

preserving your

Memory

The Magazine of Health and Hope

Spring 2012

Deirdre Imus

Green Activist and
Best Selling Author

The latest news on
Alzheimer's research
and treatment



FISHER CENTER FOR
ALZHEIMER'S
RESEARCH FOUNDATION



Diane Keaton

Talks About Her Family
and Her Book

Remember

Help MetLife Foundation find a cure for Alzheimer's.

In December 2011, MetLife Foundation launched Remember Me, an interactive experience featuring real stories from people lost to Alzheimer's disease.

The goal of the site is to raise \$1 million for Alzheimer's disease research, education and caregiver support by asking people to symbolically restore a memory in honor of someone they may know – or may have known – impacted by the disease. Each time a visitor saves a memory, MetLife Foundation will donate \$1 until the \$1 million goal is met.

The online experience at www.saveamemory.org is an immersive gallery containing images and poignant memories of people who have passed away from Alzheimer's disease.

To showcase the memory loss and emotional toll associated with the disease, the person with Alzheimer's is removed from each image. Visitors are then encouraged to choose a photo, and with one simple click, save the memory and help meet the \$1 million goal.

After the visitors save the memory, the person with Alzheimer's disease will reappear and their story will be shared. This single click will trigger MetLife Foundation to donate \$1 for each memory saved, as a running tally of saved memories remains on the site.



Please save more by visiting www.saveamemory.org

MetLife Foundation

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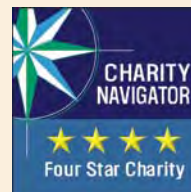
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Snap a photo of this QR code*
to get more information
about Alzheimer's disease!

*Download a free code reader app for your
smartphone at your phone's marketplace

All in Bloom

Spring is here and summer is near. May this issue of *Preserving Your Memory* help you get into the spirit of the season.

We can help by bringing you fascinating interviews with two special ladies. Author and activist Deirdre Imus chatted with us about going green and her visit with the Fisher Center for Alzheimer's Research (page 18). Diane Keaton spoke with us about her memoir of her mother, *Then Again*, and her life with her family (page 8).

Also, look for informative articles about taking medicines safely (page 29) and support groups (page 27).

We take a look at an innovative art education program that is being rolled out to three public library systems in the U.S. (page 14). We get a closer look at the advantages of organic food (page 24), and we learn about dance and movement therapy (page 22).

We hope you enjoy this special issue of *Preserving Your Memory*.



Betsey Odell

A handwritten signature of Betsey Odell in blue ink.

Betsey Odell
Editor in Chief

Please send your tips, stories or questions to
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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. The Fisher Center Foundation has earned Charity Navigator's highest 4-Star rating for fiscal management and commitment to accountability and transparency. For more information or to make a donation, go to www.ALZinfo.org.

The Latest News on Alzheimer's Disease and Brain Health

Rower Reaches Halfway Point in Fundraising Adventure

Lewis Colam, a 24-year-old Englishman, is rowing from Miami to New York unassisted in a 15-foot rowboat—and raising money for the Fisher Center for Alzheimer's Research Foundation in the process. As of press time, he had reached the halfway point, but has already well exceeded his initial goal of \$20,000 in funds raised.

Colam, who had no seafaring experience prior to this trip, is a London management consultant who left his desk job to take on this adventure. Colam lost his grandmother to Alzheimer's disease, which spurred him to raise money to fight the global threat.

If he succeeds, Colam will have rowed 1,400 miles. Along the way, supporters have sailed alongside and cheered him on from the shore. He was even treated to dinner with Paula Deen, the Food Network star, and her tugboat captain-husband.

Colam had to fight severe weather in Florida, so he's now on schedule to make New York one hour before his flight time back to the U.K., if he sticks to his 18-hour-per-day rowing schedule.

New Alzheimer's Drug Ineffective, Say Researchers

A newer formulation of Aricept that received FDA approval in 2010 is not an effective treatment for Alzheimer's and tends to cause more nausea and vomiting, according to new research.



New research suggests that MRIs may be used to monitor Alzheimer's progression and the impact of treatments on the condition.

The drug, Aricept 23 mg, succeeded the 5 mg and 10 mg versions of the drug, which were scheduled to come off patent in November 2010. The approval of the new drug gave the pharmaceutical company 3 additional years of patent protection.

But Drs. Steven Woloshin and Lisa Schwartz of the Dartmouth Medical College reported that, in spite of a slight improvement in overall cognition, the drug is not more effective than its older counterparts and, in their study, caused a greater incidence of nausea and vomiting. These conditions

are dangerous for Alzheimer's patients because they can bring on pneumonia and ultimately death.

Drs. Woloshin and Schwartz state that the FDA should not have approved the drug according to its own standards.

Path of Alzheimer's Progression Shown in MRIs

Alzheimer's disease and other dementias seem to spread through linked neurons in the brain, according to new research published in the journal *Neuron*.



Scientists believe that low levels of vitamin D are related to an age-related decline in memory and cognition, and are also connected to Alzheimer's disease.

The study suggests that MRIs may be used to monitor Alzheimer's progression in patients, and to monitor how treatments impact the condition.

"Our next goal is to further develop methods to predict disease progression, using these models to create a template for how disease will progress in the brain of an affected individual," said study co-leader and neurologist Dr. William Seeley of the University of California, San Francisco.

Vitamin D May Help Prevent Beta-Amyloid Buildup in Brain

As we age, the amount of beta-amyloid in our brains increases, and excess amounts of beta-amyloid are associated with Alzheimer's disease. But vitamin D and transporter proteins at the barrier between the brain and the blood capillaries play a role in removing excess amounts of beta-amyloid from the brain, according to researchers in a study published

in the journal *Fluids and Barriers of the CNS*.

Scientists believe that low levels of vitamin D are related to an age-related decline in memory and cognition, and are also connected to Alzheimer's disease. In this study, researchers from Tohoku University in Japan looked at the mechanism behind this. They found that vitamin D injections increased the rate of beta-amyloid removal from the brains of mice. "These results lead the way towards new therapeutic targets in the search for prevention of Alzheimer's disease," said Prof. Tetsuya Terasaki of Tohoku University.

NIH Alzheimer's Research Budget to Increase

The Obama administration announced in February that it will increase the Alzheimer's disease research funding budget of the National Institutes of Health. For the 2013 budget, NIH will receive \$530 million for

Alzheimer's research, up from \$450 already budgeted.

In addition, NIH will devote an additional \$50 million this year to Alzheimer's research.

"We have to applaud the Obama administration," said Kent Karosen, President of the Fisher Center for Alzheimer's Research Foundation. "This is certainly a good start."

Karosen emphasized the importance of further research. Only about 1 percent of Alzheimer's research requests are federally funded. It's estimated that Alzheimer's costs the U.S. \$180 billion per year. About 5.5 million people have Alzheimer's in the U.S., and that figure is expected to double by 2050 unless a cure is found.

"The private and public sectors must work together to find good avenues to support research," Karosen said. ■

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



“I don’t feel like advice is what people need. They need to be heard. And they need affection.”

Then Again

By Betsey Odell and Tamekia Reece

with Diane Keaton

You may *think* you know Diane Keaton. *Annie Hall*. *The Godfather* trilogy. *Something's Gotta Give*. The hats and the "I do things my own way" fashions. But there's so much more to the Academy Award-winning actress. Keaton is a single mom of two adopted children. She's a board member of the Los Angeles Conservancy and actively campaigns to save and restore historic buildings. She's a real estate developer. She's a photographer. And she's also someone who has been affected by Alzheimer's.

In her new memoir, *Then Again*, Keaton intertwines her own writings with the personal journals of her mother, Dorothy Keaton Hall, who lost her 15-year battle with Alzheimer's in 2008.

Preserving Your Memory magazine spoke with Keaton about her career, motherhood, the devastating effects Alzheimer's had on her family, and how her mother's detailed thoughts and struggles led to *Then Again*.

PYM: Your mom started a memoir called *Memories*. Is *Then Again* your way of paying tribute to your mom by not only continuing her memoir, but also merging your own?

DK: The answer is yes. That's true. I think when I came across that, I was reading everything out of order. As I'd go, I'd pick one year, and then I'd write about that year, my response to her and what she was writing about. And then I came across this one year, she must have been in her 50s, and I remember just how sad it was. Because she was really talking about her girlhood days, and about the things that she loved about it but also about the losses, about her father and how he took off when she was 16, and she was his favorite. And I remember thinking, oh my God, I never even helped her. She mentioned she was writing this autobiography on her own, but she never completed it, of course, because there was no real outlet for her. And I didn't help her, which I could've at that point, of course,

because I was established. So it made me really quite sad. It was a letter I didn't really pay any attention to what she was talking about. I mean, she didn't have any excerpts in there or anything, she would just mention that she was doing this. And I just put it aside, like so many other things I should've paid attention to. But I didn't.

You said your mom has been the most important influential person in your life. And yet the two of you seem very different. Do you think those differences are what made your bond so strong?

When I came across that, I thought there's so much that's so similar. I think the differences were really based on time and place and circumstances. When you were born in the '20s versus being born in 1946. Very different times. More opportunities. My mother's experiences, and what she gave to me from what she learned from her experiences and her dreams that she never really spoke of, obviously loomed very large. The choices she made when she was a young wife, putting us on TV shows in Burbank. I don't know whether I mentioned this in the book, but my brother Randy and I appeared on *Art Linkletter's Birthday Party*, and we were just sitting there with a bunch of other kids, who it happened to be their birthday. We never made *Kids Say the Darnedest Things*, which was too bad. Mom was obviously very interested in entertainment, and in her early days she took piano lessons from Gloria Grahame's mother, so can you imagine, she'd go over to Pasadena. Gloria Grahame's mother lived in one of those California bungalow-type houses. I think my Mom had a lot of fantasies about performing. She was a singer in Three Dots and a Dash, which was her high school singing group. It's just really similar in a lot of ways, that I just latched onto entertainment immediately. I was the only one in our family who was so determined. And the determination was instilled early on by the fact that I inherited some of

my father's genes, as well, and he was a very determined fellow with regard to his occupation. I have my mother's sensitivities and insecurities. I also have her longing to be part of an art world, part of art in general. She loved art. She was constantly a craftsperson—I also mentioned that in the book—shell boards and rock boards and mosaics. She did that thing that everyone did in the '50s—she made a mosaic table. She never stopped. Everything you could possibly do, my mother did—sew, cook, every bit of it. Of course I was more fortunate because she was my mother, and it was a different time.



Family photo of Dorothy Hall

Was seeing her on stage what first sparked your interest in acting?

Oh, yes. Before that I had fantasies, of course. We went to the First Methodist Church every Sunday, and I was in the choir. I did everything, and I wanted to. But I think it was solidified in my mind from the image of a curtain opening—this huge red velvet curtain—opening to my mother on stage, next to a lot of large appliances, and a crown on her head. So you see, I kind of got it. It was deeply implanted, forever and ever.

I know in the book you mentioned that you stopped reading her journal, and then you came back to it after she passed away.

The way it went was, I'd be around. We'd always come down to my Mom's house, all of us, my sisters and brother, every holiday was with Mom after Dad passed as well. I'd say it was in the early '80s, I would go down and visit my

Mom and Dad, and there were these journals around. And I would occasionally see them because they were never hidden. And they were also combined with collage elements, there were pages of collage in them, as well, they were kind of a mass-media production. And I came across a passage that was too embarrassing, and I closed it, I couldn't read it. I didn't want to read it. I didn't want to know aspects of my mother's life that were painful or that reminded me of something I instinctively knew was going on, but I

couldn't address because I wasn't ready for it. So, really I didn't start reading my mother's journals until I made the decision to write the book, and when I made that decision I knew it would be a co-authorship. There was no way it wasn't. She had so much material, and I had to delve into it. It was very revealing, and it was a very emotional experience for me to get to know my mother in a way that I avoided. It was a wonderful opportunity for me that I wouldn't have taken.

It is beautiful that you are so accomplished, and you've written this great book in which you can share ideas and feelings that are personal with many people who have gone through something similar.

That's because I'm an actress! Or I wouldn't even say an actress, I would say, that's because I am a performer. Whatever I do. I feel everything, and I've got to express it. That's what I do. My mother was that way, too, except she kept it more hidden because it really wasn't accepted back then, I think, when she was a girl, growing up under this

kind of umbrella of Christianity telling her she couldn't wear lipstick and couldn't dance, all those restrictive rules that applied for her at that time, with her mother being a devout Christian. It just wasn't the way it was for me. If I was acting silly, they would laugh—they didn't care. They never said, "That's not what a girl does." My mother never told me that I had to get married, or you've got to find the right man and settle down and have a family. She never preached to me about what I'm supposed to do with my life. And when I was in my 20s and 30s, I thought, "You should've told me!" But basically I really don't believe that any more. I'm glad she gave me my independence and gave me the ability to find out for myself what I felt and what I thought. She was a modern mother, even for that time. She was more avant garde, more willing to try things that were unusual, to take you to the art museum to see what was going on.

Let the moment happen when you're not carrying around your baggage and you can just look at them and be so grateful to them and love them.

I'm sure it was devastating to go through the 13 years of her decline, and the effect it had on your family. One of the great things about the book is that you do share with your readers what the entire family was going through. Was that something that was important to you, to show how a family deals with the effects of Alzheimer's?

Yes. One of the positive aspects of my mother's long-term, living under—I hate to talk about it at all. It's very upsetting to me. But one plus—one plus—was that she was far more impulsive. She just got things out. She would just say whatever she felt. She'd never been like that. She was very reserved in terms of how she felt. She was very giving and open when she was listening to you, or you were communicating with her. But as far as what she was going through, she never let it out. So I think this was one of the reasons why she had a harder time, but when the disease kicked in, she became absolutely free—free from worry about our response to her responses, to her impulsivity, to what she felt. If she was angry, she was angry. If she was upset, she would cry. If she was happy, she would laugh. That part of it freed her up, and that was wonderful for her,

I think, because it must've been so difficult to keep all that inside for so long.

I'll bet your brothers and sisters felt that, too, that they were sort of getting to know her better.

They did. We got a kick out of her. Much of it was really funny. But, of course, not enough. Not really at all. They get very anxious.

While writing your book, you read through your mom's writings, and you really did get a chance to see a before-and-after difference after the diagnosis of Alzheimer's.

Not so soon after the diagnosis, but very gradually, just like life, like so much of life, change is very gradual. It did begin to invade her writing. I did write about that, how it went from paragraphs to sentences to words to numbers, and then cute little pictures of kitties with balls of yarn. And those were the last of her collages. She loved cats—she was a cat person. In the last years she lived in Corona del Mar—she was there for 25 years. In the beginning at Corona del Mar, there were these wild cats all over that no one could tame. She would go down and feed them. So she had her cats with her to the very end, two cats—Pablo and J.C.

When you look back on some of your own journals, what were your thoughts about some of the things you had written in the past?

My thoughts were, "I'm ripping this up right now. This is the worst." And I would. Before I did the book, I had just ripped out pages and thrown them away. They were horrible! Self-indulgent ... Horrible! But of course now I wish I hadn't ripped them all up, because maybe there would've been a gem or something I could've worked on. I mean, I hated myself. They were just rambling on and on and on. Of course, Mom was guilty of that, too. Because a journal is a journal—the form is not an editorial form. You're not thinking about what you're trying to say, you're just feeling things and putting them down on paper. And believe me, it's not a fun read. Not with me, it wasn't. I tore them up. I would save certain things—like mother, I liked a lot of quotes. I liked to see things about anonymous people, or I'd cut things out of the newspaper about my biggest fear, flying. This is of course indicative of, since I'm so afraid to fly, why would I spend my time making my fear ten times worse? It was ridiculous, and at the same time, I was obsessed. There again, like my Mom: saving

pieces of paper that meant something to me, writing it down, keeping it ...

When your father, Jack, passed ...

Can you imagine? The brain went awry with the cancer, and it was right in the frontal lobe. It affected his personality, it affected what he saw. Like, I'd come in, and he'd say, "What are you doing with a gorilla on your shoulder?" Both of them were having their problems with their perceptions of the world, and mother's inability to remember that father's becoming just another human being in front of your eyes for five months and then dying of a brain tumor ... It's a lot.

Would you want to talk directly to caregivers? Would you want to give them any advice on how to deal with all this?

I don't feel like advice is what people need. They need to be heard. And they need affection. Put some animals next to them. That's one thing I do know. That really did help my mother. It's soothing. It's calming. Unconditional love—you have a cat around, and they jump on your bed and you pet them. Or a dog ... For lots of people, not just people who are suffering.

My mother was taken care of in her home. She died in her home. Lucky ... Lucky that there was money, and that's not right.

I only know the experience of it. You shut your mouth and listen, and just be supportive. There is no "no" ... No no no. That's out! It's to make them feel better.

I remember when my dad was sick with cancer. My mother was so devastated and so upset, and wanted to do the right thing that the doctors told her to do for Jack. And they put dad on an experimental program, and of course he flunked it! And they kept telling her, "Make him eat, make him eat." Well this became the brunt of so many arguments, so much trouble. He was dead in five months. What for? It doesn't make any sense at all. If the guy's not going to eat, he's not going to eat. He's going to die, so let's make this time amicable, as best we can, affectionate. Because you're supposed to do the right thing, you are making that time you have together conflicted, unpleasant. It's unpleasant anyway. I think that's all you can do, to make them comfortable. Bring the dogs and cats in. Whatever they want. Who cares.

A lot of people will wonder about the title. Did you want to comment on that?

I think I answered that question in the end of the book. That's what it felt like. It felt like I was there again, that I was back there with my mother by reading it and by



Jacket design: Emily Harwood Blass, Front-jacket photo: Dewey Nicks

Diane Keaton's new book, *Then Again*.

experiencing what I felt. It put me there. That's why I called it *Then Again*. The fact that she left this document, these volumes, made all the difference because it gave me an opportunity to take another look at my life, to feel things that I felt that I couldn't really explain to myself or tell myself I was feeling when I was with her, to know how much I loved her. To remember the times, like getting in the car and collecting junk from the trash cans of department stores. That's what it was like, it was like I was there again with her. And it was bittersweet, but it was something that I needed to do, so I could really know what, and why, this person that gave me life, was in fact the most important and most influential person in my life. And I feel like mothers don't get credit. They should be paid for their services, believe you me, I believe that. But paid in the way of taking the time to let them be people, not our mothers, and what we want from them, or why we're angry with them, the history we have with them. There are certain things that are so annoying about them. But just let that go. Let the moment happen when you're not carrying around your baggage and you can just look at them and be so grateful to them and love them. They deserve it! ■

Then Again is available in hardcover, paperback, and ebook wherever books are sold.

Living Through It

Michael Ellenbogen is determined to make Alzheimer's disease a thing of the past.

When Michael Ellenbogen was finally diagnosed with young-onset Alzheimer's disease, it was the culmination of 10 years of struggle to get the appropriate diagnosis. It was also the beginning of a new phase in his struggle to get the word out about this global epidemic. Now in his 50s, Michael is one of about 200,000 people who get AD before the age of 65.

Formerly a top IT manager at a financial institution, Michael now spends his days doing everything he can to advocate for more research into and more focus on AD nationally. "Alzheimer's doesn't get enough focus and funding," he says. "When you consider the NIH's budget—18.7 percent goes to cancer, 9.9 percent goes to HIV, and only 1.45 percent goes to Alzheimer's—does that even make sense, when you have more people living with Alzheimer's? They should be equal in funding, at the very least. That's a huge disparity. I'm not saying that our disease is more important,

just that we should be treated fairly."

As Michael is quick to point out, AD is the only one of the top 10 causes of death in the U.S. that can't be prevented, cured or even slowed down. It's the 6th leading cause of death in the U.S., and the number of people diagnosed—currently around 5.5 million—is expected to double by 2050 unless effective treatments or a cure is found.

To address that disparity, Michael has started the Michael Ellenbogen Movement, a one-man advocacy organization aimed at getting the word out and encouraging everyone to get more involved in the mission to find better treatments and even a cure. As Michael points out, investing in research is far more cost-effective than caring for those who will be affected by AD in the future. You can find more information about the Michael Ellenbogen Movement at www.michaelellenbogenmovement.com.

For Michael personally, it's a challenge to do what he does. The disease is tak-

ing its toll, slowly but surely. "I'm doing a little bit worse, not as good as I was," he says. "But by trying to keep myself as active as I am—by pushing myself—I'm doing better than most people might be doing at this point." What makes his advocacy especially difficult is losing what he needs most: his language abilities. "I need my wife's help with my writing, reading, etc. It's a lot harder for me now, as I have trouble with words these days. I have lost the concept of understanding context of words, and that's something I used to be good at. It really bothers me, since I knew how good I once was at this. I rely on my wife to critique my work. I still have a lot going for me, though, and I am focused on doing what I can still do in order to get the word out there."

Michael will continue to carry on the fight for as long as he is able. "We know I'm going to slowly deteriorate, but mine has gone relatively slow, so I consider myself lucky if you can call yourself lucky when you have Alzheimer's." ■

Living with Alzheimer's Disease

Products That Make Life Easier, Simpler, and Safer

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



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

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.

MetLife Foundation Gives Major Grant to Arts Learning

Lifetime Arts, Inc., a 501(c)(3) nonprofit organization, has received a \$125,000 grant from MetLife Foundation to pilot an arts education program in three library systems nationwide.

The MetLife Foundation Creative Aging Libraries Project will expand its work through partnerships with Boston Public Library, Dallas Public Library and Miami-Dade Public Library. The program places professional teaching artists with workshops in all disciplines where older adults can learn and engage with each other socially. The project builds on Lifetime Arts' work with public libraries in New York State.

Creative aging programs are professionally conducted instructional arts programs in all disciplines. The teachers are professional teaching artists.

“MetLife Foundation is committed to making arts accessible to people of all ages,” said Dennis White, President and CEO of MetLife Foundation. “We are pleased to support the Creative Aging Libraries Project to help public libraries strengthen connections with older adults through high-quality, participatory arts programs.”

“Lifetime Arts is very grateful for MetLife Foundation’s pioneering support of ‘creative aging,’” said Maura O’Malley, President and CEO of Lifetime Arts. “This grant sends a clear message that our work at the intersection of aging and the arts is making a significant contribution to redefining aging in America.”

We spoke with Maura O’Malley about the project and what it means for aging Americans and all of us.

Preserving Your Memory: What does the term “creative aging” mean?

Maura O’Malley: The field of creative aging focuses on the role of the arts in enhancing the quality of life in older adults. Creative aging programs are professionally conducted instructional arts programs in all disciplines. The teachers are professional teaching artists. In general,



Photo: Lifetime Arts

Painting in the Yonkers Public Library, Yonkers, N.Y.

we would say that creative aging programs are sequential skill-building programs so that people are learning how to dance, how to write, and how to engage in various disciplines—building skills over time.

PYM: Why was the MetLife Foundation Creative Aging Libraries Project started? What need was it aimed at meeting?

MO: It's work that we've been doing for a while. There was a need to address the growing population of older adults, as people are living longer, healthier lives. They're looking for engagement in creative areas. It's not business as usual for older adults, it's about active, engaged learning. Baby boomers are turning 70 and are looking for these opportunities. Also, libraries are the most universal, democratic institutions in the U.S.

Creative aging programs are sequential skill-building programs so that people are learning how to dance, how to write, and how to engage in various disciplines—building skills over time.

They're in every community, and they are becoming more and more centrally important as centers for lifelong learning. Librarians are looking for ways to provide this programming. Twenty-two percent of library patrons are over the age of 65. Also, older adults are looking for

There are two main goals:

1) Improve the quality of life of older adults through instructional arts programming, and

2) to build the capacity of public libraries to respond to the growing needs for services for an aging population.

engagement at a different level. Library budgets have been slashed, and these programs give them new resources. There are two main goals: 1) Improve the quality of life of older adults through instructional arts programming, and 2) to build the capacity of public libraries to respond to the growing need for services for an aging population. The program includes not just direct service, but also training librarians to help them identify local arts resources, to help them identify what their facilities can support, what kinds of programs will work for their particular patrons. Part of what the project provides is technical assistance toward how to implement arts learning programs.

PYM: Is this program something that could be replicated at other libraries around the country?

MO: Absolutely. In fact, the MetLife pilot is a replication of the work we've been doing in New York State. We're involved in a large project now with the Institute for Museum and Library Services, a two-year project we're doing with four libraries in NY state and the American Library Association, and the goal there is to develop a replicable model that can be rolled out to the rest of the U.S. (models for urban, suburban and rural library systems). Part of that is done through planting projects in public libraries across the state, in part by producing an online toolkit for public libraries so they can implement it in their own facilities. Arts



Photo: Josh Millis

Drawing in the Morris Park Library, Bronx, N.Y.

education for everyone is important and beneficial, as research indicates. In particular, one research project (The Creativity and Aging Study, George Washington University, 2006) looked at three years of participation in arts programs in various disciplines in people over 80 years of age. They saw benefits to these study participants, people were taking less medication, living fuller lives, etc. So this work is really important.

Many libraries don't have the programming to help aging populations, to help engage people in this age group. There's a big shift going on in this country in terms of looking at aging as a period of growth and opportunity—rather than as a period of decline, isolation and loss.

People who come to these programs range in age from 50 to 100. They come to learn, and are serious about learning. They have very specific goals about what they want to learn and how they want to learn it. It's also about social engagement, being with other people and sharing the experiences with others. Aging is, in part,



Dancing in the Somers Public Library, Somers, N.Y.

an experience of losses—children move out, spouses pass away—and these workshops can add a sense of something gained.

This is really important for caregivers, especially. We knew as caregivers ourselves that we needed engagement, and found that it was transformative for us and for others to be engaged, as well.

Ninety-nine percent of the people who come to these programs have no experience in the arts at all. They have arrived at this point in their lives when they have time to learn what they've thought about over all these years, to tell their stories, and to learn technique and history and context in their chosen discipline. We're talking about active engagement and life-changing experiences for individual people.

The work in creative aging is instructional, in terms of teaching new skills in art-making, but the results are often therapeutic. Therapy isn't the goal, but it is a benefit of this kind of program.

Ninety-nine percent of the people who come to these programs have no experience in the arts at all. They have arrived at this point in their lives when they have time to learn what they've thought about over all these years, to tell their stories, and to learn technique and history and context in their chosen discipline.

PYM: Given how fast our nation's demographics are aging, how important are initiatives like this for our future? What benefits will they deliver?

MO: It's incredibly important. This initiative, because it is a structural model and has a capacity-building feature to it, has the potential to reach people all over the country. Librarians are left with skills that will enable them to do this work and partnerships with artists and others in the community who can be valuable resources. And it builds lines of communication between libraries and their local communities. There's a huge need for this work. We're also involved in connecting the dots between aging services and the school communities, between libraries and aging services organizations, etc. As a society, we have to figure out how we want to age, how productive we want to be in our senior years. People need to think about how they want to grow old, what kind of quality of life they want to have in their later years. Also, we want to make the connection between families that are often spread apart, and we can do that through the arts, building those partnerships, making those connections. ■



If you're not taking care of yourself—if you don't exercise and don't eat healthy—you're not going to feel good.

Being Green

Deirdre Imus is working to make the planet—and everyone on it—healthier.

Deirdre Imus dreams of a “greener” Earth, where all children have the chance to thrive and live the healthiest life possible. As president and founder of The Deirdre Imus Environmental Health Center, based at Hackensack University Medical Center in New Jersey, Deirdre works tirelessly to educate the public about how toxins in our food and environment threaten children’s health and ultimately, our planet’s future.

The *New York Times* best-selling author of *The Imus Ranch: Cooking for Kids and Cowboys* and the three-volume *Green This!*

series, Deirdre is a frequent contributor to FoxNewsHealth.com and Fox Business Channel. She and her husband, radio personality Don Imus, founded and run the Imus Cattle Ranch for Kids with Cancer. The 4,000-acre working cattle ranch in Ribera, New Mexico, has hosted more than 1,000 children since 1998.

As part of her pursuit to cleanse the environment, Deirdre developed the award-winning Greening the Cleaning® program to replace the harmful chemicals typically found in household and institutional cleaning products with non-toxic, plant-based ingredients. The program and its resulting product line have been used in schools, healthcare facilities, businesses and homes throughout the country. Deirdre, who serves on the board of the National Autism Association, has received numerous awards and honors for her work in the field of environmental health and for raising awareness about childhood illnesses that are in epidemic proportions today like autism, asthma and obesity.



Deirdre Imus at the Imus Cattle Ranch for Kids with Cancer.

Environmental issues and “greening” are important for Alzheimer’s patients and caregivers alike. A 2008 study, *Environmental Threats to Healthy Aging*, found compelling evidence for the role environmental factors, such as toxins, may play in the development of Alzheimer’s disease. Also, a 2011 National Institutes of Health study found a possible link between consuming low-fat foods and reducing the risk of getting Alzheimer’s. And another 2011 study published in the *Archives of Neurology* linked a low-fat, low-glycemic-index diet with lower levels of beta-amyloid in healthy adults.

We talked to Deirdre about her recent trip to the Fisher Center for Alzheimer’s Research, where she met with Nobel Laureate Dr. Paul Greengard and Kent L. Karosen, President and CEO of the Fisher Center for Alzheimer’s Research Foundation, which supports the work of Dr. Greengard and his lab. We also spoke about her advocacy work for environmental issues and children’s health, and

asked for suggestions on how you can make small changes to begin greening your life.

PYM: You recently visited the Fisher Center for Alzheimer’s Research with Dr. Manny Alvarez, Health Editor of Fox News Channel and member of the board of the Fisher Center. What were your impressions of the work being done there?

I was so impressed with the amazing work that [Nobel Laureate and Director of the Fisher Center’s research laboratory] Dr. Paul Greengard has been doing all these years, specifically on prevention, because my radar goes up when anyone talks about prevention. We hear about cure, we hear about research and raising money, and yet, we hear very little about finding out first of all, what causes the disease—in this case Alzheimer’s disease—and how do we prevent it? That’s why I thought this organization was so head and shoulders above any of the other organizations or studies I have heard about. Dr. Greengard and his team are doing something that could change the face of Alzheimer’s disease forever.

PYM: Why do you think it’s so important to find effective treatments and even a cure to AD and other chronic diseases?

We see a train wreck happening in this country, and a lot of people aren’t paying attention. We have a decline in healthy people—the stats are that one in eight people over the age of 65 will have Alzheimer’s disease. Those are pretty scary statistics. My environmental center works specifically on children’s health issues, and we’re seeing these trends also with children’s diseases—chronic illnesses that we are now seeing in epidemic proportions, for example autism, ADHD, allergies, asthma, obesity, diabetes, cancer, premature birth. So these are chronic diseases in the United States that people live with for many years, and what are the long-term care costs? If you look at Alzheimer’s disease now, the cost is more than \$183 billion in health care, including hospice and long-term care, for people living with the disease for years. Yet, the money isn’t there.

This is what I mean by a train wreck. That’s why this is all so important. To look at it holistically, this really has to be addressed now—financially, scientifically, medically—because if it’s not the costs are too vast.

And I’d rather prevent the root cause. What is the root cause of cancer or diabetes or obesity? The statistics are that one out of six children are obese or overweight. A couple of generations ago that wasn’t the case. What is happening? A big part of it is environment. That’s my specialty and what we focus on at the Deirdre Imus Environmental Health Center. Our mission is to identify, control and ultimately eliminate those environmental toxins that are making our children sick—that are making all of us sick. I think that has to be part of the whole picture.

We have a decline in healthy people—the stats are that one in eight people over the age of 65 will have Alzheimer’s disease.

PYM: Tell me more about your personal interest in “green” living. When did you first become concerned with eating and living green?

As a child I grew up eating the typical American diet. My family, we would eat barbeques, hot dogs and hamburgers, and occasionally TV dinners. But as I got into high school and began playing sports (I ran track), I realized that I functioned better, had more energy and performed better eating foods that made me feel better, and those were always whole foods. Whole grains like brown rice or millet or beans and vegetables—tons of vegetables and fruits—and some seeds.

And then I got into college and moved to New York City, and I educated myself on the science and the facts about specific ingredients, like dairy, and I found out that they weren’t really that healthy to begin with anyway. That was probably the first consciousness I had of the whole green world.

PYM: Let’s talk about diet. I believe you advocate a vegan diet. What does it mean to eat vegan?

I am a vegan and advocate a vegan diet for myself, but I am not stringent or strict about it. Just because that works

for me, it's not a one size fits all. What I do advocate for everyone, though, is to be healthy and well as a person. I think it's important to eat foods that don't have poisons—meaning they're not grown with pesticides, therefore you're eating organic. I advocate buying the whole foods and focusing your food regimen on fresh fruits, vegetables, beans, nuts and seeds, and making those the bulk of your diet. We do know, study after study after study shows that the more you stick to a whole foods, organic, plant-based diet, the healthier you are. There are legitimate super foods that have been proven to expand longevity of brain functioning, improve memory, boost your immune system, protect your cells and your nerves and your heart, all of these amazing benefits to make you feel better.

We do know, study after study after study shows that the more you stick to a whole foods, organic, plant-based diet, the healthier you are.

PYM: It's kind of overwhelming to think about completely changing a lifestyle. What are some simple, first steps people with Alzheimer's and their caregivers can take to "green" their lives?

Let's start with diet. First, this is something I think you must do because it's proven to be successful, and it doesn't take much time: Plan a menu for those meals that you know your family will be having together. You'll think by the end of the week, the end of the month, the end of the year that "My child's getting enough fruits and vegetables and whole grains." But if you haven't written it down, how do you really know that? If you write it down, you'll be more conscious of what you actually end up preparing for your family to eat. I've been doing that for a long time, and you do save money on food, and you save time.

Next, choose one item you and your family eat every day, and make that organic. That way it's affordable, it's not stressful—because we want to eliminate all stress here—and then work from there. If it's dairy milk, then make it

organic. Once you do that, go to the next thing. Maybe it's bread or rice or pasta. Make it organic or make it whole grain. If you eat meat and fish, choose wisely. Fish may commonly contain toxins like mercury, PCBs and dioxins. Choose organic, grass-fed beef and organic chicken to avoid all the antibiotics and growth hormones normally found in these foods.

For your home, the next thing would be to start with one toxic cleaning product, such as chlorine bleach, and eliminate it from your home or office. Replace it with a non-toxic one.

The next thing I would say is exercise. Schedule it just like you schedule all the other important things in your life. If you don't schedule exercise, it's not important to you—and that means you're not important to you. People always say, "I don't have any time for exercise." They don't have time because they haven't made the time. So make the time. And same with your children—make sure they are exercising.

Another big thing you can do, that's totally simple and affordable, would be adding plants to your home or office. They naturally filter the air and clean the air in your home. It's an affordable way to start, and it's also aesthetically beautiful. Believe it or not, by having English ivy or philodendrons in the house, they will add an oxygen-boosting ability to absorb toxins and clean like a natural air filter.

PYM: What kind of results or changes might people begin to see in their lives if they do these things?

When you truly start respecting yourself and taking care of yourself, you have more confidence, and you feel better about yourself. If you're not taking care of yourself—if you don't exercise and don't eat healthy—you're not going to feel good, and you're not going to feel as confident.

People get like this, especially women, where they feel it's selfish, but it's not. It's a necessity. You need to take care of yourself first before you can help others. Know that you're at your best, and then you're able to be fully present and help others. To me, that's pretty simple. ■

For more information about greening your life, visit The Deirdre Imus Environmental Health Center's Web site at www.dienviro.org.

Let Me See You Move

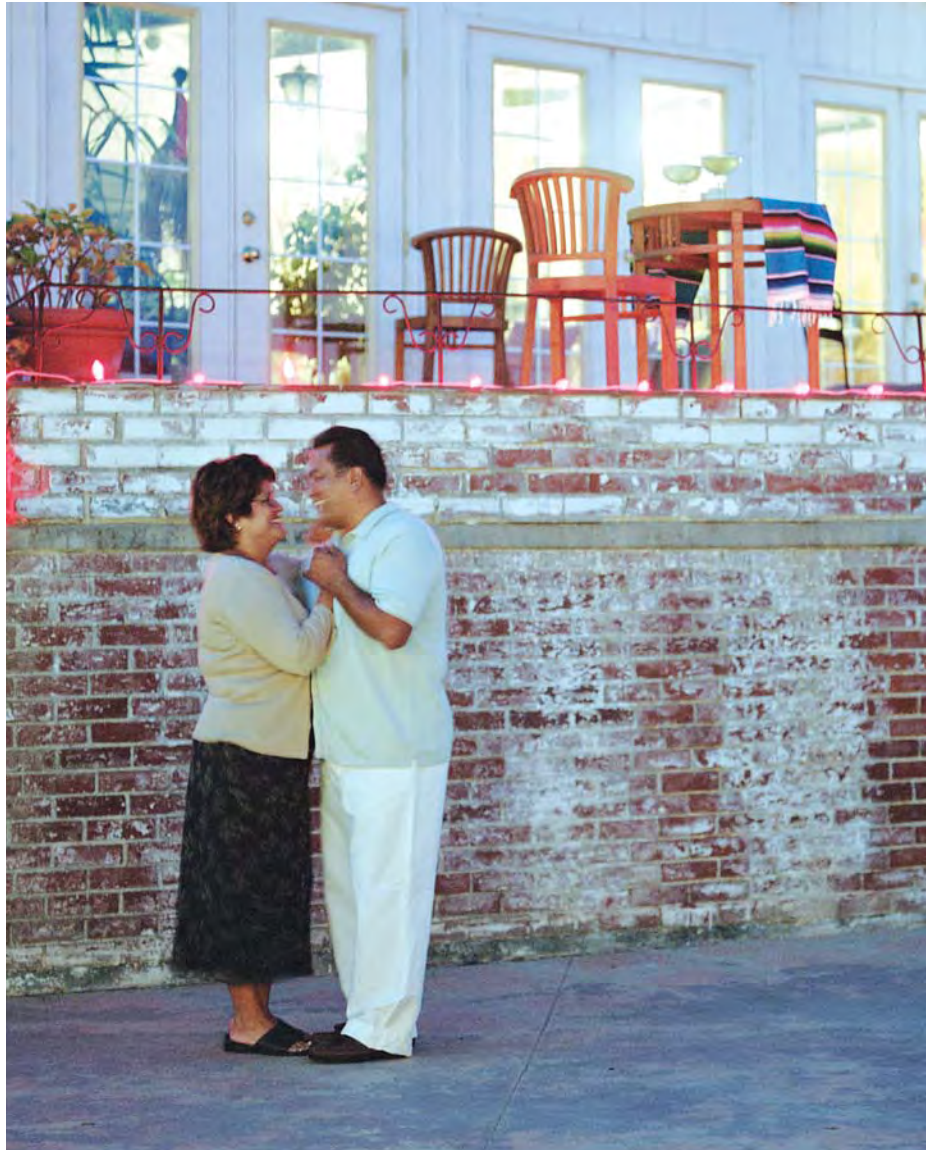
Dance/movement therapy provides people with Alzheimer's disease and other dementias a medium for expression and caregivers an opportunity to watch, listen, and understand.

There's nothing quite like a party where everyone starts dancing. The music inspires, the inhibitions recede, and the whole room starts to sway. The communal feeling can wash away shyness in a wave. For people with dementia, dance/movement therapy sessions can provide the same emotional and physical release and the opportunity for connection. "Nothing that a person can do will make you feel livelier than dance," says Donna Newman-Bluestein, MEd, BC-DMT, LMHC, a dance/movement therapist and consultant. "It frees people up."

Dance/movement therapy uses movement and nonverbal behavior as a path for communicating and connecting. It began in the 1940s when psychiatrists began exploring group therapy in the treatment of returning servicemen traumatized by war. Doctors brought in professional dancers to work with patients who were nonverbal. The therapy has since been used for people with dementia, who despite the loss of cognition, continue to respond emotionally to their environment.

The Language of Movement

Dance therapists are trained in nonverbal language. They pay attention to how people sit, stand, move and engage themselves. They use what they see and reflect it back verbally. "Dementia is very isolating," Newman-Bluestein says. "People with dementia need to know that people see them and hear them. When we see a person's gestures or posture, we let the person know, 'I



Dance/movement therapy fosters channels for communicating.

see how frustrated you are, and I feel frustrated, too."

Closely observing and naming each movement creates a sense of valida-

tion. The simple act of acknowledgement can ease the anxiety that people with dementia often experience when they are unable to communicate their

needs and feel they are being ignored. Mirroring their movements elicits empathy and understanding, just as it has since we were babies mimicking the movements of others.

Inside the Sessions

A dance therapist begins a session by greeting each person individually, making eye contact, extending a hand for a handshake, and welcoming each person as a valued member into the group. Participants, many of whom are in wheelchairs, are arranged in a close circle where they can reach for their neighbor's hand. Consistent beginnings and endings let people know what to expect, helping them to relax. The dance therapist skillfully acknowledges every movement and emotion that group members offer, creating a safe atmosphere for expression and bonding. The therapist plays music that resonates for people according to their age and culture. At every opportunity, people are offered a choice, whether it's a choice of props or music, which empowers people who have otherwise lost much of their independence.

The motor action often sparks memories; for instance, Newman-Bluestein places antique irons in people's hands to feel the weight of it, and that would remind people of putting big copper boilers on the stove. Participants will elicit a movement, and the group repeats the action, whether using wooden forks to stir clothes, loading coals through a coal chute, or putting clothes on a clothes line. The memories break through the muddled thoughts and help confused individuals become more alert and organized. A person whose speech is not intelligible will often be clearer during and after a session.



The motor actions of dance often spark memories.

Newman-Bluestein recalls a time when she had a group swinging jump ropes. A 100-year-old woman with severe dementia asked for a second rope so that she could do double dutch, and then said, "I wonder what Jane is doing now. She used to be my double dutch partner."

The therapist encourages bonding over these memories and the verbal and nonverbal expression of emotions that come with the reminiscing. In another session where participants were stretching and reaching, one woman remembered reaching for the ring on the carousel, which prompted a discussion of who were the people who would try for the ring. Women talked about being a tomboy and reaching for the ring versus being more timid.

Creating Connections

Dance/movement therapy reconnects people with dementia to a sense of personal control, to others, and to things that are meaningful to them. Family members and staff members who find themselves in a session can relax and discover new ways of relating to people with dementia. Part of the dance therapist's role is to train family members and staff members in recognizing how small movements and postures can communicate what a person with dementia may be feeling. Additionally, group members appreciate staff who participate alongside them, fostering a more egalitarian relationship. Newman-Bluestein advises that nurses who have to interrupt the group to give medications enter dancing, maintaining the mood and the participants' focus.

Dance as a medium creates endless opportunities for expression, as opposed to any other type of physical activity. "Sports tend to be competitive, so there's a tension that goes with that," Newman-Bluestein says. "Dance eliminates that tension. There's no right way to do it, and you're using that energy toward the creation of something."

People in older generations may have never engaged in creativity and the arts. Dance therapy provides a gift to everyone involved. For people with dementia, to experience something new so late in life inspires a sense of engagement in the here and now and curiosity about what's to come. And for caregivers, dance therapy provides an opportunity to watch, mirror, and understand emotions you may have never noticed before. ■

Organic Foods Can Add Nutrients to Your Diet

Thinking of adding organic foods to your meals? Here's what you need to know.

If you're thinking about trying organic food, you probably have questions about "going organic." Is organic food really better for you than non-organic? Which organic foods give you the best bang for your buck? Can you stock up on organic food without breaking your budget?

First, let's define what organic food is. "Organic" refers to the way farmers grow and process fruits, vegetables, grains, dairy products and meat. The goal of organic farming is to conserve soil and water and reduce pollution. Farmers who grow organic products don't use conventional methods to fertilize, control weeds or prevent livestock disease. Instead of spraying chemical weed killers, for example, organic farmers rotate crops and spread mulch or manure to keep weeds from sprouting.

Organic farmers don't use insecticides—they get rid of pests and the damage they cause with beneficial insects and birds or they disrupt mating routines. Their animals dine on organic feed and have plenty of access to the outdoors. These farmers minimize disease through preventive measures such as a balanced diet and clean housing.

How Do I Know It's Organic?

The U.S. Department of Agriculture (USDA) has created a certification program that requires all organic foods to meet strict standards for growing, handling and processing.

Any product at your supermarket labeled organic must be USDA-certified. Food producers who sell less than \$5,000 a year of organic foods are exempt from this rule, but they still must follow USDA guidelines for organic foods. Products that are completely organic can carry a USDA seal, which means they're produced and processed according to these standards.

Several studies reveal that some organic foods contain higher nutrient levels than conventional food.

Is Organic Food Better for You?

Research hasn't clearly proven long-term health benefits from organic food, but several studies reveal that some organic foods contain higher nutrient levels than conventional food. "These studies show, as expected, that organic foods grown in richer soils have more minerals than conventional foods grown in poorer soils," writes Marion Nestle, Professor of Nutrition, Food Studies and Public Health at New York University, in her book *What to Eat*. "They also show that organic peaches and pears have somewhat higher levels of vitamin C and E, and organic berries and corn have higher levels of protec-

tive antioxidant substances. In general, the studies all point to slightly higher levels of nutrients in organically grown foods as compared to those that are conventionally grown."

While organic foods provide more nutrients, they also provide fewer substances that can be harmful, especially to seniors. "Organic foods have much lower levels of pesticides and pose dramatically less pesticide risk than conventional food," says Charles Benbrook, chief scientist at The Organic Center in Boulder, Colo. "This is especially important for people with weak immune systems because as we age, our body's ability to get rid of contaminants that we ingest through food or beverages becomes less efficient. It makes a lot of sense to try to limit pesticide exposures as much as possible."

Tips for "Going Organic"

A Berry Wise Choice: Which foods help seniors the most? Benbrook points to one that is a nutritional powerhouse: "Organic berries—blueberries, strawberries and raspberries—are very nutrient-dense and if you add organic bran you get a 15% to 25% increase in nutrients on top of the high levels in the berries. One serving of dark-colored fresh berries provides all the antioxidants that a person needs in a day."

"The best strategy is to buy fresh berries at a good produce market,"



Fresh organic berries pack a lot of nutritional power into a serving.

Benbrook continues, “but in most supermarkets there are U.S.-grown, high-quality frozen organic berries that retain almost all of the nutrients of fresh berries. Frozen berries are affordable, easy to store and can be used in many different ways.”

Keep Costs Down: Organic food tends to be a bit more expensive than non-organic, so how can seniors stock up while staying within their budget? Buy larger quantities of foods that store well. “A number of wonderful organic grain products, from rice to rolled oats to barley, can be purchased at a modest premium over the price of conventional food,” says Benbrook. “For seniors who like to cook,

buying products in bulk is a good strategy. Organic prepackaged salads and leafy greens—a good company is Earthbound Farms—are convenient, very high quality and rigorously tested for microbiologic contamination.”

Get Your Nutrients: Benbrook advises that seniors carefully consider their daily food choices to make sure they get an ample supply of antioxidants, vitamins and minerals. “Every day, seniors should have an eight-ounce glass of either orange juice or tomato juice—not a high-sugar fruit juice such as apple juice—and two servings of a darkly colored fresh fruit or vegetable like carrots, strawberries or blueberries. There’s a close correla-

tion between the darkness of a fruit or vegetable and the antioxidant content. For example, it’s much better to eat red grapes than green grapes because red grapes have a much higher antioxidant content per serving.”

Go Local: Try to find locally grown, fresh organic produce when it’s in season. At that time, it’s not uncommon for local peaches, apples, tomatoes, cucumbers, onions and carrots to be available at lower prices than at the supermarket. “For seniors who have access to a local farmers market, that’s a great option,” says Benbrook, “and it’s also a good excuse to go outside and get some exercise.” ■

(For recipe, see page 26)

Try this recipe from Organic Authority
(www.organicauthority.com):

Caramelized Apple Hazelnut Oatmeal with Organic Whey Protein

Serves 2

Ingredients

- ½ tablespoon of coconut oil
- 1 apple cut into ¼ cubes (leave the skin on)
- ¼ cup hazelnuts, roughly chopped
- 1 cup rolled oats
- 2 cups of your favorite organic milk like coconut, almond, soy or traditional organic milk or water
- ½ teaspoon cinnamon
- ¼ teaspoon nutmeg
- 1 tablespoon honey
- 2 tablespoons of flax seeds
- 2-3 tablespoons of The Organic Whey (follow package's serving suggestions)

Method

Heat a heavy medium sauce pan over medium heat and add coconut oil. Add chopped apples and sauté 6-7 minutes until soft. Add hazelnuts and sauté 2-3 more minutes until toasted. Add 2 cups of a mixture of rolled oats, milk, cinnamon, nutmeg, honey and flax seeds. Bring to a simmer and simmer 2-5 minutes until oatmeal reaches desired thickness and remove from heat to cool.

If eating right away and oatmeal is hot, spoon into bowl, add a little milk or water and stir to cool. Add manufacturer's suggested serving of whey to oatmeal, stir to combine and enjoy.

Note: Don't add organic whey to overly hot oatmeal—it may cause it to lump or sour.



A Meeting of the Minds

Any professional will tell you “support” is one of the most important factors in dealing with Alzheimer’s disease. Whether you’re the person with the disease, the caregiver or a family member, an Alzheimer’s diagnosis can be a lonely, terrifying experience. For many families, the only source of information is the doctor, books and internet searches. Although they may offer some solace, nothing compares to the personal experience of others who have “been there and done that” or are going through the same situations as you.

The fastest and easiest way to find people who can provide you with that valuable information is by seeking out a support group.

A Family Affair

Support groups are beneficial for patients and their loved ones.

For patients:

“Talking with people who are in the same stage of the disease progression allows the person to share what they’ve been experiencing and take comfort in knowing they’re not the only person this is happening to,” says Brian Carpenter, Ph.D., a psychologist who specializes in aging at Washington University in St. Louis. Talking to others who are further along in the disease can give a patient a sense of what might be coming down the road and how they might be better prepared, he adds.

The social aspect is also a plus. “Sometimes when people begin to develop dementia, they find themselves less comfortable going out in public and being with other people because



Support groups are an important resource for Alzheimer’s patients, caregivers, and family members.

they’re so conscious about their memory lapses,” Dr. Carpenter says. “Being in a support group forces one to get out and socialize with others in a setting where they don’t necessarily need to feel so self-conscious about any cognitive difficulties,” he says.

For caregivers:

Support groups give caregivers a safe environment to vent, share their experiences and learn different tips to help manage daily care and handle more severe symptoms like aggression or wandering, Dr. Carpenter says.

For family members:

Support groups can help those in non-caregiving roles to learn more about dementia and ways the family

can support their loved one and the caregiver.

What to Look for

“Support groups offer you the opportunity to educate your mind and your heart,” says Mary Underwood, Corporate Director for Memory Care Services for Maplewood Senior Living in Westport, Conn. “You should expect to intellectually learn something about the disease and also learn how to deal with it on an emotional level,” she explains.

A good support group can be a wonderful resource. However, one that is unorganized or improperly managed can do more harm than good, experts say. When searching for a support group, ask yourself the following questions.



Nothing compares to the personal experience of others who have “been there and done that” or are going through the same situations as you.

Locating a Support Group

For help with finding a support group, check with the following:

- Fisher Center for Alzheimer’s Research Foundation, www.ALZinfo.org and www.ALZTalk.org
- Assisted living facilities
- Local hospitals
- Your local Alzheimer’s Association chapter

What kind of group do I/we need?

Although most groups are for caregivers, there are many types of groups available. “There are groups for couples, for family members, for just the patient, for just the caregiver, and there are groups for both the patient and caregiver,” says Nancy Squillaciotti, Executive Director of the Alzheimer’s & Dementia Resource Center in Orlando. There are also online and telephone support groups.

Who is the facilitator? Our preference is a group facilitated by a professional rather than a volunteer, Squillaciotti says. A professional facilitator has the skill and training to manage the group well and to key in on critical issues that shouldn’t be ignored, she explains.

What is the make-up of the group? Having a diverse group of members is important, says Underwood. “You don’t want everybody there to be at the

beginning stage of the disease process because there will be more questions than answers. You want a combination of people who have been caregivers for several years and those who are just starting out, so that they can help each other and offer different perspectives,” she says.

Is the time and location convenient? Make sure the group has times and locations that work for you and your loved one. If you frequently have to miss meetings due to your schedule, or you have to travel a far distance, you’re less likely to benefit as much from that particular group.

Are things confidential? Usually, groups are confidential, but it’s best to confirm the confidentiality policy. “Unless there’s a serious risk [like talk of harming yourself or others], what you say in meetings should be confidential and not repeated outside of the group,” Underwood says.

What to expect

Every support group is different; however, things generally happen in a similar format. Some groups do introductions of first names, Squillaciotti says. Then, sometimes there are speakers. After introductions and any presentations, the facilitator usually asks if anyone has anything pressing to share. “This gives participants the opportunity to speak about any really serious issues immediately,” Squillaciotti says. Once urgent matters are addressed, Underwood says everyone has a chance to talk about any issues, struggles or exciting news. “You can share as little or as much as you’re comfortable doing,” she says.

Usually support groups are free. Depending on how many members and whether there are any special speakers, group meetings last anywhere from an hour to two hours, Underwood says. ■

A Dose of Safety

Protecting Alzheimer's Patients from Their Own Medications

A pill box is a great tool for organizing your medicines.



When 78-year-old Bill Aaron tumbled on his front porch and turned his trick ankle, his wife Carolyn knew she would need to add ibuprofen to his medication regimen for a day or two. He seemed to understand the connection between these new pills and managing the pain in his ankle, although his Alzheimer's disease (AD) made it difficult for him to track exactly what to take and when, even with the medicines he took on a daily basis.

The next morning, Carolyn ran some errands while her daughter, Alison, sat with Bill and watched a video. Mid-movie, Bill excused himself to use the restroom, favoring

his sore ankle, then returned moments later carrying a fistful of pills.

"My foot is really hurting and I think I'm supposed to take some of these. But I can't find a cup. Could you help me get me some water?"

Alison looked in her father's hand and quickly realized what might have happened had he noticed the water glass next to his bathroom sink. Bill was about to take not two tablets of ibuprofen, but six tablets of his blood pressure medication. She gently asked him for the medicine, helped him back to his chair and promptly removed all pill bottles from the bathroom. She and her mother had a serious

discussion later that day about in-home medication safety.

Bill's story is unfortunately typical for people suffering from AD and other forms of memory loss, especially when they still live at home. Medication regimens are complicated and confusing for patients. Caregivers, meanwhile, bear the responsibility for organizing, dispensing and refilling these prescriptions. When over-the-counter (OTC) products such as pain pills and vitamin supplements are added to the mix, potential safety issues only escalate.

There is no single way to protect AD patients from the possible dangers of their own medicines. The Alzheimer's patient cannot take medication on his own. Providing medication is the job of the caregiver. But there are a few important things for caregivers to know about medication safety that can make everybody sleep better at night.

Alzheimer's disease usually affects adherence.

Adherence—consistently taking a medication as prescribed—is a huge health management issue in general. For AD patients, most of whom are older and dealing with additional chronic conditions, it's an even bigger problem to tackle. These individuals tend to take multiple medicines, each of which comes with instructions about how many pills to take, when to take them, whether they need to be taken with food, etc.

In the face of memory loss, these regimens can become overwhelming for both patient and caregiver. "If you don't remember, then you won't be able to take your medicine at the right time and in the right dose," says Malaz Boustani, M.D., MPH, a geriatrician with the Healthy Aging Brain Center at Wishard Health Services, associate professor of medicine at Indiana University's Center for Aging Research and scientist at the Regenstrief Institute. "When that happens, you won't get the benefit of the medications and they may even end up doing more harm than good."

Interactions and effects add to risk.

Regardless of whether an AD patient takes a "memory" drug (such as a cholinesterase inhibitor), he and his caregivers must always be aware of how his various medicines might interact. According to Dr. Boustani, anticholinergic medications (a class of drugs that includes many common sleep aids and antihistamines) are the most dangerous for AD patients to take, as they can worsen the disease's effects while erasing the benefits of medicines designed to fight memory loss.

"I have had patients come to me saying they take an incontinence medicine like Ditropan® along with an Alzheimer's medicine like Aricept®, but I have to tell them that the combination will make neither of them work

because they reverse each other's effects," says Dr. Boustani. "So we talk about having to choose whether to focus treatment on their bladder or their brain."

Other medicines can have direct or indirect effects on AD sufferers. Dr. Boustani points out the risks of medications that might cause dizziness or an unsteady gait. "Alzheimer's patients don't usually have a very good grasp of the visual space that surrounds them, which puts them at a higher risk of falling," he explains. If a doctor prescribes something to treat hypertension or a heart condition, it can lower blood pressure and exacerbate the patient's vulnerability to falls.

There is no single way to protect AD patients from the possible dangers of their own medicines. But there are a few important things for caregivers to know about medication safety that can make everybody sleep better at night.

According to Dr. Boustani, the typical AD patient suffers from two to three additional chronic conditions, such as diabetes, hypertension, high cholesterol and heart disease. In some cases, they also display symptoms of behavioral and psychological problems and take medications to manage depression or agitation. "These people take anywhere from five to seven prescribed medications every day, and some add another four or five OTC products," he reports. The more complex the mix of pharmaceutical treatments, he says, the greater the risk of interactions.

The Healthy Aging Brain Center has developed lists of anticholinergic medications that affect cognitive function and should be avoided by AD patients. For more information, visit <http://www.indydiscoverynetwork.org/AnticholinergicCognitiveBurdenScale.html>.

Organization enhances safety.

The best way to avoid problems with a complicated medication routine is to simplify the regimen. Work with your loved one's physician to consolidate pill-taking time into just once or twice a day if possible. And take advantage of the organizational genius of pill boxes. They're the least expensive and most effective way to manage meds, according to Gretchen Jones, Pharm.D., senior managing editor at Epocrates, a company that develops drug reference

and medical apps for healthcare professionals.

“I’m a huge advocate of pill boxes,” says Jones. “They provide the visual cue patients and caregivers need to determine whether the medicine has been taken or not. You just need to look to see if it’s missing from the compartment that corresponds to that dose and that day. If it is, then you know the medicine has been taken.”

Pill boxes also help caregivers stay involved in their loved ones’ pharmaceutical regimens, explains Jones, who worked as a pharmacist in retail drug stores and hospitals before she joined Epocrates. “It allows them to get the medications out of the bottles once a week and put them in the proper compartments. They can see well in advance if a refill is needed or if doses have been missed,” she says. Issues and questions may then be addressed with the pharmacist or the doctor. “It’s yet another way for caregivers to provide oversight and advocacy for patients,” she adds.

Caregivers should also conduct occasional audits of what medications are in the house. According to Jones, that’s a great way to protect patients from accidentally taking drugs they shouldn’t. “You have to know what they have available to them, so do a preventative cleaning of the medicine cabinet on a regular basis,” she advises.

Caregivers must stay vigilant.

The best way for caregivers to protect their loved ones from medication harm is to structure the drug regimen, communicate with doctors, learn as much as possible about the products being taken, and create a safe environment at home. Follow these tips:



The more medicines a patient takes, the more opportunities for interactions.

Get organized.

Create a detailed list of all medications the patient is taking. Include notes on what the drug is used for, the recommended dosage and frequency, the contact information for the prescribing doctor, the label’s prescription number and contact information for the dispensing pharmacy. Don’t forget to include over-the-counter drugs and supplements if they are taken regularly.

Keep physicians informed. Talk to your loved one’s doctor(s) if you notice any adverse effects of any of the medications being taken. If one doctor on the team prescribes a new medication, be sure to inform her of all the other drugs the patient is taking so she can check for potential interaction risks.

Educate yourself. Conduct your own research about your loved one’s medications. Ask the doctor for printed information or go online to read FDA-required safety data. Be discerning in what you read; look for unbiased content and don’t be swayed by promotional materials.

Secure medications. Keep all drugs out of the reach of adults with compromised cognitive function, just as you would when children are in the house. Hide them in a place in the home that only you tend to access (such as a drawer in your dresser). Consider disguising them inside other packaging (such as a grooming product only you use). If you have a locked container, use it. ■

Choosing a Qualified Attorney to Help You Plan for the Future

For seniors, planning for the future can be complicated, even overwhelming. Hiring an attorney who is qualified to advise you on legal matters that can affect your family's financial and emotional well-being can make things easier.

Elder-law attorneys guide families on planning for health and personal care, public benefits eligibility, legal and financial planning for special-needs, advice on insurance matters, powers of attorney, living wills, trusts, housing, asset protection, veterans' benefits and retirement issues.

It's not only important to choose an attorney qualified to handle these matters, you should also consult with the lawyer at the right time. "When you plan ahead of time, you can consider all the options and make better decisions," says Carol Sikov Gross, a certified elder-law attorney and partner at Sikov & Love in Pittsburgh, Pa. "If you wait until a crisis hits to do planning, there are still many things that can be done, but your options are limited because the time frame is shorter. Also, it's harder to make good decisions when you're under a lot of stress."

If you meet with an attorney whom you're considering hiring, it's best to communicate in a way that is cordial but direct. Ask questions about the issues that are important to you, not only to get information, but also to determine whether you can work comfortably with the attorney. If you don't like the attorney's answers or simply don't feel at ease, don't hire that person. Only if you're



Planning ahead with an elder-law attorney gives you more options for your future.

satisfied with the attorney from the first meeting will you trust him or her to do the best job for you.

Keep Your Goals In Sight

As you work with an elder-law attorney, don't lose sight of the results you want. "An ideal outcome is that you've put a plan in place to deal effectively with the situation if you become incapacitated or disabled," says Gross. "You want a plan that, in the event that you become unable to handle your own affairs or pass away, will protect your family, protect your savings and direct funds to the issues that you determine are important to you. By making your own decisions—as opposed to laying the burden of decision-making on a family member—you're giving a great gift to your family."

When it comes to legal fees, attorneys charge in different ways. Be aware of how your attorney arrives at their fees and how often they bill—some bill weekly, some monthly, and some upon completion of work. Ask about this at the initial conference so there will be no surprises.

What's the best way to find a qualified elder-law attorney? Check the websites of the National Elder Law Foundation (www.nelf.org) and the National Academy of Elder Law Attorneys (www.naela.org). The National Elder Law Foundation website lists certified elder-law attorneys nationwide.

Also, talk to family and friends to find out if they've used an elder-law attorney whom they like and trust. If they refer you to one, check the lawyer's website for helpful information or signs that they're involved in their



To find a qualified elder-law attorney, visit these websites:

- www.nelf.org
- www.naela.org

community through public speaking or teaching other lawyers—those things indicate they're committed to helping seniors and their families.

Other Helpful Tips

Get It Done—Stephen Spano, a certified elder-law attorney in Boston, Mass., and president of the National Elder Law Foundation, tells why it's important to get a plan done now: "In estate-planning documents, for example, you can name someone to help with medical and financial decisions. But if you haven't completed a plan, your loved ones must go to court and ask to have someone appointed for you. Would you rather choose someone whom you trust or go with the luck of the draw and be subject to someone whom the court appoints?"

Make Sure They're Qualified—Look for an elder-law attorney who is board-certified. The National Elder Law Foundation (NELF) is the only national authority approved by the American Bar Association to certify attorneys in elder law. To become certified by NELF, lawyers are required to pass a rigorous, day-long examination, meet stringent continuing-education requirements, become re-certified every five years and spend at least 16 hours per week practicing elder law.

Ask Questions—What percentage of the attorney's practice is devoted to elder law? How much experience do they have with the specific situations you are facing? How much elder law training have they had, and from what organizations?

Review Your Plan Regularly—In the business world, companies review their business plans every year to change with the times. Your situation can change with time too, so handle your plans the same way—review them annually and make changes if necessary.

"Planning documents that board-certified elder-law attorneys prepare are the physical manifestation of your hopes, dreams and desires for you and your loved ones," says Spano. "These documents aren't an end in themselves, they're a means to an end, and that end should be to espouse your values for your family and to give you and your family peace of mind." ■

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

The actors on the left played the characters who are referred to in the film titles on the right. Can you match each actor to the proper film?

- | | |
|-------------------------|---------------------------|
| 1. ___ Adrien Brody | a. “Tootsie” |
| 2. ___ Julia Roberts | b. “The Lion in Winter” |
| 3. ___ Robert Preston | c. “The Iron Lady” |
| 4. ___ Anne Bancroft | d. “The Music Man” |
| 5. ___ Dustin Hoffman | e. “Michael Clayton” |
| 6. ___ Bette Midler | f. “Funny Girl” |
| 7. ___ George Clooney | g. “The Miracle Worker” |
| 8. ___ Peter O’Toole | h. “Lady Sings the Blues” |
| 9. ___ Barbra Streisand | i. “The Pianist” |
| 10. ___ Diana Ross | j. “The Rose” |
| 11. ___ Russell Crowe | k. “Gladiator” |
| 12. ___ Meryl Streep | l. “Erin Brockovich” |

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 humorous observation from George Bernard Shaw. The black squares are the spaces between words. One letter has been dropped in place to start you off.

F	I	F	D	I	N	G	N	T	A	A	R	U	T	T	F
R	E	I	F	E	I	G	S	Y	O	B	O	S	E	L	F
L	I	N	T	I	N	S		Y	O	U	R	S	E	L	C
	L	A	E			I				U	B	O	U		
L															

LEAPFROG

Here’s a list of famous pairs. The letters of their names are in the correct order, but they overlap. All you have to do to find the names is separate the letters.

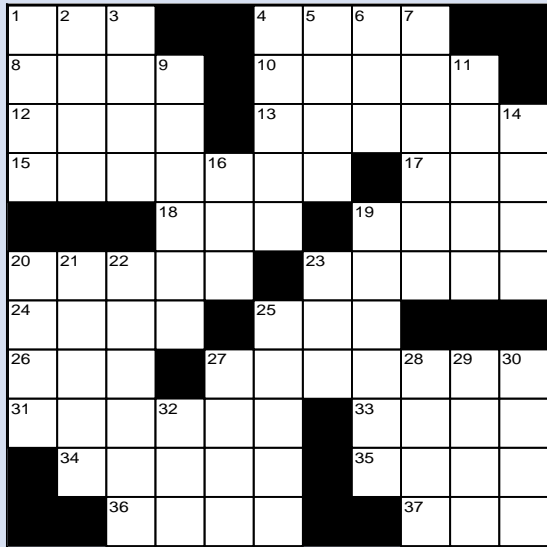
Example: JUROLMIEOET — ROMEO JULIET

- | | |
|----------------------|-------|
| 1. ABLURLENSN | _____ |
| 2. JEBRERNY | _____ |
| 3. GPARMOBCLTEER | _____ |
| 4. CALENOTPOATNRYA | _____ |
| 5. CSOHNENYR | _____ |
| 6. ROASTGAERIRES | _____ |
| 7. TLHOUELIMSAE | _____ |
| 8. JONASPEOPLHEIONNE | _____ |
| 9. GASRIFUMNKOENL | _____ |

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 "Precious Puzzle" is a hint. Have fun testing your knowledge while doing something that's good for you!



Across

1. ___ man out
4. Garage occupants
8. Reach for
10. Shaquille of hoops
12. "Damn Yankees" temptress
13. Engraver
15. Serial's segment
17. Gone by
18. "___ Magic"
19. Actress Drescher
20. Bloodhound's trail
23. Perfume holders
24. Pod vegetables
25. More than a sec.
26. Internet pop-ups

27. Flawed
31. California export
33. Calla ___
34. Celebrate wildly
35. A Gardner
36. Giuliani's nickname
37. Quebec article
11. ___ tender (money)
14. Reagan and Popeil
16. Mel of baseball
19. Musical ending
20. Stout pole
21. Aromatic chest wood
22. ___ said than done

Down

1. Gaze amorously
2. Rain unit
3. Painter Salvador
4. Female college students, once
5. Before (prefix)
6. Family ___ room
7. Largest desert
9. Washbowls
23. Vigor
25. Virile
27. Conked out
28. "Georgy ___"
29. Noted fashion magazine
30. Coloring agents
32. "Law & Order: ___"

Precious Puzzle

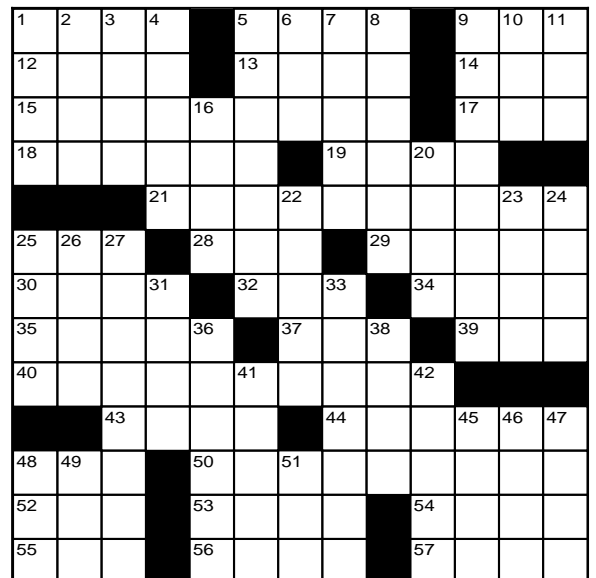
Across

1. Pts. of speech
5. Adjacent
9. "___ Mir Bist du Schoen"
12. "Shop" during a riot
13. Starter for "Cinderella"
14. Einstein's birthplace
15. Golden ___
17. Serpico, for one
18. Amphitheaters
19. New Age musician John
21. Golden ___
25. Air-rifle ammo
28. Mrs.: Fr.
29. LP jacket
30. First name in gossip
32. "Nightmare" street
34. Neck hair
35. San Antonio shrine
37. Actor Jacobi
39. Unprecedented
40. Golden ___
43. Manitoba Indian

44. Closest big city to Carlsbad
48. Stadium sound
50. Golden ___
52. Common contraction
53. Kiln
54. One, to Freud
56. Captures
57. Be cheeky

Down

1. Farr costar
2. Achiever
3. Ratlike animal
4. Police operation
5. Putrid
6. Roxy Musician Brian
7. Perspicacious
8. Burp the Tupperware again
9. Lincoln's predecessor
10. "Turn to Stone" gp.
11. Little troublemaker
16. Serene
20. Emulate Matt Biondi
22. Celebrity lawyer Melvin
23. Auberjonois or Enriquez
24. Bob's "Price Is Right" successor
25. Make extravagant claims
26. Southwestern string tie
27. Grabbed
31. Part of AMA
33. With-it folks
36. Puck's pal
38. Hybrid citrus
41. Christopher of "The Remains of the Day"
42. Sabers' kin
45. Reebok competitor
46. Political figs.
47. Paydirt contents
48. Primary leaf vein
49. Hail or farewell
51. Vietnamese holiday



BRAIN-BOOSTING PUZZLES

HIDDEN-MESSAGE WORD-FIND™

After you have located and circled in the diagram all of the words in the Word List below, read the leftover (unused) letters from left to right, line by line, to reveal an appropriate message written by British publisher and politician Brendan Bracken. The words are found in the diagram reading forward, backward, up, down, and diagonally, and always in a straight line.

You are looking for a 29-letter phrase.

ANECDOTE	PUN	I	S	A	T	I	R	E	T	S	Y	R	A	B	N	G
BON MOT	QUIP	E	S	N	E	S	N	O	N	D	E	M	O	O	K	
BUFFONERY	RIB-TICKLER	S	R	E	S	S	A	G	E	P	S	N	O	D	I	N
CAPER	RIDDLE	D	D	E	I	T	E	M	A	I	M	A	C	B	T	E
CARICATURE	SATIRE	F	D	R	S	N	O	C	C	O	N	G	A	U	A	E
COMEDY	SCINTILLATION	O	T	E	O	C	N	I	T	E	Y	I	R	F	L	S
FOOLISHNESS	SHENANIGAN	O	J	G	O	W	T	U	C	F	S	N	I	F	L	L
FUNNIES	SILLINESS	L	R	O	A	T	N	D	F	I	M	A	C	O	I	A
GAG	SPOOF	I	I	S	I	G	O	O	L	R	I	N	A	O	T	P
GASSER	TRICK	S	D	W	P	T	P	L	Y	T	H	E	T	N	N	P
JEST	WHIMSY	H	D	P	E	O	I	U	R	A	W	H	U	E	I	E
KNEE-SLAPPER	WISECRACK	N	L	G	I	N	O	I	N	E	L	S	R	R	C	R
NONSENSE	WITTICISM	E	E	T	E	U	C	F	A	P	O	P	E	Y	S	O
PLAY ON WORDS		S	R	S	J	K	Q	W	I	S	E	C	R	A	C	K
		S	S	O	K	R	I	B	T	I	C	K	L	E	R	E

SUDOKU

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

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

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PUZZLE ANSWERS

Match These

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

Dropline

Life isn't about finding yourself. Life is about creating yourself.

Leapfrog

1. Burns & Allen; 2. Ben & Jerry; 3. Procter & Gamble; 4. Antony & Cleopatra; 5. Sonny & Cher; 6. Astaire & Rogers; 7. Thelma & Louise; 8. Napoleon & Josephine; 9. Simon & Garfunkel.

Hidden Message

It's a good deed to forget a poor joke.

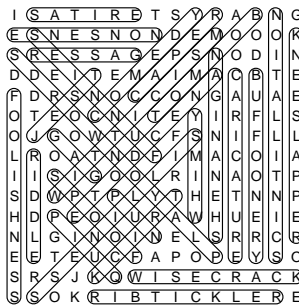
Crossword 1



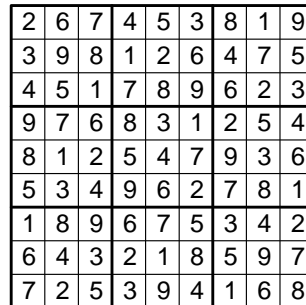
Crossword 2



Word-Find



Sudoku



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A1JCAR

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Caregivers Corner

Tips for caregivers, including: what you need to know for traveling with your loved one, what to ask an elder law attorney, the Clinical Stages of Alzheimer's disease, and more.



Reviewed Alzheimer's News

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



deirdre imus

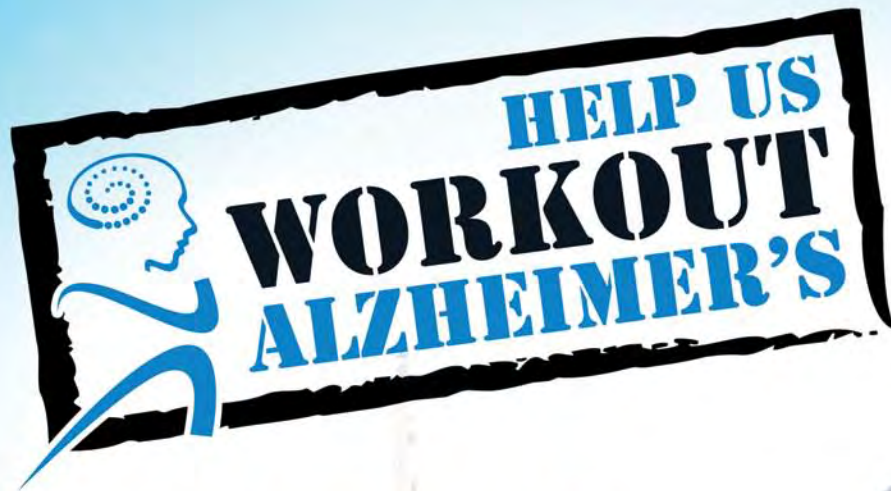
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