John's title
8. Sherman of "The Jeffersons"
9. ____ memory
10. Bianca Jagger's daughter
11. Eng. money



BRAIN-BOOSTING PUZZLES

HIDDEN-MESSAGE WORD-FIND™

Alfred Hitchcock was an acknowledged master of suspense and a shrewd businessman as well. He directed all of the films listed below. Circle them all, and the unused letters will spell out a Hitchcock quotation.

You are looking for a 52-letter phrase.

FAMILY PLOT	SHADOW OF A	D T H E S D R I B E H T M O P
FRENZY	DOUBT	N I A T R U C N R O T R E S S
I CONFESS	SPELLBOUND	U C C B O O O F R E N Z Y U C
JAMAICA INN	STAGE FRIGHT	O O C U C L P I E S S C S F U
LIFEBOAT	SUSPICION	B N E O N L P E R U H N T T W
MARNIE	THE BIRDS	L F B D H A G Y S O N E H O O
NOTORIOUS	THE LADY VANISHES	L E E A V A M P L I T G V P D
PSYCHO	THE WRONG MAN	E S R F T E I G A I I O I A N
REAR WINDOW	TOPAZ	P S L O L C R C N R M A N Z I
REBECCA	TORN CURTAIN	S I B W I N I T F O T A H E W
ROPE	VERTIGO	M A O O R A E E I S R U F C R
SABOTAGE		S C N D M E G S S G F W U L A
		T H E A M A R N I E O M E O E
		V I J H T A O B E F I L E H R
		S E H S I N A V Y D A L E H T

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.

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

•VISIT US AT KAPPAPUZZLES.COM•

Match These

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

Dropline

To say nothing, especially when speaking, is half the art of diplomacy.

Leapfrog

1. Libya, Egypt; 2. Sudan, Kenya; 3. Angola, Guinea; 4. Uganda, Malawi; 5. Algeria, Rwanda; 6. Liberia, Morocco; 7. Senegal, Botswana; 8. Cameroon, Burundi; 9. Somalia, Ethiopia.

Hidden Message

The more successful the villain, the more successful the movie.

Crossword 1

PH	ONE	METS
CR	ANES	ALIT
HO	ISTS	RIDE
AP	SET	TEES
FED	SAY	
FLO	CK	CRIBS
	HEM	SNOW
STO	OGES	TAI
OHI	O	LAYERS
CELL	TRENDS	
KAYS	SANDS	

Crossword 2

OB	OE	MOSH	DJS
BAR	RR	OPIE	RAT
SH	ORT	TERM	ADE
	OREL	SOWER	
SOR	REL	OLIN	
USE	S	TWEL	FTH
VHF	NINNY	RAM	
SAR	GENT	TORO	
	EMUS	LLAMAS	
HAS	AT	POEM	
ASH		RECOVERED	
GEM		OCTOS	RYNE
SAY		NOSE	SAVE

Word-Find

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

Sudoku

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

YOU CAN MAKE A DIFFERENCE!

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

Subscribe to one of these magazines, and a percentage of the proceeds will go to the Fisher Center for Alzheimer's Research Foundation.

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PLEASE ALLOW 8 WEEKS FOR SUBSCRIPTION TO BEGIN. *CANADIAN FUNDS ACCEPTED; HOWEVER, OUTSIDE THE U.S. ADD POSTAGE: \$22.20-12 ISSUES; \$24.05-13 ISSUES; \$44.40-24 ISSUES; \$48.10-26 ISSUES. OUTSIDE U.S. AND CANADA, PAY WITH CHECK DRAWN ON A U.S. BANK OR A MONEY ORDER ISSUED IN U.S. FUNDS. OFFER EXPIRES 12/31/11.

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.





FISHER CENTER FOR
ALZHEIMER'S
RESEARCH FOUNDATION



ALZTalk.ORG BETA

ALZTalk.org, is a free and easy way to make new friends and stay connected with those in the Alzheimer's community. Join today to post messages and share pictures and favorite links. ALZTalk.org gives users a voice and allows them to share tips and stories about coping with loved ones with Alzheimer's. It also offers the ability to ask our experts questions no matter how large or small.

People (215)

Search People Search

View Just My Friends +

Page 1 2 3 4 5 6 7 8

Sort by Alphabetical

	19328		3rdgradepro		Tragic-Help		4787
	58131		aarie		Adus		aHait
	ajzamb		alexi		aks19		ayes
	Lind		anapole		annelam		Shiro
	arizonash		Pat McAd		askdutch		aat1
	Barb		Bell				

Set Up Your Profile in 1 Easy Step

Get Answers to Your Questions

ALZTalk.org

All Users

How's your dad doing today?

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

How's your mom?

Still has her great sense of humor!

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

NP - see you then!

Chat Online

Share Your Photos & Events

ALZTalk.Org Forum

There are currently 107 discussions - join in!

Start a Topic

Topic	Attachments	Started by	Start	Replies	Last Comment
Looking for Help With Story		Journalist2	Oct 18, 2007	1	See comments yet
Finding a "Good" Nursing Facility		Heid	Oct 18, 2007	3	2 hours ago by ezza
Short Term Care		Heid	Nov 6, 2007	1	on Oct 9 by Marc
new to alzheimers		lynn31	Oct 7, 2007	3	on Oct 9 by Heid
Help for Dementia Carers		Adus	Oct 2, 2007	2	on Oct 9 by Adus
my mom is driving me crazy		yelle	Oct 4, 2007	2	on Oct 9 by Adus
Other On-Line Chat Sites		Yae	Oct 4, 2007	1	on Oct 9 by Marc
curious		gimtea	Oct 5, 2007	2	on Oct 9 by Yae
Her Husband is a Stranger Now, What to do?		BalmeMar	Oct 3, 2007	1	on Oct 9 by Trago-Me
How to convince Mom to move into Assisted Living		Clar	Oct 3, 2007	2	on Oct 9 by DanalMich
my mom	DSC00113.JPG	marco1	Oct 27, 2007	3	on Oct 9 by Marc
how to support a caregiver overseas		sgen	Nov 26, 2007	3	on Oct 9 by sgen
early onset alzheimers		Cyfo	Nov 20, 2007	4	on Oct 9 by lynn31
Any Chats?		Tammy9	Nov 21, 2007	2	on Oct 9 by kaeh
Staying in bed		Thomds	Nov 16, 2007	1	on Oct 9 by shel
Alternative treatment		rssar	Nov 15, 2007	1	on Oct 9 by Yae
new to group		rssar	Nov 15, 2007	1	on Oct 9 by Marc
Dementia		Tammy9	Nov 14, 2007	4	on Oct 9 by Orlen
What if you have to leave them alone		Heid	Nov 13, 2007	1	on Oct 9 by curleeto
What if you have to leave them alone		Heid	Nov 13, 2007	1	on Oct 9 by Kathy

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Posted on Aug 28 by Mahe 0 Comments	Posted on Aug 28 by Miche 0 Comments	Posted on Aug 29 by Mahe 0 Comments

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