

preserving your

Summer 2009

Memory

The Magazine of Health and Hope

Maria Shriver

California's First Lady Talks About Her Father, Alzheimer's, and the New HBO Film Project

Retirement Living with Alzheimer's

Communities Open Their Arms and Services to Patients

Explaining Alzheimer's to Young Children

How You Can Help Them Understand

Getting Unraveled

Documentary Filmmaker Explores Her Family Connections to Alzheimer's



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The former journalist and current First Lady of California shares her journey with her father, thoughts about where we stand in the search for a cure and her impressions of the new HBO multimedia release, *The Alzheimer's Project*.

preserving your Memory

The Magazine of Health and Hope



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Celebrating Summer, Celebrating Life

Welcome to the Summer 2009 issue of *Preserving Your Memory*.

First and foremost, I'd like to take this opportunity to celebrate the life and legacy of our recently deceased publisher, Michael Stern. Mr. Stern strongly believed that Alzheimer's patients and their families needed a publication that offered accurate information and above all, hope. His passion was the driving force behind this magazine. For the past two years, we spent many days discussing the design, layout and contents of each issue of *Preserving Your Memory*. He was my mentor, and I will truly miss him.

You'll find we have added lots of personal touches in this issue to help celebrate the warmth of the summer season.

For our cover story, we talk to Maria Shriver, the First Lady of the State of California, about her father, Sargent Shriver, and her family's journey with his Alzheimer's disease (page 22). Maria served as executive producer of *The Alzheimer's Project*, HBO's multimedia initiative, and narrates one of the films in the series.

We also take a look at the personal touch provided by retirement homes that cater to Alzheimer's patients (page 8). These communities are putting innovative ideas to work for their patients.

As you spend more time celebrating the warmth of summer, take a break and celebrate those whose lives have affected your own and share this issue of *Preserving Your Memory* with them.



Betsey Odell

A handwritten signature of Betsey Odell in blue ink. The signature is cursive and matches the name 'Betsey Odell'.

Betsey Odell
Editor in Chief

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



Kent Karosen,
President and CEO
of Fisher Center for Alzheimer's
Research Foundation

Fisher Center for Alzheimer's Research Foundation Names Kent Karosen to Serve as President and CEO

Fisher Center for Alzheimer's Research Foundation, a leading source of funding for Alzheimer's research, appoints Kent Karosen as the charity's new President and Chief Executive Officer (CEO). Karosen brings almost two decades of financial expertise and management experience to the Fisher Center for Alzheimer's Research Foundation where he has been a board member since 2005. Other changes in the leadership of the Fisher Center for Alzheimer's Research Foundation include Nobel laureate Dr. Paul Greengard as Acting Chairman; Howard Lutnick, Chairman & CEO, Cantor Fitzgerald L.P., and Marty Edelman, Counsel for Paul, Hastings, Janofsky & Walker LLP, as Vice Chairmen. Barry Sloane, Co-President & Co-CEO of Century Bank, will serve as Treasurer and Bill White, President of Intrepid Sea, Air & Space Museum, will remain Secretary.

Please visit www.ALZinfo.org for more information.

The Latest News on Alzheimer's Disease and Brain Health

Researchers Learn More about Curcumin's Effects on Cells

Curcumin is the substance that makes the spice turmeric yellow. It's also a topic of research. Long used by folk healers to treat wounds, infections and other conditions, curcumin is now being studied in dozens of clinical trials for a wide variety of illnesses. Recent research in laboratories and studies on the occurrence of Alzheimer's in India, where curcumin is common in the diet, suggest that the spice may offer some protection against Alzheimer's. Clinical trials in humans will determine whether curcumin's proposed benefits are real.

A study recently published in the *Journal of the American Chemical Society* may have identified one way that curcumin affects the body's cells, where it might deliver potential health benefits.

Study leader Dr. Ayyalusamy Ramamoorthy and his team at the University of Michigan studied the substance using a technique called solid-state NMR spectroscopy. They discovered that curcumin physically alters the cell membrane at the atomic level. This could potentially lead the way for new drugs based on the curcumin molecule.

National Alzheimer's Strategic Plan Announced

To address the needs of an aging population and provide much-needed aid to an Alzheimer's population that is also growing rapidly, the Alzheimer's Study Group released its National Alzheimer's Strategic Plan in March 2009.

The plan outlines a multi-pronged effort "[to] accelerate and establish the



Cognitive tests can be helpful in determining whether an Alzheimer's patient can drive.

Alzheimer's Solutions Project to accelerate and focus national efforts, reengineer dementia care delivery and, ultimately, prevent Alzheimer's disease." The plan puts forth three main initiatives:

- **The Alzheimer's Prevention Initiative** makes it a national priority to find ways to delay the disease's onset, and ultimately, to find a cure.
- **The Alzheimer's Care Improvement Initiative** proposes to fund 20 percent of the health and social service needs of Alzheimer's patients by 2012, and half the cost by 2016, on a value-based system.
- **The Alzheimer's Public-Private Partnership**, a proposed federal office, would lead the effort to establish both initiatives in the public and private sectors.

The Alzheimer's Study Group was originally established in 2007. Release of the strategic plan, which took place at a hearing before the U.S. Senate Special Committee on Aging, signals the end of the group's service.

Cognitive Tests May Help Doctors Determine Driving Ability, Study Finds

Giving up the car keys is a wrenching decision for anyone with Alzheimer's and their families. Now, a new study shows, doctors may be able to use tests of thinking and perception to help determine whether a person with Alzheimer's disease can safely get behind the wheel. The research was published in *Neurology*, the medical journal of the American Academy of Neurology.

“The number of people with dementia is increasing as our population ages, and we will face a growing public health problem of elderly drivers with memory loss,” said study author Jeffrey Dawson, Sc.D., with the University of Iowa in Iowa City.

Most people with Alzheimer’s will eventually become unable to drive safely as their disease progresses. Alzheimer’s affects not just memory but also thinking, visual perception and motor function, skills that are all critical for safe driving.

However, as more and more people get diagnosed with Alzheimer’s at an early and mild stage, it becomes difficult to know when those with the disease should relinquish the car keys. Those with the disease often wish to maintain their independence and continue to drive. Family members may intervene and ban driving prematurely, or encourage continued driving beyond when it is safe, leading to conflicts and dangers to patients and others.

The current study was done to help determine whether objective measures could assess whether it is safe for someone with Alzheimer’s to continue to drive.

In the study, 40 drivers with early Alzheimer’s disease and 115 of their mentally normal peers underwent a combination of off-road tests that measured thinking, movement and visual skills. The participants also drove a 35-mile route in a special vehicle in and out of Iowa City. Driving safety errors were recorded by a driving expert, based on a video review of the drive.

The researchers found that drivers with Alzheimer’s disease committed an average of 42 safety mistakes. That was 27 percent more than the drivers who did not have Alzheimer’s disease, who made an average of 33 safety errors on the test drive.

The most common mistakes in those with Alzheimer’s were veering outside of the lane markers and straddling the centerline. Another common mistake

in this group was being overly cautious and failing to proceed through an intersection, even though the light had turned green. Those with more advanced Alzheimer’s tended to commit more driving errors.

“The goal is to prevent crashes while still maximizing patients’ rights and freedom to be mobile,” Dr. Dawson said. “By measuring driver performance through off-road tests of memory, visual and motor abilities, we may be able to develop a standardized assessment of a person’s fitness to drive.”

The findings are consistent with earlier studies showing a link between Alzheimer’s and poor driving. But just because someone has Alzheimer’s disease doesn’t mean that they cannot drive. A study last year from Rhode Island, for example, found that many people with early Alzheimer’s can, in some cases, continue to drive safely for extended periods.

But regular check-ups are indicated for anyone with Alzheimer’s who is still driving. The American Academy of Neurology Guideline on Risk of Driving and Alzheimer’s Disease recommends a reassessment every six months for people diagnosed with very mild dementia who continue to drive.

Potential Alzheimer’s Reversal Gene Found

Researchers at MIT’s Picower Institute for Learning and Memory have identified the gene in mice that was responsible for the 2007 discovery of an apparent reversal in Alzheimer’s-like symptoms in mouse models.

In a study published in the May 7, 2009, edition of the journal *Nature*, Li-Huei Tsai, Picower Professor of Neuroscience, and colleagues found that drugs that work on the gene HDAC2 boost cognitive function in mice that are bred to have an Alzheimer’s-like condition.

“This gene and its protein are promising targets for treating memory impair-

ment,” Tsai said. “HDAC2 regulates the expression of a plethora of genes implicated in plasticity—the brain’s ability to change in response to experience—and memory formation.”



A gene found in mice may be responsible for reversing Alzheimer’s-like symptoms.

Mice that were treated with HDAC inhibitors demonstrated recall of long-term memories and a renewed ability to learn new tasks, the researchers found.

The fact that long-term memory can be recovered with HDAC treatment supports the idea that apparent memory “loss” may mean that long-term memories can be accessed, Tsai said. “These findings are in line with a phenomenon known as ‘fluctuating memories,’ in which demented patients experience temporary periods of apparent clarity,” she said. Other changes in the brain, such as the loss of brain cells may be more difficult to remedy. Nevertheless, the brain might possess mechanisms that might allow some restoration of function even when cells have been lost. ■

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

Special Needs, Specialized Care

Some senior residential facilities are providing professional caregiving tailored for Alzheimer's and dementia patients.

By Winnie Yu

Every afternoon, the elderly man announces that he needs to get home to his wife. Never mind that his wife died 15 years ago or that the house they lived in is long gone. The man is determined to go see her. But the caregivers at AutumnGrove Cottage in Houston, Texas, have become accustomed to his daily routine and know better than to argue with the man or to tell him the truth about his wife. Instead, they redirect his attention by giving him a deck of cards, which he will gladly organize while a caregiver asks him to share his favorite memories about his wife. The cards and conversation are enough of a distraction that he stops worrying about his wife—until the next day.

Putting an end to the man's agitation is just one task for the staff at AutumnGrove Cottage, one of eight AutumnGrove cottages in the Houston area certified and dedicated to the care of people with Alzheimer's disease or other forms of dementia. Unlike regular nursing homes and assisted living facilities, homes for memory care are designed, decorated and staffed specifically with the needs of Alzheimer's residents in mind. "All our caregivers go through training that teaches them to work with Alzheimer's residents," says Laurie Moreland, the community relations co-director for AutumnGrove. "And since we only have 16 private rooms at each cottage, we're able to give a lot of personalized attention to our residents."

The Right Place at the Right Time

Finding a nursing home for an aging parent is undoubtedly one of life's more challenging tasks. But



The Memory Center in Virginia Beach, Va., features quaint reminders of a nostalgic past, such as the General Store.

finding a place to care for someone with Alzheimer's is even more difficult, given the growing competition for housing. According to the Alzheimer's Association, there

Chris Crumley

were 16,100 nursing home in the U.S. in 2004. Of those, only 4,300 provided an Alzheimer's or dementia unit. In fact, since then, the number of beds allocated to Alzheimer's care in nursing homes has actually declined from 93,763 beds in 2004 to 86,669 beds in 2008.

The decline in available beds comes at a time when the incidence of the disease is on the rise. There are currently 5.5 million people living with Alzheimer's. By 2010, there will be nearly 500,000 new cases every year; by 2050, that number will rise to about a million. Current estimates are that one in eight people aged 65 and up have the condition. Among those aged 85 and up, one in two have Alzheimer's.

An Urgent Need

Along with the surge in Alzheimer's comes a need for adequate housing and quality care. The need has become so pressing that the Alzheimer's Association launched its Quality Dementia Care campaign in 2005.

Elizabeth Gould, M.S.W., director of quality care programs for the Alzheimer's Association, says there are now 28 states with legislation requiring nursing homes and assisted living residences to disclose to the consumer the specialized dementia services they provide—a reflection of the growing importance of these facilities.

"With more than 50 percent of residents in nursing homes and assisted living having some form of dementia or cognitive impairment, we realized that this is a critical issue," Gould says. "We've begun to speak as a country as to what's good dementia care."

At the heart of it, she says, is the notion of person-centered care in which all aspects of an Alzheimer's patient's care are tailored to meet his or her own individual



Chris Crumley

The General Store, located in Virginia Beach's The Memory Center, offers penny candies and other reminders of a simpler time.

care and their families great peace of mind.

At The Memory Center in Virginia Beach, Va., for example, schedules are flexible. Residents can go to bed when they're tired and wake up late if they please. Physical restraints are not used, and residents are encouraged to engage in activities throughout the day.

The center is set up as four wings with 12 suites each, which open up into a common dining room, living room and kitchen. Residents live in private rooms with private bathrooms. Over the toilet is a 24-hour light, a subtle reminder to use the bathroom.

At the Center of "Town"

The four residential "neighborhoods" share a town center built inside a naturally lit atrium, complete with a tavern, general store, bank, movie theater, church, library and ice cream parlor. Residents can sing karaoke in the tavern, purchase penny candies in the general store or watch movies like *Casablanca* in the movie theater. "I'm trying to appeal to iconic memories," says Robert Voogt, PhD., owner and developer of The Memory Center. "We're also trying to emulate the lifestyle they had before."

In enclosed courtyards, residents get the chance to walk on a sandy beach and play on a putting green. Residents are able to feed birds and tend gardens in raised flower beds.

needs, not that of a group.

A Whole Different Approach

The interest in dementia care has spawned a new industry in memory care facilities, devoted exclusively to the care of people with dementia. Done right, these memory care facilities can differ significantly from traditional nursing homes and give Alzheimer's residents stellar

They can even stop at The Beach Shack, a hot dog and ice cream stand for a quick bite to eat.

An ongoing schedule of activities all through the day helps keep residents occupied. They can choose from exercise classes, Bible study, chair bowling, cooking lessons and art and music classes. At certain times of the year, the center offers special activities like Mardi Gras day, beach parties and summer picnics.

For meals, residents get their choice of two menus every day: Mediterranean or American. On a recent day, residents were choosing between a blackened tuna over linguini with vegetables or roast beef, mashed potatoes and peas. Best of all is the time of day when the residents make their decision: at the meal itself. “They don’t have to pick their meals in the beginning of the day,” Voogt says. “The dish is presented to them, and then they pick one. If they choose something in the morning, they may not want it by dinnertime. We’re talking about people with very short memories.”



AutumnGrove Cottage emphasizes its homey environment inside and out.

Step by Step

For residents in AutumnGrove Cottage, the focus is on trying to preserve independence for as long as possible. Residents here may do scrapbooking to help retrieve lost memories, bake cookies together in the open kitchen or take walks through the garden. The residents eat home-style meals in a dining room together.

The staff is trained to deal with the difficult behaviors that often arise in dementia, says Julie Clements, manager of the cottage in The Woodlands, Texas. One woman for example, has a tendency to get tearful every afternoon around 4 p.m. Rather than increase her medication, the staff looks for activities that she enjoys,

such as reading magazines, doing her makeup or having her hair done.

The staff is also trained to take the residents through every step of a task. For instance, rather than tell them to take a shower, a staff person will let them know that it’s time to take off the shirt; next, it’s time to remove the pants, then the undergarments. Eventually, the resident is assisted to the bath or shower, whichever he or she prefers.

Designed for AD Patients

Even the layout of the cottages is designed to address issues of dementia. Many people with Alzheimer’s tend to wander. The resident rooms are laid out in a rectangle, so the residents have a continuous walking path and never hit a dead end of a hallway.

Clements says the eight cottages only offer private bedrooms, so the residents get one-on-one attention. Not sharing bedrooms also avoids the problem of finding a stranger in the bed beside you every morning. Although people without dementia may recognize that person as a roommate, someone with Alzheimer’s will see that person as someone new—every single day. “You have to put yourself in that person’s shoes,” Clements says. “Our staff is trained to really understand the disease and how complex it is.” And like The Memory Center, AutumnGrove strives to keep residents busy with activities. Along with trivia games, gardening and crafts, the staff engage the residents in daily chores like cleaning up the table or folding laundry. “One man likes to do the paper shredding,” Moreland says. “He sees it as his job and is proud of it. It gives them a sense of purpose.”

Finding a Place

Looking for a memory care facility requires paying attention to the details. To help consumers locate a home for someone with Alzheimer’s, good places to start include the Assisted Living Federation of America (www.alfa.org) or SeniorLiving.com.

In addition to getting details about proper medical care and nutrition, it’s important to pay an unannounced visit to the facility. Here’s what to do when you’re there:

- **Find out if the staff is trained to provide care to people with dementia.** Whether it’s help with activities of daily living or managing difficult behavior, the staff at a memory care center should have the training and knowledge it takes to manage people with dementia. Pay attention to interactions between staff and residents. Ask the staff to demonstrate how they communicate with someone who has late-stage Alzheimer’s.

- **Be aware of your loved one's particular behavioral care needs.**

Some people with Alzheimer's can become despondent, while others may get aggressive and violent. Know how your loved one behaves, and find out if the facility can address those behavioral challenges. You should also ask about conditions for discharge. Some centers may not tolerate certain behavioral aspects of Alzheimer's, Gould says.

- **Look into the types of programs available to the residents.**

In particular, check out if the center offers exercise programs and access to the outdoors. Being outside and having opportunities to move can help improve sleep and other issues related to Alzheimer's.

- **Do a visual assessment of the living space.**

Make sure the carpeting and wallpaper do not have wild patterns, which can agitate someone with Alzheimer's. Check to see that floors aren't slippery, which can lead to falls. Look to see if the colors of the bathroom sink and floor are distinct from one another. Ideally, the space should be homey and comfortable, and not resemble an institution.

- **Look to see if residents can create their own living space, even if it's just the bedroom.**

Some homes have memory boxes outside the bedroom—clear cabinets that resemble those in bathrooms. On the shelves are trinkets,



AutumnGrove Cottage

AutumnGrove's interiors offer comfortable spaces for residents.

pictures and objects that can help residents find their rooms.

Affording the Center of Your Choice

Let's face it: The cost of these facilities isn't cheap. The Memory Center for instance, costs \$7,500 to \$8,000 a month, which includes everything from haircuts to 24-hour medical coverage. At AutumnGrove, the cost ranges from \$4,900 to \$5,200 a month, which is also all-inclusive.

"Right now, 70 percent of people with Alzheimer's disease are living at home," Gould says. "I think it's fair to assume that cost is the number one reason."

Although some people may be able to get help from Medicaid, other families will need to pool their resources or tap into savings.

The best thing to do is to get an early diagnosis, Gould says. Extra time allows for more and better planning.

No doubt, she says, the numbers of memory care facilities is likely to grow in the near future. "Memory care centers can be good, but there can be very good care in non-memory care centers, too," Gould says. "You should take as much care with the search as you would take into selecting someone's home." ■

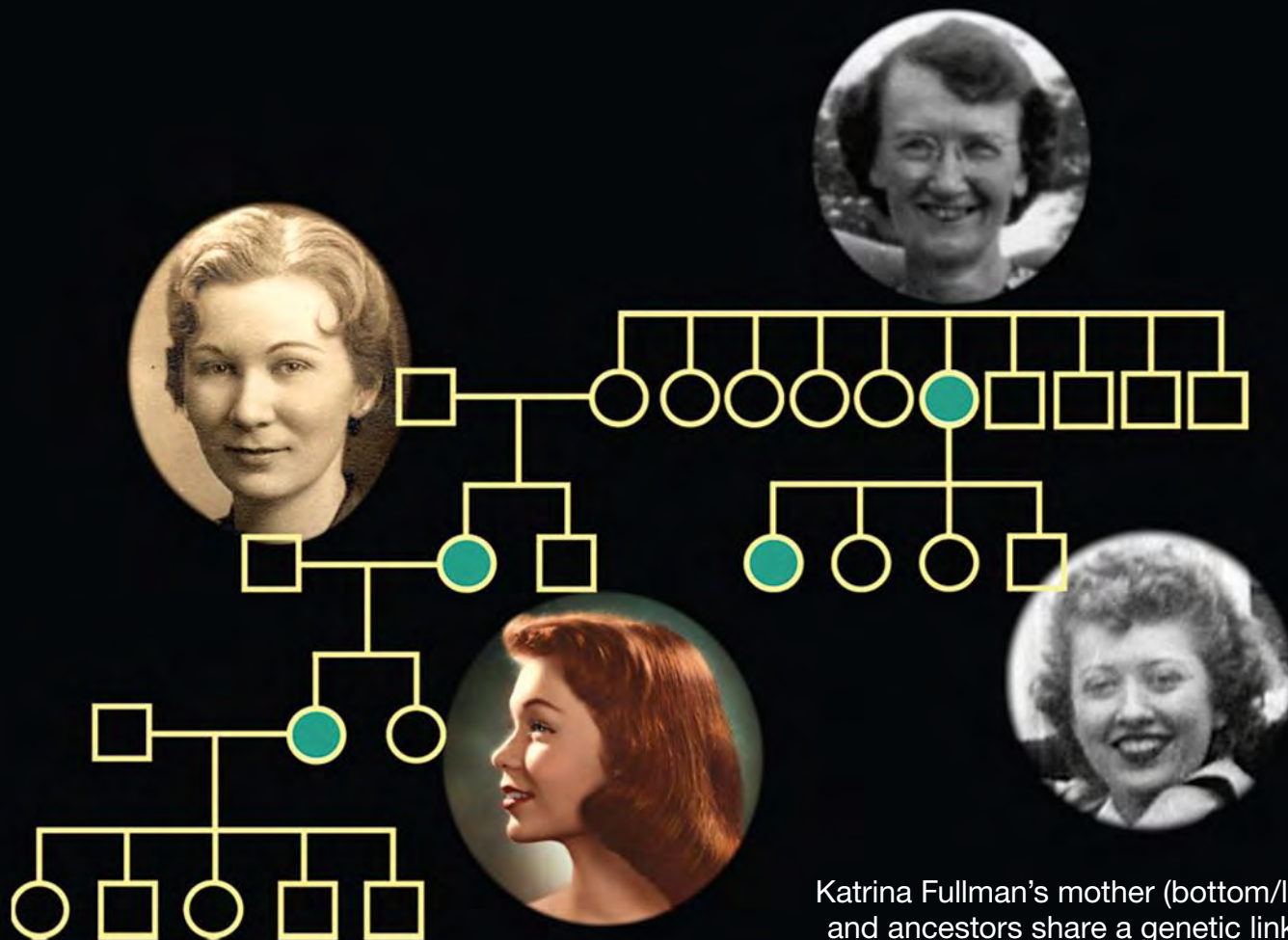


AutumnGrove Cottage

A busy activity schedule gives AutumnGrove residents plenty to fill their time with.

More Information

AutumnGrove Cottage: www.autumngrove.net
The Memory Center: www.thememoryctr.com



Katrina Fullman's mother (bottom/left) and ancestors share a genetic link to Alzheimer's Disease.

An Alzheimer's Journey

By Sam Gaines

Filmmaker Katrina Fullman spent nearly six years documenting a singular journey: coming to terms with a family history of Alzheimer's disease as she weighed a big decision. Should she participate in a research study to see if she has a key Alzheimer's risk gene, or would she be better off not knowing? All this while her mother entered the final stages of the disease. Her film, *Unraveled*, has been lauded with awards at film festivals and positive reviews in the media. We talked to Katrina about her film, her family and her future.

Preserving Your Memory: Given how intimate and personal the film is in telling us your family's story, was it difficult to get your family members to participate?

Katrina Fullman: Well, each one was different in terms of their attitude towards the film, but they were all more than willing to be in it. I didn't have to persuade anyone. Some were more forthcoming and really wanted to tell their

story. My dad and sister, especially. I was very grateful that they've been so supportive of me and the project.

There's maybe been five times in the last 20 years when we've all been in the same room together. Working on the film really brought us together.

PYM: During your research into your family's history, were you surprised to find such a prevalence of Alzheimer's?

KF: I was not that surprised. I had been confronted by the fact that my mother and grandmother both had AD at the same time, although my grandmother was at a much later stage. But my mother was her caretaker, and I was confronted with that early on. That's when I started doing research into the genetic factors of Alzheimer's disease. I kept doing research, and learning more and more. I actually expected to find more relatives with it. There probably were more people in my family, further back, who had it, as well.

PYM: Is it harder to make a film about a subject that's so close to you? What are some of the challenges?

KF: It is very difficult. A personal documentary is very demanding. One of the challenges is distance—you need a certain amount to make a piece that goes beyond your personal situation, that'll transcend your personal story and resonate with others. Figuring out what to include, what not to include, how to represent people in your family—for instance, do I show my mother in the rest home?

But then, if it hadn't been my family, it still would've been hard to make these decision. I kept coming back to, "What does the viewer need to see in order to understand what Alzheimer's is all about, from my perspective and my family's perspective?" I started shooting this film back in 2000, and shot the last footage in summer 2005. I edited for at least a year. I could've done it more quickly, but there were emotional struggles throughout the process.

PYM: Your decision to be tested for one of the "Alzheimer's genes" sort of frames the film as you explore your family's history, particularly your mother's. Given what you knew when you were struggling with the decision, did the test results affect your thoughts and feelings about Alzheimer's and your family?

KF: Yes, definitely. That was a framing device that worked for the film. I struggle with all decisions, by nature, but making the film changed the way I feel about Alzheimer's. I already knew I was at higher risk, and I live with that every day. But some of my siblings were, "You're crazy—knowing that is just going to make things harder for you." I think it sort of had a delayed effect on me. The gene I was tested for (ApoE 4) is a "risk gene," that doesn't necessarily lead to Alzheimer's but increases the likelihood that I'll get AD. I wanted the information because there's so much

research going on, and it would be good to know this for preventative strategies as they emerge.

I still felt ambivalent about it when I got the results. Getting tested for the gene was part of a research study. How does this information affect a person? That was the purpose of the study. When I got the information, they really didn't want me to put the results in the film, so I left that out. A couple years after I got the results, I went through a period of struggle with having that knowledge, but now, I look at it this way: I'm going to try to do as many preventative strategies as I can—I've been on a huge blueberry kick lately. And I really try to be aware of my own health—eating, yoga, stress reduction. I have



Katrina's mom, Kay, was diagnosed in 1992.

a little more motivation to keep myself healthy, and some of my siblings, it worries me to say, don't. Ultimately, getting the results helped me become more proactive about my health, but it is a weight I have to carry, and encourages me to keep up to date on Alzheimer's research.

PYM: One of the most remarkable people in the film is your dad. He's very candid about how hard caregiving for someone with advanced Alzheimer's can be. Is his bluntness part of his character, or did that emerge within him from those last years of your mother's life? Or some of both?

KF: Yes, my dad is very candid! Caring for my mother and going through this tragedy has really changed him, it actually softened him. He's a very complex person. He's both charming and extremely honest. He really wanted to tell his story and benefited from the opportunity to deal with his anger about the lack of resources. He was not the easiest father to have growing up, and I didn't have a great

relationship with him. My Mom was diagnosed when I was 28, and I was barely talking to my father at that point. But watching him care for my mother—he did all kinds of things for my mother and really stuck by her—that really changed my perspective in a lot of ways, seeing how much he loved her and how dedicated and loyal he was to her. Today, I have a much closer relationship with my dad. I have so much more respect for him.

PYM: Did talking to David Shenk (author of *The Forgetting*), Rudolph Tanzi (leading Alzheimer’s researcher), etc., help you as you were making the film?

KF: Yes, definitely. David and Rudi—they’re fantastic guys. They were happy to talk to me, even though I was an unknown independent filmmaker who had no funding, at that point. They both gave me freely of their time and wisdom. Getting a wrap-up of all the advances in research was very helpful to me. David joked that my interview with him was like a dissertation defense because I had so many questions. He was able to give a lot of historical context, which broadened my understanding.

PYM: I was deeply moved by several scenes in the film, but you seemed to avoid sentimentality throughout, and the poignant moments emerge very naturally as a result. For instance, your brother Mark tells the story about asking your mother to teach him how to dance at his wedding, even though she doesn’t recognize him, just so he can share that moment with her. Were you cautious about sentimentality in making the film?

KF: Oh, definitely—I didn’t want violin music over the scenes, for example. I wanted to make a film that was truthful and emotionally honest. Mark is an amazing person. He is a writer and was very forthcoming emotionally in a way that my other brothers weren’t. I didn’t know much about the relationships my siblings had with my mother, so this was an eye-opener. I didn’t know Mark and my mom were so close.

PYM: What do you miss about your mother from her pre-Alzheimer’s days?

KF: I miss so many things about my Mom. She died in 2005, but she was diagnosed in 1992, so she lived with the disease for 13 years. It’s been a long time since I had a mother. It’s an extended grieving process. I think what I miss most is just sharing my life with her. It’s still hard, and I haven’t been able to do that for many years. I’m 44 now, and a lot has happened since I was 28, when she was diagnosed.

In a way, since she’s passed away, it’s easier to have some kind of perspective, but even when she was alive and had AD, it was kind of like not having her here. I really wanted to present as complete a portrait of my mom as I could, and it was hard to show footage of her struggling with AD.

PYM: What effect did the film have on your siblings? On your dad?

KF: None of them had any problems with it, and I was worried that some of my brothers would have a problem with some of it. Where my brothers talk about why they don’t visit our Mom in the rest home. My oldest brother came to the premiere in NYC—he was in NYC on business—and he unexpectedly showed up. But he was very moved by it and thought it was great. I did have trepidation about it, as anyone would, I think, who decided to put their family on film, but nobody got mad.

PYM: How are your siblings and dad doing now? How are you doing now?

KF: Well, my dad’s health has deteriorated since the last footage in the film, since my mom died. He has type 2 diabetes and heart disease. He still lives alone in Florida, in his condo. He has lots of friends, having lived there for 10 years, and has a pretty full life given his health. We’re dealing with how much longer he can live alone. We all have to deal with that, of course. But my siblings and I are in close contact about what to do to make sure he’s cared for.

My siblings are all doing well. We’re all now in our 40s, getting older. My Mom was diagnosed when she was 54, so we’re all getting closer to that age. It’s scary. It’s prevalent in our family, and we’re going to have to remain aware of it. Just got to accept it’s a possibility and keep moving forward.

I’m probably closest to my sister, and we definitely talk about our fears of Alzheimer’s. But I’m grateful that my siblings are doing well now.

I’m in a bit of a transition place in my life—been teaching at a university in Indiana for the past four years, and I’m trying to figure out some things for my career. I’ve been out in San Francisco on and off for about 20 years, and it’s nice being back again while I’m on leave.

The film won the Freddy Award in the issues and ethics category [International Health and Medical Media Award]—it’s been doing well. It got a lot of rejections the first year of its release, which was hard, but in the past year I’ve been more focused on hitting the health media world and it’s been very encouraging.

I am taking a little break now, but I’m thinking of doing something health-related for my next film.

You can order *Unraveled* directly from the website (www.unraveledmovie.com). ■

Talking to Children about Alzheimer's

Approaching the Subject
at Different Ages
and Stages



“The worst thing is the kids. I don’t know how long it’s going to take before I won’t know them.”

Betsy Meyer of West Seattle, Wash., identified this wrenching reality soon after she was diagnosed with Alzheimer’s disease (AD) in 2000. In her case, the difficulties of discussing her condition with the children in her life were exaggerated by

the fact that she was their parent, not their grandparent. Her early-onset AD was identified when Betsy was only 46 and her children, Alex and Emily, were just 13 and nine. Betsy Meyer passed away in December 2008.

“We had talked to the kids so much about the memory issues that Betsy had been facing, but we hadn’t talked to them about the fact that what she had was terminal,” recalls Betsy’s husband, Jeff Meyer. “So that was the hardest discussion we had to have.”

Range of Responses

Jeff joined Betsy, who was still lucid enough two years post-diagnosis to engage in the conversations, to speak individually with their children about her prognosis. “We sat down first with Alex, who was 15 then, and talked to him about Alzheimer’s and how it would shorten Betsy’s life,” Jeff says. “He hugged her and it was very emotional, very tough. We got through that, and knew we had to do the same with Emily, who was 11.

“But her response was very different; she was totally reserved and matter-of-fact, like ‘Oh, and what’s for dinner?’ That was her outward response, so who knows what was going on inside,” remembers Jeff.

Later, Emily started a blog about her experience and got involved in Alzheimer’s Association activities such as the Memory Walk. All this showed that she simply needed to embrace the diagnosis in her own ways and on her own terms.

After Betsy died (when Emily was 18), Emily pointed out that her mom was memory-impaired for half of Emily’s life, and that Alex had four more years of childhood with his mom before her diagnosis.

Starting the Discussion

Most children who are touched by AD watch the cognitive deterioration of elderly relatives rather than their own parents. Still, the Meyer family’s experience offers an important example of the ways in which individual children respond, communicate and cope differently. Parents faced with this challenge can use the following tips to help ease the burden.

- **Reassure, reassure, reassure.** A basic presumption among all children is that someone will always take care of them, according to Elizabeth Berger, M.D., a child psychiatrist and author of *Raising Kids with Character*. So the very existence of AD in a relative who used to care for the child and can no longer even take care of herself is a threat to a youngster’s most fundamental assumption about the world. A child might wonder whether his parents will abandon him as Grandma did, or whether he too will become helpless as



Talking with children about a parent or grandparent with Alzheimer’s disease helps them understand.

she has. It gets to the heart of a child’s feelings of safety and security, says Berger. Parents can reassure children that although Grandma may forget names and faces, she can still feel and express love. “The last thing to go is emotional recognition, so even in the final stages of AD, people have the capacity for a twinkle in the eye. This is very meaningful to children,” says Berger.

- **Tailor your message.** The best ways to discuss AD with your children will depend on their ages, their developmental levels, their ability to comprehend medical and/or psychological explanations, the sufferer’s degree of illness and the necessity to divulge the condition.

“Grandpa may be sufficiently impaired that he can’t practice law anymore, but he might still be able to be a great grandparent,” explains Berger. “Sometimes, parents are anxious and upset about the diagnosis, which makes them feel that their children need a big, long speech about it. But the parents should decide what the situation calls for and tailor what they explain to the children in terms of what they see emerging.”

- **Be concrete.** Alzheimer’s and other forms of dementia are especially difficult for children to deal with because the disease manifests itself via behavior rather than in visible, physical ways, which kids can more readily comprehend. Clarifying the difference between AD and something more obvious, such as a broken arm or chicken pox, can help children make sense of it. “It’s best to speak in very concrete and descriptive terms,” advises Barbara Stratton, M.A., LMFT, a Broomfield, Colo.-based licensed marriage and family therapist and a clinical member of the American Association for Marriage and Family Therapy. “Explain that Grandma has a disease that’s deep inside her brain where we can’t see it, but we know it’s there because of the way she acts. Also, it will make more sense to children when they are given examples of behavior that they have already seen,” she adds. Point out that Grandma’s disease is what makes her forget names and sometimes get mad about things that seem trivial to us, but that she doesn’t mean to act this way.
- **Stay age-appropriate.** Deliver the information to your child based on the level of complexity he or she can handle. Small children cannot connect the science of AD with the behavior they see in their loved one; older children who can understand the biology may be more interested in coping skills than in complicated explanations. Consider explaining that the relative’s disease is causing him to behave more like a child or a baby, even comparing him to a toddler your child knows. “Relating the AD sufferer to someone your child knows who is at the same functional level, such as the three-year-old next door, can help,” suggests Berger. Additionally, be sure to talk about how the situation directly affects the child. “Most profound to young children is when Grandpa doesn’t know them or calls them by the wrong name,” reminds Stratton. “It’s so confusing when the actions and words no longer match the familiar face.”

With older children and adolescents, you have the option of being more scientific if you think your child can grasp things from a broader perspective. In addition,
(See “Children” on page 20)

Common Responses Among Children

How children respond to the news of a parent’s or grandparent’s Alzheimer’s diagnosis varies by age. Following are typical responses for each age group.

Young Children

- Have complex feelings about their relationship with the AD patient
- May not verbalize feelings
- May not be thinking what we assume
- Can feel sad, angry, guilty and depressed
- Can feel left out of the patient’s care plan
- Can feel overwhelmed by excessive fear of loss and abandonment
- May act out their fear with a regression to an earlier stage of development
- May develop separation anxieties, such as school phobia
- May develop social interaction difficulties with peers and/or teachers
- May develop physical problems

Teenagers

- Will have mixed feelings of grief and resentment
- May be reluctant to bring friends home
- May feel hurt that the patient fails to recognize them
- May feel embarrassed by the patient’s odd behavior
- May withdraw from the family more than is expected
- May experience difficulties in school
- May act out in self-destructive ways, such as substance abuse, careless driving or eating disorders
- May “tune out” and act uncaring
- May become excessively moody
- May feel overly responsible for patient care and/or helpless

Parents

- Can help their children cope
- Can explain clearly and concisely about Alzheimer’s Disease
- Can feel comfortable sharing their feelings with their children
- Can include children in the patient’s care plan
- Can arrange for respite for the entire family to enjoy activities together
- Can be creative in including the patient in their family life
- Can alert teachers and parents of the children’s friends about the disease
- Can expect their children to need extra attention
- Can expect their children to be children, not pseudo-adults
- Can give extra praise, hugs, kisses and love wherever possible

Source: The Alzheimer’s Disease and Related Disorders Association, Inc.



Aging *Artfully*

By Sam Gaines

The National Center for Creative Aging seeks to connect our elders to the many opportunities for creative expression—and to connect our society to one of the greatest untapped resources for wisdom and creativity: our rapidly growing population of older Americans, including those with Alzheimer’s disease.

“... But I’m not creative.”

“... I wouldn’t even know where to begin.”

“... What good will it do?”

These are just a few of the objections that people register to tapping into their creativity.

“Everyone is creative, and our elders are no exception,” says Gay Hanna, executive director of the National Center for Creative Aging (NCCA) in Washington, D.C. “Creativity is vital to healthy aging. It’s exercise for the brain.” And as with physical exercise, an overwhelming body of research points to the importance of creative expression as a vital tool for good health, including the good health of Alzheimer’s patients.

What Is Creativity?

Part of the problem, Hanna says, is that we tend to think of “Big-C” creativity: Michelangelo. Shakespeare. Beethoven. John Coltrane. Rembrandt. And yes, the great artists of every era have it.

But what many of us never consider are the countless times every day when we use our creativity to solve problems or express ourselves. “These are the ‘little-c’ acts of creative expression,” Hanna says. “We can do these at every stage of our lives. In fact, using our minds this way is critical to good health as we age.”

As Hanna points out, psychologist and writer Rollo May defined creativity as, “Bringing something new of value into existence.” That includes the great works of art, and it includes every “smaller” act of creative problem-solving, every result of personal expression, every moment of engaging our minds and spirit to bring something worthy to life.

Leading the Way

NCCA (www.creativeaging.org) seeks to encourage creative expression for older Americans in a variety of ways, as Hanna explains. “We try to bring all the research that’s been done on the benefits of creativity for the aging person into practice regarding creative expression in the arts,” Hanna says. “We do educational work, advocacy and provide technical assistance to professionals across the fields of the arts, social services, health and education.”

NCCA’s work is also aimed at touching people where they live—locally. “Our products and services serve regional networks and reach the local level,” Hanna says. As an example, she points to the Creativity Matters toolkit (available free at www.artsandaging.org), a thorough introduction to the subject of creativity and handy guide to establishing, nurturing and revitalizing arts programs for elders everywhere. MetLife Foundation was a primary sponsor of this project, which is available in English and Spanish. The National Guild of Community Schools of the Arts and the New Jersey Performing Arts Center also partnered with NCCA to bring the toolkit to life. “We do a lot of training around this toolkit and our other products,” Hanna explains.

Alzheimer’s and Creativity

So, can people living with Alzheimer’s and their caregivers benefit from the creative process? Absolutely, says Hanna. “There is a large body of research showing how profound the benefits can be,” she says. Hanna points to one rather prominent example: Willem de Kooning, the celebrated artist who lost his battle with Alzheimer’s in 1997, when he was in his 90s. De Kooning, one of the fathers of abstract expressionism, continued working until nearly the end of his life.

“As the disease progressed, he would often be seen slumping in his chair, apparently lifeless,” Hanna says. “But when someone led him into his studio and he was given a paintbrush,



Creativity knows no limits, including age.

he came back to life and began creating anew. There is something held in reserve in the mind that eludes the disease’s pathology when given the opportunity to engage in creative expression.”

One key to keeping Alzheimer’s patients engaged is to encourage them, both as individuals tapping into their creative energy and as members of a community sharing that spirit. “The evidence supporting

the positive role creative expression plays in the lives of our elders is overwhelming,” Hanna says. “So it’s incumbent upon us to create more opportunities for just that.

This should be the natural next step for all of us, Hanna explains. “We’re finding that when a person has spent his or her life working, raising a family, and taking care of everything required to plan for the future, and it comes time to retire, there’s often a lot of time left in our lives—these days, it can be as much as one-third of our lives. It doesn’t make sense to shuffle off and stop contributing at this point. We all lose when our elders aren’t participating, sharing their vision and the wisdom they’ve gained from their years.

Opening the Doors Wide

Unfortunately, many obstacles stand in the way between elders and the creative expression that would build confidence and community for them. “Accessibility to the opportunities that are out there is one of the biggest challenges,” Hanna says. “But we can change that, and we are changing that.”

Hanna sees this change occurring not just at the national level, as we implement programs to address this need and advocate for them, but at the immediate, community level, reaching individuals. “It’s important that we make it easy for our elders to become engaged with each other and the community at large,” she says. “Transformation often starts small, but builds momentum as people see the benefits. For example, most museums have educational programs that welcome older adult learners—the Museum of Modern Art is

a great example. They're fabulous opportunities, but getting the word out is the challenge. We have to open the doors wider in every community, including faith-based communities. We just need to make these resources available."

NCCA's Future—and Ours

The challenges of a rapidly growing elder population in the United States are front-and-center in NCCA's field of vision, Hanna explains. "Our work now must address the critical needs of the older members of our society," she says. "Those caught in the throes of dementia, and their caregivers, represent an enormous issue for all of us. We're looking at the full spectrum of aging, but the crisis situation of our frail elders is a top priority."

But even with challenges ahead, Hanna and NCCA are very optimistic. "We predict the population is going to age

healthier and healthier," she says. "On the science front, we're seeing amazing things happen at a stunning rate. But healthy aging really comes to a matter of lifestyle."

For Hanna and NCCA, it's a community effort we all need to be part of. "We need to shift some paradigms to help the high-need population, but because the population is aging in such huge numbers, it's critical that we open up the accessibility to services that they need—including the creative opportunities that abound out there," she says. "We just need to open the doors even wider, so we can engage our elders. It's a magical time for science, indeed, but it's also a magical time for community. We need to see our elders as a wonderful gift to us, offering all this wisdom available at our fingertips, because wisdom moderates the mistakes of youth. And that's our vision and our mission: We want to be a bridge between populations and services." ■

("Children," continued from page 17)

you can use statistics to help clarify that your relative is one of 5.5 million Americans suffering from this disease, and that she did not just get this out of the blue. Supplying more information can help give the child some sense of control over the situation. "Preteens and teens will have more complex emotions than younger children, but may not volunteer their feelings," reminds Stratton. "The caring adults in their lives will need to anticipate these feelings and take responsibility for initiating conversations. Young people are more capable of experiencing and understanding the loss of the person even before death occurs. At any age, that is so confusing and may bring about deep hurt and pain, which just needs support and care."

Keep Talking

Given the often drawn-out nature of AD, consider the conversation less of a speech and more of a process, regardless of the age of your kids.

- **Address the fears.** Aside from basic concerns about their own care, children who live in the midst of AD might deal with other, less obvious fears. "When the adult caregiver is upset, the children are going to be upset," cautions Berger. "So when you, as the parent and the caregiver, get to where you're losing it, it's okay to say to your child, 'I don't blame you for feeling bad, because so do I.'" It is most important for parents to watch for signs of fear and worry in their children. Barbara Stratton explains that in one family, that might mean a child fears losing her bedroom to a sick grandparent. In another, a child might experience nightmares after witnessing unusual behavior in a relative. Instead of asking, "What's

the matter?" Stratton recommends the more productive and sensitive alternatives, "What's worrying you?" or "I think something about Grandpa is scaring you; what is it?" The goal is for all involved—children and adults alike—to acknowledge their feelings in order to conquer their fears.

- **Introduce coping strategies.** The key to helping children through the difficulties of Alzheimer's is to maintain a strong and loving parental relationship with them, in which trust and communication are readily available. Additionally, parents should reassure children that they are entitled to their feelings about the situation. "When you're a kid, you get the message that you can't be a baby; you must go forward," says Berger. "With Alzheimer's, the patient becomes the baby and it can be very threatening for a child to see a grown-up act that way. Parents need to reinforce to children that they are allowed to be children; parents need to protect that right," she adds. Some families find it helpful to give each person an opportunity to express their frustrations and feelings following visits with their relative. On a day-to-day basis, parents might consider giving their children specific caregiving responsibilities, such as reading the comics to Grandpa or making a photo memory book with Grandma. "Children cope better when they feel like they are contributing in some way," reminds Stratton. "No matter what the chosen activity or routine, when children believe they are needed, perform tasks that people depend on and have a place to belong, they can overcome any challenge." ■



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A Conversation with Maria Shriver

By Tamekia Reece



Photo: Katja Heinemann/HBO

The Alzheimer's Project: Momentum In Science: (l to r) Maria Shriver, Carl Cotman, Nicole Berchtold.

As a mother of four, a bestselling author, award-winning journalist and wife of California Gov. Arnold Schwarzenegger, Maria Shriver leads a very busy life. Despite her hectic lifestyle, there's one issue for which Maria always sets aside time: being an advocate in the fight for Alzheimer's education and research for a cure.

Getting the word out about this ravaging disease is a personal matter for Maria. Six years ago, her dad, Sargent Shriver, was diagnosed with Alzheimer's. Sargent Shriver was the founding director of the Peace Corps and creator of VISTA (Volunteers in Service to America), Job Corps, Head Start and many other socially conscious programs. While watching her father's condition deteriorate and realizing "there was little information—and even less hope," Maria took it upon herself to be a voice of compassion, education and hope for families struggling with Alzheimer's.

In May, HBO debuted *The Alzheimer's Project*, a four-part documentary, for which Maria served as the executive producer. As a multi-format project, *The Alzheimer's Project* also includes a companion book, DVD of 15 short supplemental films, a website, and a nationwide community-based information and outreach campaign.

Preserving Your Memory magazine talked to the First Lady of California about *The Alzheimer's Project* and her hopes for an Alzheimer's cure in the near future.

Preserving Your Memory: The Alzheimer's Project is a series of films focusing on many different aspects of Alzheimer's. How did the project come to be?

Maria Shriver: The project was produced by HBO, and was really the brainchild of Sheila Nevins [president of HBO Documentary Films] and [producer] John Hoffman. In

2004, after I had written a book on Alzheimer's for children, I had gone to HBO and proposed an Alzheimer's special, but they didn't want to do it because they didn't think the time was right. Then, when they saw the numbers growing so dramatically, they decided that the time was right and they called me back and said, "Do you still want to work on this? Are you still interested?" I said yes, I was, and off we went. They decided to make it an across-the-board project that would deal with science, children, caregivers, and living with the disease and an accompanied book, and DVD projects. So, it's bigger and better than I ever imagined.

PYM: You first became an advocate for families struggling with Alzheimer's when your father, Sargent Shriver, was diagnosed with the disease. How did the diagnosis affect your family, and how is your dad doing now?

Maria: Well, I think any time a family member gets the diagnosis of Alzheimer's, it affects the entire family. I think you go through first shock, confusion, denial, and at some point acceptance, and then the acceptance keeps asking you to reaccept it over and over again. My dad is doing well. He's at home. He doesn't know who we are, but he seems happy to me. Of course you never really know how a loved one with Alzheimer's is doing, but you just hope they're doing as well as you hope they are.

PYM: Research has shown that a person with a family history of Alzheimer's is more likely to develop the disease. Are you afraid of getting Alzheimer's?

Maria: Yes, I am. And I think anybody else in America, whether they have a loved one with Alzheimer's or not, should be afraid of getting Alzheimer's because we're living longer lives and that increases our chances of getting Alzheimer's.

I guess that's the downside [to living longer lives]. The upside is that we can change that, and we can make this our generation's cure. Just like generations before us found a way to prevent polio, we can find a cure for Alzheimer's if we come

together, get motivated, and pressure this government and private enterprise to come together and try to find a cure, which I hope will happen.

PYM: So, what are you doing health wise to try to prevent Alzheimer's?

Maria: Well I try to exercise. I try to keep my heart healthy,

because there's a direct correlation between your heart and your brain. I try to keep my social circle broad. I try to eat right and I pray. I pray that I don't get Alzheimer's. And I try to use my voice to pressure the government to allocate funds so that we can find the cure. I think that's all you can do.

PYM: One of the segments in the series is *The Memory Loss Tapes*, which gets the point of view of the person with Alzheimer's. Why was this approach taken? Oftentimes when we hear about Alzheimer's it's from the point of view of the family and friends of the person with the disease.

Maria: Well, I think because [the documentary is] four hours [long] it was a chance to hear from grandchildren, it was a chance to hear from caregivers, and it was a chance to hear from scientists, but it was also a chance to hear from people who actually have the disease. They can tell us more than probably anybody. Scientists approached it from their point of view; caregivers approach it from their point of view and people who are diagnosed with it approach it from a completely different point of view. So this being a massive project, we were allowed the opportunity to cover all of those different aspects.

PYM: For viewers who watch the documentary, what effects do you think it will have on them



Photo: Katja Heinemann/HBO

The Alzheimer's Project: "Grandpa, Do You Know Who I Am?" With Maria Shriver: (l to r) Mary Frances Anderegg, Bart Anderegg, Alyssa Anderegg



Photo: Katja Heinemann/HBO

The Alzheimer's Project: Caregivers: (l to r) Andrea Ontiveros, Suzanne McKenna and Arlene Storz.

hearing what the person with Alzheimer's is actually experiencing in his or her own words?

Maria: I think it might scare them a little bit and it might make people a little uncomfortable. But hopefully it will maybe scare them enough to think, "Uh oh, I don't want to get this, so maybe I'll get involved in trying to find a cure." That's what I'm hoping.

PYM: You mentioned your children's book.

Maria: It's called *What's Happening to Grandpa* and it came out in 2004 [and was published by Little, Brown]. It's a book designed to explain Alzheimer's to children, but it works for adults, too.

PYM: The Alzheimer's Project also includes a segment titled "Grandpa, Do You Know Who I Am?"

Maria: Yes, one of the hours of the project is devoted to explaining Alzheimer's to children of all ages, and that's the one part that I appear in as well.

PYM: What prompted you to write the book, and why was *Grandpa, Do You Know Who I Am?* included in the documentary? Do you think children and teens are sometimes overlooked when it comes to coping with a loved one who has Alzheimer's?

Maria: What drove me to write the book was that [after my dad was diagnosed with Alzheimer's, there wasn't anything out there explaining it to children. So, that's why I wrote the book. [The topic] was included [in *The Alzheimer's Project*] because that's the first thing I had pitched [to HBO] and there are estimates that there are over a quarter of a million young people and children taking care of grandparents at home with Alzheimer's. So, children understand Alzheimer's. They know about it. Seventy percent of the people with Alzheimer's that are cared for at home are living across generations, and as I said earlier, this is a family disease and it affects people of all ages. So, it was very important to me that we include the young people, because they have a lot to say about it and we have a lot to learn from them about it.

PYM: When your own father was diagnosed, how did your children take it? Did they ask you questions that you didn't know the answers to or weren't sure how to answer?

Maria: Yes, they asked me lots of questions. In my book I kind of wrote to their questions and I wrote some of their answers. We've kind of been talking about it ever since he was diagnosed, and I think we'll keep talking about it because it keeps changing, so you have to keep talking.

PYM: So, after your father's diagnosis, how did you educate yourself so that you could answer your own questions and those of your children?

Maria: Well, I read about it, I talked to people about it, I talked to doctors, and I talked to people who were also children [of parents with Alzheimer's]. That was really all I did because the Internet wasn't what it is today. But I think you just ask questions and you kind of become a reporter and just try and learn as much as you can.

PYM: Speaking of research, the series also includes a segment called *Momentum in Science*, which you mentioned before is a look at some of the work being done in research laboratories. How does this part of the documentary serve families struggling with Alzheimer's?

Maria: I think it gives them hope to know that there's a lot of research that is being done. There are a lot of dedicated doctors, scientists and researchers in small laboratories and big laboratories all over this nation who are working to find a cure. So, I hope it will give families hope that we are trying to find a cure. People are trying to find a cure. It will encourage families to perhaps lobby their government leaders to fund more research. Because that's where the cure is going to come from. It's not going to come from us sitting around talking about it. It's not going to come from a television special. It's going to be some doctor somewhere who's researching in an unknown place who holds the key to the cure.

PYM: Overall, what do you hope to accomplish with *The Alzheimer's Project*?

Maria: Well I hope it will get people talking about the disease. I hope it will lift some of the shame or embarrassment of the disease, and I hope it will make people feel that there is hope on the horizon and that they're not alone in dealing with this. ■

Inside *The Alzheimer's Project*

The Memory Loss Tapes

The first part of *The Alzheimer's Project*, *The Memory Loss Tapes*, brings viewers into the world of seven patients living with Alzheimer's, each in an advancing state of dementia and across the full spectrum of the disease. In their own words and actions, the Alzheimer's sufferers share what it's like to lose their independence and slowly lose one's mind. Among the emotionally gripping stories: a woman in a nursing home who thinks her mirrored reflection is her "best friend"; a father who no longer can remember his family, but can still steal the spotlight when performing in public with a local vocal group; a daughter who must build a fence around her farm to prevent her mother from wandering off; and the one-time host of a kids' TV show.

"Grandpa, Do You Know Who I Am"? With Maria Shriver

Based on her book, *What's Happening to Grandpa?* (available from booksellers everywhere), and her own experiences with her father, Sargent Shriver, Maria Shriver provides commentary and guidance in five lessons for ways grandchildren can cope with the experiences of having loved ones who have Alzheimer's. The film gives viewers a look into the lives of children and teens facing their grandfather's or grandmother's illness.

Momentum in Science

Although the first two parts of *The Alzheimer's Project* are sure to produce tears, *Momentum in Science*, a two-part documentary, offers a glimmer of hope. *Momentum in Science* takes viewers inside the laboratories and clinics of 25 leading scientists and physicians, revealing some of the most cutting-edge research advances.

Caregivers

When a person is diagnosed with Alzheimer's, it affects the whole family, especially the members that take on the role of caregivers. *Caregivers* is a collection of five family portraits of caring at different stages of Alzheimer's disease. The film highlights the sacrifices, struggles and successes made by those experiencing their loved ones' descent into dementia.

Do you have a question you would like to ask the experts at the Fisher Center for Alzheimer's Research Foundation? If so, please call 1-800-ALZINFO visit ALZinfo.org, send surface mail to Fisher Center for Alzheimer's Research Foundation, West 46th Street & 12th Avenue, New York, NY 10036, or e-mail info@alzinfo.org.

Behind the Wheel with Alzheimer's

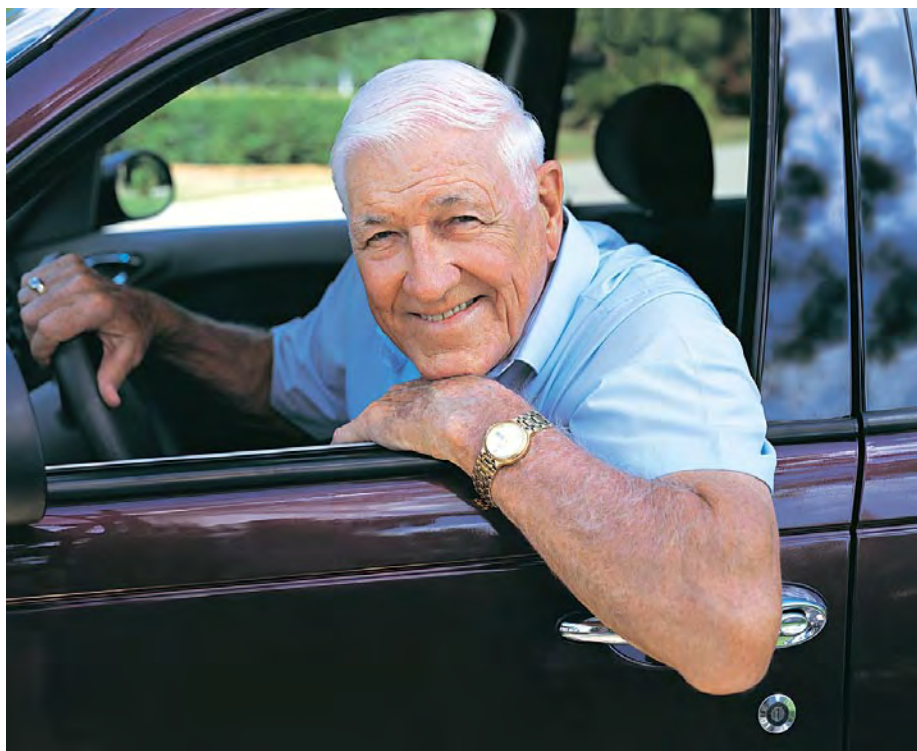
Continuing to drive a car poses special challenges for the person with Alzheimer's. Early in the course of the disease, patients typically want to continue to enjoy their independence and mobility, and in many places, that only comes by driving. And for a time at least, the person with dementia may be able to continue to drive.

However, it's important to realize that driving skills deteriorate over time, and that the person with Alzheimer's is often unaware of worsening problems and unable to realistically assess their abilities. It is therefore important that caregivers and family members work closely with the patient, doctors and driving specialists to monitor and regulate driving and ensure the safety of the patient and others on the road.

Recognizing Risky Driving

Review the following checklist:

- I get lost while driving.
- Friends and family members worry about my driving.
- Other cars seem to appear out of nowhere.
- I have trouble seeing signs in time to respond to them.
- Other drivers drive too fast.
- Other drivers honk at me.
- Driving stresses me out.
- After driving, I feel tired.
- I have had more "near misses" lately.
- Busy intersections bother me.
- Left-hand turns make me nervous.
- The glare from oncoming headlights bothers me.
- My medications make me dizzy or drowsy.



Talk with your loved one's doctor about whether driving is still a safe option for him or her.

- I have trouble turning the steering wheel.
- I have trouble pushing down on the gas pedal or brakes.
- I have trouble looking over my shoulder when I back up.
- I have been stopped by the police for my driving lately.
- People will no longer accept rides from me.
- I don't like to drive at night.
- I have more trouble parking lately.

Depending on how many of these apply to you or to a family member or friend, driving safety may be at risk.

Talk with your doctor about whether to continue driving.

Is Your Loved One a Safe Driver?

If you're concerned about a loved one's safe driving, you can take measures to help him or her stay safe. Go for a ride with your loved one every now and then and look for any warning signs. Check with friends and passengers about any changes they may have noticed. Warning signs include:

- Forgets to buckle up.
- Does not obey traffic signs or stop lights.

(See "Driving," on page 38)

Key Protein May Lead to Faster Acting Anti-Depression Drugs

There is no single known cause for depression. Depression is believed to result from a combination of genetic, biochemical, environment and psychological factors. Each year over 17 million American adults experienced a period of clinical depression. In Alzheimer's patients, depression is a major problem that often results in agitation. Depression experts claim that many people with a depressive illness never seek treatment. Some have suggested that if antidepressants started working in hours or days rather than weeks or months—more people would seek treatment.

Dr. Paul Greengard, Medical Director of the Fisher Center for Alzheimer's Disease Research and his colleagues have taken a step in this direction. They have identified a key protein that might help drug makers create pills that alleviate the symptoms of depression faster.

The finding, reported in *The Journal of Neuroscience* by Paul Greengard, Jennifer L. Warner-Schmidt and colleagues in Sweden, gives further credence to the proposition (originally proposed by Greengard and colleagues) that a protein, called p11, is a key player in depressive illness and may lead investigators to new treatments.

Previous research by Greengard, who was awarded the 2000 Nobel Prize in Medicine or Physiology, helped to establish p11 as a key component regulating the brain's sensitivity to a neurotransmitter known as serotonin, which has long been linked to mood. The effects of p11 on serotonin signaling in the brain may contribute to an individual's susceptibility to



depression and his or her response to antidepressant treatment. Depression can take a serious toll on both Alzheimer's patients and their caregivers. New scientific discoveries are being made to help bring relief faster.

depression and his or her response to antidepressant treatment.

“There is a pressing clinical need for faster-acting antidepressants,” says Greengard. “An understanding of the cellular mechanisms underlying the therapeutic actions of these drugs may

lead to better treatments with fewer side effects.”

For more information on p11 or to receive expert reviewed Alzheimer's disease news, please visit www.ALZinfo.org. ■

Symptoms of depression are many and varied. They may include:

- Feeling sad, apathetic, or hopeless for weeks to months on end.
- Loss of interest in daily activities, especially ones that used to bring pleasure.
- Poor appetite and weight loss; or increased appetite and excessive weight gain.
- Troubled sleep, waking up repeatedly during the night, or an increased need for sleep.
- Feeling anxious or agitated.
- Trouble thinking or an inability to concentrate.
- Focusing on non-serious physical complaints.

Skydiving into Alzheimer's: Beth's Bucket List

"It's Alzheimer's."

Straight and to the point, with no emotion. That's how Beth's doctor told her and her husband Jay two years ago that at age 58 her changes in thinking and behavior were due to Alzheimer's. That's the day their lives changed forever.

"Our first reaction was to cry and bemoan the news. Then we decided that now that we know why all these weird things were happening, we would meet it head on and live our life to the fullest as long we could" Jay said. As fans of the movie *The Bucket List* (about two terminally ill guys who try to do things they like before they "kick the bucket"), Beth and Jay openly discussed what she would want to do in the upcoming years, knowing the course of what was likely to come. Thus began Beth's "bucket list."

His work as a truck driver required that he be on the road a lot, so Jay was forced to retire earlier than expected because of his demanding caregiving role. Although their financial future was in peril, they knew it was now or never to live out their retirement dreams to the extent possible. So they took the dream vacation they had longed for when they retired. Jay and Beth recall with enthusiasm these few months.

Seeing the Sights

First on the list were trips to California seeing all the major sites, from the Golden Gate Bridge to the major Hollywood movie studios, and a jaunt across the border into Mexico. After a



Jay and Beth VanWinkle

Jay VanWinkle

stop back home, Jay, Beth, and their dog got into their truck and headed out west, seeing many major sites including the Grand Canyon, Hoover Dam, Las Vegas strip, Mormon Tabernacle, Great Salt Lake, Old Faithful, Mount Rushmore and all the magnificent beauty the country holds in between.

The trip was made all the sweeter by visits with friends along the way, all of whom knew of Beth's diagnosis (and the recent death of their only child). Everyone seemed to go out of their way to host them. Beth politely smiles and nods her head as Jay recounts memories of the trip in detail, trying with halting difficulty to add her own details of the trips.

A Different Kind of "Trip"

When the travel plans and money were almost depleted, Jay approached Beth about what else she longed to do at this point in her life. Then to everyone's surprise, this petite, shy, sweet woman an-

nounced that she wanted to go skydiving.

"I heard of an 80-year-old lady jumping out of a plane on her birthday and it struck me as something I wanted to do as well," Beth said.

So they found a jump site a couple of hours from their rural Mississippi home and planned the jump just before her 60th birthday. After a trip to the landing site and many questions for the instructor and others who had jumped, Beth made her first skydive last fall. Bud, the instructor, patiently answered all our questions

reassuring me (Jay) that she was in good hands. Later we learned that this kind man had a special interest in making this a great experience for Beth due to a personal relationship with a close relative who had Alzheimer's himself.

Going Down the List

Another dream of Beth's was to meet her favorite actor, Morgan Freeman. A trip to Clarksdale, Miss., after a wonderful meal in his restaurant resulted in a lucky encounter and a big hug from the famous actor.

With her rapid loss of physical and mental abilities, Beth is eager to get on with her current and possibly last bucket list wish: horseback riding. She is hopeful that everything works out for a place to ride in the next few months—"before I go to la-la land," as she puts it.

As time passes, the wishes become more mundane. A ride in the country

or a short dinner out with friends are major events in Beth's life, but Jay and Beth still try to live life to the fullest. A natural optimist, Jay says, "On a daily

basis we now spend much of our time in finding new ways to do old things. Although our lives have changed drastically, we have grown closer and look

forward to our time together with no regrets. As we like to say, it's been a good ride"—or in their case, skydive! ■

Window to the Soul

Written by Ashley Tesh,
Kansas City, Missouri

As a child I shied away from this large and rugged man, preferring the comfort of my Grandmother's soft, gentle embrace. At the end of every day, he would walk through the kitchen with a big, white smile flashed across his face, his shirt covered with dirt and sweat. He would bend his knees and open his arms wide. It wasn't until he started bribing me with pieces of cheddar cheese that I began running into those open arms without hesitation.

As an adult I would find myself parked in front of his house, debating if I should go inside. I feared the man I cared so much for and shared so many memories with wouldn't be able to remember who I was. Many times, that fear was too much for me to handle and I would drive away. Looking back, I wonder if he ever saw me from the windows of his small green-and-white house; delighted at the thought of a visitor and hoping that I would stay.

Making the Visit

On one occasion, early in the spring as the sun was setting against a purple-and-red sky, I found the courage to stay. As I walked up the sidewalk the warm breeze carried the scent of Grandma's peonies to my nose. Nearly 10 years after her death, they continued to bloom every spring.

I gave the doorbell three rapid rings, hoping it was loud enough for him to hear over the evening news. As I stood on the front porch, my mind flashed back to popsicles, wagon rides and chalk drawings on the very cement below my feet.

With an excited force the front door flew open revealing a smaller man, with bent knees, arms stretched wide open and a big, white smile flashed across his now wrinkled face.



Ashley Tesh and her Grandfather

"Sweetheart!" he said. My racing heart eased; he remembered me.

He sat me down in the living room with a can of Coke, placing a neon green flexi-straw through the tab; he informed me this was to keep it from moving around the ½-inch lip. He sat next to me holding our family photo album, and I watched as his illness slowly showed its ugly face. He shared with me photos of him as a child with his brother and sisters. He proudly showed me his beautiful wife Kathleen and their four children, as if I were a stranger to their love story. I sat patiently and quietly listened as he told me everything he possibly could about his life; happy to have someone there with him.

The Heart Never Forgets

When we came across a recent photo of my father and his wife, I watched my Grandfather as he examined their smiling faces. Confused, he handed the picture over to me asking if I knew the couple.

"That is Mark and his wife, Mary."

"Mark! My son? No! It can't be, that man is my age!" he laughed. "How do you know my son?"

"He is my father" I replied. A giant knot had formed in my throat, barely allowing those words to escape. It was at that mo-

ment I realized he had no idea who I was.

"No! Mark doesn't have children, he is a child himself!" he responded, laughing once again.

Fighting back tears, I set my gaze to the fireplace mantle that shelved two decades of anniversary, holiday and grandchildren's school pictures. These were two decades' worth of memories, now secretly stored somewhere in his brain, unable to be relived.

His rough and worn hands—hands that once held the tools that built his home, reared his children, coddled grandchildren, and that held his Bible as he led his church—were now resting gently on top of mine.

"The eyes are the windows to the soul," he began. "Sweetheart, I may not remember your name or how we are related but I can tell by looking into your eyes that you love me and I am safe with you. I feel in my heart that I love you; you are special to me. The mind may forget names, places or time; but the heart never forgets love."

How could I have been so blind?

The Lessons of Love

He has since passed away after a frustrating battle with Alzheimer's.

I will never forget his words; during times of pain they bring me comfort. I no longer fear being forgotten because I know my love will be remembered. At times of uncertainty they continue to guide me.

I keep my bruised heart open in hopes that someday I find a man as wise, compassionate and spiritual as him that will love me with the same love he had for my Grandmother. The love that he gave came straight from his heart; it was strong, pure and unconditional. It is the same love that runs deep within my veins. ■

Jogging the Memory with Fun Fitness Ideas

There are plenty of ways for Alzheimer's patients to get the physical activity they need. Some are too much fun to be called "exercise," but they're just as good for you.

Dancing, gardening and playing games can be good exercise for any age. For people with Alzheimer's disease, these fun fitness activities can boost self-esteem, improve mood and bring back pleasant memories from younger days.

"Wii" Just Want to Play

Imagine an 83-year-old man with mild symptoms of Alzheimer's disease as he waits for a pitch and keeps his eye on the ball. He swings a baseball bat and hits a home run as the crowd goes wild.

The Nintendo Wii is a video game platform that simulates playing sports like baseball, tennis, bowling and golf. Using the game's motion-sensitive tracking device, a player swings a virtual baseball bat or rolls a computer-generated bowling ball to "play" on her TV screen.

Wii has become a popular new form of exercise for seniors and those in the beginning stages of Alzheimer's disease. "The Wii has become a really new and unique thing for seniors to get involved with, and it is really because of the simplicity of use," says Chris Brockington of the Lifecare Group, a group of retirement centers in Canada.

Socialization and hand-eye coordination are two of the ways that Wii can be helpful, says Peggy Bargmann,



Dancing isn't just fun—it's great exercise.

coordinator of the Brain Fitness Club. Bargmann leads the program for seniors experiencing early memory loss.

University of Central Florida students from the Department of Communication Sciences and Disorders volunteer to participate in the Brain Fitness Club, which meets two days a week at First United Methodist Church in Winter Park, Fla. Students are matched one-to-one with seniors in the early stages

of Alzheimer's disease or other dementia.

The Brain Fitness Club uses Wii, ping-pong, pool, Scrabble and other games as a form of mental and physical stimulation for participants. Wii bowling is one of the most popular video games, says Bargmann. "Each game, everything we do here, has a purpose," she says. "It's not just entertainment; hopefully it might help preserve certain cognitive skills in early Alzheimer patients."

Foxtrot the Night Away

Dancing and music can be a magical combination for unlocking long-term memories in people with Alzheimer's disease.

Since 2001, the Mount Royal Towers Retirement Community in Birmingham, Ala., has sponsored a dancing event for Alzheimer's program residents and their families. Those who attend wear formal dress and

dance to the sounds of big band music from the 1940s. Dancing and listening to music helps the residents connect with their past as they recall pleasant memories from years ago.

Dancing does double duty as a physical and mental workout for people with mild forms of dementia. What makes dancing different? It may be the mental challenge or the fun. Dancers must remember complex steps and move in

time with the music while working with a partner. This could make learning new steps difficult for dementia patients, but the ability to sense rhythm or to follow old, familiar steps is usually not impaired.

“Dance therapy focuses on movement and interaction in the present moment, drawing on the person’s social and emotional abilities rather than their disabilities,” says public relations chairperson Donna Newman-Bluestein of the American Dance Therapy Association. “Because memories are stored in the body’s muscles and tissues, expressive movement can release memories.”

Twirling around a ballroom floor with a partner in your arms may also help prevent Alzheimer’s disease. A study of 469 people over the age of 75 by the Albert Einstein College of Medicine in New York City found that ballroom dancing was associated with a lowered risk of dementia. Published by *The New England Journal of Medicine*, the study found dancing cut the risk of the disease by 76 percent.

Grow a Garden of Memories

Raking leaves, planting flowers and watering plants are easy gardening chores that provide a sense of accomplishment and a form of exercise for people with Alzheimer’s disease. These simple tasks may also help reduce memory loss.

A four-year study of nearly 750 seniors living in Italy found that moderately strenuous activities, such as working in a garden or doing light housework, were associated with a lowered risk of vascular dementia, a form of memory loss linked to poor blood flow in the brain. Findings of the study were published in the medical journal *Neurology*.

Poor blood flow may aggravate memory loss and symptoms of Alzheimer’s disease. Physical activities like gardening may deliver more oxygen and nutrients that are critical for a clear mind and better memory.

Exercise for the Body and Brain

No matter your age, regular physical activity can improve heart health, build muscle and sharpen thinking skills. Physical fitness is good for everyone.

If you’re a caregiver for a loved one with Alzheimer’s disease, exercise should never be boring. Whether dancing, playing games or gardening, help your loved one spark some memories by making fitness fun. ■

Healthy physical activity can go “green” with gardening.



You have the Power

A power of attorney (POA) is a legal document in which one person (in legal terms, “the principal”) appoints another person (“the agent”) to act on behalf of the principal. It allows you to appoint someone to make financial decisions for you in the event you become incapacitated and can no longer make those decisions yourself. People with Alzheimer’s disease have declining levels of ability to make financial decisions; thus, it may be possible for someone with early-stage Alzheimer’s disease to execute a power of attorney.

How Power of Attorney Works

The power of attorney document defines the authority of the agent. A general power of attorney authorizes the agent to perform virtually any financial act on behalf of the principal. A limited power of attorney authorizes the agent to perform limited acts, such as selling a home, and remains effective for a limited period of time (e.g., 60 days).

The POA is presented to a third party as authorization for the agent to act on the principal’s behalf. The third party might be a bank, a stockbroker, a title insurance company or any other person with whom the agent

must deal. A durable power of attorney is one that remains in effect even after the principal becomes incapacitated. The word “durable” simply means that the powers granted in the document

ed. A guardianship proceeding can take several months to complete and requires ongoing court supervision.

Some durable powers of attorney are “springing”—that means they only apply if a certain condition is met, such as having a doctor write a letter saying you are incapable of effectively managing your affairs. Other durable powers of attorney are “effective immediately,” which means they work without any certification and stay effective if incapacity happens later.

Choosing an Agent

The selection of an agent is particularly important in a power of attorney. It is critical to select an agent who is trustworthy. A trustworthy agent will carry out his fiduciary duty to act only on behalf of the principal. The agent must also be diligent and get things done on time. It is also important to name a “successor agent” in your POA in case the primary agent dies, becomes disabled or is otherwise unable to serve.

Although the laws of each state differ, you can appoint more than one person to act as your agent under a durable power of attorney. If you appoint two people, then you must decide whether they may act separately



Choosing an agent is one of the most vital aspects of setting up a power of attorney.

survive the principal’s future incapacity. Without a durable power of attorney, your family must initiate a guardianship proceeding for you in order to manage your finances if you become incapacitat-

or together. There are pros and cons of setting it up one way or the other. If the agents may act separately, then each one has the power to manage your finances without necessity of obtaining the signature of the other agent. If you require the agents to act together, then both signatures are required before the agents may act. Many feel that this provides an added layer of protection once the principal becomes incapacitated. However, keep in mind that this arrangement will also make it more cumbersome for your agents to deal with routine matters since two signatures will be required.

The choice of an agent under a power of attorney is an important decision. Many people choose an agent for the wrong reasons. For example, they chose their oldest child or the child who lives closest to them. However, they fail to consider whether this child has the ability, the time, or the respect of other family members to serve adequately. It is important to pick a person who has the respect of other family members and has the time, the ability, and the willingness to serve.

While a durable power of attorney is intended to make things easier for your family if you become ill, when broadly written it can convey a tremendous amount of power. This means that the appointment as an agent under a durable power of attorney comes with a tremendous amount of responsibility. A trustworthy agent will carry out his fiduciary duty not to self-deal and to act only on behalf of the principal.

Although an agent under a POA has



A durable power of attorney is a key part of successful estate planning.

a legal duty to act only on behalf of the principal, the laws in all states give third parties a considerable amount of protection so long as the third party acts in good faith. There is generally no duty to inquire as to whether the POA document remains valid although many third parties follow that practice. Because of these protections for the third party, it is relatively easy for an agent in possession of the POA document to abuse the POA. Thus, it is important for the principal to take precautions to protect himself from abuse of the POA by an agent.

For example, you could require the agent(s) to provide regular accountings to other family members or to a third party such as a lawyer or an accountant. In some cases, it might make sense to give a third party the power to replace the agent if the agent is not properly doing his or her job. The agent is subject to a set of legal rules known as “fiduciary duties.” That means the agent must act in the principal’s best interests with the highest duties of care, honesty and loyalty

to the principal. The agent should keep good records and a written journal of all financial transactions. The agent should keep his and the principal’s assets separate. They should never be commingled. The agent has a duty to see that the principal’s assets are not depleted or wasted.

A durable power of attorney is a valuable estate-planning tool; it is not merely a boilerplate form document. When drafted and used properly, it can make things easier for your family if you become ill. It is imperative that you carefully consider all the relevant issues when going through this process with your professional advisors. ■

Bernard A. Krooks, J.D., CPA, LL.M (in taxation), CELA is immediate past president and founding member of the N.Y. chapter of the National Academy of Elder Law Attorneys and a nationally known and widely quoted expert on elder law. For more information, visit the firm’s website at www.littmankrooks.com.

Brain-Boosting Puzzles

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

(Answers on page 37)

MATCH THESE

Can you match each famous TV character to the actor who played the role?

- | | |
|----------------------------|------------------------|
| 1. _____ Elaine Benes | a. Raymond Burr |
| 2. _____ Murphy Brown | b. Jim Nabors |
| 3. _____ Perry Mason | c. David Hyde Pierce |
| 4. _____ Remington Steele | d. Sharon Gless |
| 5. _____ Barney Miller | e. Candice Bergen |
| 6. _____ Grace Adler | f. Buddy Ebsen |
| 7. _____ Gomer Pyle | g. Ed Asner |
| 8. _____ Doctor Quinn | h. Julia Louis-Dreyfus |
| 9. _____ Lou Grant | i. Hal Linden |
| 10. _____ Christine Cagney | j. Jane Seymour |
| 11. _____ Niles Crane | k. Debra Messing |
| 12. _____ Barnaby Jones | l. Pierce Brosnan |

DROPLINE

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

A	E	B	E	E	E	E	E	N	D	A	I	M	A	O	I	D
O	T	H	E	R	T	H	I	S	W	A	L	N	E	O	N	E
		I	S	T	W	I	R			O	O	W	G	Y	S	T
		L	T			S				S	Y	T				
	T															

LEAPFROG

Here’s a list of parts of houses — two terms for every number. The letters of the two words are in the correct order, but they overlap. All you have to do to find the terms is separate the letters.

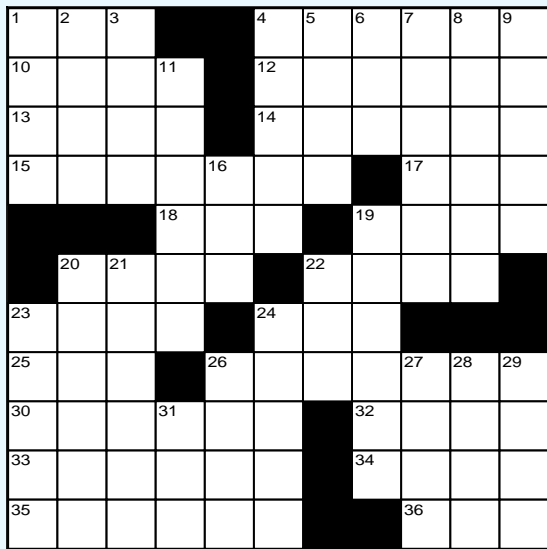
Example: **BREAOAOMM** — **BEAM ROOM**

- | | |
|--------------------|-------|
| 1. GEAABLVEES | _____ |
| 2. WIDNDOOOWR | _____ |
| 3. CDHOIMRNMEEYR | _____ |
| 4. HLIANLTELWALY | _____ |
| 5. CLOVASNIETYT | _____ |
| 6. SHETARATIRSH | _____ |
| 7. VEGUTRATENDAR | _____ |
| 8. RAMAFNTETRELS | _____ |
| 9. BACESILEMINENGT | _____ |

•VISIT US AT KAPPAPUZZLES.COM•

BRAIN-BOOSTING CROSSWORDS

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



Across

1. "Just as I thought!"
 4. Zero
 10. Hunter and Holm
 12. On land
 13. El ___ (weather phenomenon)
 14. Decorated anew
 15. Difficulty
 17. Baby goat
 18. Sticky mess
 19. Golf gadgets
 20. Eight, to Eduardo
 22. Auction offers
 23. Sect
 24. ___-advised
 25. Stop ___ dime (2 wds.)
 26. Whenever

Down

1. "Am not,"
 2. Bald man's lack
 3. ___ Domini
 4. He was married to Sophia
 5. "Understood!" (2 wds.)
 6. Advanced degree (abbr.)
 7. Caught a fish
 8. Pyle and Banks
 9. Marsh plants
 11. Searched for
 16. Halloween holler
 19. Tipped
 20. Pound's 16
 21. Barton et al.
 22. Journalist Nellie ___
 23. ___ Rica
 24. Not active
 26. Copies
 27. Monogram part (abbr.)
 28. Material for Christmas tree snow
 29. Genesis site
 31. "Take Me ___ Am" (2 wds.)

(Answers on page 37)

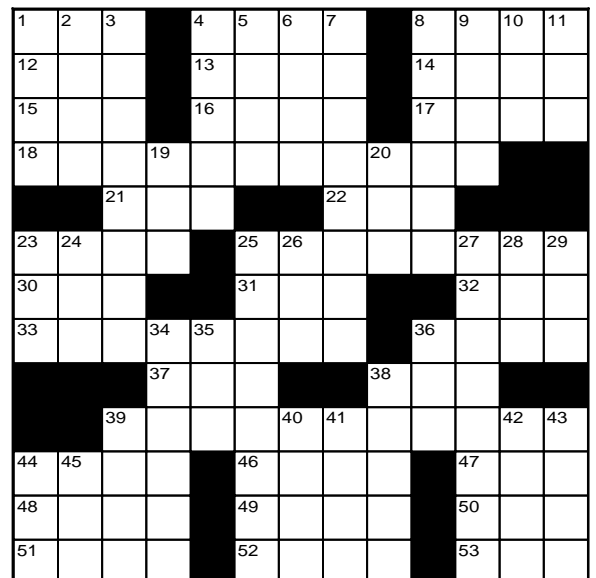
Smart Moves

Across

1. Work at the checkout
 4. Use a kiln
 8. Dictator Peron
 12. Peoria's st.
 13. Smithwick's and Newcastle Brown
 14. Muffs it
 15. Flirt at Mel's Diner
 16. On ___ (without the promise of pay)
 17. Weekend-preceding letters
 18. SMART
 21. Editor's notation
 22. Coal size
 23. Like Miss Manners
 25. SMART
 30. Dyer's selection
 31. Ring victories: abbr.
 32. With it
 33. SMART
 36. Dupes
 37. Aunt or uncle, e.g.: abbr.
 38. Swab
 39. SMART
 44. He beat Maris's record in '98
 46. Ness et al.
 47. Actress Peeples
 48. Held onto
 49. Authors Hood and Beattie
 50. Like Yeller
 51. Caboose, to Eliza
 52. Glance
 53. Red Rose product

Down

1. Willy Loman's son
 2. "It's ___ blur"
 3. 8 x 10's, of a kind
 4. Fundamental
 5. Dog-food brand
 6. Perceptive
 7. Like some fantasies
 8. Flight aftermath
 9. Goad
 10. "Entourage" agent
 11. Inits. on a rubber check
 19. That fellow
 20. Actor Stiller
 23. ___ Beta Kappa
 24. Broadway stay
 25. Bony
 26. It follows won or bon
 27. "That would be unfortunate"
 28. Author Anaïs
 29. Navigation tool: abbr.
 34. Rococo
 35. Rent
 36. Clockwork component
 38. City attacked by Tatars in 1505
 39. AOL and Yahoo, e.g.
 40. Alphabetic quartet
 41. Letterman's onetime rival
 42. Setting for an Agatha Christie mystery
 43. Triumphant interjection
 44. Reggae's kin
 45. Not 'neath



BRAIN-BOOSTING PUZZLES

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All the words in this list, which are about thinking, 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 from Tom Stoppard.

You are looking for a 43-letter phrase.

CEREBRATE	MEDITATE	I N R D E L I B E R A T E
COGITATE	PLAN	F A O E F O R M U L A T E
CONCENTRATE	REASON	M R E S D N I T D E A A S
CONSIDER	RECOLLECT	E W E Z A I H O R R E E E
DELIBERATE	REFLECT	D T H C I E S H T E T T N
ENVISION	RUMINATE	I P A V O S R N V I A A V
EVALUATE	SPECULATE	T N L R G L E A O R L N I
FORMULATE	THEORIZE	A O I A N C L H B C U I S
HYPOTHESIZE		T Z C E N U I E T T C M I
		E S W O A O R R C O E U O
		T H C T H E A V I T P R N
		N G E T C E L F E R S Y T
		W I C E T A T I G O C E H

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.

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

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PUZZLE ANSWERS

Match These

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

Droplines

There is always a better way to do it when someone else is doing it.

Leapfrog

1. Eaves, gable; 2. Window, door;
3. Chimney, dormer; 4. Hallway, lintel;
5. Closet, vanity; 6. Hearth, stairs;
7. Veranda, gutter; 8. Rafters, mantel;
9. Basement, ceiling.

Hidden Message

If an idea's worth having once, it's worth having twice.

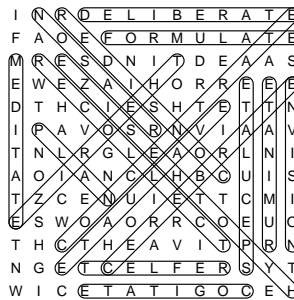
Crossword 1



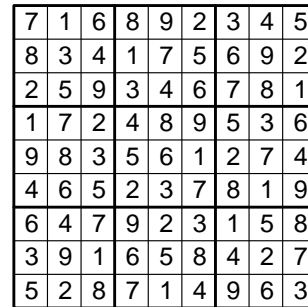
Crossword 2



Word-Find™



Sudoku



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(“Driving,” continued from page 26)

- Fails to yield the right of way.
- Drives too slowly or too quickly.
- Often gets lost, even on familiar routes.
- Stops at a green light or at the wrong time.
- Doesn't seem to notice other cars, pedestrians or bicyclists on the road.
- Doesn't stay in his or her lane.
- Is honked at or passed often.
- Reacts slowly to driving situations.
- Makes poor driving decisions.

Other signs of trouble may include:

- Recent near-misses or fender benders.
- Recent tickets for moving violations.
- Comments from passengers about close calls, near misses or the driver not seeing other vehicles.
- Recent increase in car insurance premiums.

The Next Steps

If you're concerned about a loved one's driving, take measures to keep him or her and others stay safe.

- **Talk to your loved one.** Tell her you are concerned about her driving. Does she share your concern?
- **Don't bring up your concerns in the car.** It's dangerous to distract the driver. Wait until you have his or her full attention.
- **Explain why you are concerned.** Give specific reasons: For example, recent fender benders, getting lost or running stop signs.
- **Realize your loved one may become upset or defensive.** After all, driving is important for independence and self-esteem.
- **If your loved one doesn't want to talk about driving at this time, bring it up again later.** Your continued concern and support may help him or her feel more comfortable with this topic.
- **Be a good listener.** Take your loved one's concerns seriously.

If you're concerned about a loved one's safe driving, you can take measures to help him or her stay safe.



Transportation Arrangements

Help make plans for transportation. When your loved one is ready to talk about driving safety, you can work together to create plans for future safety.

- **Make a formal agreement about driving.** In this agreement, your loved one designates a family member or friend to tell him or her when it is no longer safe to drive. This person then agrees to help your loved one make the transition to driving retirement.
- **Help create a transportation plan.** Your loved one may rely less on driving if he or she has other ways to get around. Enlist friends and relatives who can help arrange rides. Get familiar with car services or local church or civic groups that may be able to offer help.

- **Encourage a visit to the doctor.** The doctor can review the patient's history and check for medical conditions or offer treatments that may help.
- **Encourage the patient to take a driving test.** A driver rehabilitation specialist can assess your loved one's driving safety through an office exam and driving test.

To find a specialist in your area, ask your doctor or contact the Association for Driver Rehabilitation Specialists (1-800-290-2344, www.driver-ed.org). Your state's Department of Motor Vehicles may also be able to help.

A sample "driving agreement" and more information on driving and Alzheimer's can be found at The Hartford Insurance Group's Web site, "Alzheimer's, Dementia, and Driving," at www.thehartford.com/alzheimers/agreement.html. ■

MICHAEL STERN

1910 - 2009



The Directors of The Fisher Center for Alzheimer's Research Foundation note with sorrow, the passing of their President, Michael Stern.

Michael Stern never shied away from a challenge. And if it was not for Mr. Stern's leadership, *Preserving Your Memory* magazine, in all likelihood, would not have become the publication it is today. Mr. Stern's wisdom and determination to combat Alzheimer's has been a beacon by which the foundation has guided its course.

The Directors of The Fisher Center for Alzheimer's Research wish to honor his life and his legacy, "He was a loyal and true friend and that friendship will be our greatest loss. We pledge to keep his vision alive through the foundation. We send our sincerest condolences to his daughter Margaret, son Michael Jr. and granddaughter Margaret Ann," said Kent Karosen, President and CEO of the Fisher Center for Alzheimer's Research Foundation.

Living with Alzheimer's Disease

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



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



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

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

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

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