

preserving your

# Memory

Winter 2007

The Magazine of Health and Hope

**Actress  
KATE MULGREW  
Is a Voice  
of Alzheimer's**

**New Imaging  
Techniques  
May Detect  
Alzheimer's**

**A Loved One Has  
Been Diagnosed with  
Alzheimer's: Now What?**

**Best-Selling Author of  
*The Sonoma Diet*  
Shares Nutrition Tips**



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**You'd be surprised how early the effects of Alzheimer's can set in.**

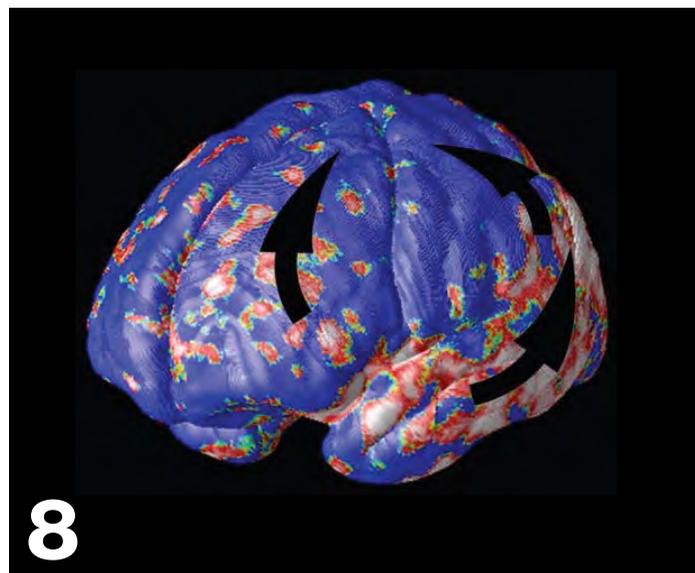
It not only steals grandparents, it steals normal life from caregivers, spouses, children and grandchildren alike. That's why for over 20 years, MetLife Foundation has supported programs for family members and caregivers and has been a leader in funding research to find a cure for Alzheimer's – contributing over \$10 million.

**MetLife Foundation**  
A leader in finding an Alzheimer's cure

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## Visualizing Alzheimer's

Imaging techniques provide new ways that may detect Alzheimer's disease and help preserve memory.



## Alzheimer's Caregivers Stay Healthier with Counseling

Family and social support are crucial when caring for a spouse.

## A Loved One Has Been Diagnosed with Alzheimer's Disease: Now What?

There are many resources that will help caregivers navigate their way through the challenges of Alzheimer's.



## Lotsa Helping Hands

Weave a web of ready volunteers with just a click.

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Made possible by a grant from

## MetLife Foundation

A leader in finding an Alzheimer's cure

# Working to Make Alzheimer's Nothing But a Memory

The crisis of Alzheimer's is not coming; it's here. There are about 5 million Americans suffering from Alzheimer's disease (AD), 70 percent of them living at home. And, the number of Alzheimer's cases could rise to 16 million in the next four decades. But, there is hope, and we at the Fisher Center for Alzheimer's Research Foundation are working to make Alzheimer's no more than a memory, for everyone.

In this issue of *Preserving Your Memory* magazine, you will read about current, promising research as well as relevant guidance for Alzheimer's caregivers and patients.

For instance, scientists have made significant headway in being able to accurately predict whether a person has or will develop Alzheimer's even before symptoms of the disease appear. Recently, Stanford University scientists looked for proteins in the blood that could act as markers or predictors of AD. They chose to look specifically at proteins that the body uses as signals in the immune and blood-producing systems. They detected an unusual pattern of 18 proteins that was found in 90 percent of patients in a group who had been previously diagnosed with AD. The protein pattern also predicted, with 90 percent accuracy, patients with mild cognitive impairment (MCI) who were most likely to develop Alzheimer's two to six years later. This and other promising diagnostic tests, especially those that successfully identify pre-clinical Alzheimer's, may also teach us something about the underlying processes that cause Alzheimer's.

There is also news on depression. Depression is a major problem in Alzheimer's patients. Depression in non-demented people has also been shown to be a risk factor for developing Alzheimer's. Scientists at The Fisher Center Laboratory have discovered that a protein called p11 affects depression by controlling the brain's responses to the neurotransmitter serotonin. This was an extraordinarily important event in depression research and is likely to provide new ways to treat depression.

*Preserving Your Memory* magazine offers information on current medical research and about healthful measures that you can take that might help preserve memory while we continue to find better and more effective treatments for Alzheimer's.



William J. Netzer, PhD

A handwritten signature in black ink, appearing to read 'William J. Netzer'.

**William J. Netzer, PhD**  
**Research Associate**  
**Fisher Center for Alzheimer's Disease Research**  
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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](mailto:betsey@alzinfo.org)

## About the Fisher Center for Alzheimer's Research Foundation

Since 1995, the Fisher Center Foundation, a 501(c)(3) nonprofit organization, has been providing hope and help to the public by funding research into the cause, care, and cure of Alzheimer's disease and creating much needed educational programs. We are the world's largest research team leading the battle against Alzheimer's disease. Our team of internationally renowned scientists, under the direction of Nobel laureate Dr. Paul Greengard, has been at the forefront of research that has provided a conceptual framework for modern-day investigations into Alzheimer's disease. Of every dollar we raise, 94 cents goes directly to research programs. For more information or to make a donation, go to [www.ALZinfo.org](http://www.ALZinfo.org).

# The Latest News on Alzheimer's Disease and Brain Health

## Statins May Slow Alzheimer's

Researchers with the University of Washington and the Group Health Centre for Health Studies examined the brains of 110 geriatric patients after they died. This second study revealed that those not taking statins were more likely to show anatomical signs relating to Alzheimer's. Although the findings must be confirmed, the study's co-author Eric Larson, executive director of the Group Health Centre for Health Studies, says, "These results are exciting, novel, and have important implications for prevention strategies."

## Marking Alzheimer's Risks through fMRI

Researchers at Duke University Medical Center recently used functional magnetic resonance imaging, or fMRI, to discover a marker that may indicate a greater risk of developing Alzheimer's.

People with normal memory, mild cognitive impairment (MCI), and mild Alzheimer's disease were the focus of the study. MCI sufferers are at an increased risk of developing Alzheimer's. Duke researchers tracked regions of the participants' brains with fMRI, while they took part in assignments that involved memory. The MCI patients were then followed over time to track any cognitive decline, focusing particularly on a region of the brain called the posteromedial cortex.

Jeffrey R. Petrella, MD, lead author of the study, theorizes that the pos-



Scientists will look at DNA samples of Alzheimer's patients in a new genetic study.

teromedial cortex, which normally shows reduced activity when a certain type of memory is laid down, may in Alzheimer's do the opposite—become more active. When this happens, it may act as the brain's cruise control, deactivating and sending resources when needed to the brain to help it encode memories.

According to the study, approximate-

ly a third of the MCI participants developed Alzheimer's three and a half years after the initial fMRI scans (a predictable outcome). Unlike previous studies, which concentrated on the brain's ability to turn on certain regions, the Duke research focused on the brain losing the ability to turn off a region.

"Although we tend to think of Alzheimer's as a disease causing shrinkage of discrete memory centers, at its earliest stages it really disrupts neural circuits," explains Dr. Petrella. "The diagnostic tests of the future will examine not just structure but also the interplay between the many nodes in the brain's memory circuits."

## Probing Genetics' Role in Alzheimer's

Scientists based at Cardiff University in Great Britain are embarking on the largest genetic study of Alzheimer's to date. The team will look at DNA samples from 14,000 United States and United Kingdom Alzheimer's participants. Among these variations, 6,000 will be patients with advanced Alzheimer's. The remaining participants will not have the disease.

A comparison of all of the human genes (the genomes) belonging to the participants, will be done as part of the research with the hopes of discovering genetic variations that indicate a person's chances of developing dementia. By evaluating the common genetic variations between the two groups, scientists hope to reveal genes that may predict the future development of Alzheimer's.

Professor Julie Williams, head of the Cardiff team, says, “Alzheimer’s is a genetically complicated story involving many genes, so we need large sample sizes to make sure any genetic links that we find are not mere coincidence.”

Williams anticipates uncovering some unexpected associations between genes and the development of dementia. Researchers have previously discovered that certain genes are connected to more than one form of dementia. Studies have also shown that some genes that affect cholesterol metabolism are risk factors for Alzheimer’s.

## Insulin Resistance Tied to Alzheimer’s

New evidence indicates a link between insulin and Alzheimer’s; the connection is so strong, in fact, some researchers have dubbed Alzheimer’s “type 3” diabetes.

Most people know that insulin allows the body to turn food into cellular energy, but the hormone has other purposes as well. Insulin affects how people learn and make new memories. Neurons (brain cells) hold special sites for insulin. These sites are located at synapses, spaces that carry information between neurons.

People with Alzheimer’s have lower levels of insulin in their brain and are insulin resistant.

Scientists at Northwestern University in Chicago may have begun to solve the problem of what causes insulin resistance in the brain. They have evidence that beta amyloid, a toxic protein that builds up in the brains of those with Alzheimer’s, prevents insulin from binding to neurons. With no place for insulin to attach, new memories can’t form.

“We now understand that the function of insulin at those synapses is to modulate and influence the underlying cellular structure of memories,” says William Klein, professor of neurobi-

ology and physiology at Northwestern University and co-author of the study. “What we have here is a striking phenomenon that may ultimately explain why the brains of people with Alzheimer’s disease are insulin resistant and how that ties into memory.”

## Aricept Proves Ineffective for the Agitation of Alzheimer’s

Aricept, a drug commonly prescribed to treat cognitive decline in mild to moderate Alzheimer’s, proved no more effective than a placebo for easing severe agitation. Although only patients having severe agitation were looked at, the results are disappointing since behavioral complaints are so common in people with Alzheimer’s, and treating them is difficult.

The FDA has not currently approved any medications specifically for the treatment of behavioral problems in people with Alzheimer’s. However, doctors commonly prescribe antidepressants (such as Zoloft or Celexa) or anti-psychotics (such as risperidone) to Alzheimer’s patients. These drugs are sometimes successful at relieving agitation.

Although this study did not show a benefit for Aricept in stemming agitation, it should be noted that the researchers focused mainly on patients suffering from severe agitation. The possibility that Aricept and other cholinesterase inhibitors might reduce some forms of agitation in Alzheimer’s or agitation occurring at different stages of the disease has not been ruled out.

## A Brain-Boosting Diet that Also Prolongs Life

A Mediterranean diet may help people with Alzheimer’s disease live longer than those who eat a more traditional Western diet. The findings bolster a growing

body of evidence that the traditional diet from Italy, Greece, and other countries that lie along the Mediterranean Sea—rich in fiber, fruits, and vegetables; heart-healthy fats like olive oil; moderate amounts of red wine; and little red meat—are good for the body and brain and may promote longevity and cognitive health. The findings appeared in *Neurology*, the medical journal of the American Academy of Neurology.

Researchers from Columbia University Medical Center in New York regularly examined 192 people with Alzheimer’s disease over an average of four and a half years. They found that those who most closely followed a Mediterranean diet were 76 percent less likely to die during the study period than those who ate few of the Mediterranean-type foods. The benefits persisted, regardless of race or ethnicity. Earlier studies have shown that a Mediterranean diet may cut the risk of heart disease, cancer, diabetes, and possibly other maladies as well.

Many other factors besides diet, including the genes you inherit and advancing age, play an important role in who ultimately develops Alzheimer’s. Still, the findings add to a growing body of evidence that a heart-healthy diet may help keep the brain young, too.

*Check the Fisher Center website ([www.ALZinfo.org](http://www.ALZinfo.org)) often for up-to-date and expert-reviewed scientific news. ■*



# Visualizing Alzheimer's

Imaging techniques provide new ways that may detect Alzheimer's disease and help preserve memory.

For centuries, scientists had few clues about the inner workings of the brain. The three pounds of nerve tissue that give us our thoughts and memories remained stubbornly out of reach. But all that is changing rapidly. Advances in imaging are unlocking the mysteries of the hundred billion interconnected nerve cells that shape our personalities and consciousness. They are also providing vital insights into just what happens when things go terribly wrong—as in Alzheimer's disease—to rob us of our memories and selves.

Most of the time, in about 9 cases out of 10, doctors use their clinical judgment, along with medical histories, memory exams, and brain scans, to correctly identify Alzheimer's disease. But diagnosis often comes years after the disease starts, when Alzheimer's has already done irreparable damage to the brain. And a definitive diagnosis still requires an autopsy, where pathologists can examine first-hand the telltale plaques and tangles that mar the brains of those with the disease.

An imaging device or other test to diagnose Alzheimer's at an earlier stage, before grave damage has been done, could be key to effectively treating, or even curing, the disease when effective therapeutic measures become available. Such a test could identify people at risk even before memory loss and other symptoms arise, when drugs and other therapies may be most effective. It might also allow doctors to monitor people with the disease to determine whether new, experimental treatments are working.

"Early detection may be critical for slowing, or even halting, the relentless downward progression of Alzheimer's," says Nobel laureate Dr. Paul Greengard, director of The Fisher Center for Alzheimer's Disease Research at The Rockefeller University in New York. "As we continue to unlock the basic underlying causes of the disease, it is vital that we come to understand the course of Alzheimer's at its earliest stages."

## Mapping the Living Brain

We've come a long way since German physician Alois Alzheimer first peered into a light microscope a century ago to examine the shrunken brain of Auguste D., the middle-aged woman who died of the memory-robbing ailment that would later bear his name. There, magnified several hundred times, were the clumps of "senile plaque" that scientists would later identify as beta-amyloid, the toxic protein that builds up in the brains of Alzheimer's patients. Speckled throughout were also the string-like tangles composed of the substance we now call tau.

Today, scientists around the world are using advanced, computerized imaging techniques and complex molecular markers to delve into the secrets of the living brain. They can view the brain at a molecular level inconceivable in Dr. Alzheimer's day, and assess what goes wrong in an illness like Alzheimer's.

Scanning methods like CT (computed tomography) and MRI (magnetic resonance imaging) can be used to identify minute structural changes in the brain. Researchers at Dartmouth Medical School recently used MRI, for example, to show that forgetful seniors have less gray matter, the outer brain layer crucial for thinking and memory, than their mentally alert peers.

A particularly promising form of MRI, called functional MRI, looks not just at brain structure but also at brain function. The technique can, for example, determine which parts of the brain are at work when we try to recall the name of our first-grade teacher or solve a long division problem. Studies are currently under way to determine if functional MRI can be combined with other imaging and genetic tests to identify patients at risk for future Alzheimer's.

"As new therapies for Alzheimer's disease enter the pipeline over the next five years, early diagnosis will become critical for patient selection," says Dr. Jeffrey Petrella of Duke University. He recently completed a functional MRI study that found that a part of the brain



**Figure 1: Damage to the brain in Alzheimer's disease** Time lapse brain scans show healthy brain activity (red and blue areas) and rapidly spreading areas of cell death (gray areas) in someone with Alzheimer's disease. About 5 percent of brain cells die each year in someone with Alzheimer's, compared to less than 1 percent in a senior who is aging normally.

that recalls personal memories may actually become uninhibited in people with incipient Alzheimer's, impairing their ability to complete more focused everyday tasks.

### A Window Into the Brain

Other high-tech imaging techniques, like PET (positron emission tomography) and SPECT (single photon emission computed tomography), provide unique views into the living brain at work. Areas on the computer screen that light up red, for instance, may show parts of the brain that are actively absorbing a radioactive tracer, while blue areas may indicate brain areas that are dulled. Low activity in memory centers of the brain, for example, may detect Alzheimer's at its earliest stages, years before symptoms such as forgetfulness appear.

At the University of California at Los Angeles (UCLA), brain researcher Dr. Paul Thompson has created remarkable 3-D time-lapse images of brains affected by Alzheimer's by overlaying images collected from various scanning techniques. Among the areas where cell death may first occur are in the

hippocampus, the seahorse-shaped brain structures behind the ears that control memory processing. These are followed by structures in the limbic system affecting emotions and by the frontal lobe areas that affect decision making and self-control.

"One of the diseases that really has a chance to be cured is Alzheimer's," says Dr. Thompson. "Imaging offers the opportunity to capture a detailed picture of what is going on in the brain of someone with Alzheimer's over time. It can also tell you if the disease is being slowed down by a particular drug, or even by lifestyle factors like diet or exercise."

A new imaging agent called Pittsburgh Compound B, developed at the University of Pittsburgh, is allowing doctors for the first time to visualize the buildup—or dissipation—of beta-amyloid in the living brain. The compound slips past the blood-brain barrier and attaches to plaque, where it appears as a brightly lit image on PET scans.

"For the first time, doctors may be able to tell definitively if treatment is working," says Dr. Steven DeKosky, director of Pittsburgh's Alzheimer's Disease Research Center. "If we can make a specific early diagnosis through imaging,

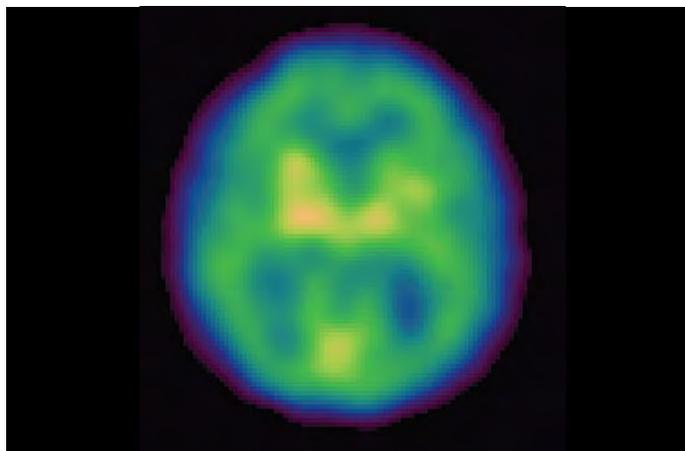


**Figure 2: Midline through the brain** Alzheimer's initially damages the brain's temporal lobes (controlling memory), followed by the limbic system (the seat of emotions), then the frontal lobes (affecting self-control). The pattern of damage helps explain the sequence of thought and behavior problems that commonly arise as Alzheimer's becomes more severe.

then we can track the effectiveness of new drugs and other treatments as well.”

Another substance called FDDNP, developed at UCLA, attaches to plaques and tangles in the brain and is similarly visualized using PET scans. In a recent study, it proved very effective in distinguishing patients with mild cognitive impairment, a form of memory loss that often precedes Alzheimer’s.

Additional strategies are also under development. At the Institute for Neurodegenerative Disorders in New Haven, Conn., a research institute supported by The Michael Stern Parkinson’s Research Foundation, scientists are testing radioactive tracers in combination with SPECT to visualize the buildup of beta-amyloid plaque over time in people with early Alzheimer’s. Investigators also hope to test the response to treatment with vaccines and other treatments that may rid the brain of the toxic protein. Several other tracers targeting other brain proteins are in development with the goal of providing a more complete picture of brain changes that occur in AD.

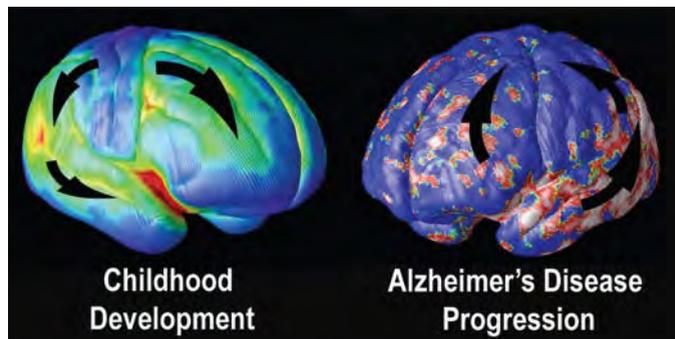


A radioactive tracer that binds to amyloid shows the buildup of beta-amyloid plaque over time in people with early Alzheimer’s.

“Neuroimaging is a tool with extraordinary potential to gain a window into the brain chemistry in Alzheimer’s disease and to help to develop and monitor new therapies. We are grateful to the Michael Stern Parkinson Foundation for its support enabling us to conduct the research important to both Parkinson’s and Alzheimer’s disease,” says Kenneth Marek, president and senior scientist, Institute for Neurodegenerative Disorder.

And at the University of Minnesota, doctors are studying a simple 60-second test called MEG (magnetoencephalography) that, like an EKG for the heart, measures magnetic fields emitted by the brain and which, in initial tests, detected early Alzheimer’s.

Although research on these and other techniques is just beginning, it may allow scientists to detect Alzheimer’s at



**Figure 3: Early brain development and Alzheimer’s** The sequence of brain changes in Alzheimer’s is the exact opposite of how the brain develops during childhood. The last parts of the brain to mature, including the memory centers, are the most vulnerable in Alzheimer’s disease.

its earliest stages, up to a decade or more before patients experience symptoms like memory loss.

### Alzheimer’s “Fingerprints”

In addition to brain imaging, researchers have long sought to identify natural substances in the blood or body that distinguish Alzheimer’s from other forms of dementia. Scientists in New York are using cutting edge “proteomics” technology, which analyzes proteins in the cerebrospinal fluid that bathes the brain and spinal cord.

“Just as the human genome reflects the array of genes a person possesses, the ‘proteome’ is the vast collection of proteins expressed by those genes,” explains Cornell University professor Dr. Kelvin Lee. Using detailed image analysis and complex computer and statistical analyses, he and colleagues have identified a group of 23 proteins in the spinal fluid that may be unique to Alzheimer’s disease and serve as a unique “fingerprint” that could one day lead to a test to diagnose Alzheimer’s at its earliest stages.

“You might have a promising treatment for the disease, but how can you know for sure that it’s impacting on the underlying pathology, rather than just easing outward symptoms, as most of the drugs that we have now do?” says Dr. Norman Relkin of Weill Cornell Medical College, who is involved in the current research. “We are hopeful that by monitoring changes in these cerebrospinal biomarkers, we can actually track the effectiveness—or lack thereof—of experimental drugs.”

At Stanford University, scientists recently identified a set of 18 proteins in the blood that may signal early Alzheimer’s and predict which patients with mild cognitive impairment go on to develop full-blown Alzheimer’s. Still, it will likely be several years before results are confirmed.

Other early screening tests, some surprisingly low-tech, are also being tested. In one recent report, people with poor

*(continued on page 38)*

# Alzheimer's Caregivers **Stay Healthier** with Counseling

Family and social support are crucial when caring for a spouse.

By Michelle Porter Tiernan

**C**aring for a loved one with Alzheimer's disease is a physically and emotionally draining experience. It may be especially difficult if you are the spouse and have your own illnesses or disabilities to contend with as well as caring for your husband or wife.

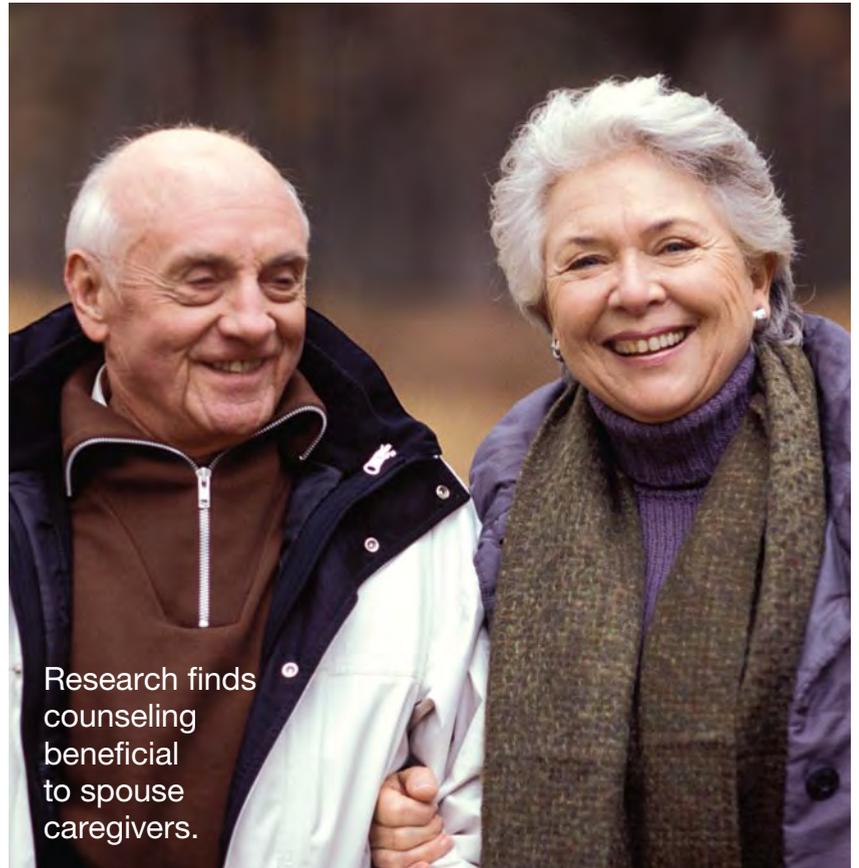
Spouse caregivers face increased risks for lowered immunity, heart problems, and chronic health issues. The stress and hardship can lead not only to decreased well-being but also the inability to continue care at home.

Now, results from a 20-year study bring hope. Counseling and social support can be effective ways to protect the health of spouse caregivers. Caregivers who receive the support they need are also less likely to suffer from depression or find it necessary to move a husband or wife with Alzheimer's to a nursing home.

## Research Findings Show Counseling Makes a Difference

Published in the September 2007 issue of the *American Journal of Geriatric Psychiatry*, the study on the effects of a counseling intervention on the physical health of Alzheimer's caregivers is part of ongoing research led by Mary S. Mittelman, DrPH, research professor in the department of psychiatry at New York University (NYU) School of Medicine.

Continually funded since 1987, the study of the NYU Caregiver Intervention is the longest-running and largest study ever devoted to testing an intervention to improve the well-being of Alzheimer's caregivers. The study was supported by the National Institute of Mental Health, the



Research finds counseling beneficial to spouse caregivers.

National Institute of Aging, and the New York University School of Medicine Alzheimer's Disease Center.

Research conducted over the past 20 years revealed both short-term and long-term effects of the counseling intervention. "Some of the effects are not as immediately obvious," Dr. Mittelman points out.

The study included 406 spouse caregivers of people with Alzheimer's disease that were assigned at random into two equal groups. The first group received six sessions of individual and family counseling, agreed to join support groups that met weekly and were associated

with the Alzheimer's Association, and could telephone the counselor for unplanned counseling (additional counseling as requested by any participant) for as long as they participated in the study. The second group received the usual care available at the NYU Alzheimer's Disease Center, which was information and advice upon request and help in a crisis. Results found that caregivers in the group receiving counseling and support intervention reported less of a decline in physical health than caregivers in the group receiving the usual care.

"Preserving the health of spouse caregivers through counseling and support also benefits the person with Alzheimer's disease, as caregivers who are in poor health are more likely to have difficulty in providing good care," says Dr. Mittelman. Often the spouse caregiver is an older adult who may be dealing with physical health problems of his or her own.

### Counselors Show Families How to Offer Support

A principal theme of the study's counseling sessions was for the family to figure out how to provide emotional support and assistance for the spouse caregiver that was helpful to the spouse caregiver, and not overly burdensome to the other family members, Dr. Mittelman says.

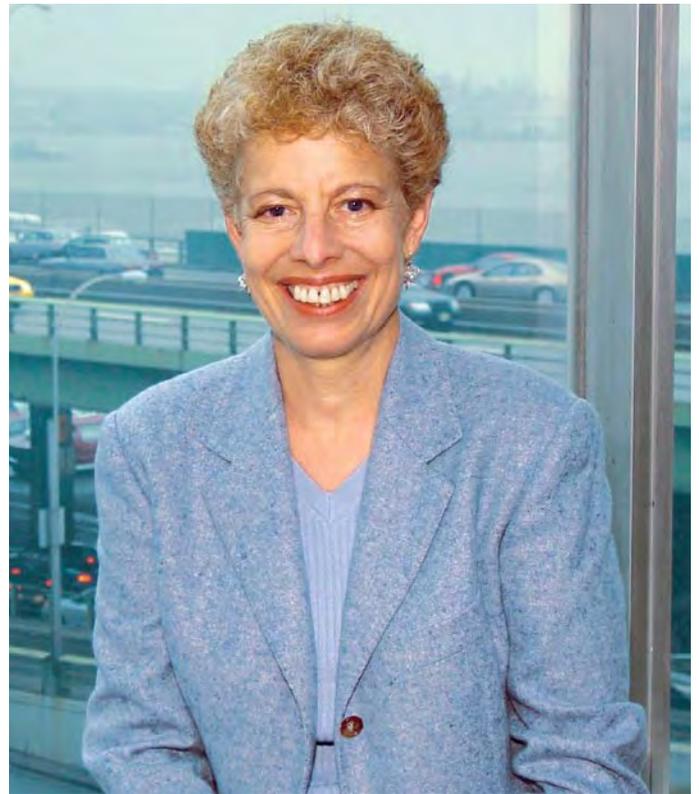
In the first session, the counselor meets with the primary caregiver alone. The caregiver is asked, "Who in the family is important to you?" Those named by the caregiver may be extended family members as well as siblings, daughters, and sons. The next four counseling sessions include all of the family members who the caregiver feels are important.

A typical counseling session provides an opportunity for the caregiver and family members to discuss their concerns. For example, there may be concerns or disagreements about the caregiver's ability to continue to provide care at home or whether it's time to move care to a nursing home.

"Adult children may argue with their mother about the best place for Dad and how to care for Dad," Dr. Mittelman says. It can become an emotionally charged discussion for everyone involved, but the counselor serves as a mediator and is able to lead a discussion of these issues and prevent family members from getting overly emotional.

### Self-rated Health Important in Spouse Caregivers

An important part of the study was the focus on what researchers call self-rated health (SRH). SRH is a general feeling or assessment of your own health. SRH is significant because it can predict future illnesses and chronic health conditions among caregivers. SRH is also widely used in national surveys by the Centers for Disease Control and Prevention (CDC) and internationally by the World Health Organization.



Mary Mittelman, DrPH, Research Professor,  
New York University School of Medicine

Participants in the study were asked three questions to rate their health: 1) how would you rate your overall physical health at the present time (poor to excellent); 2) is your health now better, about the same, or worse than it was five years ago (worse/about the same/better); and 3) how much do your physical health troubles stand in the way of your doing the things you want to do (a great deal/a little/not at all)? Answers to the questions were assigned numeric values, and the sum was used to measure SRH.

"Every caregiver is different, which is why we looked at questions about self-rated health, which everyone could answer," Dr. Mittelman says. "Self-rated health is a predictor of many diseases, disability, and even death."

The study found that counseling and social support intervention had a beneficial effect on SRH of caregivers that started within four months of enrollment and lasted more than a year. "Individualized counseling programs that improve social support for caregivers can have many indirect benefits, including sustaining their physical health," says Dr. Mittelman.

Previous survey results found that caregiving spouses who received enhanced counseling and support also delayed placement of their spouse in a nursing home facility by one and a half years compared to caregiving spouses who received the

usual care. Counseling and support significantly improved their satisfaction with their relationships with their family and friends and reduced depression of spouse caregivers in addition to helping maintain their physical health.

“Caregiving for a person with any degenerative condition is a difficult task,” says Gerda G. Fillenbaum, PhD, research professor of medical psychology at the Center for the Study of Aging and Human Development at Duke University Medical Center in Durham, N.C. “It is particularly so in Alzheimer’s disease because of financial, physical, and emotional demands, often resulting in severe impact on the caregiver.

“Mary Mittelman’s carefully executed study provides solid information on how an enhanced counseling program, which deliberately includes the family and offers as-needed access to support, improves and maintains caregivers’ views of their own physical and mental health,” Dr. Fillenbaum continues. “Such evidence should encourage the provision of enhanced programs of this type, which may reduce burdens otherwise placed on the health care system by both the patient and the caregiver.”

### Avoiding Social Isolation

Social isolation is a problem that many spouse caregivers must deal with on a daily basis. Although technically the caregiver is not alone, sharing time with a person with Alzheimer’s disease is just not the same as sharing time with other people once the dementia becomes severe.

“Isolated caregivers may have worse health because they are under a huge amount of stress, but few outlets to reduce the stress,” says Dr. Mittelman. “They can become isolated because they stay home rather than be embarrassed by the way the person (who is cared for) behaves in public, but do not go out without their spouse because they feel they cannot leave him or her home alone.”

Building and maintaining social connections has long been associated with staying healthy. “Tangible and emotional assistance from family and friends helps avoid the negative impact of loneliness and social isolation on health,” Dr. Mittelman’s study notes.

Dr. Mittelman hopes the new findings will promote wider availability of such services and encourage more doctors to refer caregivers to counseling and support programs. “More and more people are living to an age where Alzheimer’s disease is likely to afflict a spouse,” she says, “so I think that it’s important for physicians to know that such counseling programs have proven value.”

Those who care for a spouse with Alzheimer’s disease may not even define themselves as caregivers, says Dr. Mittelman. But identifying themselves that way is the first step in seeking needed support available from family, friends, and counselors. Asking for support is the key to

staying healthier over a longer period of time and able to continue care for a husband or wife at home. ■

## 8 New Year’s Resolutions for Caregivers

The new year has always been a convenient time to make a fresh start—whether it’s dropping a bad habit or adopting a good one. And while traditional resolutions, such as quitting smoking or losing weight, are important goals, more subtle ones can be just as important—especially for caregivers. Dr. Mary Mittelman shares these simple yet important practices that should be on every caregiver’s resolution list this year. Be sure to look at this list throughout the year to ensure you are keeping your resolutions!

1. **Take time** for yourself.
2. Think about the activities that you and your spouse can both still **enjoy together**, such as listening to music or taking walks.
3. Find out about **programs in your community** that people with Alzheimer’s disease can participate in.
4. **Take care of yourself** physically and mentally. Be sure to get regular exercise. Take time to eat nourishing meals. Get regular routine health care—checkups, shots, etc.
5. Give yourself credit for your successes, and **don’t blame yourself** for your mistakes.
6. **Learn as much as you can** about Alzheimer’s disease. Check out the research features in each issue of *Preserving Your Memory*, read books on the subject, and visit the Fisher Center online at [ALZinfo.org](http://ALZinfo.org) for Alzheimer’s news.
7. Don’t be afraid to **ask for help** from family and friends.
8. Comprehensive care doesn’t end with a prescription pad. Getting **counseling and support** can help you be a better caregiver.

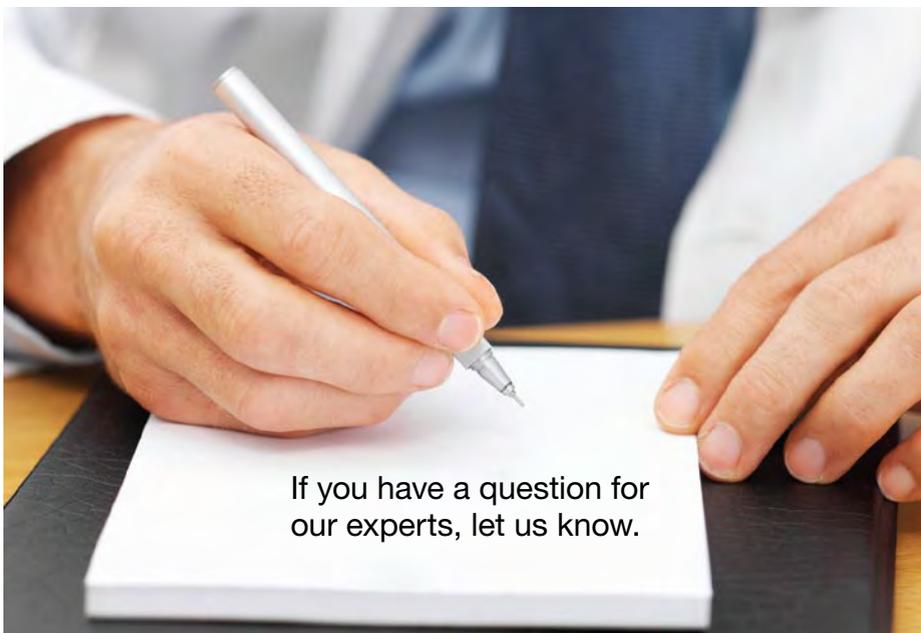
Do you have a question you would like to ask the experts at the Fisher Center for Alzheimer's Research Foundation? If so, please call 1-800-ALZINFO, visit [ALZinfo.org](http://ALZinfo.org) or send surface mail to Fisher Center for Alzheimer's Research Foundation, West 46th Street & 12th Avenue, New York,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

**At what point should a person with Alzheimer's not be allowed to drive? My dad drove me to the store the other day, and his driving really scared me. What can I do?**

It may come as no surprise that there is substantial scientific evidence that people with Alzheimer's disease pose a significant traffic-safety problem, both from accidents and from impaired driving performance. The American Academy of Neurology, a professional organization for physicians who specialize in brain disorders, has issued guidelines for physicians regarding the risk of driving by people with Alzheimer's. Your doctor should be able to guide and counsel you on this matter.

Making the decision that it is no longer safe for a person with Alzheimer's to drive is difficult, and the decision needs to be communicated carefully and sensitively. The person may understandably be upset by the loss of independence and the need to rely on others for going places, especially in areas where public transportation is limited or nonexistent. Nevertheless, safety must be the first priority. Here are some suggestions from the National Institute on Aging:

- Look for clues that safe driving is no longer possible, including getting lost in familiar places, driving too fast or too slow, disregarding traffic signs, or getting angry or confused.
- Be sensitive to the person's feelings about losing the ability to drive, but be firm in your request that he or she no longer do so.
- Be consistent—don't allow the person to drive on "good days" but forbid it on "bad days."



- Ask the doctor to help. The person may view the doctor as an "authority" and be willing to stop driving if the doctor recommends it. The doctor can also contact the Department of Motor Vehicles and request that the person be re-evaluated for driving ability.
- If necessary, take the car keys. If just having keys is important to the person, substitute a different set of keys.

If all else fails, disable the car or move it to a location where the person cannot see it or gain access to it ([www.alzstore.com](http://www.alzstore.com) sells products that can help).

*Source: The National Institute on Aging "Caregiver Guide: Tips for Caregivers of People with Alzheimer's Disease"*

**My aunt, age 83, was diagnosed with Alzheimer's. What can I do to be better prepared to help her?**

As the family member or caregiver of a person with Alzheimer's, one of the most important things you can do is increase your knowledge of the disease and its management. Here are some of the ways you can do this:

- Get involved with local organizations that serve the Alzheimer's community in your area, such as your local Office for the Aging, or regional Alzheimer's Association chapter.
- Learn about programs and services available in your community, and take advantage of them!
- Join a support group for caregivers, or participate in Internet support networks (Like [www.ALZTalk.org](http://www.ALZTalk.org)).
- Ask your doctor to help you locate services appropriate to your loved one's needs, and ask if he or she can recommend quality programs or visit: [www.ALZinfo.org/providers](http://www.ALZinfo.org/providers).

- Visit a local library or bookstore to find books about Alzheimer's disease and about coping as a caregiver.

**I'm a caregiver and sometimes, I have to admit, I get really worn out. After a long day, I don't always feel like I have the energy to cook for my kids or take care of my own home. How does being a caregiver affect your health over all? Should I be concerned? Is there anything I can do now to prevent burn-out? And, what do I do in the very last stages?**

At the same time that you are managing the health and day-to-day needs of your loved one, you must not overlook your own health and well-being. Your health can suffer from the stress of round-the-clock responsibilities and the emotional toll of witnessing the disease's devastating progression in a loved one. Be mindful of your physical, psychological, and spiritual needs. By taking care of yourself, you'll be able to better care for your loved one.

Studies have shown that caregivers who are under chronic (prolonged) stress may have a diminished immune response, which can potentially make them slower to heal after injury and more susceptible to common infections such as the flu or common cold. To combat this, caregivers need to learn how to manage stress and find ways to relieve the tremendous burden of constant care for a loved one. Don't become isolated; enlist support from other caregivers, a caregiver support group, family, and/or friends so you can carve out time to pursue activities that you enjoy and maintain social connections.

Many communities or long-term-care facilities offer respite programs that enable caregivers to take needed breaks from caregiving while knowing their loved one is well taken care of. Such services may be available from

home health care agencies, assisted-living facilities, or nursing homes. Enrolling the person with Alzheimer's in an appropriate adult day care program can also provide a necessary period of respite for the caregiver.

In later stages of Alzheimer's, it may be necessary to investigate hospice care for your loved one. Hospice care is a service for people who are terminally ill. It may be provided in the person's home, in a nursing home, or assisted-living facility, or wherever the person resides. The goal of hospice is to keep the person with Alzheimer's as comfortable as possible in the final stages of disease and enable the person to spend precious time with family and friends.

A team of professionals, which may include a medical director, the person's attending physician, nurses, social workers, counselors, clergy, and home health aides, provides hospice care. In order to ensure the best care possible, the team typically meets regularly to evaluate and coordinate the plans of care. A member of the team should be available 24 hours a day to address questions, concerns, and problems.

**My Mom passed away due to Alzheimer's a little over a year ago ... I'm still having a time with it ... they have to find a cure ... it's so horrible to see your loved one going through the stages ... and then not knowing you at all ... it's so heartbreaking. I don't want my son to go through with me what my sister and I did with Mom ... so I want to know what I can do to help Alzheimer's research?**

The best thing you can do to help is to donate and stay informed. The cost of Alzheimer's research is expensive and without private donors, underfinanced. Choose a charity that gives most of its revenue directly to research. You can

use charity evaluators such as Charity Navigator ([www.charitynavigator.com](http://www.charitynavigator.com)) to help find the charity that best fits your cause.

Some people hold fundraisers, but another great way to help raise money, which not a lot of people know about, is through Employee Giving. One of the easiest ways to give to Alzheimer's research is through your employer's Matching Gift program. Thousands of companies, including corporations, foundations, not-for-profit organizations, and associations, match their employees' charitable contributions—sometimes for as much as double the amount of the initial gift. Companies have various methods for matching gift request submissions: online forms, automated phone systems, or a paper form that you submit to the foundation itself. Many companies will match personal gifts, such as cash, stocks, marketable securities, and the value of your volunteer time. Companies may also match gifts from employee spouses, retirees, and board members.

Here's how to take part:

1. Contact your employer's Human Resources office to determine if your company matches employee donations. If your company does not currently match employee donations, you might suggest they consider doing so.
2. Obtain a Matching Gift form and review the program guidelines to ensure that your charity of choice is eligible to receive matching gifts. Conditions and criteria for gift matching vary by employer.
3. Complete the donor section of the form and submit it, along with your check or credit card authorization, to the address of your chosen charity. ■



There is help in dealing with the stress of caregiving.

# A Loved One Has Been Diagnosed with Alzheimer's Disease: **Now What?**

**W**hen your loved one is diagnosed with Alzheimer's disease, many questions come to mind. First is the question "Is there a cure?" Unfortunately, there is no cure for Alzheimer's disease. However, there are drugs that may improve or stabilize symptoms. In addition, there are care strategies that may minimize or prevent behavioral problems. Learning more about these treatments and knowing what questions to ask your care recipient's doctor can help you through this difficult and confusing time.

New drugs are under development that offer hope for Alzheimer's patients, and clinical trials test whether these treatments are safe and effective. Your loved one's physician will give you more information about treatment options and clinical trials that may be right for your loved one. You can also find out more on the Internet. The resources listed in this article are a great place to start. For tips on interacting with a physician, see the sidebar "Tips for Family Caregivers from Doctors."

## Coping with Caregiving

**Take a minute. Sit down.** As a family caregiver of someone with Alzheimer's disease, you have a lot on your plate. There's so much to learn about, so much to plan, so much to worry about. But you need to read this guide—not only for the person you're caring for, but for *yourself*.

**Caring for someone with Alzheimer's is a stressful job.** It's an emotional roller coaster of love, hope, anger, guilt, loneliness, and sadness. You will have to make tough decisions and consider questions you've never thought about before: What are my responsibilities toward my parent? How can I take Mom or Dad out of their home of 50 years? What does it mean to be in a marriage “in sickness and in health”? How can I balance my relationship with my loved one with the other relationships in my life?

**Caring for someone with Alzheimer's changes your life.** In fact, caring for someone with a dementing disease such as Alzheimer's is typically more stressful than caring for someone with only a physical impairment. Many family caregivers—up to 47 percent, according to one study—experience depression. And many caregivers become overwhelmed by the strain of caring for a person with Alzheimer's disease and experience stress, illness, sleep deprivation, premature aging, and depression. In fact, a study of caregiver health revealed that elderly spousal caregivers who experienced caregiver strain had a mortality risk that was 63 percent higher than that of control subjects. You will need help keeping yourself whole as your loved one needs more and more from you.

**But you are not alone.** Help is available—right in your own community. Keep reading about some of the issues you will face as a caregiver and where you can find help.

## 10 Signs of Caregiver Stress

Be aware of the Alzheimer's Association's “10 Signs of Caregiver Stress,” and talk to your own physician if you experience any of these:

1. **Denial** about the disease and its effect on the person who's been diagnosed
2. **Anger** at the person with Alzheimer's or others, anger that no cure exists, and anger that people don't understand what's going on
3. **Social withdrawal** from friends and activities that once brought pleasure
4. **Anxiety** about facing another day and what the future holds
5. **Depression** that begins to break your spirit and affects your ability to cope
6. **Exhaustion** that makes it nearly impossible to complete necessary daily tasks
7. **Sleeplessness** caused by a never-ending list of concerns

## Helpful Resources

Start to create your support network list by learning about the organizations and resources below. For a more comprehensive list, visit the Alliance for Aging Research's website at [www.agingresearch.org](http://www.agingresearch.org).

### Physicians and Health Care Providers

#### National Association of Professional Geriatric Care Managers, Inc.

(520) 881-8008, [www.caremanager.org](http://www.caremanager.org)

This organization can help you locate a geriatric care manager (GCM) in your area. GCMs are professionals that specialize in helping elderly people deal with social problems.

### Respite Care Services

#### Eldercare Locator

(800) 677-1116, [www.eldercare.gov](http://www.eldercare.gov)

The Eldercare Locator, a public service of the U.S. Administration on Aging, connects you with your local Area Agency on Aging and local respite care services.

### Support Groups for Caregivers

#### Alzheimer's Association

(800) 272-3900 [www.alz.org](http://www.alz.org)

The Alzheimer's Association can connect you with local support groups. You can also find people to talk to through the Association's online chat rooms and message boards.

#### Alzheimer's Foundation of America

(866) 232-8484,

[www.alzfdn.org/services/index.shtml](http://www.alzfdn.org/services/index.shtml)

Through their free hotline, the Alzheimer's Foundation can connect you with social workers and other Alzheimer's disease professionals.

#### ALZTalk.org

[www.alztalk.org](http://www.alztalk.org)

This online support site provided by the Fisher Center Foundation, provides a fun, personalizable environment for families, friends, and medical professionals to post messages, pictures, and favorite links, and it gives users the ability to stay connected with those in the Alzheimer's community.

*(continued on next page)*

## ElderCare Online

[www.ec-online.net](http://www.ec-online.net)

This website provides an online community where peers and professionals focus on quality of life issues.

## National Family Caregivers Association

(800) 896-3650, [www.thefamilycaregiver.org](http://www.thefamilycaregiver.org)

By visiting the NFCA website or calling their toll-free number, you can find tips, newsletters, and a guide to national and local resources for caregivers.

## Tips for Family Caregivers from Doctors

There is much to be gained by improving communications between family caregivers and health care professionals—especially physicians. Positive outcomes include: better care for the patient, less stress and illness for the caregiver, more efficient use of doctors' time, reduced costs for the health care system, and more satisfaction for all concerned. Here are some tips on communicating with your loved one's doctor:

- Write questions down so you won't forget them.
- Be clear about what you want to say to the doctor. Try not to ramble.
- If you have lots of things to talk about, make a consultation appointment so the doctor can allow enough time to meet with you in an unhurried way.
- Educate yourself about your loved one's disease or disability by reading and looking for information from reputable organizations online, such as the Fisher Center for Alzheimer's Research at [ALZinfo.org](http://ALZinfo.org).
- Learn the routine at your doctor's office and/or the hospital so you can make the system work for you, not against you.
- Recognize that not all questions have answers—especially those beginning with "why."
- Separate your anger and sense of impotence about not being able to help your loved one as much as you would like from your feeling about the doctor. Remember, you are both on the same side.
- Appreciate what the doctor is doing to help and say thank you from time to time.

(continued from page 17)

8. **Irritability** that leads to moodiness and triggers negative responses and reactions
9. **Lack of concentration** that makes it difficult to perform familiar tasks
10. **Health problems** that begin to take their toll, both mentally and physically

## Forming Your Support Network

There are many people and resources out there that can help you through this difficult time. They include family and friends, support groups, in-home nursing care, day centers, health care providers, and residential facilities. Unfortunately, it isn't easy to find the right combination of people and services to be your support network. Don't get discouraged. Be sure to reach out and talk with others who know what you are going through and who have "walked in your shoes." You don't have to do it alone. ■



Caregivers are not alone; resources and support are available.

*This article was excerpted, in part, from "Resources for Caregivers, Alzheimer's Disease: Helping Yourself Help a Loved One," a brochure produced by the Alliance for Aging Research and the National Family Caregivers Association. Learn more about these organizations by visiting [www.agingresearch.org](http://www.agingresearch.org) and [www.thefamilycaregiver.org](http://www.thefamilycaregiver.org).*

# Protein p11 and the Understanding of Depression

Fisher Center lab director, Paul Greengard, PhD, helps discover a protein that may lift depression.

Paul Greengard, PhD, director of Fisher Center's team of internationally renowned scientists, has helped discover a protein that seems to be pivotal in lifting depression. The National Institute of Mental Health, a division of the National Institutes of Health (NIH), funded this important research.

"Mice deficient in this protein, called p11, display depression-like behaviors, while those with sufficient amounts behave as if they have been treated with antidepressants," explains Dr. Greengard, who received the 2000 Nobel Prize in Physiology or Medicine for discoveries about the workings of such neuronal signaling systems. He and his colleagues found that p11 appears to help regulate signaling of the brain messenger chemical serotonin, a key target of antidepressants that has been implicated in psychiatric illnesses such as depression and anxiety disorders. They reported on their findings in the January 6, 2006, issue of *Science*, the scientific journal for the American Association for the Advancement of Science.

## p11 and Serotonin Receptors

"This newfound protein may provide a more specific target for new treatments for depression, anxiety disorders, and other psychiatric conditions thought to involve malfunctions in the serotonin system," says NIH director Elias Zerhouni, MD.

Brain cells communicate with each other by secreting messengers, such as serotonin, which bind to receptors



Research is bringing new understanding to the treatment of depression.

located on the surface of receiving cells. Serotonin selective reuptake inhibitors (SSRIs), medications commonly prescribed for anxiety and depression, compensate for reduction in serotonin signaling by boosting levels and binding of serotonin to receptors. Previous studies have suggested that serotonin receptors are essential in regulating moods and in mediating the effects of SSRIs, but given the complexity of the serotonin system, exactly how these receptors work remains a mystery.

To explore how a particular serotonin receptor (5-HT1B) functions, Greengard and colleagues conducted tests to find out what proteins these receptors interact with in brain cells. They found

that 5-HT1B interacts with p11, and according to Greengard, p11 plays a role in the recruitment of receptors to the cell surface where they are more functional.

This finding led the researchers to suspect that p11 levels might be directly involved in the development of depression, anxiety, and similar psychiatric illnesses thought to involve faulty serotonin receptors. To test this idea, the researchers examined p11 levels in the brains of depressed humans and "helpless" mice, considered a model of depression since they exhibit behaviors similar to those of depressed humans. They compared these two groups to non-depressed humans and control mice. Levels of p11 were found to be substantially lower in

depressed humans and helpless mice, which suggests that altered p11 levels may be involved in the development of depression-like symptoms.

The researchers also examined the effect of treatments designed to boost weak serotonin systems on p11 levels in brain cells by administering to mice two types of antidepressants—a tricyclic and a monoamine oxidase (MAO) inhibitor—and electroconvulsive therapy (ECT).

“These three different ways of treating depression all caused an increase in the amount of p11 in the brains of these mice,” says Greengard. “They all work in totally different ways, but in all cases they caused the same biochemical change. So, it’s pretty convincing that p11 is associated with the main therapeutic action of antidepressant drugs.”

### Putting p11 to the Test

Since humans and mice with symptoms of depression were found

to have substantially lower levels of p11 in brain cells compared to non-depressed animals, Greengard and colleagues hypothesized that if p11 levels were increased, mice would exhibit antidepressant-like behaviors, and if p11 were reduced, mice would exhibit depression-like symptoms.

As hypothesized, mice with over-expressed p11 genes, compared to control mice, had increased mobility in a test that is used to measure antidepressant-like activity. They also had more 5-HT1B receptors at the cell surface that were capable of increased serotonin transmission.

The opposite occurred when researchers molecularly knocked out the p11 gene in mice. Compared to control mice, knockout mice had fewer receptors at the cell surface, reduced serotonin signaling, decreased responsiveness to sweet reward, and were less mobile, behaviors which are considered depression-like. Also, the

5-HT1B receptors of p11 knockout mice were less responsive to serotonin and antidepressant drugs compared to those of control mice, which further implicates p11 in the main action of antidepressant medications.

“Manipulations that are antidepressant in their activity increased the level of the protein and those which are depressant reduce it,” says Greengard. “It seems as though antidepressant medications need to increase p11 levels in order to achieve their effect.” Future studies should elucidate exactly how antidepressants increase levels of this molecule, he adds. ■

*Also participating in the study: Per Svenningsson, Ilan Rachleff, Marc Flajolet, The Rockefeller University; Karima Chergui, Xiaoqun Zhang, Karolinska Institute; Malika El Yacoubi, Jean-Marie Vaugeois, Faculty of Medicine and Pharmacy, Rouen Cedex, France; George G. Nomikos, Eli Lilly and Company.*

## Medicinal Laughter

# Agnes



# Feed Your Brain Wisely with Fruits and Nuts

Connie Guttersen, best-selling author of *The Sonoma Diet Cookbook*, discusses how to incorporate more brain-healthy foods into your diet.

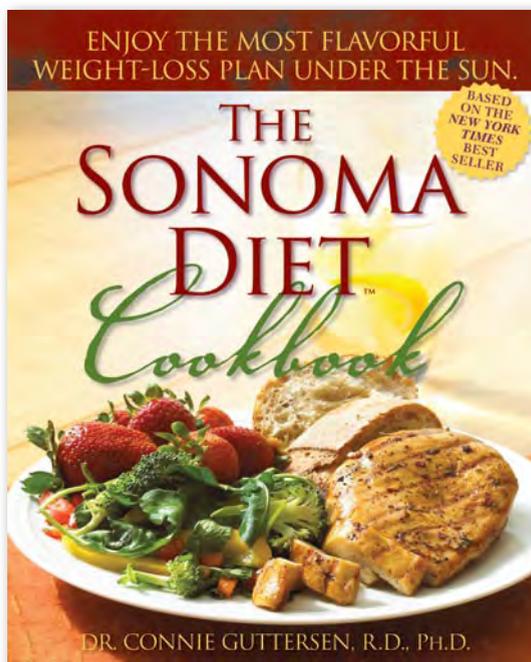
**T**urns out an apple a day keeps not only the doctor away—it might also help keep Alzheimer's at bay. Scientific evidence is growing that fruit and nuts may rush to the brain's defense, helping to preserve memory in individuals who eat a diet rich in these wholesome plant-based super foods, and lowering the risk of Alzheimer's disease.

While the secrets to Alzheimer's prevention are as yet unlocked, genetic and environmental factors likely converge to trigger the disease. Consequently, healthy lifestyle choices such as a Mediterranean diet—a diet that emphasizes fruits and nuts as well as vegetables, whole grains, fish, and olive oil—might counteract the development of Alzheimer's.

Says Connie Guttersen, PhD, RD, author of *New York Times* best-seller *The Sonoma Diet* and a leading expert on the health benefits of diets inspired by Mediterranean, Latin American, and Asian cuisines, “What you're looking for is just every opportunity to eat these nutrient-rich foods [fruits and nuts], whether it's part of a salad or soup or a snack. The more you can eat and get these into your diet in balance, the better.”

## Fruits: Good to the Core

The folklore associated with apples could fill a bushel basket. For instance, in ancient Greece, men are said to have proposed marriage by simply tossing



an apple to their intended. A successful catch symbolized acceptance of the offer.

Today, food scientists believe that an apple's magic may lie in a substance known as quercetin, an antioxidant that protects cells throughout the body. While past studies have suggested that quercetin may protect the heart and blood vessels and help defend against cancer, scientists at Cornell University report that the plant pigment, abundant in all apple varieties, appears to safeguard brain cells from Alzheimer's.

In a promising study, published in the *Journal of Agricultural and Food Chemistry* in 2004, Cornell researchers exposed the brain cells of rats to either quercetin or vitamin C (a known disease-fighter). The brain cells were

subsequently exposed to hydrogen peroxide, which imitates the cell damage found in the brains of Alzheimer's patients. The cells that got the quercetin treatment displayed substantially less damage than did those treated with vitamin C or those given no antioxidant protection.

Other fruits containing quercetin, such as blueberries and cranberries, may also shield against Alzheimer's.

Indeed, the link between brain health and antioxidant-rich fruit has been suggested by numerous studies, including research presented at the 2005 Alzheimer's Association International Conference on Prevention of Dementia. Following a long-term study of 1,800 senior participants, University of South Florida researchers found that those who reported drinking fruit or vegetable juices three or more times weekly were 73 percent less likely to have developed Alzheimer's than were those who consumed juice less than once per week.

## Nuts: High-functioning Fat

The good news about nuts involves “good fats.” According to a study published in *Archives of Neurology* in 2003, a weekly serving of nuts or fish may decrease the risk of developing Alzheimer's. For seven years, researchers at Chicago's Rush-Presbyterian St. Luke's Medical Center tracked the diets of 815 seniors age 65 and older. When the study began, none had Alzheimer's;

by study's end, 131 had developed the disease. Those who reported eating at least one weekly serving of fish lowered their risk by 60 percent compared to those who rarely ate fish.

Additional foods cited that might produce the same effect are oil-based salad dressings, avocados, and nuts. The "good fat" source of these foods is the common denominator. Nuts contain similar types of fatty acids as do the membranes surrounding brain cells. Thus, almonds, walnuts, and other types of nuts may be potent protectors of the brain.

"Sixty percent of the brain is fat," says Dr. Guttersen, "so the type of fat you eat is critical to how these cells communicate and how they can withstand or fight against oxidation and inflammation, which we now know plays a role in increasing the risk for Alzheimer's. And certain fats can give you an advantage. Monounsaturated fats and omega-3 fatty acids are beneficial for keeping the brain in a situation to reduce its risk for Alzheimer's."

### **Mediterranean, Sonoma Style**

That focus on "good fats" is among the features of the Sonoma Diet which Dr. Guttersen was inspired to create not only by the Mediterranean way of eating, but also by the bountiful sun-drenched produce and healthy lifestyle of California's Sonoma County.

"It's similar to the Mediterranean diet in that it stresses an enjoyment of eating and meals," says Dr. Guttersen, "and there's a huge emphasis on minimally processed foods so that you have natural whole grains and fruits and vegetables. There is an emphasis on healthy fats like nuts and olives. There's a glass of wine as part of the meal."

And what distinguishes the Sonoma Diet from the traditional Mediterranean diet? "It's different," says Dr. Guttersen, "in that I took that concept of flavorful foods, healthy wholesome meals, and put it into a plan for health and wellness and weight loss."

Unlike other popular diets such as the South Beach, Hamp-ton, and Atkins diets, carbohydrates are never disallowed, not even during the induction phase. "Whole grains are important from the very first day," says Dr. Guttersen, a nutrition instructor at the world-famous Culinary Institute of America.

When it comes to the recipes in *The Sonoma Diet* and its follow-up, *Sonoma Diet Cookbook*, flavor is fundamental. After years of working with patients who recoiled at the idea of "healthy" foods and after watching her own father fail on countless diets, Dr. Guttersen embarked on a mission to make a difference.

"I found that the moment you could use flavor to leverage healthy ingredients

and romanticize these great fruits and vegetables and whole grains and celebrate these world cuisines from the Mediterranean, Asia, and Latin America where typically people are really healthy," says Dr. Guttersen, "then all of a sudden it became great to eat healthy."

### **Another Bite at the Apple**

The centerpiece of the Sonoma Diet is a plethora of power foods that includes almonds, blueberries, grapes, and strawberries. Dr. Guttersen offers these tips for incorporating more fruits and nuts into your diet:

1. Eat seasonally to enjoy produce at its peak. "Tomatoes taste much better when they're red and not beige," she says.



Connie Guttersen, PhD, RD,  
author of *The Sonoma Diet*

2. Don't be shy with seasonings. Boost the flavor with herbs, spices, and such oils as olive and nut.
3. Familiarize yourself with world cuisines such as those of the Mediterranean, Asia, and Latin America. "Those are really the pros for fruits and vegetables and nuts," says Dr. Guttersen.
4. Keep a smart pantry. If fruits and nuts are already on hand, you're more likely to, say, add some apple slices or chopped walnuts to your salad.

After all, a pantry with a store of nuts and a fridge filled with fresh fruit just may be signs of a healthy mind. ■

## Spice-Roasted Almonds

*This savory snack showcases the top Sonoma Power Food. These almonds are given a treatment of spices and a short baking time for amazing rich flavor and intense crunch.*

Prep: 10 minutes, Bake: 10 minutes, Oven: 350°F, Makes: 32 (1-tablespoon) servings

### Ingredients

- 1 tablespoon chili powder
- 1 tablespoon extra-virgin olive oil
- ½ teaspoon kosher salt
- ½ teaspoon ground cumin
- ½ teaspoon ground coriander
- ¼ teaspoon ground cinnamon
- ¼ teaspoon freshly ground black pepper
- 2 cups whole almonds



### Directions

1. Preheat oven to 350°F. In a medium bowl combine chili powder, olive oil, kosher salt, cumin, coriander, cinnamon, and pepper; add almonds and toss to coat. Transfer mixture to a 13×9×2-inch baking pan.
2. Bake about 10 minutes or until almonds are toasted, stirring twice. Cool almonds completely before serving. Store in an airtight container for up to 5 days.

## Ricotta Mousse with Berries

*The combination of fresh, sweet berries served over a spoonful of ricotta mousse is the perfect ending to your meal. Orange liqueur such as Grand Marnier or Bauchant adds dark citrus flavor to the mix.*

Prep: 15 minutes, Chill: 1 to 24 hours, Stand: 15 minutes, Makes: 4 servings

### Ingredients

- 1 cup light ricotta cheese
- 2 tablespoons orange liqueur
- ½ teaspoon finely shredded orange peel
- ½ cup sliced fresh strawberries
- ½ cup fresh blueberries
- ½ cup fresh raspberries
- ½ cup fresh blackberries
- 1 teaspoon lemon juice
- 2 teaspoons honey
- Fresh mint leaves (optional)



### Directions

1. In a small bowl whisk together ricotta, 1 tablespoon of the orange liqueur, and the orange peel. Cover and chill for 1 to 24 hours.
2. In a medium bowl combine the berries, lemon juice, and the remaining 1 tablespoon liqueur. Cover and let stand at room temperature 15 minutes to develop flavors.
3. To serve, divide fruit mixture among four dessert dishes, spooning any juices over fruit in dishes. Top with ricotta mixture. Drizzle with honey. If desired, garnish with mint.

***For more of Dr. Gutterson's delicious, healthy recipes, check out The Sonoma Diet Cookbook. It can be purchased wherever books are sold.***

# A Voice of Alzheimer's

Kate Mulgrew of Star Trek fame shares a personal story of Alzheimer's in a new book.

**V**oices of Alzheimer's, *The Health Companion: Stories for Courage, Comfort and Strength* is a compilation of Alzheimer's stories written from many perspectives—family, friends, caregivers, and patients themselves. The book is edited by The Healing Project, a nonprofit organization dedicated to creating a community of support for those challenged with chronic and life-threatening illnesses. In the book, Kate Mulgrew, a Golden Globe-nominated actress who had noteworthy roles in *Ryan's Hope* and *Star Trek: Voyager*, shares the heartrending story of her mother's Alzheimer's, and how she and her siblings dealt with it. Following is Kate's story, "Caught in the Net," excerpted from *Voices of Alzheimer's*.

*We should be grateful, I know. It wasn't cancer or MS or a crippling stroke. It was nothing more than the Disease of the Decade, catching yet another fish in its wide, deep net and dragging it slowly under water, down into a vast and mysterious world of plaques and tangles, where one becomes easily lost until spat out on some distant shore, unrecognized and unrecognizable. A peculiar washing up, replete with soothing sounds from the mouths of caregivers, who say quite amazing things like, "She wasn't a bit belligerent, you know. She just got sweeter and sweeter. See? Isn't she a darling?"*

*To me, she looks frozen and far from sweet. In fact, to me she looks downright dazed and if I peer at her long enough, I will guess at little shards of horror glinting in the far recesses of what was once her mind. The caregivers and certain others smile as she accepts the spoonful of*



Photo: Charles William Bush

Kate Mulgrew shares the story of her mother's Alzheimer's in *Voices of Alzheimer's*.

*mashed egg; they laugh out loud when she smacks her lips and puts her napkin over her head.*

*Down, down, deep under the water she goes. When first caught in the net, her lungs were mighty organs and she fought hard not to lose her breath, not to lose her way. She took me into her bedroom and asked me to help her find a way out that would not leave her brain in gooey, tar-like tatters where one and all could approach as if she were a rather good-looking, mentally challenged girl of ten and shout, bizarrely, "How are you doing today?" Oh, how she resisted the very shadow of the grotesque joke she was about to know intimately. She did not want to be seen getting into the tub with her socks on, she did not want her oldest daughter to strap on rubber gloves and clear her excruciating bowel blockage. She did not want to fall seriously and hauntingly in love with her youngest*

*son, she did not want to fill the pan with turpentine and put it to boil on the stove, she did not want her car keys forced from her hand, her underpants replaced with diapers, her food cut into infantile pieces, her precious books left like orphans on the windowsill.*

*She wanted out before Out took over. But I could not assist her in this, her final cogent request, because I am a creature of reason and I still clung to her with the madness that reason bestows upon hope.*

*So down she went, and we all came tumbling after.*

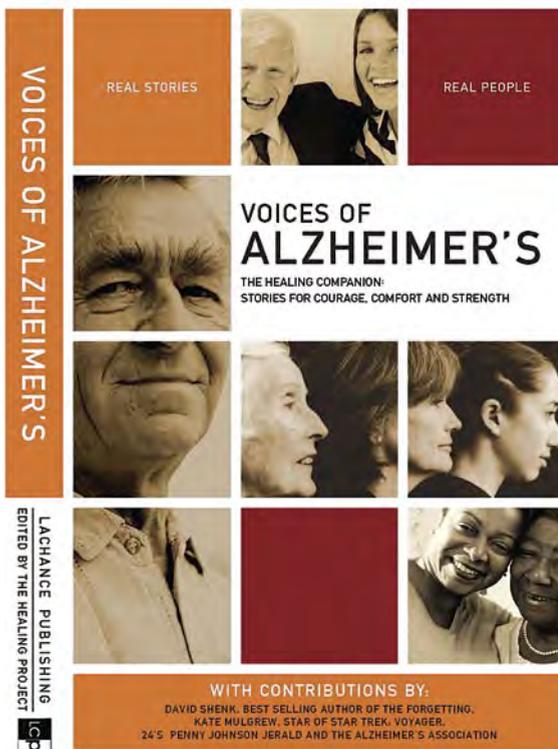
*The children of this woman do not like this Disease of the Decade; it sets them adrift in strange waters full of hostility, jealousy, fury, and unplugged, unending grief. They fight over the last vestige of her normalcy, each one sure that his or her name will be the last one uttered by those beloved lips. They watch as she falls down, then they help her into a wheelchair and, finally, someone just puts her to bed.*

*She is brought little trays of tempting morsels she has long since ceased understanding or caring for. And she is thirsty, and this will last a long, long time, even as she stares the blank, hungry stare of the forgotten, and looks into the eyes of one of those she once loved deeply. And the one she once loved receives this emptiness as a mute prayer of longing and despair.*

*The day arrives when the thirst abates and she closes her mouth to what is left of nourishment. And all of her chicks come to roost and to watch and to count each and every breath the drowning woman must take before it is over. It takes five days, so powerful is the heart of this slip of a woman, who bore eight children, buried two of them and searched all her life for the mother who perished in childbirth.*

*This same small, rather delicate woman had violent, outsize feelings, soarings and dippings of passion, bright red gashes of sorrow, her gifts that took possession early and later became mountains that she scaled with trepidation and delight and something like great courage.*

*The Disease of the Decade, otherwise known as Alzheimer's Disease, as popular, well known and trend setting as it is, would not have been my first choice. It would have been far better if she had taken an accidental bullet, or stumbled into the path of an oncoming train, or stood with her arms outstretched to the sea and dived in, of her own volition. Whenever she took me to the airport, she would say, "Something catches in my throat when I have to leave you. I really cannot bear prolonged good-byes." Then she would turn on her heel and be out the door, you see, in a flash. ■*



## To Purchase *Voices of Alzheimer's*

*Voices of Alzheimer's* can be purchased online through a link on The Healing Project website at [www.thehealingproject.org](http://www.thehealingproject.org). Group sales are also available. The profits from the sale of this book will be donated to The Healing Project. Other books from the *Voices of* series can be purchased through the same link. In addition to *Voices of Alzheimer's*, *Voices of Lung Cancer* and *Voices of Breast Cancer* are also available.

# Finding Respite Not Easy, But Important for Caregivers

By Barbara Brown

**M**y husband was diagnosed three years ago with early-onset Alzheimer's at the age of 59. He was given a medical retirement from his job as a probation officer. I worked for a year, but when he lost his driver's license, it was too difficult to continue my work and caregiving schedule. So, I took an early retirement when I was 58; that was almost two years ago. It is much easier for me to be a caregiver when I don't have to commute two hours a day and work 40 hours a week.

To complicate matters, my father, who is wheelchair-bound, has Alzheimer's, and my mother has vascular dementia, as well as macular degeneration blindness, and tinnitus deafness. They live two hours from me and don't want to move closer. I can't afford to

live where they live. My brother has stepped in to help with my parents, so I am somewhat removed from taking care of them. They have hired several people for 24/7 care, since they do not want to move into an assisted living facility.

I attend caregiver support groups and training in the small Southern California town where I live. If I lived in a large city, I know the availability of support would be greater, but I enjoy a semi-rural life.

Caregivers have to understand that they need respite. I get help from both the California Caregiver Resource Center ([www.californiacrc.org](http://www.californiacrc.org)) and its related Link2Care ([www.link2care.net](http://www.link2care.net)) association. The Caregiver Resource Center has been a lifesaver for me. They have a caregiver boot camp that meets

once a month for nine months and a yearly three-day retreat for caregivers. Water aerobics is my pressure valve to relieve stress four days a week. I also have a one-year grant from an agency for respite care in our home three days a month. When that grant runs out, I will pay for it myself. ■

## We'd Love to Hear From You

Join Barbara, and share your caregiving story with other readers. Contact The Fisher Center for Alzheimer's Research Foundation, West 46th Street & 12th Avenue, New York, NY 10036, or e-mail them to [betsey@alzinfo.org](mailto:betsey@alzinfo.org)

# ALZTalk.org—Your Online Social Resource

With ALZTalk.org, the Fisher Center Foundation makes it easy for you to stay connected with the Alzheimer's community, including friends, families, and medical professionals.

The statements and questions from Alzheimer's caregivers on the ALZTalk.Org website are all too familiar: "I need help!" "Looking for a good nursing facility." "My husband is a stranger. Now what?" "Dad has dementia, and I need help."

Those who care for Alzheimer's sufferers know that staying connected with other people is one way to relieve the stress that goes along with the caregiving role. That's the reason the Fisher Center Foundation created the ALZTalk.Org website ([www.alztalk.org](http://www.alztalk.org)). Every day, caregivers of those affected by Alzheimer's post questions,

messages, pictures, stories, caregiving tips, suggestions, and favorite links. The free website offers a simple way for people just like you to connect with other caregivers, family members, friends, and members of the medical community—all of whom are affected by and interested in Alzheimer's disease.

There are now more than 120 different conversations under way on the website, as well as dozens of personal stories shared by caregivers. Many of them will sound familiar to those who are caregivers:

- "My husband is 67. He was diagnosed with dementia just over

three years ago. I knew something was wrong long before then ..."

- "My sister has had mood swings for quite a while, but since her husband died a year ago, she has become very, very argumentative over anything ..."
- "This is a very hurtful thing, when it is in your family—to watch your own mother slowly deteriorate ..."
- "He was diagnosed with mild to moderate dementia several years ago, but, honestly, there were mild symptoms way before then ..."

*See the ALZTalk.org overview on the next page to learn more.*



the doctor will  
hear you now

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



Join many other caregivers who are communicating and sharing their questions, stories, suggestions, and experiences at [www.ALZTalk.org](http://www.ALZTalk.org).



**FISHER CENTER FOR  
ALZHEIMER'S  
RESEARCH FOUNDATION**

# ALZTalk.org

A Fun, Safe Environment For Families,  
Friends, and Medical Professionals



**Chat  
Online**

**People (215)**

Search People:  Search

View just by Friends

Pages: 1 2 3 4 5 6 7 8

Sort by: Alphabetical





**Share Your  
Photos &  
Events**

**Set Up Your Profile in 1 Easy Step**

**Get Answers to Your Questions**

**ALZTalk.Org Forum**

There are currently 107 discussions - join in!

Start a Topic

Topic	Attachments	Started by	Started on	Comments	Latest Comment
Looking for Help With Story	None	Jjquarnta2	Oct 16, 2007	0	No comments yet
Finding a "Good" Nursing Facility	None	HEAT	Oct 6, 2007	5	2 replies from: ezee
Short Term Care	None	HEAT	Oct 6, 2007	1	no Oct 6 by: HEAT
near to alzheimers	None	HEAT31	Oct 7, 2007	2	no Oct 8 by: HEAT
Help for Dementia Caregivers	None	Adus	Oct 4, 2007	2	no Oct 5 by: Adus
my mom is driving me crazy	None	JEWA	Oct 4, 2007	5	no Oct 5 by: Adus
Other On-Line Chat Sites	None	Yee	Oct 4, 2007	1	no Oct 5 by: HEAT
Caroline	None	gimbee	Oct 5, 2007	2	no Oct 5 by: Yee
Her Husband is a Stranger Now, What to do?	None	Bismarkar	Oct 1, 2007	1	no Oct 2 by: Tragic-Hell
How to convince Mom to move into Assisted Living	None	Chir	Oct 1, 2007	6	no Oct 4 by: DanandMichelle
my mom	None	ivakool	Sep 27, 2007	6	no Oct 5 by: HEAT
how to support a caregiver overseas	None	lgp441	Nov 20, 2005	5	no Oct 1 by: ageen
early onset alzheimers	None	CoatB	Nov 25, 2007	4	no Oct 7 by: lymc04
Any Chats?	None	Tammy9	Nov 21, 2007	6	no Sep 23 by: kathy
staying in bed	None	Thomash	Sep 16, 2007	6	no Sep 23 by: kathy
Alternative treatment	None	HEAT	Sep 16, 2007	1	no Oct 2 by: Yee
near to group	None	HEAT	Nov 15, 2007	1	no Sep 24 by: HEAT
Dementia	None	Tammy9	Sep 14, 2007	14	no Sep 14 by: Orion
What if you have to leave them alone	None	HEAT	Nov 11, 2007	1	no Sep 31 by: ezeeezee
What if you have to leave them alone	None	HEAT	Nov 11, 2007	1	no Sep 14 by: kathy

**ALZTalk.Org Photos**

There are currently 142 photos! View as a Slideshow

Add Photos



**All Play and No Work**  
Posted on Oct 7 by Sara  
5 Comments

**Socializing**  
Posted on Oct 7 by Sara  
5 Comments

**Bird Watching**  
Posted on Oct 7 by Sara  
5 Comments

**seeing the light**  
Posted on Oct 4 by jelle  
5 Comments

**Posted on Sep 25 by windscape**  
5 Comments

**Mom and Dad**  
Posted on Sep 11 by ezeeezee  
5 Comments

**Posted on Aug 29 by Mike**  
5 Comments

**Posted on Aug 29 by Mike**  
5 Comments

**Posted on Aug 29 by Mike**  
5 Comments

# Lotsa Helping Hands

Weave a web of ready volunteers with just a click.

**A**s primary caregiver for her husband Travis, an Alzheimer's patient, Suzan Windnagel of West Lafayette, Indiana, knows all too well that the answer to the question "What can I do to help?" is often "I'm so overwhelmed, I don't even know where to begin to tell you." And yet, the only way for a caregiver to relieve some of the burden is to greet such an offer with specifics—in other words, to delegate the very tasks causing the overload in the first place.

It was this catch-22 that served as the brainchild for Lotsa Helping Hands, a private and secure Web-based tool, available free of charge, for caregivers. Lotsa Helping Hands organizes family, friends, and colleagues from a variety of social circles into a tight team of volunteers that functions like clockwork—without endless e-mail or phone tag.

But what if you aren't computer savvy? Not to worry. The guiding principle behind Lotsa Helping Hands, says co-founder and CEO Hal Chapel, was and is simplicity. "It has to be intuitive," says Chapel, "and people have to be able to figure it out without any type of training."

So even if you don't know a Web tool from a dust mop and you think a browser is just someone with no particular shopping goals, you can create a Lotsa Helping Hands community in a matter of minutes.

## High-Tech Help

Boston-area information technology (IT) professional Barry Katz found his life turned upside down in 2000 when his wife Carole was diagnosed with ovarian cancer. The news hit hard at Hal Chapel's home as well. Not only were the two men business partners, but their respective wives and daughters were best friends. (Each couple had a 13- and a 9-year-old.) Suddenly, both families found themselves in a tangled web of trying to organize family meals, line up babysitters, deal with carpool, and arrange transportation to medical appointments.

"We discovered that [caregiving] was a significant part-time job," says Chapel.

Family and friends from various segments of the Katz's lives reached out, but as many were unacquainted with each other, communication became a logistical nightmare. Three meals might appear on the doorstep one night—then nothing for days afterward. Or, even more significant, someone would volunteer to drive to a medical appointment and forget, leaving the family to scramble at the last minute.

After Carole Singer-Katz died in 2004, Katz and Chapel decided to apply their IT expertise to the organizational challenges caregivers face during an extended illness. The result was Lotsa Helping Hands, a user-friendly online coordination service—a sort of group calendar—that creates "circles of community" to pitch in with transportation, meals, respite, housekeeping duties, and other stuff of everyday life, all without duplication of efforts.

## Put Your Hands Together

Establishing a Lotsa Helping Hands community is easy. First of all, a coordinator is selected. This individual (perhaps a close friend or adult child) signs up for a free membership at [www.lotsahelpinghands.com](http://www.lotsahelpinghands.com), thus creating a private website which he or she then maintains. (Many communities have multiple coordinators.) The coordinator inputs names and e-mail addresses for each person who wants to help and, using on-screen pre-defined template forms, lists specific needs on specific days.

Next, each member signs in and views the calendar, determining which unmet needs he or she can fulfill. Once the volunteer signs up for a task, e-mails are automatically sent to both the family and the coordinator. Lotsa Helping Hands also sends the volunteer a confirmation of the commitment as well as an e-mail reminder one month, one week, and one day prior to the activity.

“My husband is very social,” says Windnagel. “He needs a lot of people in his life, so the first thing [for me] was to try to figure out how to organize people to stop by.” Within 48 hours of setting up a Lotsa Helping Hands community, Windnagel received notification of several sign-ups to visit Travis or take him for ice cream.

The service alleviates the awkwardness of personally asking for help. “Because it’s online and you don’t have to face somebody,” says Windnagel, “you can really communicate more openly about what would work and [not] have that fear of rejection. I can invite people, I can tell what we need, and, if something works for them, then great.”

In addition, with no confusion or redundant offers, volunteers know the family will receive the maximum benefit from their assistance.

Coordinators can also set up custom community sections for sharing medical updates, photo galleries, well wishes, personal journals, and relevant Web links. (Such flexibility can be particularly valuable in maintaining close communication with family members separated by distance.) Windnagel plans to set up a custom section to elicit help for adapting her home environment to the needs of an Alzheimer’s patient, particularly as concerns lighting solutions for “sundown syndrome.”

Online technical support for Lotsa Helping Hands is available 24/7 and video-based tutorials are currently in the works.

Best of all, Lotsa Helping Hands provides privacy and security. Existing members of a community may propose new members via a “tell-a-friend” link through which potential members send contact information to coordinators. However, it is up to the coordinators to either approve or deny membership.

## Lotsa Partners

Since the inception of Lotsa Helping Hands in 2005, Chapel and Katz have partnered with almost 50 national not-for-profit organizations. More than 5,000 Lotsa Helping Hands communities have been established to date, but with more and more co-branding partners signing on, Chapel projects that figure will double within six months.

For Windnagel, creating a Lotsa Helping Hands community “felt really empowering” because it was a quick and easy accomplishment with positive long-term effects. “It’s not just a one-time thing,” she says. “[It’s] something that’s going to help me day after day.”



Hal Chapel and Barry Katz,  
Co-Founders of Lotsa Helping Hands

The screenshot shows the 'Debbie's Helpers' community page. At the top, it says 'Welcome Julie Benson' and has links for 'Sign out', 'Tell a friend', and 'Help'. Below that is a navigation menu with 'Home', 'Site', 'People', 'Administration', and 'About'. The main content area features a calendar for July 2007 with 27 tasks. A legend indicates that blue squares represent 'Selected day', green squares represent 'I'm scheduled', and yellow squares represent 'Help needed'. The calendar shows tasks like 'Meals, 4:00' and 'Rides, 8:00' on various days. On the right, there's a section for 'Wednesday, July 18' with details for a 'Rides, 4:00 pm' task, including the location 'Dance Ctrpool' and the status 'Status: No volunteer'. Below the calendar, there are sections for '0 Tasks in May', 'AUGUST 2007', and '6 Tasks in October'. At the bottom, there are links for 'Contact a coordinator', 'Suggest a feature', 'FAQ', and 'Tell a friend', along with the text 'Helping Communities - Communities Helping' and '© 2004-2007 Lotsa Helping Hands'.

The calendar section provides both a summary of the month’s activities, as well as the details for any specific task where community members may then sign up.

With Lotsa Helping Hands, caregivers now have a ready answer to the question “What can I do to help?” And energy that was once spent on scheduling can now be spent on actually helping. ■

# Your Life on Your Terms

Advance directives ensure your wishes are honored.

**W**hat kind of medical care would you want if you were too ill or hurt to express your wishes? Advance directives are legal documents that allow you to convey your decisions about end-of-life care ahead of time. They provide a way for you to communicate your wishes to family, friends, and health care professionals, and to avoid confusion later on.

Advance directives allow you to appoint others to make decisions for you in the event you are no longer capable of making them yourself. Although we hope that we never become incapacitated, it is much better to plan in advance for this situation. If you don't plan in advance, then your family may end up in a lengthy and costly court proceeding. More importantly, your wishes may not be carried out. There are basically three different advance directives that all of us should have: 1. Power of Attorney; 2. Health Care Proxy (sometimes called Health Care Power of Attorney); and 3. Living Will.

A power of attorney is a legal document pursuant to which one person (the principal) appoints another person (the agent) to act on behalf of the principal with respect to certain financial matters. A general power of attorney authorizes the agent to perform virtually any act on behalf of the principal. A limited power of attorney

Give yourself and your family peace of mind by completing your advance directives.



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 power of attorney 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. This is

important because it is at that point in time that the agent must begin to act on behalf of the principal.

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 not to self-deal and to act only on behalf of the principal. The agent must also be diligent and get things done.

It is also important to include a successor agent in your power of attorney.

If the primary agent dies or becomes disabled and in the meantime the principal has become incapacitated, a guardianship will be necessary. By naming a successor agent, the guardianship proceeding may be avoided.

Some individuals prefer to appoint two people as agents under a power of attorney. If two agents are appointed, does the principal want them to be able to act independently of one another or should they be required to act together? There are pros and cons of each method and these should be carefully considered.

In most states, gifts of the principal's assets under a power of attorney are not valid unless specifically authorized by the document. This also is the position of the Internal Revenue Service. Good practice may dictate inclusion of gifting powers in the document. In determining the extent of gifting authority, consideration should be given to naming those persons to whom gifts can be made (including the agent, if appropriate), whether to limit the amount of the gifts to the annual gift tax exclusion amount (currently, \$12,000), whether gifts can be made for education expenses, whether gifts can be made to charities, and whether gifts can be made to qualify the principal for public benefits including Medicaid.

These are just a few of the many items to be considered when your power of attorney is being drafted. Keep in mind that the power of attorney applies only to financial matters. In order to appoint someone to make health care decisions for you in the event you are incapacitated, you need to execute an advance health care directive.

An advance health care directive can be in the form of a health care proxy, living will, or both. Without an advance health care directive, the process of deciding what to do medically—and when to do it—can be a time-consuming and emotional task for caregivers, family members, friends, and health care providers.

Advance health care directives allow you to select in advance the person most trusted as your agent to make health care decisions in case you can't do it yourself. A living will is an expression of how you want to be treated during end-of-life care. It generally applies if you are in a persistent vegetative state,

The important thing is to make your wishes known. You have the right to make these decisions for yourself while you have legal capacity.

coma, or you are terminally ill. The health care proxy is a delegation of authority to a third party to make health care decisions for you when you are unable to do so. All states and the District of Columbia impose legal requirements on the content and execution of these documents for them to be valid.

Once you have made the decision to have advance health care directives, there are many issues for you to consider, including:

- Who will serve as your health care agent and successor agent?
- Under what conditions, if any, do you want to authorize the withdrawal of life-sustaining medical treatment?
- Does your authorization to withhold or withdraw life-sustaining medical treatment extend to artificial nutrition or hydration?
- Do you have specific preferences concerning health care facilities or providers?
- Do you have any moral or religious convictions that dictate the use or rejection of certain forms of medical treatment?
- Do you want to make anatomical gifts (organ donation) or give the

agent the power and authority to make these gifts?

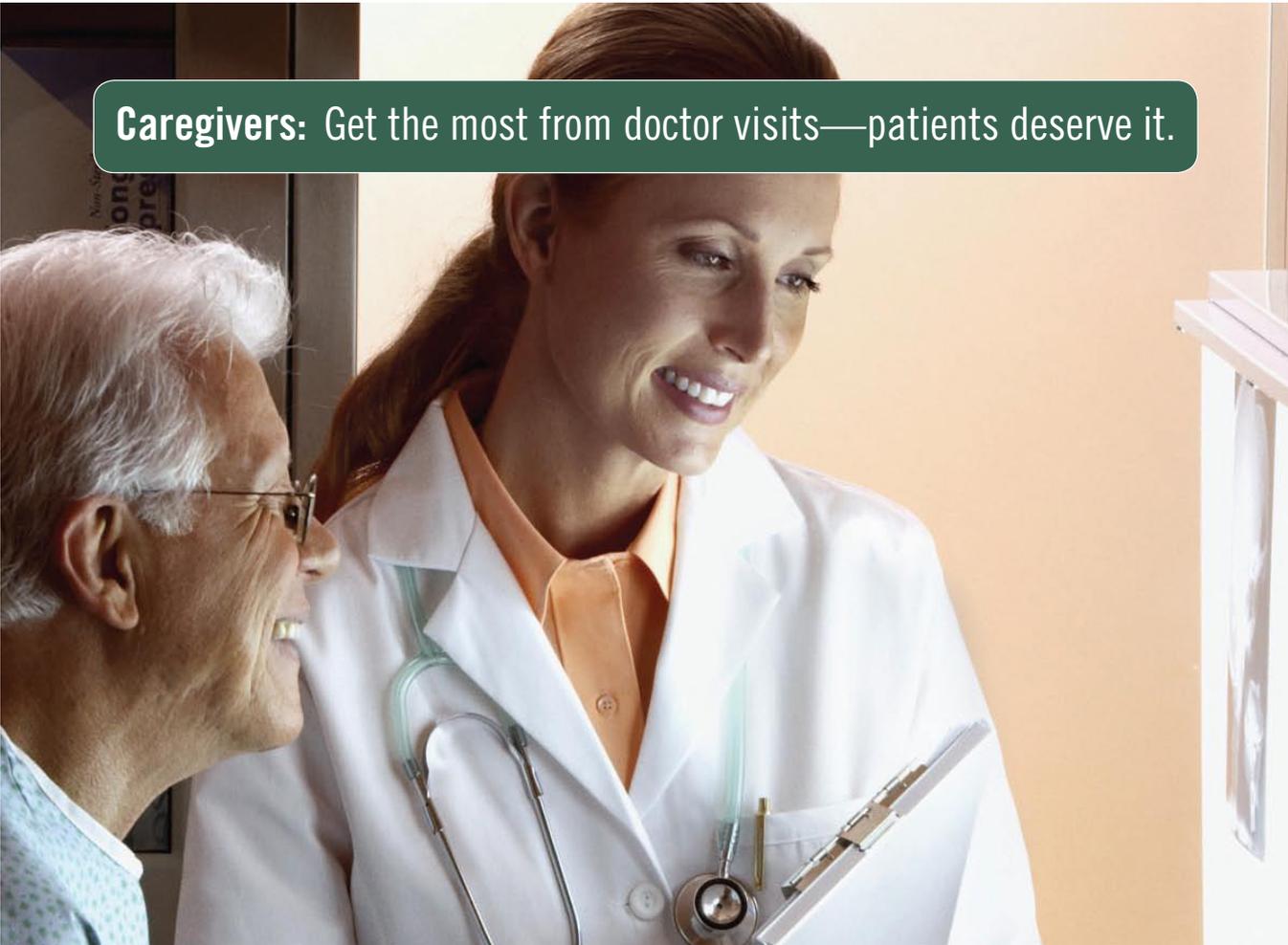
In light of the privacy rules in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related regulations, the advance directive should also include a specific authorization under HIPAA for your health care agent to obtain confidential information concerning your medical condition. This will allow the agent to talk with your physicians and review your medical records. Although many individuals are accompanied by their children to routine medical appointments, in an emergency situation the children need to know that they will be able to talk with the treating medical professionals about their parent's condition.

You want to make sure that your agent, family, and health care providers know that you have advance medical directives. At a minimum, you should have a candid and frank discussion of the advance directives and your health care preferences with your immediate family, health care agents, and primary care physician.

Typically, individuals do not like to think about advance directives and end-of-life care. These are not easy decisions to make and, for many, religious beliefs play an important role in the process. The important thing is to make your wishes known. You have the right to make these decisions for yourself while you have legal capacity. However, once you no longer have capacity, others will make these decisions for you, and their decisions may not be consistent with your wishes.

So, for this holiday season give yourself and your family the gift of peace of mind by completing your advance directives. ■

*Bernard A. Krooks, JD, CPA, LLM (in taxation), CELA, is president and founding member of the NY Chapter of the National Academy of Elder Law Attorneys and a nationally known and widely quoted expert on elder law. For more information, visit [www.littmankrooks.com](http://www.littmankrooks.com).*



**Caregivers: Get the most from doctor visits—patients deserve it.**

Anyone who has provided care for someone with a debilitating disease such as Alzheimer's can recognize the challenges of correctly interpreting and applying a doctor's instructions. The American Medical Association (AMA) Foundation understands these challenges. That's why it provides physicians with the resources to help caregivers, patients and physicians communicate effectively with one another to ensure that patients receive the best care possible.

To help you get the most from doctor visits, follow these tips:

- **Write down questions.** Prepare a list of questions to ask the doctor before your visit.
- **Bring your care recipient's medicines.** Bring all prescription and over-the-counter medicines your care recipient is taking.
- **Report changes.** Tell the doctor about any new or different symptoms your care recipient is having.
- **Ask questions.** Before you leave the doctor's office, make sure you understand what the doctor has told you. Remember, the doctor is there to help.

The AMA Foundation serves as the philanthropic arm of the AMA, developing programs to support medical education, public health and research.

Visit [www.amafoundation.org](http://www.amafoundation.org) to learn more.



# Walking in a Winter Wonderland

Make cold-weather exercise safe and fun.

As kids, we couldn't get outdoors fast enough when the first snowflake fell. As adults, the arrival of cold weather often finds us running just as quickly indoors. Because exercise is a key part of physical and mental well-being, it is important that winter doesn't lead to an exercise hiatus. However, the most important thing to keep in mind for winter activities—particularly in colder regions of the country—is a sound approach to safety (some long underwear wouldn't hurt either.) And before you know it, Jack Frost may be your favorite exercise partner.

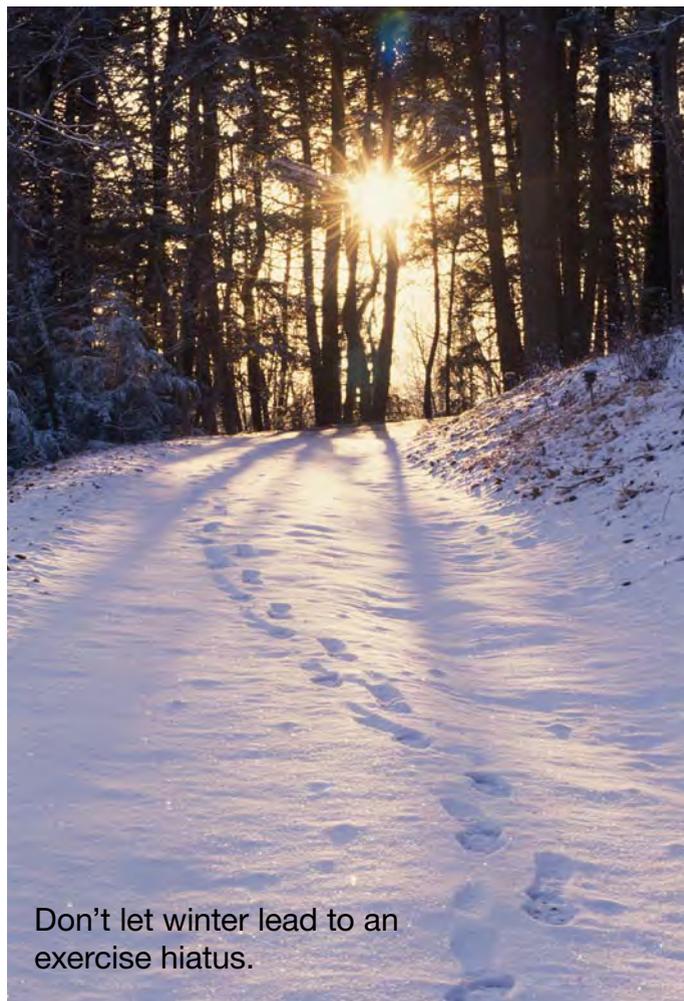
## Exercise Caution

Many people can exercise safely in winter by taking some key safety precautions. (This includes consulting with your physician before starting any exercise program.) However, if you frequently spend your outdoor time with a loved one with Alzheimer's, it is best to stay indoors when the weather is harsh or treacherous. Otherwise, here are some important tips to keep in mind when exercising outdoors in winter:

- Warm up/cool down—this is important any time of year, but especially in winter.
- If you have a history of heart disease, risk factors for heart disease, or you're over age 50, don't overdo it—heart attack rates increase during winter months.
- Use extreme caution around icy surfaces.
- To regulate your temperature, dress in layers. Wear fabrics that trap heat while repelling away moisture. Wear a hat, gloves, a facemask or scarf, and extra socks.

## The Virtual Outdoors

Sometimes—in wintertime, or otherwise—exercising outside simply isn't an option. If you own a stationary bike, you can easily add plenty of variety to your workout by purchasing several virtual biking DVDs or VHS tapes. These programs simulate streets and bike trails all over the world—from the hilly streets of San Francisco to rural paths in the French countryside. If being cooped up in your house is getting you down, these videos will make you feel like you're on the road, exploring the world. Bike-O-Vision, a popular virtual biking series, is available through Amazon.com. You might also find similar DVDs and tapes at multimedia or sporting goods stores.



Don't let winter lead to an exercise hiatus.

If you can't exercise outside or away from home, or if you don't have a stationary bike, that's OK. The important thing to remember is to get in any exercise you can—it is one of the most important things you can do for your health. ■

## Creative Fitness in Winter Months

- Winter walks. A safe walk in a few inches of snow provides a great workout.
- Snowshoeing. Due to the lifting motion, hip flexors and quads get an awesome workout.
- Cross-country skiing. This exercise uses all major muscle groups without heavy stress on joints.

# Brain-Boosting Puzzles

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

(Answers on page 37)

## MATCH THESE

Can you identify these words ending in "ough" by matching them to their definitions?

- |                   |                                |
|-------------------|--------------------------------|
| 1. ____ Although  | a. Part of a golf course       |
| 2. ____ Borough   | b. Difficult to chew           |
| 3. ____ Bough     | c. Exclamation of exasperation |
| 4. ____ Cough     | d. Swamp                       |
| 5. ____ Dough     | e. Painstakingly careful       |
| 6. ____ Enough    | f. Unwelcome engine noise      |
| 7. ____ Lough     | g. In spite of the fact that   |
| 8. ____ Rough     | h. Place for farm food         |
| 9. ____ Slough    | i. Bay, in Ireland             |
| 10. ____ Thorough | j. Tree branch                 |
| 11. ____ Tough    | k. Money, slangily             |
| 12. ____ Trough   | l. Brooklyn or the Bronx, e.g. |

## 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 quotation from Billy Rose. The black squares are the spaces between words. One letter has been dropped in place to start you off.

A	N	E	A	A	P	A	H	I	I	E	G	E	E
D	N		E	E	R	S	I	N	N	G	N	T	H
I	S		R	E	T	T	I	O	R	N	S	T	
	T		V	N	Y			R	V				
	N												

## LEAPFROG

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

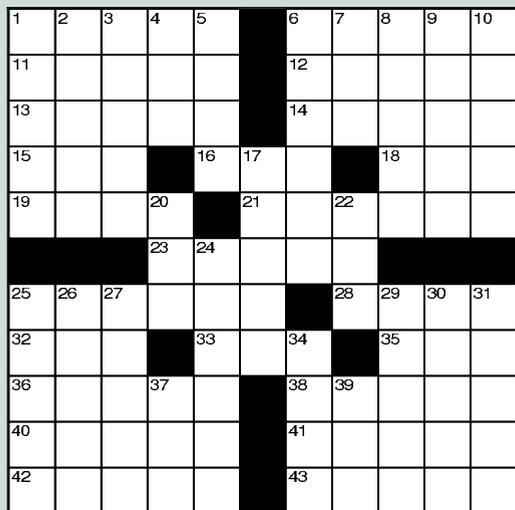
Example: **AJOUCTKEHOYR** — AUTHOR, **JOCKEY**

- |                                |       |
|--------------------------------|-------|
| 1. ECDURIATTOORR               | _____ |
| 2. SAUCRORGBEAONT              | _____ |
| 3. ATENTOGRINENEYER            | _____ |
| 4. SCAPEREDCIOHLWORIGITESRT    | _____ |
| 5. LCIBORNCAIREIRGANE          | _____ |
| 6. COOUNLISTIECLIOARN          | _____ |
| 7. PARHOCTHOGIRTAPECHETR       | _____ |
| 8. EBLEACRTRTIENCIDAERN        | _____ |
| 9. OIPTNVICEINATONR            | _____ |
| 10. VAERNCTHAREILOOLQOUGIISSTT | _____ |

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



## Across

- 1. Desert greenery
- 6. Open window result
- 11. Desire pickles and ice cream, e.g.
- 12. At dawn
- 13. Break the Tenth Commandment
- 14. Open a bottle
- 15. Take advantage of
- 16. Attack command
- 18. Bard's "before"
- 19. Make over
- 21. Transferred property
- 23. What person's?
- 25. Post product
- 28. Alaskan \_\_\_ crab
- 32. Woodsman's tool
- 33. GI's hangout
- 35. Summer zodiac sign
- 36. Of a military branch
- 38. Fido's warning
- 40. Avoid neatly
- 41. Even candy shapes
- 42. Trusty horse
- 43. Each one
- 10. Used a keyboard
- 17. Heroes
- 20. Be beholden
- 22. Mouse-sighting shout
- 24. Towed
- 25. Christmas
- 26. Dignify
- 27. Variety show
- 29. "\_\_\_ a Parade" (2 wds.)

## Down

- 1. Come to mind
- 2. Got out of bed
- 3. Rescued
- 4. "\_\_\_ Got Sixpence"
- 5. Groups
- 6. Low poker pair
- 7. Sprinted
- 8. Bent like a rainbow
- 9. Signal flame
- 30. More modern
- 31. "Gosh!"
- 34. Stare impolitely
- 37. Fizzless beverage
- 39. Race a motor

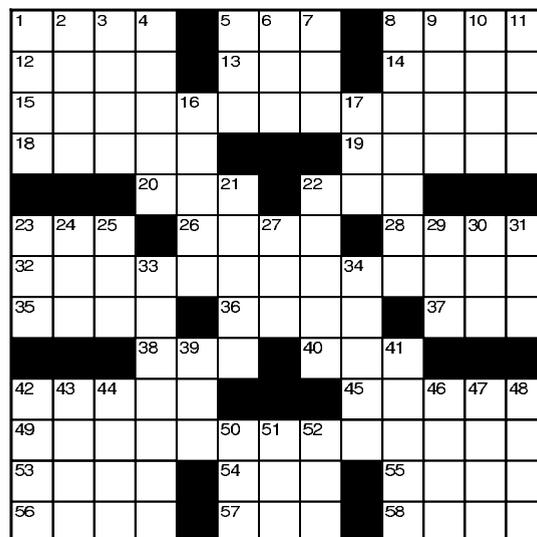
## Clothes Call

### Across

- 1. Difficult
- 5. Haze
- 8. Scorch
- 12. Hand cream ingredient
- 13. Peyton Manning's little brother
- 14. Rajah's mate
- 15. Pompous snobs
- 18. The Ritz, e.g.
- 19. Loosen laces
- 20. Like a second-place ribbon
- 22. Colonial carpenter's item
- 23. Tricky curve
- 26. Relaxation
- 28. River seen from the UN building
- 32. Be evasive
- 35. Car air-freshener scent
- 36. Elvers' parents
- 37. Jennings of "Jeopardy!" fame
- 38. Rogue "Chicago"
- 40. Heavy-hearted
- 42. Tire track pattern
- 45. \_\_\_ Semple McPherson
- 49. Georgia Tech's football team
- 53. Item in the janitor's closet
- 54. Little Boy Blue's stack
- 55. Virginia, to Fifi
- 56. Pitching staff stats
- 57. Miner's find
- 58. Actress Ward
- 21. Saw socially
- 22. Flakes off
- 23. Psychic letters
- 24. Enjoy a Vermont vacation
- 25. Moral wrong
- 27. Pronoun for a schooner
- 29. Invite
- 30. Take to court, civilly
- 31. "\_\_\_ North Frederick" (O'Hara novel)
- 33. Remembers
- 34. Author Asimov
- 39. Big deal
- 41. Levees' kin
- 42. Sort
- 43. Breed
- 44. Author-director Kazan
- 46. Ration
- 47. Latin abbr.
- 48. This, to Pedro
- 50. First of the five W's
- 51. Shake loose
- 52. Pro vote

### Down

- 1. It's slung at the diner
- 2. Member of the choir
- 3. Trounce
- 4. Put off
- 5. Doctor's charge
- 6. Like Farmer MacDonald
- 7. USO patrons
- 8. Cowers
- 9. Roxie's last name in "Chicago"
- 10. Person in opposition
- 11. Shine's partner
- 16. Group of ships
- 17. Color



(Answers on page 37)

# BRAIN-BOOSTING PUZZLES

## HIDDEN-MESSAGE WORD-FIND

All the words in the list, which are different hobbies and activities, can be found in the letter grid reading across, up and down, and diagonally. When you have found them all, read the leftover letters left to right, from the top, to complete this apt quote by author John Updike: "Any activity becomes creative..."

You are looking for a 48-letter phrase.

AEROBICS	GARDENING	G N I H S I F K W H W E G
		G N N T H C A E S C H D A
BEADING	KAYAKING	O N I E R Y U C O G I C R
		A R I D A C I L E N T S D
BIRD-WATCHING	PAINTING	G A B K A B L B P I T O E
		U N I V O E L T D T L O N
BLOGGING	PHOTOGRAPHY	I N I R C O B N G E I I I
		G N E T G T B R I H N N N
CAVING	QUILTING	G A I G N G H P T C G O G
		G N I T L I U Q A O R D O
COLLECTING	SCRAPBOOKING	G N I H C T A W D R I B I
		G N G I T B E P T C C T E
CROCHETING	SCULPTING	Y H P A R G O T O H P S R
FISHING	WHITTLING	

## SUDOKU

To complete each 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.

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

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# PUZZLE ANSWERS

## Match These

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

## Leapfrog

1. Editor, curator; 2. Surgeon, acrobat; 3. Attorney, engineer; 4. Speechwriter, cardiologist; 5. Librarian, concierge; 6. Counselor, politician; 7. Photographer, architect; 8. Electrician, bartender; 9. Optician, inventor; 10. Ventriloquist, archaeologist.

## Droplines

Never invest in anything that eats or needs repairing. (Billy Rose)

## Hidden Message

[“Any activity becomes creative...] when the doer cares about doing it right, or doing it better.”

## Crossword 1

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

## Crossword 2

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

## Word-Find

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

## Sudoku

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

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(continued from page 10)

memory who misidentified more than 2 of 10 common scents—strawberry, pineapple, lilac, clove, menthol, lemon, smoke, natural gas, soap, and leather—were five times more likely to progress to Alzheimer's years later than those who retained their olfactory sense. This "sniff test" will require further confirmation, but in initial tests, it performed as well as memory exams and MRI scans in determining which people would go on to develop Alzheimer's. Researchers speculate that the same processes that destroy brain cells vital for memory may

also affect those crucial for scent. Other scientists are looking into a "skin test" that measures chemical changes in the skin that may signal early Alzheimer's.

An ongoing public-private research collaboration called the Alzheimer's Disease Neuroimaging Initiative, funded in part by the National Institutes of Health, is working with medical centers across north America to identify additional biomarkers for Alzheimer's disease. Researchers will examine more than 800 men and women, ranging in age from 55 to 90, using PET scans, MRI, and blood

and spinal fluid tests in an attempt to identify biomarkers that may be an early warning sign of Alzheimer's. Results are expected in 2009.

"Earlier diagnosis means earlier treatment," says the Fisher Center's Dr. Greengard. "And the more we understand about the basic causes of Alzheimer's, the closer we move to a cure." ■

*Figures 1, 2, 3 Courtesy of Dr. Paul Thompson, Professor of Neurology, UCLA School of Medicine*

## Living with Alzheimer's Disease

### Products That Make Life Easier, Simpler, and Safer

Every 72 seconds, someone in the United States is diagnosed with Alzheimer's disease. There are now more than 5 million Americans living with the disease. What is not widely known—even by some physicians—is that there are products available that are made especially to help Alzheimer's patients to live better with the disease, and, in some cases, to help them remain living at home longer and safer.

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



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



- ❖ A medication dispenser that prevents accidental double-dosing. This automatic medication dispenser beeps at the right time, provides the right meds, and is lockable so no more pills can be taken until the next dose time. This dispenser should not be used by a person with Alzheimer's without supervision, but it can be very useful for people with milder forms of memory or cognitive impairment.



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

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