preserving your Memory
The Magazine of Health and Hope

Research: Making Strides Toward an Alzheimer’s Cure

What America Thinks: The Alzheimer’s Survey

Try These Brainteasers! Keep Your Memory Sharp

Oscar® winner Julie Christie stars with Gordon Pinsent in
Away From Her

an Alzheimer’s love story of courage, compassion, and finding the strength to let go
He has Alzheimer’s. She suffers from it.

The pain of Alzheimer’s extends far beyond the person with the disease. That’s why MetLife Foundation, through our Awards for Medical Research program, has contributed millions of dollars for research by scientists who have dedicated themselves to finding a cure. This year we honor David M. Holtzman, MD, Washington University School of Medicine, St. Louis, MO and Berislav V. Zlokovic, MD, PhD, University of Rochester Medical Center, Rochester, NY for their invaluable efforts to bring us closer to a cure. To learn more about our contributions to Alzheimer’s research, visit www.metlife.org.

MetLife Foundation
A leader in finding an Alzheimer’s cure

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Make your first stop the ALZinfo.org website for a wealth of Alzheimer’s information, research and support
Welcome to the premiere issue of Preserving Your Memory, The Magazine of Health and Hope from the Fisher Center for Alzheimer’s Research Foundation—the world’s leading research team combating Alzheimer’s disease.

The message of this magazine is hope, above all else. We will use these pages to let you know where science stands in the battle against Alzheimer’s, the leading cause of memory loss, and how we are committed to living in an Alzheimer’s free world. We are fighting against the degenerative factors that infect the memory sections of the brain. United with us in this enterprise are three powerful institutions: the AMA Foundation, the NIH Library of Medicine, and the Fisher Center for Alzheimer’s Research. New and more effective treatments for Alzheimer’s are close at hand. As you will read in our feature article, “In Search of an Alzheimer’s Cure,” there are new drugs in the last phase of testing before being eligible for FDA approval. Each issue will feature articles based on sound research findings from the world’s foremost laboratories, demonstrating the strides that medical research is making toward combating this devastating disease.

Whether someone will develop Alzheimer’s or not is determined by a combination of both genetic and environmental health factors. While you cannot alter your genetic makeup, you can take positive steps to improve your health. Each issue of this magazine will feature healthy recipes, exercise tips, stress reducing techniques, and even word games and puzzles to sharpen your mind and preserve good brain health.

This magazine is also about the Alzheimer’s community. In every issue you will have the chance to share your experiences and insights with other readers, whether by offering your tips on caring, or telling us your personal story. You will have the opportunity to get answers to your questions from our experts. If you are caring for a person with Alzheimer’s, or someone with the disease, we want to hear from you.

Sincerely,

Michael Stern
President/CEO Fisher Center for Alzheimer’s Research Foundation
Member/Board of Trustees AMA Foundation
NIH Public Access Working Groups, NLM Board of Regents

MetLife Foundation is pleased to sponsor Preserving Your Memory magazine.

The growing needs of our aging population concern us all. As the baby boom generation turns 60, aging will have an enormous impact on all aspects of society. To address those needs, promote healthy aging, and provide insightful articles on understanding Alzheimer’s disease, we are proud to sponsor this new magazine.

For over two decades, MetLife Foundation has been committed to helping find a cure for Alzheimer’s, as well as helping those living with the disease and their caregivers. Currently, an estimated 5 million people live with Alzheimer’s in the United States. As life expectancy increases and the huge boomer population ages, that number will increase dramatically and create new priorities and issues never before faced. This premiere issue of Preserving Your Memory includes MetLife Foundation’s Alzheimer’s survey, What America Thinks, which reveals the fears Americans have about this illness and their lack of preparedness to face a future that may include Alzheimer’s.

This new publication created by the Fisher Center for Alzheimer’s Research Foundation will increase public awareness about Alzheimer’s and brain health and provide important information to help you prepare for the future. We hope you find it to be a valuable resource.

Sybil Jacobson
MetLife Foundation
The Web site your doctor prescribes.

MedlinePlus.gov® is a free, comprehensive, up-to-date Web site with health information from the world’s largest medical library, the National Library of Medicine of the National Institutes of Health. The Library is working with physician groups to encourage their members to “prescribe” MedlinePlus for their patients who need information. Physicians who wish to participate in “InfoRx” can order their MedlinePlus prescription pads and other promotional materials at www.informationrx.org.

MedlinePlus.gov
In Search of an Alzheimer’s Cure

By Toby Bilanow
With five million Americans currently suffering from Alzheimer’s, an effective treatment is needed more than ever.

In Search of an Alzheimer’s Cure

A cure for Alzheimer’s disease remains a holy grail for a growing number of scientists and medical researchers around the globe, including those funded by the Fisher Center for Alzheimer’s Research Foundation. With five million Americans currently suffering from Alzheimer’s, and that number expected to triple in the coming decades, an effective treatment is needed more than ever. “One of the key features of Alzheimer’s is the devastating loss of memory and other mental skills, caused primarily by the loss or malfunction of connections between brain cells,” says Paul Greengard, Ph.D., the Fisher Center for Alzheimer’s Research director at The Rockefeller University. “By being able to control the growth of new brain cell connections or stopping the loss of old connections, doctors may one day be able to prevent or reverse dementia.”

While existing Alzheimer’s drugs offer limited benefits, new drug candidates in the testing pipeline offer hope for the millions of Alzheimer’s sufferers worldwide.

Drug companies are looking into safer alternative vaccines that prod the immune system into clearing the brain of beta-amyloid plaques.

Currently, drugs known as cholinesterase inhibitors that are prescribed for Alzheimer’s disease may for some lessen symptoms modestly and slow progression of the disease during its early stages. However, they do not stop the disease’s inevitable worsening; and they do not work for everyone. To date, only five drugs have been approved to treat Alzheimer’s. The last one to be approved, Namenda (memantine), for moderate to severe disease, was in 2003.

New drug candidates that target the underlying mechanisms of the Alzheimer’s disease process are currently undergoing testing in medical centers and laboratories worldwide. These potential medicines are called “disease modifying drugs” because, in theory at least, such drugs might stop or even reverse the mental decline that occurs with Alzheimer’s. They might even prevent Alzheimer’s from taking hold in the first place.

Promising Experimental Treatments

The field of Alzheimer’s research has been heating up in recent years, and investigators are excited by the possibility that new treatments could become available in the next several years. Several potential, disease-modifying drugs are currently undergoing testing. A total of nine are in phase 3 clinical trials, the last phase of testing, whose successful completion is required for FDA approval.

Someday, these promising new drugs may prove useful for those with Alzheimer’s disease.

Phase 3 trials were recently completed for a new drug candidate called Alzhemed that may slow the course of Alzheimer’s disease, and we are currently awaiting their findings. In Alzheimer’s the progressive loss of cognitive function is accompanied by pathologic (disease-associated) changes in the brain. One of these is the build up of a toxic protein in the brain, called beta-amyloid. It results in the formation of plaques sometimes described as tiny “Brillo pads” in the space between nerve cells. Unlike plaques in artery walls, which contain the fatty substance cholesterol, the brain plaques in Alzheimer’s are comprised of a stringy protein called beta-amyloid.

Many scientists believe amyloid build-up, whether in the form of plaques or in other forms, injures and kills brain cells and brings on the disease. Alzhemed is supposed to lower the formation of clumps, or aggregates, of beta-amyloid. Results of that study involved more than 1,000 men and women with mild to moderate Alzheimer’s disease. If the drug does prove safe and effective, it could be a potent new weapon in the battle against Alzheimer’s.

Another drug candidate, called Flurizan, is also in late-stage trials to see if it helps slow, or halt, the course of disease. Results of those studies, however, will likely not be available for at least a year. Other companies are testing vaccines that generate antibodies against the toxic protein beta-amyloid. Such vaccines are designed to train the immune system to recognize and attack beta-amyloid, causing it to be cleared from the brain and thereby helping to delay or prevent further damage to the brain.

While vaccine trials carried out a few years ago in humans looked promising, some people with Alzheimer’s who received one experimental vaccine developed encephalitis, a life-threatening inflammation of the brain. However, some patients who got the vaccine developed antibodies against beta-amyloid and experienced delayed progression of their symptoms. Drug
companies are looking into safer alternative vaccines that prod the immune system into clearing the brain of beta-amyloid and beta-amyloid plaques. Other companies are developing antibodies against beta-amyloid that can be administered directly without training the patient’s immune system.

Dozens of additional drugs are in development. Some are novel medicines and others are older medications, already used to treat diseases such as diabetes or prostate cancer, which may have benefits for the brain as well.

Someday, these promising new drugs may prove useful for those with Alzheimer’s disease. They may be mixed with existing Alzheimer’s medications, in the same way that drug cocktails are prescribed for people with AIDS or cancer. Some of these disease-modifying drugs may also prove useful for those with mild cognitive impairment, a less severe form of memory and cognitive loss that often progresses to Alzheimer’s disease. Drugs may eventually be given to healthy, mentally sharp individuals to prevent Alzheimer’s from ever taking hold at all.
The following drugs are all currently in phase 3 testing:

<table>
<thead>
<tr>
<th>DRUG</th>
<th>COMPANY</th>
<th>HOW IT WORKS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzhemed (medical name: tramiprosate)</td>
<td>Neurochem</td>
<td>Designed to prevent the formation and deposition of beta-amyloid aggregates, the toxic protein clumps that build up in the brains of those with Alzheimer’s. May also reduce inflammation that occurs with beta-amyloid build-up.</td>
</tr>
<tr>
<td>Flurizan (R-flurbiprofen)</td>
<td>Myriad Genetics</td>
<td>An “ibuprofen-like” drug that does not have anti-inflammatory properties and reduces production of toxic beta-amyloid plaques. May slow or halt progression of Alzheimer’s disease by lowering production of a toxic form of beta-amyloid.</td>
</tr>
<tr>
<td>Memryte (leuprolide acetate)</td>
<td>Voyager Pharmaceuticals</td>
<td>A small implant that releases a drug called leuprolide acetate, currently used to treat prostate cancer. The substance may stabilize thinking and memory by blocking the effects of a brain chemical called luteinizing hormone.</td>
</tr>
<tr>
<td>Avandia (rosiglitazone)</td>
<td>GlaxoSmithKline</td>
<td>A diabetes medicine that makes the body more sensitive to insulin. May boost cognitive function in people with early Alzheimer’s or mild cognitive impairment by reducing inflammation and boosting the ability of brain cells to process blood sugar (glucose).</td>
</tr>
<tr>
<td>Neramexane</td>
<td>Merz &amp; Co</td>
<td>Blocks the effects of too much glutamate, a brain chemical that in excess may damage brain cells and contribute to memory loss and thinking problems. Targets the NMDA receptor in the brain, similar to the currently available Alzheimer’s drug Namenda (memantine) for moderate to severe Alzheimer’s.</td>
</tr>
<tr>
<td>Xaliproden</td>
<td>Sanofi-Aventis</td>
<td>A novel substance that mimics and boosts the effects of nerve growth factors in the brain. Nerve growth factors, critical for healthy nerve cell growth, function, and repair, play a role in healthy memory and thinking.</td>
</tr>
<tr>
<td>Lecozotan</td>
<td>Targacept/AstraZeneca</td>
<td>Alters levels of the brain chemical serotonin. Being tested in combination with existing Alzheimer’s medications.</td>
</tr>
<tr>
<td>Evista (raloxifene)</td>
<td>Eli Lilly</td>
<td>An estrogen-like medicine used to treat brittle bones. Women who took the drug for osteoporosis showed cognitive benefits as well.</td>
</tr>
<tr>
<td>Atomoxetine</td>
<td>Eli Lilly</td>
<td>May boost the effects of existing Alzheimer’s medications.</td>
</tr>
<tr>
<td>Valproate</td>
<td>Multiple drug companies</td>
<td>An anti-seizure drug that may delay the onset of agitation and psychosis in people with Alzheimer’s who have not yet exhibited behavioral problems. May also slow progression of disease.</td>
</tr>
</tbody>
</table>

*Note: All the drug candidates listed in the boxes are being tested as treatments for Alzheimer’s disease. The statements in “How it Works,” therefore, represent hypotheses rather than established facts.
Real Food, Real Health

World-Renowned Chef Daniel Orr Shows the Way to a Natural, Healthy Diet Rich in Omega-3s

Daniel Orr was raised on the comfort foods of the Midwest. Then, as a chef in Europe, creams, custards, and sauces surrounded him. But when he moved to the Provence region of France, he took up jogging. And it was during his runs through the fragrant, picturesque countryside that he was inspired to come up with a healthier cuisine, one that would reflect natural growing seasons and ingredients.

Chef Orr spent his remaining time in southeastern France—and later in the Caribbean—perfecting a diet that was heavy on fresh, local, organic proteins and vegetables, light on starches, and absent any artificial ingredients. This diet is a concept he calls “real food,” and the best example is the Mediterranean diet.

The Mediterranean Diet

A Mediterranean-style diet, rich in fruits, vegetables, whole grains, and heart-healthy fats, may be good for the brain. Those are the findings of a new study from Columbia University Medical Center in New York, where researchers looked at the eating habits of nearly 2,000 seniors. They found that those who ate plenty of fruits, vegetables, legumes, cereals, olive oil, fish; moderate amounts of wine; and little red meat or high-fat dairy products had a lower risk of getting Alzheimer’s disease.

The Mediterranean diet, named for the traditional diet of the Greeks and others living along the Mediterranean Sea, has long been advocated as a heart-healthy diet to ward off heart attacks and strokes.

The new findings, published online in the Archives of Neurology, complement a study from the same research team earlier this year that found that a heart-healthy diet like those people traditionally eat in Italy, Greece, and other Mediterranean countries may help to protect memory and stave off Alzheimer’s disease.

The main elements of the Mediterranean diet include:

- An abundance of plant foods, such as fruits, vegetables, cereals, nuts, and beans;
- Using “good” fats, such as olive or canola oil, rather than butter or lard, and limiting dairy products like high-fat cheese and milk;
- Eating moderate amounts of fish and poultry, rather than red meat; and
- Drinking a glass or two of red wine a day.

Chef Orr, who is the author of the cookbook Real Food, explains that farther north in Europe, people had to make more use of salt, butter, and cheeses—foods that were richer and heartier, but that would get them through the winter.

“The people in the Mediterranean area could eat a healthier diet because the healthy foods were available pretty much all the time,” he says. “You could be gardening something year round, or at least preserve ingredients for a short winter. They cooked like any native of most places would cook during their summer season.”

A Recipe for Health

Cooking in season isn’t just key to the Mediterranean diet, it’s appropriate for the modern American diet as well.

“Most Americans come from a farming stock of people,” Chef Orr says. “The food that our ancestors ate—country ham, fried chicken, biscuits, and gravy—those have become our comfort foods. We feel like we deserve to eat those even though we’re not going out and working in a field all day.”

By learning healthier ways of cooking, Americans can correct this unhealthy diet. And the best place to start, according to Chef Orr, is at your local farmers’ market.

“Use fresh, local ingredients whenever you can; enjoy the things that are in season,” he says. “If you’re buying asparagus and you see the face of the person selling it at the farmers’ market, you know it’s going to be much, much better than what you would buy at a supermarket.”

And, of course, the importance of balance can’t be overlooked in any lifestyle, even a healthy one. “If you have to have your comfort foods, say ‘OK, I’m going to eat these biscuits and gravy four times a year when my brother’s in town, but then I’ll go out and walk for an hour,’” says Chef Orr. “And the rest of the time, you can make healthier food choices.

“You can live this kind of food channel lifestyle where there’s all this great stuff around and you’re not missing any of it, but you’re doing it in a smart way, and you’re learning to balance your life.”

Fish Is Brain Food

In addition to the fresh fruits and vegetables that comprise the Mediterranean diet and other healthful cuisines, another major element for healthy eating is fish. Chef Orr regularly makes fish a primary component of his menus. Fish is known
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Omega-3s, the beneficial fatty acids found in a variety of fish, can be found in other foods as well. Flaxseed, walnuts, kiwi, acai palm fruit, eggs from free-range chickens, and pork, lamb, and beef from grass-fed livestock all contain these “good” fats.

Did you know …

The Spice of Life

Whether you’re cooking fish, vegetables, or chicken, there are many ways to add flavor to an otherwise pedestrian dish. Variety is, of course, the spice of life. To the untrained chef who hasn’t traveled the world, however, it can be daunting coming up with creative or exotic meals.

“It’s intimidating if you don’t know how flavors work together,” says Chef Orr. To remedy this, he has created a line of spice blends that each offers a flavor from a different place in the world. With experience in European, South American, and Caribbean cooking, Chef Orr is able to take the guesswork out of herb and seasoning combinations: “With my spices, you could cook salmon seven days a week and have it taste different every day. You can have all of these wonderful, different flavors without really changing what you’re doing in the kitchen.”

Chef Orr’s spices (nine blends and a Brit- tany Salt) can be ordered through his Web site, www.chef-daniel-orr.com. The spices are $5 each.

In addition to his line of spice blends, Chef Orr has several projects in the works, including a series of healthy, casual restaurants; a children’s book called The Chef and Ms. Cluckles; and a diet book called The Chef’s Diet: Sautéing off the Pounds, which is based on his own success story.

All of these projects—the books, the restaurants, the recipes—come back around to Chef Orr’s core message: “Real food is the best food.”

6 Steps to Getting More Fish in Your Diet

Fish isn’t often thought of as the most practical food. In fact, many people are intimidated by it. Unsure how to prepare it appropriately, or just wary of the odor, many people end up relegating their fish consumption to a can of tuna or a dinner out. Fish, however, can be as versatile as chicken. Chef Daniel Orr offers the following tips for incorporating fish into your everyday life.

1. For breakfast, mix smoked trout or salmon (you can buy them already cooked) in with your omelet, or have it with scrambled eggs on a piece of toast.
2. When you cook fish for dinner, chill an extra piece or two to have for lunch or dinner the next day crumbled over a salad.
3. Chop up chilled fish and eat it with an egg salad in a whole-wheat pita.
4. If you have an outdoor grill, grill your fish, this keeps the odor out of the house and adds a unique flavor.
5. Flake leftover salmon with crushed-up red potatoes for a salmon hash.
6. Each time you cook a certain fish try preparing it in a different regional style.

Chef Orr created spice blends such as Mediterranean, Greek Garlic, Russian Red, and Anguillian Jerk, which can be bought on his website. Chef Orr has many more healthy recipes and lifestyle tips on his website.

Chef Orr’s Salmon Salad

Please see the next page for Chef Orr’s Salmon Salad with Sesame, Citrus, and Ginger recipe, full of Omega-3s.
Salmon Salad with Sesame, Citrus, and Ginger

Serves 4

For the Salmon
1 8-oz. Can Wild Salmon or
   1 lb. fresh (grilled, broiled,
   or poached—flaked in large
   bits)
1 Cup Fresh bean sprouts (such
   as large mung bean or lentil
   sprouts)
1 Cup Sliced Shiitake mushrooms
   (if dried, soak in warm
   water until tender)
1 Cup Hijiki seaweed or thinly
   sliced kelp (available in
   Asian and health-food
   markets) soaked and drained
½ Onion—thinly sliced julienne
4 Radishes—cut into matchsticks
1 stalk Celery—cut thinly on a bias (as for Asian stir-fries)
½ Cup Chopped herbs (such as cilantro, mint, chives, parsley, or a mixture)

For the Dressing
(may be made in large batches and kept in a jar in the fridge, great on tofu, veggies, and meats)
1 clove Garlic—minced
1 Tbs. Minced fresh ginger
½ Chili pepper (your favorite) minced
¼ Cup Olive oil
1 Tbs. Toasted sesame oil
2 Tbs. Soy sauce
¼ Cup Fresh lemon juice—plus 2 tsp of the lemon’s zest
2 Tbs. Vinegar (rice wine, white, cider, or red depending on taste)
2 Tbs. Toasted sesame seeds (white, black, or combination)

Use favorite salad greens and citrus wedges as garnish.
Drain salmon (if canned) and flake lightly—set aside.
Combine remaining salad ingredients and toss well.
Combine all ingredients for dressing in a glass jar with a lid. Shake to mix and taste. Adjust seasoning as needed.
Dress salad ingredients and toss well. Add salmon and toss lightly, so as not to break up the fish.
Plate portions over greens and spoon any additional dressing over salad and around plate as desired.
Garnish with lemon wedges and serve at once.
Serve with iced or hot green tea.

This salad can be made with any type of fish. Remember, fattier fish have more Omega-3s. Also try with sliced
chicken breast or pork tenderloin. Add additional ingredients according to what you have on hand. I love
colorful peppers and julienned carrots, water chestnuts, or bamboo shoots.
I want to keep my loved one with Alzheimer’s at home, but don’t know if I can handle it. Any suggestions?

Taking care of a person with Alzheimer’s at home can be extraordinarily overwhelming. That’s why it’s very important to seek support. By joining a support group, you can learn a lot of caregiving strategies. You can also learn about government resources and how to file for Medicaid and getting outside support. If you need respite as a caregiver, for example, there are resources available through your local department of aging that will give you a break from the situation. In addition, you can educate yourself and learn some of the strategies of caregiving that can make home care a little more manageable.

It is also important to remember that every person’s situation is different. It is really a family matter in which you need to sit down and decide whether keeping the person with Alzheimer’s at home is right for you and best for him or her. Identify resources in your area. Contact them and speak with your doctors to help you reach the right decision.

My father has Alzheimer’s and is very agitated. What do I do?

The first thing you need to do is to educate yourself about what causes agitation in an Alzheimer’s patient and to learn some of the resources and strategies for dealing with agitation.
Approach your father in a calm, soothing manner. Use short, easy words and straightforward communication. In addition, try to figure out what is causing the agitation by looking at what happens right before the episode of agitation and right after it. Then, by changing whatever is triggering the agitation or its consequences, you may be able to correct it.

Sometimes, this means just giving a person a little bit of time. This can be very helpful. For caregivers, joining a support group and getting help is also very important. If the agitation persists, then consult the patient’s doctor for help. Various drugs, such as anti-depressants are used successfully to treat agitation in Alzheimer’s disease.

What new Alzheimer’s drugs and vaccines are on the horizon?

Because of the advances in recent years in our understanding of the basic science and genetics of Alzheimer’s disease, now for the first time in medical history it is possible to develop medicines that are aimed at the underlying cause of the disease. The currently available medicines, like Aricept, Exelon, Razadyne, and Namenda all relieve the symptoms somewhat, but none directly attacks the cause of the disease. The major compounds being assessed now all have the common feature of attacking the toxic amyloid substance that poisons the brains of those with Alzheimer’s, and the goal is to eradicate toxic levels of this substance from the brain. (See In Search of an Alzheimer’s Cure, page 7)

What are some things you can do to help an Alzheimer’s patient maintain mental acuity as long as possible?

Alzheimer’s care has become more “strengths-based” in recent years, reflecting a change in how health-care practitioners look at the families and the person with Alzheimer’s. In other words, determine what the person can do and what skills they do retain, and then give them tasks to encourage the types of activities that will keep those skills as sharp as possible for as long as they can. As a very simple example, if the person has been used to folding clothes, encourage them to fold clothes instead of taking this “job” away from them. Empower the person with Alzheimer’s to do the things they can do.

What is “memory coaching,” and how can it help someone with Alzheimer’s?

Memory coaching is a method that caregivers can use to help people with Alzheimer’s disease learn forgotten and new skills. In the early stages of Alzheimer’s, for instance, we can teach a patient to brush their teeth, exercise, and do some of those things that they presently no longer do. In the middle stages, we can teach them to eat with a knife and fork, for example, or help with incontinence. And in the end stages, we can help people with walking and learning to sit up independently.

The earlier that we work with patients on memory coaching, the better the result. Memory coaching is encouraging because we do work with people so they are able to enhance their functioning. It’s based on experience. It allows people to continue to live their life and to participate in their life as much as possible. They don’t become completely independent, and they still have to work with the caregiver. But it is a great help.

I read somewhere that research is being done on rats using the spice curry to see if it slows/stops the progression of Alzheimer’s disease. Is this true?

Evidently, curry contains an oil known as curcumin, which in rats has been shown to raise the activity of an enzyme that protects cells against free radicals, which are the byproducts of cellular processes. Free radicals are believed to contribute to a variety of diseases that include neurodegenerative disease (e.g., Alzheimer’s). There is no current evidence that curry can prevent Alzheimer’s disease. However, it does appear that there is less Alzheimer’s disease in India, a country known for its consumption of curries.

How do I know the difference between Alzheimer’s and ordinary forgetfulness?

It’s not always apparent, and your physician is the best source to help distinguish between ordinary forgetfulness, Alzheimer’s disease, or other types of memory loss.

Doctors apply a number of technical terms to different stages or levels of memory impairment. Dementia is defined as a loss of thinking ability that makes the affected individual unable to live independently. It can occur as a result of HIV infection, for example, in younger people. But in the elderly, more than two-thirds of all dementia is a result of Alzheimer’s disease.

As memory and thinking ability in elderly people have been studied in greater detail, a syndrome called “mild cognitive impairment,” or MCI, has come to be appreciated by doctors. MCI is another form of cognitive decline but is not considered dementia because people with MCI are able to live independently and maintain their occupations. However, it is more severe than the mild forgetfulness common to many elderly, a condition not associated with the disease. In MCI, cognitive problems may be confined to one part of thinking. For example, memory might be involved, but reasoning or personality might not. Or language might be involved and memory spared. There is a risk that MCI will progress to Alzheimer’s disease, especially when it involves loss of short-term memory, but its progression is not guaranteed and many with MCI will remain stable for years. Neuropsychological testing by an expert is required to distinguish between normal forgetfulness, MCI and Alzheimer’s disease.
Knowledge is power, and the more we know about Alzheimer's disease and its effects on families, friends, loved ones, caregivers, and patients, the more confidence we can have in the face of the disease.

The news that the number of Alzheimer's patients may grow from its current level of almost 5 million Americans to, potentially, a staggering 16 million by 2050 is bracing, even terrifying, to many of us. But there's knowledge here, as well; knowledge that's also hopeful in some ways.

We know more now about Alzheimer's—the disease itself, its symptoms, effects, and treatment, as well as the powerful and often exhausting demands it makes on family, friends, and caregivers. This knowledge is more important than ever: The recent MetLife Foundation study of what Americans think about Alzheimer's has reached near-epidemic levels in the United States.

According to a recent survey conducted by Harris Interactive for MetLife Foundation, Alzheimer's is second only to cancer as the nation's most feared disease. We're more frightened of Alzheimer's than we are of heart disease, stroke, and diabetes. And yet, we individually may know less about Alzheimer's than we do about the other high-fear diseases.

While 90 percent of us will acknowledge knowing a little about Alzheimer’s, barely 25 percent of those surveyed felt they knew a lot. Women did a little better as a group, with 32 percent confident that they’re well informed about Alzheimer’s, compared to only 20 percent of men who felt their Alzheimer’s knowledge was thorough. Even the well-informed women’s percentage is troubling: 33 percent of us already have a family member or friend with Alzheimer’s, a figure that’s only going to rise.

Part of that rise is statistical and unavoidable. Alzheimer’s affects one in 10 people over 65, and almost half of all people over 85. As the population increases, so will the rate of Alzheimer’s diagnoses. But it seems likely that our understanding of the disease and the ways in which it affects the lives of Alzheimer’s patients and, equally important, the lives of their caregivers, family members, and friends is going to rise as well.

Already, we’re seeing one of the trends that will prompt us to gather more Alzheimer’s information: The majority of Americans—more than 80 percent—believe it’s important to begin planning for Alzheimer’s care, either for ourselves or our loved ones. The sheer size of that number is itself important; and yet very few of us have taken any steps toward that preparation. In fact, close to 90 percent of Americans fall into the completely unprepared category, according to the survey.

If educating ourselves about the nature of the disease is a growing priority, so is educating ourselves about the nature of preparing for Alzheimer’s and its consequences and effects. Basics of such preparation include:

**Alzheimer’s disease is the 2nd most feared disease in America, ranking after cancer and ahead of heart disease, stroke, and diabetes.**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>9%</td>
</tr>
<tr>
<td>Stroke</td>
<td>13%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>14%</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>20%</td>
</tr>
<tr>
<td>Cancer</td>
<td>38%</td>
</tr>
</tbody>
</table>

Don’t Know = 5%

**Adults aged 55 and over are much more likely than younger adults to be afraid of getting Alzheimer’s disease.**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>14%</td>
</tr>
<tr>
<td>25-34</td>
<td>15%</td>
</tr>
<tr>
<td>35-44</td>
<td>16%</td>
</tr>
<tr>
<td>45-54</td>
<td>19%</td>
</tr>
<tr>
<td>55-64</td>
<td>34%</td>
</tr>
<tr>
<td>65+</td>
<td>28%</td>
</tr>
</tbody>
</table>

NOTE: Percentages for those aged 55-64 and 65+ are significantly higher than all younger ages.

Due to sample size, the difference between those aged 55-64 and those aged 65+ is not statistically significant.
Designating the person who will take over and manage your affairs should you be diagnosed with Alzheimer’s.

Openly discussing the possibility and possible consequences of Alzheimer’s with your family and loved ones.

Considering the various care and caregiver options that would be available to you should you receive a diagnosis of Alzheimer’s, and considering what sorts of care you would want.

Making specific financial plans to offset the expense of Alzheimer’s care and treatment—and to provide for your family and loved ones, while sparing them the often-devastating expenses the disease’s treatment can incur.

Clearly, some of these steps should be taken in consultation with financial planners, insurance professionals, and your attorney, but the most important step is to get started on a solid plan of preparation for the possibility of Alzheimer’s in your life or that of a loved one. Mapping out a strategy for learning about the disease and preparing for its possible appearance in your own life or that of a family member grows more important by the day.

You can’t get started too soon. The average cost of lifetime care for an Alzheimer’s patient was $174,000 in the 1990s. Not only have costs increased since then—a single paid caregiver for an Alzheimer’s patient can cost close to $20,000 a year, or more—but we’re also challenged by the fact that advances in treatment mean that Alzheimer’s patients live longer and, in turn, incur additional costs for care.

Not all of the costs purely are financial, of course. A major part of the preparation for coping with the disease is preparing yourself and your family for the emotional and physical caregiving responsibilities and demands that arrive side by side with the onset of the disease. One out of every four Alzheimer’s caregivers, for example, gives more than 40 hours a week—sometimes many more—of her or his time caring for the patient. And many of these do so for more than a year, and often much more than a year.

But forewarned really is forearmed, and that’s nowhere more true than in preparing yourself and your family for the possibility of Alzheimer’s affecting a family member. That preparation should include learning as much as you can about the disease itself.

Knowledge, as we noted earlier, gives us power against fear. It’s important to bear in mind that while the statistics in this article are important, they’re also more than just numbers. Each of

7 out of 10 Americans feel that at the most they know only a little about Alzheimer’s disease.
Most Americans have not taken basic steps to make arrangements for the possibility of getting Alzheimer’s disease.

<table>
<thead>
<tr>
<th>Have you...</th>
<th>Yes %</th>
<th>No %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated who would take care of your affairs were you to get Alzheimer’s</td>
<td>42</td>
<td>58</td>
</tr>
<tr>
<td>Talked to your family about Alzheimer’s disease</td>
<td>36</td>
<td>64</td>
</tr>
<tr>
<td>Considered what care options would be available to you if you were to get Alzheimer’s</td>
<td>26</td>
<td>72</td>
</tr>
<tr>
<td>Made financial arrangements for the possibility of your getting Alzheimer’s</td>
<td>16</td>
<td>83</td>
</tr>
</tbody>
</table>

Those numbers represents groups of individuals, our population, families, caregivers, and Alzheimer’s patients. The more we know about the disease and the role we play in facing it, as well as the role it plays in increasing numbers of our lives, the less we have to fear.

(The full report on the survey can be found at www.metlife.org.)

3 out of 5 Americans are concerned that they will have to provide for or care for someone with Alzheimer’s.

Don’t Know = 1%
Long-term Planning

Common Estate Planning Errors

Have you and your family thought through all of the issues related to long-term planning? Find out by using this checklist from nationally known elder-law expert Bernard A. Krooks, Esq.

It is essential for individuals to address their estate planning sooner rather than later. However, it is equally important to make sure that the planning is done correctly. Too often, people fail to address the issues involved in proper estate planning. Here are eight important points to keep in mind:

• **Lack of, or inadequate, disability planning.** Many people fail to plan for the management of their financial and medical affairs should they become incapacitated. A customized, durable power of attorney and an advance medical directive should be parts of the estate plan of every person.

• **Failure to plan for the cost of long-term care.** Long-term care is extremely expensive. The cost of staying at an assisted living facility could run in excess of $50,000 per year, and care at a nursing home could cost more than $150,000 per year. All who can afford long-term care insurance should consider it.

• **Outdated wills and beneficiary designations.** Many people fail to regularly review and revise their estate plans. They frequently have wills, beneficiary designations, or retirement plan accounts that are outdated. Review these whenever there has been a significant change in circumstances or at least every three to five years. Informing a family member about where these documents can be found also helps eliminate confusion.

• **Poor choice of agent, trustee, or executor.** The choice of an agent under a power of attorney and an advance medical directive, a trustee of a trust, or an executor of an estate is an important decision. Many people choose an agent, trustee, or executor for the wrong reasons. For example, they choose their oldest child or the child who lives closest to them; however, they fail to consider whether this child has the ability, the time, the respect of other family members, or the willingness to care for their parents. In cases where family members are not getting along, it may be wise to appoint a professional to serve as agent, trustee, or executor.

• **Lack of adequate records.** Many individuals fail to keep organized records. This makes it difficult to assist them if they become disabled or to settle their estates upon their deaths.

• **Overuse of revocable trusts, joint ownership, or beneficiary designations.** Many people fear probate. As a result, they seek to avoid it by executing revocable trusts, creating payable-on-death accounts, and re-titling assets jointly with the right of survivorship. However, the consequences of setting up these types of accounts are often misunderstood. For many, a will is the better choice.

• **Failure to hold a family meeting.** Many family disputes can be eliminated or the damage minimized if the individual would hold a family meeting to discuss his estate planning objectives and the terms of the estate planning documents.

• **Inadequate financial planning.** Many individuals have accumulated diverse investments over their lifetimes. Frequently, they hold these investments in accounts at several financial institutions without an overall investment plan. It is generally a good idea for you to retain a financial planner to assist in determining the appropriate level of investment risk to assume and to develop an asset allocation to maximize the investment return based on the assumed level of investment risk.

By Bernard A. Krooks, Esq.

Bernard A. Krooks, J.D., CPA, LL.M (in taxation), CELA is President, and a founding member, of the NY Chapter of the National Academy of Elder Law Attorneys and a nationally known and widely quoted expert on elder law. For more information, visit www.littmankrooks.com.
Who We Are …

The Fisher Center for Alzheimer’s Research Foundation and its sister foundation, The Michael Stern Parkinson’s Research Foundation support the nation’s most ambitious research endeavors dedicated to understanding, treating, and finding cures for these two devastating diseases. At the center of our research efforts is Dr. Paul Greengard, the year 2000 recipient of the Nobel Prize for his research on how the brain functions. Dr. Greengard heads the 10,000-square-foot Laboratory of Molecular and Cellular Neuroscience at The Rockefeller University—one of the most advanced facilities of its kind in the country, if not the world, outfitted with the latest equipment necessary to undertake an assault on Alzheimer’s, Parkinson’s, and other neurodegenerative diseases. Together, the two foundations support research programs at leading centers around the country and internationally.

The Fisher Center for Alzheimer’s Disease Research at The Rockefeller University

The Fisher Center for Alzheimer’s Disease Research at The Rockefeller University has been seminal in providing a conceptual framework for modern day investigations in the field of Alzheimer’s. Their research has provided a basis for understanding how cells communicate with one another, how beta-amyloid is produced in the brain, and how it causes damage in Alzheimer’s disease. A goal of their research is to create new drug treatments that will lower beta-amyloid levels in the brain and treatments that will prevent it from damaging the brain. They have shown in test tube experiments that beta-amyloid creation could be cut by up to 90 percent. Such a reduction might stop Alzheimer’s from progressing or, alternatively, might delay the disease in healthy people at risk for Alzheimer’s for years, effectively placing it beyond the lifespan of the average person.

The Fisher Alzheimer’s Education and Resources Program at New York School of Medicine

Under the direction of Dr. Barry Reisberg, internationally known expert in the field of Alzheimer’s patient care, this program has developed the tools and scales for research, evaluation, and a science of disease management that are used in drug treatment studies and care settings for Alzheimer’s disease around the world.

All photos for these two pages: Guy Kloppenburg
The Michael Stern Center for Parkinson’s Research at The Rockefeller University

The Rockefeller University also houses the Michael Stern Center for Parkinson’s Research under the direction of Dr. Paul Greengard. The laboratory’s work is leading the way in understanding the pathology of Parkinson’s disease and why some dopamine-producing cells die while other, very similar cells, survive. They are also studying how the brain regulates responses to dopamine and exploring new means of improving L-dopa replacement therapy.

Through their work, the researchers have identified a protein, “p11,” that controls the amount of serotonin receptors on certain brain cells. This discovery has been hailed as a major breakthrough in the study of depression and has presented a new pathway for potential drug treatments for depression.

The Michael Stern Center at The McLean Hospital of Harvard University

Dr. Ole Isacson’s laboratories are working on finding molecules that protect nerve cells and their connections in the Parkinsonian brain. Furthermore, this research has found new ways of deriving cell therapies from stem cells. These experiments are leading the way for discoveries in regeneration, and providing new treatments for Parkinson’s disease.

The Institute for Neurodegenerative Disorders at New Haven

The Institute for Neurodegenerative Disorders’ primary research goal is to develop brain imaging technologies to enable early diagnosis and to develop improved treatments for neurological disorders such as Parkinson’s disease and Alzheimer’s disease. These imaging methods provide a window to brain function even before symptoms of disease begin and a tool to monitor the effect of medications on disease. The team has already identified several new imaging tracers and has moved on to testing them in human studies.

Insitituto Superiore di Sanita, Rome, Italy

The Instituto Superiore di Sanita, the NIH of Italy, has partnered with the Fisher Center to develop a strain of transgenic mice that will model mid- and later-stage Alzheimer’s disease. This will greatly decrease the time needed for experimentation of new treatment models in the laboratory.
A major motion picture presents a bittersweet love story that captures the confusion, compassion, courage, and fear of the Alzheimer’s experience. Along the way, the film also shows us the enduring grace of unconditional love — in the midst of irrecoverable loss.
How can you explain to those not touched by Alzheimer’s the intimate experiences of this ravaging disease: the large, long-term losses; the small, momentary victories; the daily uncertainties; and the conflicting trajectories of hope and fear?

Now, a young Canadian writer, director, and actress and a superb cast of characters have done just that in a remarkable new motion picture, *Away From Her*. Based on a short story, “The Bear Came Over the Mountain,” by acclaimed author Alice Munro, the film is a unique portrait of Alzheimer’s as seen through the lens of a couple trying to deal with the disease after almost 50 years of marriage. What is most important is that the film never descends to a level of maudlin melodrama or rose-tinted romance. What 28-year-old director Sarah Polley and her cast have done is to create a nuanced, believable, and finely detailed view of how Alzheimer’s robs those affected of a crucial element of life and love — shared memory — and how that loss ripples through everyone who is a part of the experience.

“Love stories about older people tend to be either extremely sentimentalized or justified by a million flashbacks to when they were young, which I think is a lot less interesting,” says Polley, an accomplished actress who makes her directorial debut with this film. “I wanted to make this relationship a real one that’s been through incredible things and come out the other side. It’s made up of all that experience and emotion and transgression.”

To bring to life the couple, Fiona and Grant Andersson, Polley selected Academy Award-winning actress Julie Christie and award-winning veteran actor Gordon Pinsent. Other cast members include Academy Award winner Olympia Dukakis and another award-winning favorite, Michael Murphy. It is Fiona (Christie) who is slowly sliding into Alzheimer’s, a fact that the couple at first denies and finally

“I wanted to make this relationship a real one that’s been through incredible things and come out the other side. It’s made up of all that experience and emotion and transgression.”

—Sarah Polley, *Away From Her* writer and director
must confront. As the disease progresses, the lives of those involved take directions impossible to forecast. Critics and audiences alike have been mesmerized by Christie’s on-screen evolution as the disease takes its inevitable toll and the complex interplay of emotions among the characters as they must deal with so much that is unexpected.

Fiona’s slow deterioration was not easy to portray, according to Christie. “You can’t possibly know what happens in that moment when that person goes away,” she says. “That was the difficulty for me, not having any idea where she is going.”

Christie and the rest of the cast have created a fully realized picture of Alzheimer’s in a story about memory and devotion. Their success has already been confirmed by awards at major film festivals in Berlin, Sundance, and Toronto, prior to national theater release in early May.

“The role of Alzheimer’s in the film is a metaphor for how memory plays out in a long relationship,” says one of the movie’s producers, Simone Urdl, “what we choose to remember, what we choose to forget.”

While the film does not attempt to create a false optimism about Fiona’s condition, neither does it become a relentless story of loss. On the contrary, it is in the realistic, subtle, and honest depiction of the all-too-human struggle by those involved that Away From Her becomes a very special motion picture.

“This love story moves you because you look at it from your own perspective and bring to it your own experiences,” says Jennifer Weiss, another of the movie’s producers. “It confirms that life is cyclical, and we all go through the challenges of love and marriage and commitment.”

Intertwined with Fiona’s and Grant’s story are those of Marian and Aubrey (Dukakis and Murphy); Marian is married to Aubrey, who has contracted a debilitating brain disease that leaves him totally incapacitated and without the ability to speak. As these four people interact, their relationships inevitably evolve.

“It’s a non-traditional look at love and the ongoing-ness of life,” says Dukakis, who has helped promote Alzheimer’s research. “We think things end, but, really, life continues to reinvent itself.”

For those associated with Alzheimer’s, Away From Her will be both familiar and uniquely fresh. The film also underscores the need to promote and support Alzheimer’s research so that in the future no one will have to deal with this disease.

As the film’s promotional tag line states: “Sometimes you have to let go of what you can’t live without.” And that takes courage and compassion and love.

“This love story moves you because you look at it from your own perspective and bring to it your own experiences. It confirms that life is cyclical, and we all go through the challenges of love and marriage and commitment.”

—Jennifer Weiss, an Away From Her producer
Caregivers of Alzheimer’s patients face challenges every day. But you are not alone, as these stories from other caregivers clearly show. Please send us your personal stories of support, problem solving, solutions to daily challenges, and lessons learned, so that we may share them with others.

The Sustaining Value of Support

By Catherine Minor

I can’t emphasize how important I believe it is for caregivers, as well as patients, to have some kind of support group, either face-to-face or online. I have been in both situations and feel that each kind of group offers unique benefits. I am currently developing a support group tailored to young adults in their 20s and 30s, who have parents diagnosed with Early Onset Alzheimer’s disease.

I believe that people my age have very different needs than people who are dealing with Alzheimer’s that is not Early Onset. I have been working with my local chapter of the Alzheimer’s Association in Kansas City to develop this group and hope to have it functioning in the next few months.

My mom was diagnosed at the age of 56. At that time, I had never heard of Early Onset Alzheimer’s Disease, so I never even knew that this was a possibility. There was absolutely no way to prepare myself for the journey that I was about to embark on.

The very first thing I had to do was to change one very bad habit that I had. I was notorious for having absolutely no patience. When you are caregiving for a loved one with Alzheimer’s disease, if you don’t have an over-abundance of patience, you should not be caregiving. I have listened to my mom ask me the same question 25 or 30 times, and I have answered the question 25 or 30 times, just as if she had never asked me the question before. You may have to sit for 20 or 30 minutes waiting for your loved one to finish a simple sentence. You must be willing to do that.

The other vital ingredient is compassion. One of the challenges related to caring for a loved one with Alzheimer’s is the role reversal. You are now parenting your parent. You have to parent them with the love and compassion that they parented you. The emotional consequences of the disease are that you are forced to watch your parent, or other loved one, face this disease. It has been three years since my mom’s diagnosis, and I still have a difficult time coming to terms with the fact that I can’t do anything to help my mom. I can’t “fix” this for her, and I struggle with that every single day.

I have become extremely protective of my mom, wherever we are. I feel that caregivers have to have that sense of protectiveness in order to really develop the necessary bond with their loved ones. I know that there is nothing I wouldn’t do for my mom, and I regret that it took a disease like this to open my eyes to that.

For patients, support groups are so essential as well, so that the patients know that not only are they not alone in this journey, but that they can learn from others how to make the most of their lives, and build new bonds on a new level.

I have developed a support group online (www.simplesite.com/CatsCorner/7482921), as well as a chatroom online for both caregivers and patients, which I feel is the most beneficial, because we all learn from each other.

There are things that my mom cannot tell me that the people in my support group and in my chat room can tell me. They teach me the things that you cannot learn in books. Real, hands on tools ... and, in turn, the caregivers teach each other about what works, and then the patients can take those suggestions and utilize them if they would like. It’s an incredible learning experience for everyone.

Take Care To Care For Yourself

By Terry Griggs

Having helped care for my father throughout his Alzheimer’s experience, one thing I’ve learned is to be alert to the warning signs that the caregiver is overloaded—whether it’s me or others.

The warning signs are important. Not sleeping, not eating, showing signs of depression, and other indications are reminders of the stress you’re under. Each of these should be a signal to you—and to others in your support group—that you need a break, a chance to re-charge. Not only will you be helped by this, the quality of care you provide depends on it.

It’s important, also, to have outside activities; something you can do or participate in that lies outside the day’s caregiving responsibilities, your job obligations, family needs, and all of those “every day” items that don’t go away when you’re a caregiver.

Make sure that you have an outlet that you can continue. My mother, who cares for my dad with Alzheimer’s, has found renewal through her paintings. Her time spent working on a painting helps keep my mother’s energy levels and emotions on an even keel as she faces the effects of Alzheimer’s on my dad. Social activities are just as important as hobbies and other private activities. Both my mother and I have found that church is a wonderful outlet.

It’s also absolutely vital that you keep your sense of humor throughout. Humor really helps; and it helps the patient as well as the caregiver. We let Dad tell his stories, and we laugh with him. It helps all of us. You can find humor, even in the middle of the disease and all of its devastation. Dad was supposed to get a haircut one day, wandered off, and couldn’t be found anywhere. It turned out that even as Mom was frantically looking for him, dad had gone into a high-end beauty parlor and gotten the full treatment, including a facial. He felt great! And once we calmed down, we were all able to laugh about it.

Finally, I remind everyone of the importance of hugs. Give the patient a hug every chance you get. We hug my Dad all the time—and it helps all of us.
Caregivers of those with Alzheimer’s disease often neglect the most essential aspect of their patients’ care — themselves. To give your loved one the best care possible, consider rest and spa relaxation.

Caring for a loved one with Alzheimer’s disease is difficult and demanding work. Everyday tasks, bathing, dressing, eating, even talking, become laborious and unpredictable. Adding to many caregivers’ stress is their existing responsibilities to other family members and their own daily lives. It’s impossible to be all things to all people, and the first person usually neglected is you. The symptoms of stress are not hard to detect—anger, social withdrawal, anxiety, depression, exhaustion, insomnia, irritability, lack of concentration, forgetfulness, and health problems are common among people overwhelmed by the relentlessness of patient care.

That’s why it is essential to take care of yourself and listen to your body when it tells you that you need a break. Remember that if you don’t care for your physical and emotional well-being, caring for a loved one becomes even more stressful.

One popular way to relax and pamper yourself is to spend a few days at a spa. However, most caregivers know that jetting away to an exotic resort for a few days of hot stone massages, aromatherapy facials, caviar pedicures, and seaweed body wraps is impractical and expensive. Of course, you don’t have to travel to a destination spa to take a few hours to pamper yourself. Here are a few spa-inspired suggestions on creating your own sanctuary at home that will leave you refreshed and rejuvenated.

• Every few months, designate a “spa day” during which you can set aside a couple of hours to pamper yourself without interruption. Establish a schedule to ensure that someone—a family member, friend, adult daycare, or an in-home companion service—will care for your loved one during “your time.”

• When you return home, retire to your bathroom, light a few aromatherapy candles (lavender is known to relieve stress), and put on your favorite robe.

• Play a soothing CD, an instrumentalist, or the sounds of nature. Make sure your electronic CD player is far away from your bathtub.

• Begin by cleansing your face with a commercial or homemade facial, and let it work its magic. According to Spa Index (www.spaindex.com) the following homemade facial is simply irresistible.

Chocolate Facial Mask
This decadent mask is actually an excellent moisturizer—it leaves your skin baby soft. It is recommended for normal skin.

1/3 cup cocoa powder
3 Tbsp. heavy cream
2 tsp. cottage cheese
1/4 cup honey
3 tsp. Oatmeal

• Begin your adventure by taking a 20-minute walk. This will enable you to get some exercise and fresh air, and it will put some distance between you and the everyday stresses you face.
Mix all ingredients together (a bullet blender is ideal) and smooth onto face. Relax for 10 minutes, and then wash off with warm water.

• Take what commercial spas call “hydrotherapy treatment”—or a long bath. Add special oils, herbs, soaps, bubble bath, and a rubber ducky of your choice to the water. Spa Index also suggests this popular homemade bath concoction:

Roman Bath Soak
This easy but indulgent soak is ideal for winter dry skin.

1 cup of fine grade oil (consider sesame, olive, apricot, or avocado oil)
1 cup of mild shampoo or liquid castile soap
1/2 tsp. of fragrance oil or essential oil of your choice

Combine all the ingredients in a clean bottle or jar. Shake vigorously before each use, and dispense one to two tablespoons into your rapidly running bath water.

You’ll find the addition of mild shampoo helps to both emulsify and disburse the oil liberally throughout the bath water—for even distribution and coverage on your skin instead of the tub.

• Wash your hair then apply an easy homemade rinse, such as massaging a bottle of beer into your scalp. It will leave your hair shiny and full. A homemade conditioner that works well on dry hair is to work a dollop of mayonnaise through your hair, let it soak for a few minutes, then rinse and shampoo again.

• After your bath, give yourself a manicure and pedicure.

• Finally, treat yourself to one of your favorite snacks—albeit a healthy one—such as a smoothie, a fruit and cheese plate, or a pita with hummus. You may even want to prepare this the night before. If the weather cooperates, eat outside in the sunshine.

5 reasons to look for a good deal
While the price of many spas can be intimidating, there are ways to negotiate lower prices. Here are few ideas:

• Attend a spa during the middle of the week when rates are reduced.

• Destination and resort spas often offer special deals during their off-season.

• According to Anita Brown at spas.about.com, save on a massage by visiting a school where massage therapists are trained.

• And then, there’s always Spa Week—hundreds of spas in the United States and Canada offer treatments at special prices. For more information, visit www.spaweek.org.

• SpaFinder.com offers a comprehensive list of spas, including best buys, group specials, and package deals.

The following five spas, ranging in price and location, give you some examples of the many types of spas across the United States.

Sanivan Holistic Retreat and Spa
Hurleyville, New York
www.sanivan.com
Surrounded by the tranquility of the Catskill Mountains, you can relax here just two hours from New York City. Sanivan serves healthful meals using only organic ingredients, offers holistic skin and body care therapy as well as raindrop therapy.
Inexpensive: $100-$200 per night

Casa Madrona Hotel
Sausalito, California
www.casamadrona.com
This 63-room Victorian mansion overlooking the San Francisco Bay provides spa-goers with picturesque views, leisurely shopping, and a charming respite from your busy life.
Moderate: $200-$300 per night

The Heartland Spa
Gilman, Illinois
www.heartlandspa.com
Only 90 miles south of Chicago, this private health retreat sits on a 32-acre estate in America’s heartland. Here, guests can choose from a variety of activities, including stress management, personal development, fitness, wellness, and nutrition.
Moderate: $200-$300 per night

Grove Park Inn and Spa
Asheville, North Carolina
www.groveparkinn.com
Luxury is the first word that comes to mind when you step inside the spa at the Grove Park Inn. But, of course, the granite hotel overlooking Asheville, North Carolina, has perfected the art of indulgence over its 100-year history. The mountainside spa elevates indulgence to a new level.
Expensive: $300-$400 per night

Canyon Ranch in the Berkshires
Lenox, Massachusetts
www.canyonranch.com/resorts/lenox-home.aspx
New England’s natural beauty and charm greet guests at this sprawling destination resort, where, a century ago, the world’s wealthiest mingled. Today, the 26-room inn offers gracious accommodations, while guests gather in the elegantly renovated Bellefontaine Mansion for gourmet cuisine and programs.
Expensive: $500-plus per night

summer 2007
www.AZinfo.org
Alzheimer's is a slow killer that robs its victims of their memory and identity. Its onslaught on the brain impairs intelligence and steals the ability to reason. This disease turns the last decade of life into a downward spiral of mental and physical disintegration.

The research provided by the Fisher Center for Alzheimer's Research at The Rockefeller University in New York City under the direction of Nobel laureate Paul Greengard, is providing a basis for modern day investigations into Alzheimer's. Their scientists produced a concept based on an anti-cancer drug already in general use called Gleevec.

**Beta-Amyloid**

The brain toxin beta-amyloid is produced when a large protein called APP, or amyloid precursor protein, is chopped into smaller pieces by scissor-like proteins called beta-secretase (also known as BACE) and gamma-secretase. Drug researchers have been searching for compounds that inhibit these secretases, because blocking their activity would reduce production of beta-amyloid, which could potentially halt or cure Alzheimer's disease.

Researchers at the Fisher Center demonstrated that Gleevec and a similar compound called inhibitor 2 dramatically diminished the production of beta-amyloid in the brain. Some scientists predict that by diminishing beta-amyloid levels in the brain, the onset of Alzheimer's could be delayed by as much as 10 to 20 years or altogether prevented. Since the average age of a person getting this disease is 72 (in the U.S.) and the average lifespan of an American is 78, a good beta-amyloid lowering drug might prevent Alzheimer's in healthy individuals and provide an effective treatment for those who already have the disease.

Several other gamma-secretase blockers, for example, have undergone early testing as potential Alzheimer's drugs. Unfortunately, while they block gamma-secretase, they also appear to block another protein called Notch-1 that is essential for proper functioning of the digestive and immune systems.

**Notch-1**

Gleevec also blocks the activities of gamma-secretase but, as Fisher Center researchers have now shown, it does not inhibit Notch-1. Therefore, Gleevec or related compounds hold great promise as a potentially safer Alzheimer's treatment. Indeed, in cancer patients, Gleevec has had much fewer major side effects compared to other forms of chemotherapy.

The successful outcome of these experiments provides great hope for conquering this disease, and for preserving memories. Significant problems still remain to be solved. The brain is protected by a blood brain barrier that prevents Gleevec from reaching the brain in effective amounts. The researchers at the Fisher Center are working to overcome this obstacle.

Success is this area could lead to an effective anti-Alzheimer's drug, one capable of stopping the progression of the disease and alleviating symptoms. The Fisher Center for Alzheimer's Research Foundation will highlight their findings in this magazine once the study is complete, which could occur within the next year. Based on Fisher Center findings, pharmaceutical companies may be able to design and engineer new drugs for the treatment of Alzheimer's disease.

“We are very excited by this discovery, because it provides a novel approach to the development of new therapies for Alzheimer's disease,” says Dr. Greengard, one of the study's authors. “It reveals a previously unknown mechanism by which the toxic substance beta-amyloid is controlled, and opens up a new area of research for developing drugs for the treatment of Alzheimer's.”
Neuroscience

Gleevec inhibits β-amyloid production but not Notch cleavage

ABSTRACT
Amyloid-β (Aβ) peptides, consisting mainly of 40 and 42 aa (Aβ40 and Aβ42, respectively), are metabolites of the amyloid precursor protein and are believed to be major pathological determinants of Alzheimer’s disease. The proteolytic cleavages that form the Aβ N and C termini are catalyzed by β-secretase and γ-secretase, respectively. Here we demonstrate that γ-secretase generation of Aβ in an N2a cell-free system is ATP dependent. In addition, the Abl kinase inhibitor imatinib mesylate (Gleevec, or STI571), which targets the ATP-binding site of Abl and several other tyrosine kinases, potently reduces Aβ production in the N2a cell-free system and in intact N2a cells. Both STI571 and a related compound, inhibitor 2, also reduce Aβ production in rat primary neuronal cultures and in vivo in guinea pig brain. STI571 does not inhibit the γ-secretase-catalyzed S3 cleavage of Notch-1. Furthermore, production of Aβ and its inhibition by STI571 were demonstrated to occur to similar extents in both Abl−/− and WT mouse fibroblasts, indicating that the effect of STI571 on Aβ production does not involve Abl kinase. The efficacy of STI571 in reducing Aβ without affecting Notch-1 cleavage may prove useful as a basis for developing novel therapies for Alzheimer’s disease.

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Contributed by Paul Greengard, July 25, 2003

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A full copy of this finding can be sent to you upon request. Please send inquiries to:
The Fisher Center for Alzheimer’s Research Foundation
1 Intrepid Square, West 46th Street and 12th Avenue
New York, NY 10036
NASCAR driver Michael Waltrip is challenging his fans to a race. Not on the racetrack—on the Web.

On Feb. 18, Waltrip, in partnership with The Fisher Center for Alzheimer’s Research, launched www.WaltripChallenge.com, a website dedicated to raising funds for Alzheimer’s research and raising awareness about the disease.

“My grandfather died with Alzheimer’s, and his last years were really tough on the family … so a wonderful group out of New York, the Fisher Center for Alzheimer’s Research, reached out to me and asked if I would be interested in participating with them,” Waltrip says. “They’re just very, very good people raising a whole lot of money for that disease, so I told them if I could somehow figure out a way to help them raise some money, then that’s what I wanted to do.”

How It Works

The Waltrip Challenge offers fans the chance to win an all-expense paid race-day experience for two. Fans can register to create their own website to raise funds, and then invite their families and friends to donate money to the challenge. (The Fisher Center provides tips for fundraising.) The website that raises the most money wins an all-expense paid trip for two to meet Michael Waltrip and attend the 2008 Daytona 500.

“With Michael Waltrip’s help, we are trying to change the misconception that Alzheimer’s is an old person’s disease. The 5 million Americans affected by Alzheimer’s don’t even come close to identifying the tens of millions of Americans that are caregivers, family, and friends. Every seven seconds, there is a new case of dementia reported,” says Alan White of the Fisher Center for Alzheimer’s Research Foundation.

“I know, through personal experience, the devastation and destruction this disease causes to our loved ones,” Waltrip adds. “It is a disease that strikes fear in my heart for those who are directly and indirectly affected. My hope is that through the Waltrip Challenge we are able to raise money for Alzheimer’s research and increase awareness throughout the country and the NASCAR community.”

The Waltrip Challenge continues through November 18, at which time the winners will be announced at the Miami Homestead race.

Waltrip, younger brother of NASCAR Cup champion Darrell Waltrip, began racing stock cars in 1981 and entered the Cup series in 1985, at Charlotte Motor Speedway (now Lowe’s Motor Speedway). He didn’t win his first Cup race until 2001, 463 starts later, at the Daytona 500. Last year, Waltrip announced that he was starting his own race team, Michael Waltrip Racing, and would be partnering with Toyota, entering three NASCAR NEXTEL Cup Series teams and one NASCAR Busch Series team in 2007.

For More Information

www.WaltripChallenge.com
www.ALZinfo.org
Introducing Agnes

We are happy to introduce to our readers 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.

The birth of Wellness Woman

Look forward to seeing more adventures of Wellness Woman in upcoming issues.
Exercise is more important than you might think. Scientific evidence is increasingly showing that physical exercise is not only good for your figure, it’s also good for your memory. It’s an important tool in slowing the effects of aging on the brain and possibly even delaying the onset of Alzheimer’s. Health care professionals have long touted the benefits of exercise for a healthy heart, but exercise also helps with ease of movement, improves your posture, makes your joints more stable, and decreases chronic pain. Did you know that it also can lead to better sleep patterns and emotional well-being? So, what are you waiting for?

**It’s Never Too Early to Start …**

Regular exercise during your middle years may lower your risk of developing Alzheimer’s disease in old age, say researchers from Sweden. They studied men and women aged 65 to 79 who had previously been given detailed surveys about their physical activities back in 1972, 1977, 1982, and 1987, when most were in their thirties, forties, or fifties. When the researchers assessed these individuals again in 1998, they found that those who, in their middle years, exercised during their free time at least twice a week were 60 percent less likely to develop Alzheimer’s disease, compared to the men and women who exercised less. They were also 50 percent less likely to develop other forms of dementia and memory loss. Physical activity appeared to be particularly beneficial for those who carried the APO-E4 gene, an inherited trait that increases a person’s risk of developing Alzheimer’s in old age.

“These findings may have wide implications for preventive healthcare,” says study author Miia Kivipelto of the Aging Research Center at the Karolinska Institute in Stockholm. “If an individual adopts an active lifestyle in youth and at midlife, this may increase their probability of enjoying both physically and cognitively vital years later in life.”

**And It’s Never Too Late …**

Exercise benefits healthy older seniors, as well. Researchers at the Rush Alzheimer’s Disease Center in Chicago found that for healthy seniors with intact memory (average age was 80), the risk of becoming disabled fell 7 percent for every hour spent...
each week being physically active. Regular physical activity also greatly cut the risk of dying. Exercise allowed older adults to better carry out everyday activities like walking short distances, eating meals, getting dressed, preparing meals, shopping, and housekeeping. Regular physical activity boosts blood flow to organs throughout the body, including the brain, and may provide an extra boost for seniors with or without Alzheimer’s.

Before You Start …

If you are a man over 40, a woman over 50, or if you have been inactive for an extended period of time, the U.S. Surgeon General recommends consulting with your physician before starting any serious physical fitness regime. You need to be aware of any health risks that are present and discuss any pre-existing medical conditions that may impact your activity level (e.g. respiratory problems, etc.).

With the number of cases of Alzheimer’s expected to triple in coming decades as the baby boom generation continues to age, physical fitness could have a huge overall impact on preventing or delaying the onset of Alzheimer’s in many. While no known single lifestyle can determine who actually comes down with the memory-ravaging ailment, exercise appears to be one important factor that lowers the risk.

Which exercises are best?

There are four types of exercise that are of benefit to older Americans, and everyone needs some of each, according to the National Institute on Aging at the National Institutes of Health:

- **Endurance activities** — like walking, swimming, water aerobics, or stationary bicycling — build “staying power” and improve the health of the heart and circulatory system. These are exercises that increase heart rate and breathing for an extended period of time. Build up endurance gradually, starting with as little as five minutes of endurance activities at a time, if needed.

- **Strengthening exercises**, which build muscle tissue and reduce muscle loss, also increase metabolism, which helps keep weight and blood sugar in check.

- **Stretching exercises** help keep the body limber and flexible, and they give more freedom of movement. But stretching exercises alone will not improve endurance or strength.

- **Balance exercises** build leg muscles and help prevent falls. Each year, U.S. hospitals have 300,000 admissions for broken hips, and falling is often the cause of those fractures. Balance exercises can help adults stay independent by helping to avoid disabilities that may result from falling.

Yoga involves stretching and balance exercises.

These ladies combine both endurance and strengthening exercises by walking with hand weights.
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the doctor will hear you now

want better health care? start asking more questions. to your doctor. to your pharmacist. to your nurse. what are the test results? what about side effects? don't fully understand your prescriptions? don't leave confused. because the most important question is the one you should have asked. go to www.ahrq.gov/questionsaretheanswer or call 1-800-931-AHRQ (2477) for the 10 questions every patient should ask. questions are the answer.
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 work-outs,” 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 38)

TWO IN THE MIDDLE

Insert two letters in the spaces below so that you form two words related in subject to each other. The two letters will be the end of the first word and the beginning of the second word.

ARR E  S T O P

1. P O L I ___ ___ I N E
2. R E L A ___ ___ L L
3. U M P I ___ ___ F E R E E
4. V E R B ___ ___ O U D
5. V I T ___ ___ I V E
6. B E N ___ ___ A I R
7. A D M I ___ ___ S P E C T
8. A P P ___ ___ M O N

DROP LINE

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 short quotation from Aristotle Onassis. The black squares are the spaces between words. One letter has been dropped in place to start you off.

MATCH THESE

Can you identify these U.S. presidents by matching them to their “firsts”?

1. Martin Van Buren a. First U.S. president born after WWII
2. John F. Kennedy b. First U.S. president to have electricity in the White House
3. Franklin D. Roosevelt c. First U.S. president to wear a beard
4. Jimmy Carter d. First U.S. president to be voted for by women
5. Warren G. Harding e. First U.S. president to be left-handed
7. Bill Clinton g. First U.S. president to have been divorced
8. Abraham Lincoln h. First U.S. president born in a hospital
9. Dwight D. Eisenhower i. First U.S. president
10. Ronald Reagan j. First U.S. president to be Catholic
11. Benjamin Harrison k. First U.S. president to be elected four times
12. James Garfield l. First U.S. president to appear on color television
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 clues. The puzzle on the right is a medium-level puzzle and the number of words in the answers have been eliminated. The second puzzle is also a thematic puzzle: the title “Brain Trust” is a hint. Have fun testing your knowledge while doing something that’s good for you!

**Across**
1. Make a mistake disappear 18. It makes the heart grow fonder
10. Type of paint 21. Corporate execs 24. ___ flush
11. ___ corn (barbecue serving, 2 wds.) 27. “Get moving!”
12. Macy’s giveaway (2 wds.) 30. Is a bust at the box office
14. Otherwise 31. Larver of TV’s “Heroes”
15. Remember 32. Is a bust at the box office
19. French friar 35. Asner and Bradley
23. Kuwait native 36. Apartment dweller’s payment
24. Close by 38. Gives two thumbs up to
25. Sounds from toy dogs 39. Land measure
28. Relaxation 27. ___ and rights
30. Fast food side (2 wds.) 31. ___ room
37. Low card 38. Opera voice
39. Land measure 40. Laurel and Musial
4. Slanted type style: abbr. 20. Honey producer
8. Sci. workroom 21. Tavern
11. Hair divider 22. Hesitation sounds
14. O’Hare info 24. ___ flush
15. He sang “If I Only Had a Brain” 27. “Get moving!”
17. Soaked 30. Is a bust at the box office
18. Written assignment 31. Larver of TV’s “Heroes”
19. World’s Sexiest Vegetarians sponsor 32. Is a bust at the box office
21. Corporate execs 35. Asner and Bradley
22. Hesitation sounds 36. Apartment dweller’s payment
23. Kuwait native 38. Gives two thumbs up to
24. ___ flush 39. Land measure
27. “Get moving!” 40. Laurel and Musial
30. Is a bust at the box office 41. Track events
31. Larver of TV’s “Heroes” 44. Abnormal chest sound
32. Is a bust at the box office 46. Has another birthday
35. Asner and Bradley 47. Filly feature
36. Apartment dweller’s payment 48. Winter Olympics need
38. Gives two thumbs up to 49. Crack aviator
39. Land measure 50. ___ Juan
40. Its world series is in Vegas 51. He wrote "Broca’s Brain"
41. Track events projection 54. Tuna holder
42. Shout at an auction 55. Ticklish Muppet (Spielberg cartoon)
43. Almanac cover’s number 56. Carson’s successor
45. Reds and Browns, e.g. 57. Finish
46. Has another birthday 58. E-mailed
47. Filly feature 59. Embroider
48. Winter Olympics need 1. Church projection
49. Crack aviator 2. Apple products
50. ___ Juan 3. Gershwin and Glass
52. After LBJ 5. Roofing material
53. Great quantity 6. Spin like ___
54. Tuna holder 7. Limbo cry
55. Ticklish Muppet (Spielberg cartoon) 8. Star of 1953’s "Donovan’s Brain"
56. Carson’s successor 9. Had a snack
57. Finish 10. Dracula, at times
58. E-mailed 12. Parcel of land
59. Embroider 16. “Beauty is in the ___ the beholder”

**Down**
1. City railways 2. Apple products
2. Cheering shout 3. Gershwin and Glass
4. Between Aug. and Oct. 5. Roofing material
5. Throw out of school 6. Spin like ___
8. Star of 1953’s “Donovan’s brain” 9. Had a snack
9. Had a snack 10. Dracula, at times
13. Sick 14.otherwise
14. Otherwise 15. Remember
15. Remember 16. Beauty contest
16. Beauty contest 17. Pitcher’s wear
17. Pitcher’s wear 18. It makes the heart grow fonder
18. It makes the heart grow fonder 19. Soaked
19. Soaked 20. Honey producer
20. Honey producer 21. Tavern
21. Tavern 22. Hesitation sounds
22. Hesitation sounds 23. Kuwait native
23. Kuwait native 24. ___ flush
24. ___ flush 25. Sounds from toy dogs
25. Sounds from toy dogs 26. Changes to fit
26. Changes to fit 27. ___ and rights
27. ___ and rights 28. Relaxation
28. Relaxation 29. “___ the Brain”
29. “___ the Brain” 30. Is a bust at the box office
30. Is a bust at the box office 31. Larver of TV’s “Heroes”
31. Larver of TV’s “Heroes” 32. Is a bust at the box office
32. Is a bust at the box office 33. In favor of
33. In favor of 34. Sprinkles the popcorn
34. Sprinkles the popcorn 35. Asner and Bradley
35. Asner and Bradley 36. Apartment dweller’s payment
36. Apartment dweller’s payment 37. Golfing start
37. Golfing start 38. Gives two thumbs up to
38. Gives two thumbs up to 39. Land measure
39. Land measure 40. Laurel and Musial
40. Laurel and Musial 41. Track events
41. Track events 42. Shout at an auction
42. Shout at an auction 43. Almanac cover’s number
43. Almanac cover’s number 44. Abnormal chest sound
44. Abnormal chest sound 45. Reds and Browns, e.g.
45. Reds and Browns, e.g. 46. Has another birthday
46. Has another birthday 47. Filly feature
47. Filly feature 48. Winter Olympics need
48. Winter Olympics need 49. Crack aviator
49. Crack aviator 50. ___ Juan
50. ___ Juan 51. He wrote “Broca’s Brain”
51. He wrote “Broca’s Brain” 52. After LBJ
52. After LBJ 53. Great quantity
53. Great quantity 54. Tuna holder
54. Tuna holder 55. Ticklish Muppet (Spielberg cartoon)
55. Ticklish Muppet (Spielberg cartoon) 56. Carson’s successor
56. Carson’s successor 57. Finish
57. Finish 58. E-mailed
58. E-mailed 59. Embroider
59. Embroider 60. Laurel and Musial
All the words in the list can be found in the letter grid reading across, up and down, and diagonally. When you have found them all, read the leftover letters to discover an apt quote by Tina Turner.

You are looking for a 37-letter phrase.

**BRIGHT** INTELLECT SCHOOL

**BRILLIANT** INTELLIGENT SENSE

**CULTURE** KNOWLEDGE THINKING

**EDUCATION** LEARNING UNDERSTAND

**EGGHEAD** MIND WISDOM

**EXAMINE** PRODIGY

**FACTS** QUESTION

**GENIUS** SCHOLAR

---

**SUDOKU**

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

```
9 8 7 1
4 5
7 3 9
4
9 1 4 5
7 8
2 4 6
5
2 1 9 4
```
Droplines
The secret of success is to know something nobody else knows.

Two in the Middle
1. polish/shine, 2. relate/tell, 3. umpire/referee, 4. verbal/aloud, 5. vital/alive, 6. bench/chair, 7. admire/respect, 8. apple/lemon.

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

Hidden Message
I wasn’t as smart then as I am now. But who ever is?

Crossword 1
ERASE POLE
LATEX EROF
SHOPPING BAG
RECALL ABLE
ARAB ENEAR
YAPS ALTERS
FRENCH FRIES
DEUCE TENOR
ACRE STANS

Crossword 2
AMI INTAL LAB
PARTNATO ETA
SACRE CROW WET
ESSAY PETA
CEOS ROYAL
HOPTOIT ERIE
ALIFLOPS EDS
REN CPRaises
POKER SOLS
YEAR TEAMS
ASA CARLSAGAN
CANELMOLENO
ENDESENT SEW

Word-Find
TH GRB I W M AS NT
EGGHEADASKSE
M K R LEARNING OR
ONATSREDN DU
T ET M N H F E Y N W S T
GDASAGESORLCL
NUICWNTDAAHE
ICMT IDEL LDOG
KAGNOSOCONGOW
N T BRTH DUTT
I IF WC OHRGE
HOSENSE M VER
TEGILETN IS

Word-Find

Sudoku
\[
\begin{array}{cccc|cccc}
3 & 9 & 4 & 5 & 2 & 8 & 7 & 1 & 6 \\
8 & 6 & 2 & 4 & 7 & 1 & 9 & 3 & 5 \\
1 & 5 & 7 & 6 & 3 & 9 & 4 & 8 & 2 \\
4 & 1 & 5 & 7 & 6 & 2 & 3 & 9 & 8 \\
2 & 3 & 9 & 1 & 8 & 4 & 5 & 6 & 7 \\
7 & 8 & 6 & 3 & 9 & 5 & 1 & 2 & 4 \\
9 & 7 & 8 & 2 & 4 & 3 & 6 & 5 & 1 \\
5 & 4 & 3 & 8 & 1 & 6 & 2 & 7 & 9 \\
6 & 2 & 1 & 9 & 5 & 7 & 8 & 4 & 3 \\
\end{array}
\]

PUZZLE ANSWERS
1. polish/shine, 2. relate/tell, 3. umpire/referee, 4. verbal/aloud, 5. vital/alive, 6. bench/chair, 7. admire/respect, 8. apple/lemon.

YOU CAN MAKE A DIFFERENCE!

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Share your own personal story with others.

Have news alerts and newsletters delivered directly to your e-mail

Provides access to listings of hundreds of thousands of professional resources in your area

Be part of the search for a cure

Create your own community page, share photos, videos, and events with others

Watch exclusive video interviews with our scientists

* Charity Navigator, America’s largest independent charity evaluator, defines a four-star rating to mean the non-profit is “exceptional and exceeds industry standards and outperforms most charities in its cause.”

summer 2007

Because Jenny’s grandmother has Alzheimer’s, Jenny suffers. Her whole family does. Gramma doesn’t know Jenny anymore. And that hurts. Caring for Gramma takes its toll on Jenny’s Mom. And Dad. And the family finances.

But there is hope. At the Fisher Center for Alzheimer’s Research, our team of international scientists, led by Nobel laureate Dr. Paul Greengard, is rapidly closing in on the cure. And you can help.

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Because the devastation of Alzheimer’s doesn’t stop with the person afflicted.

Fisher Center for Alzheimer’s Research Foundation

WORKING TO MAKE ALZHEIMER’S NOTHING BUT A MEMORY. FOR EVERYONE.
Donate now for the cure. ALZINFO.ORG 1-800-ALZ-INFO
Preserving Your Memory: The Magazine of Health and Hope

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

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We'd like to hear from you! Write to betsey@alzinfo.org and tell us your story.