

Winter 2008

preserving your

Memory

The Magazine of Health and Hope

Caregiving and the Flu

Olympic Gold Medalist

Kristi Yamaguchi

Wants You to Protect
Yourself This Winter

Stages of Alzheimer's

How Your Doctor Will
Determine a Diagnosis

Teaching the Art of Caregiving

An Innovative Program in
Community Colleges Is Making
a Big Difference Nationwide



FISHER CENTER FOR
ALZHEIMER'S
RESEARCH FOUNDATION

ALZinfo.org: Visit Our Newly Redesigned Website for More Alzheimer's Resources

We have redesigned our website, ALZinfo.org, to include more resources and make it easier for you to navigate!

Find out the latest information on Alzheimer's disease, including videos of AOL interviewing our scientists.



The screenshot shows the ALZinfo.org website with the following elements:

- Header:** Fisher Center for Alzheimer's Research Foundation logo and a "Donate Now" button.
- Navigation:** A menu with links for HOME, About ALZHEIMER'S and DEMENTIA, Alzheimer's RESOURCES, Alzheimer's TREATMENT, and Alzheimer's RESEARCH. Below this are links for ABOUT US, COMMUNITY, GET INVOLVED, E-NEWSLETTER, CONTACT US, PRESERVING YOUR MEMORY MAGAZINE, and ASK THE EXPERTS.
- Tools:** Select Text Size (a a a), BOOKMARK, EMAIL THIS PAGE, and a Search bar with a "Go" button.
- Main Content Sections:**
 - Alzheimer's Disease Cause, Care, & Cure:** Features a photo of an elderly couple, a list of statistics (e.g., 5 million Americans have Alzheimer's), and a paragraph about the disease's impact.
 - Our Alzheimer's Disease Research:** Features a photo of Dr. Paul Greengard, a list of research topics (e.g., Understanding the Cause of Alzheimer's), and a paragraph about the research team's work.
 - Alzheimer's Disease News:** Features a paragraph about a recent review by William J. Netzer, Ph.D., and a link to a news article about a new imaging agent.
- Right Sidebar:** Contains promotional content for "Preserving Your Memory Magazine" (with a "Get Your Free Copy Now!" button), "I think I have Alzheimer's Disease" (with a photo of a woman), "Ten warning signs of Alzheimer's Disease" (with a "Find Out More" button), "ALZTalk.org" (described as a social network), "Alzheimer's Disease Resources in Your Area" (with a "Click Here" button), and a "Notify Me" section for disease news (with a "Notify Me" button).

Learn what's happening now with Alzheimer's research.



All of our news is reviewed by experts in the field.



Download your free copy of Preserving Your Memory magazine.



For more information on ALZTalk.org, see page 19 of this issue.



Find all of your Alzheimer's resource needs in one place.



Sign up to receive Alzheimer's e-mail alerts right to your inbox.



Features

Stages of Alzheimer's

New York University's Dr. Barry Reisberg outlines the seven major clinical stages of Alzheimer's disease.



Caregivers in Training

Funded by grants from the MetLife Foundation, the Community College Caregiver Training Initiative—an innovative nationwide program—is training caregivers at our nation's community colleges.

The Flu and You

Caregivers need to know that it's flu season, and Olympic Gold Medalist Kristi Yamaguchi says a flu vaccine should be on your schedule if you haven't already had one. Learn why the flu vaccine is a necessity for Alzheimer's caregivers (and patients).



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preserving your Memory

The Magazine of Health and Hope



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A leader in finding an Alzheimer's cure

The Latest News on Alzheimer's Disease and Brain Health

Ginkgo, an Herbal Supplement, Shows No Benefit in Preventing Alzheimer's Disease

Millions of older Americans take the herb ginkgo biloba in the hopes of warding off senior moments and the onset of Alzheimer's disease as well. But a rigorous new study involving thousands of seniors found that supplements containing the herb did nothing to ward off the onset of the memory-robbing ailment. This contradicts several smaller, previous studies that claimed benefits for ginkgo biloba.

The study, conducted by researchers at five medical centers across the country, involved more than 3,000 men and women aged 75 and older. Most were mentally intact at the start of the study in 2000, though some in each group had mild cognitive impairment, a form of memory loss that is far less severe than Alzheimer's but which may progress to Alzheimer's with time.

Participants were divided into two groups. Half took a standardized extract of ginkgo, at a dose of 120 mg twice a day, for an average of six years. The others took a look-alike placebo. All were given memory tests and check-ups at six-month intervals to look for signs of Alzheimer's disease. Brain scans were also performed if it was suspected that someone might have Alzheimer's.

The researchers found that by the time the study was completed in 2008, there was no difference in the rates of Alzheimer's onset between the group taking ginkgo and the group taking a placebo. Of the 3,069 people in the study, 523 were given a diagnosis of Alzheimer's or another form of dementia



Ginkgo biloba showed no effect on the onset of Alzheimer's.

over the course of the study. Dementia developed in 246 of those receiving placebo, compared to 277 in the ginkgo group.

The trial, called the Ginkgo Evaluation of Memory, or GEM, study, was the largest to date to evaluate the herb. The findings were published in *JAMA, the Journal of the American Medical Association*.

Although the current study was well designed and gave compelling results, it still appears that there is uncertainty as to whether ginkgo biloba may be of benefit in Alzheimer's disease under some circumstances. For example, the study participants were all over 75 years of age, and some of those who were cognitively intact at the beginning of the study may have already had early, preclinical Alzheimer's disease. Thus, it is unknown whether ginkgo given to younger individuals for a longer period of time could be of benefit.

Experts caution that anyone taking ginkgo or products containing the herb should let their doctors know. It may interact with prescription or over-the-counter medications, including

aspirin and warfarin, raising the risk of dangerous bleeding. In the current study, people who were taking blood-thinners or who had other blood conditions were excluded from the study. There is evidence suggesting that ginkgo increases the risk for stroke due to bleeding in the brain.

Counseling, Support Helps Alzheimer's Caregivers Everywhere

A caregiver of a patient taking medication for Alzheimer's disease will benefit from counseling and support services, an international study has found.

Nearly 10 million Americans care for someone with Alzheimer's. This study looked at 158 older men and women who are caregivers at home for a spouse with the disease. All Alzheimer's patients were taking donepezil (Ari-cept) as part of the study. One group of caregivers was given a combination of educational programs, counseling and ongoing support, in contrast with a control group that received none. Researchers found that symptoms of depression among caregivers were reduced in the group that received the additional support.

"These findings show that counseling and support of family members can be of significant benefit to Alzheimer's caregivers even when the patients are receiving medications for the disease. Caregivers who are less depressed are better able to take care of their ill family members," said Mary Mittelman, Dr.P.H., director of the Psychosocial Research and Support Program at the New York University School of

Medicine Silverstein Institute. She also serves on the Editorial Advisory Board for www.ALZinfo.org, the Fisher Center for Alzheimer's Research Foundation's website.

Merck Compound Falters in Human Trial

MK-677, a new compound that had shown promise in slowing the growth of sticky plaques in mouse brains, does not have the same effect in humans, research has found.

The compound showed great promise in stimulating the release of a chemical called Insulin-like Growth Factor-1 (IGF-1), which slows the accumulation of beta amyloid protein in mice. Beta amyloid protein is the substance that forms the sticky plaques in the brain that are associated with Alzheimer's.

In the study, participants with mild to moderate Alzheimer's showed no improvement in memory skills after receiving MK-677, as compared to the placebo group. The research may put a damper on studies of using the IGF-1 system alone as a way of approaching Alzheimer's symptoms in clinical research.

Grape Seed Extract May Have Applications in Alzheimer's

Grape seeds—a rich source of antioxidants—showed promise in diminishing amyloid-beta deposits in the brain in laboratory mice and improving their memory, according to recent research. The study out of Mount Sinai School of Medicine looked at the effects of feeding grape-seed extract to mice that were given a gene that causes their brains to produce high levels of beta-amyloid, the substance that accumulates in Alzheimer's disease.

Other studies suggest that grape seed extract may be of benefit in some cancers and in cardiovascular disease. It should be cautioned however, that grape seed extract is known to inhibit

certain liver enzymes that break down drugs in the body. As a result, it may alter the effects of certain drugs. Consult your doctor before deciding to take grape seed extract.



The new Alzheimer's postage stamp is currently available.

Alzheimer's Postage Stamp Debuts

The United States Postal Service unveiled its new Alzheimer's disease stamp in October at a ceremony in Morgantown, W.Va. The new stamp honors caregivers with the phrase, "care – support – research."

The 42-cent first-class stamp is currently available at post offices nationwide and through the USPS website (www.usps.gov).

Alzheimer's Book Updated, Free

Alzheimer's Disease: Unraveling the Mystery, an 80-page book from the National Institute on Aging, has been reissued as an updated version of the 2003 original. The book is aimed at those living with Alzheimer's, their families, healthcare professionals and anyone with an interest in the disease.

The book explains:

- How a healthy brain works
- The changes that occur when AD affects the brain
- New research into the causes, diag-

nosis, and treatment of AD

- What caregivers and families need to know

The book is available for free download and online viewing. A free printed copy can be ordered by going to nia.nih.gov, or calling NIA's Alzheimer's Disease Education and Referral Center at 800-438-4380.

Suspect Genes Identified in Study

Four genes that may contribute to the development of the most common type of late-onset Alzheimer's disease have been identified by a survey of the genome, according to research published in *The American Journal of Human Genetics*. Only one gene has previously been linked definitively to late onset Alzheimer's.

This study is the initial result of an ongoing Alzheimer's Genome Project, which is supported by the Cure Alzheimer's Fund and the National Institute of Mental Health. Scientists looked at nearly a half-million markers covering most of the human genome from a sample of 300 families, each of which have at least three family members with late-onset AD.

"Virtually all current research into therapies is based on the Alzheimer's genes that we already know about; so each new gene we find not only enhances our ability to predict and diagnose the disease, but also provides valuable new clues about biochemical events and pathways involved in the disease process," said Rudolph Tanzi, Ph.D., director of the MGH-MIND Genetics and Aging Research Unit. Tanzi was a co-discoverer of early-onset Alzheimer's genes and is a pioneer in the search for genes that influence the more common late onset, or sporadic form of Alzheimer's. ■

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

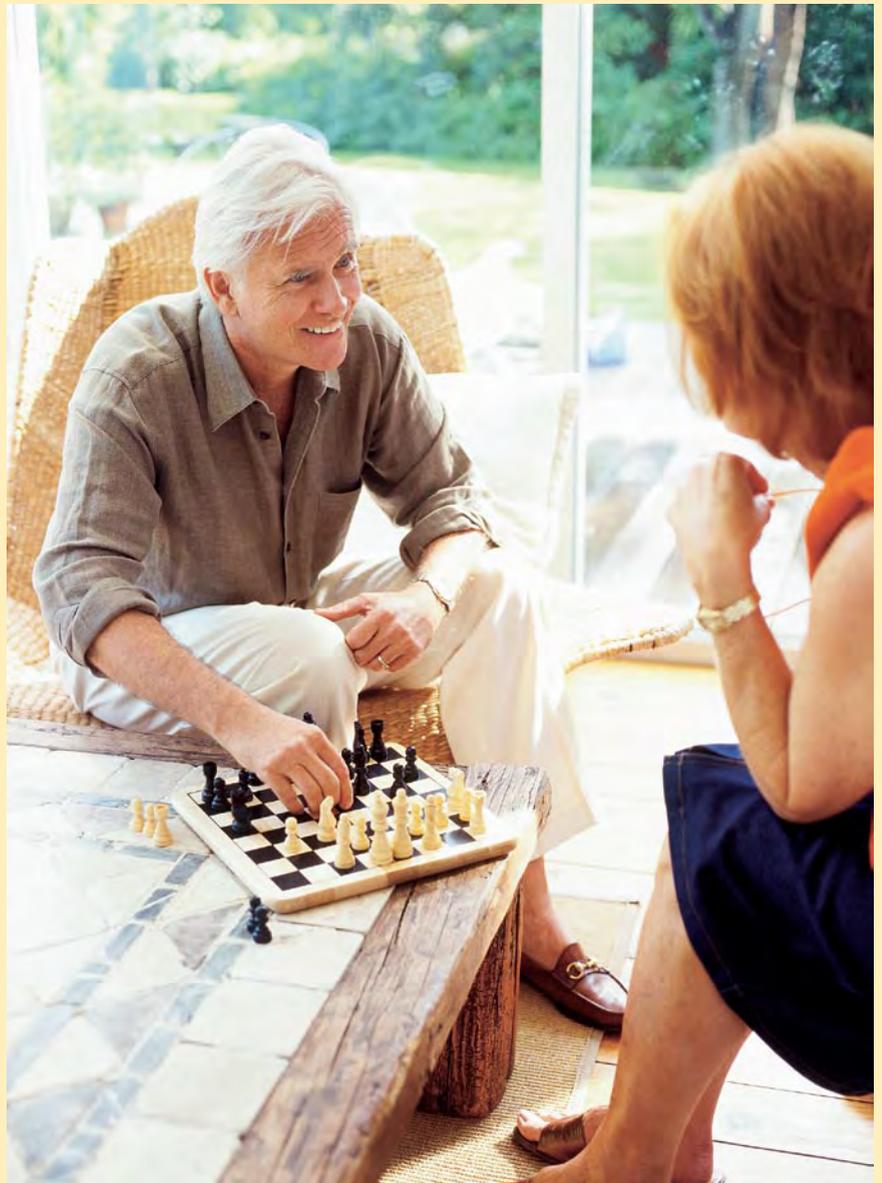
Clinical Stages of Alzheimer's Disease

Alzheimer's disease (AD) is a characteristic process with readily identifiable clinical stages. These clinical stages exist in a continuum with normal aging processes. The clinical stages of AD can be described in alternative ways. For example, they can be described globally or they can be described in terms of constituent elements, referred to as clinical axes. One of these clinical axes, functioning and self-care, is particularly useful in describing the progression of AD. However, many conditions, particularly in aged persons, can interfere with functioning apart from AD. For these and other reasons, functioning changes alone do not adequately describe the progress of AD. However, the combination of global changes and their functional concomitants can provide a clear map or the progress of AD. This clinical map is enriched by noting the common behavioral concomitants of the stages. However, the behavioral and mood manifestations of AD are much more diverse than the cognitive and functional features of the disease progression.

Globally, seven major stages from normality to most severe AD are identifiable. Functionally, 16 stages and substages corresponding to the global stages are recognizable. These global and functional clinical stages and substages of aging and AD are summarized as follows.

Stage 1: Normal

At any age, persons may potentially be free of objective or subjective symptoms of cognition and functional decline and also free of associated behavioral and mood changes.



Cognitively challenging games can help prevent the onset of Alzheimer's.

We call these mentally healthy persons at any age, stage 1, or normal.

Stage 2: Normal aged forgetfulness

Half or more of the population of persons over the age of 65 experience subjective complaints of cognitive and/or functional difficulties. The nature of these subjective

complaints is characteristic. Elderly persons with these symptoms believe they can no longer recall names as well as they could 5 or 10 years previously. They also frequently develop the conviction that they can no longer recall where they have placed things as well as previously. Subjectively experienced difficulties in concentration and in finding the correct word when speaking, are also common.

Various terms have been suggested for this condition, but normal aged forgetfulness is probably the most satisfactory terminology. These symptoms, which by definition, are not notable to intimates or other external observers of the person with normal aged forgetfulness, are generally benign. However, there is some recent evidence that persons with these symptoms do decline at greater rates than similarly aged persons and similarly healthy persons who are free of subjective complaints.

Stage 3: Mild cognitive impairment

Persons at this stage manifest deficits which are subtle, but which are noted by persons who are closely associated with the stage 3 subject. The subtle deficits may become manifest in diverse ways. For example, the person with mild cognitive impairment (MCI) may noticeably repeat queries. The capacity to perform executive functions also becomes compromised.

Commonly, for persons who are still working, job performance may decline. For those who must master new job skills, decrements in these capacities may become evident. For example, the MCI subject may be unable to master new computer skills. MCI subjects who are not employed, but who plan complex social events, such as dinner parties, may manifest declines in their ability to organize such events. Other MCI subjects may manifest concentration deficits. Many persons with these symptoms begin to experience anxiety, which may be overtly evident.

The prognosis for persons with these subtle symptoms of impairment is variable, even when a select subject group who are free of overt medical or psychological conditions which might account for, or contribute to, the impairments are studied. A substantial proportion of these persons will not decline, even when followed over the

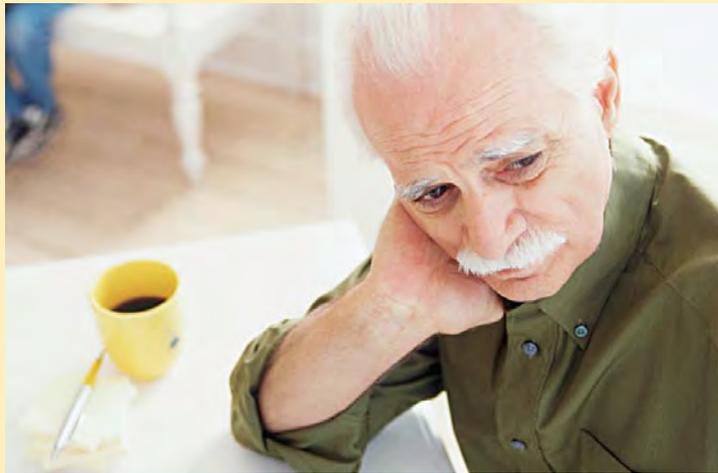
course of many years. However, in a majority of persons with stage 3 symptoms, overt decline will occur, and clear symptoms of dementia will become manifest over intervals of approximately 2 to 4 years. In persons who are not called upon to perform complex occupational and/or social tasks, symptoms in this stage may not become evident to family members or friends of the MCI patient. Even when symptoms do become noticeable, MCI subjects are commonly midway or near the end of this stage before concerns result in clinical consultation. Consequently, although progression to the next stage in MCI subjects commonly occurs in 2 to 3 years, the true duration of this stage, when it is a harbinger of subsequently manifest dementia, is probably approximately 7 years.

Management of persons in this stage includes counseling regarding the desirability of continuing in a complex and demanding occupational role. Sometimes, a “strategic withdrawal” in the form of retirement, may alleviate psychological stress and reduce both subjective and overtly manifest anxiety.

Stage 4: Mild Alzheimer’s disease

Symptoms of impairment become evident in this stage. For example, seemingly major recent events, such as a recent holiday or a recent visit to a relative, may, or may not, be recalled. Similarly,

overt mistakes in recalling the day of the week, month or season of the year may occur. Patients at this stage can still generally recall their correct current address. They can also generally correctly recall the weather conditions outside and very important current events, such as the name of a prominent head of state. Despite the overt deficits in cognition, persons at this stage can still potentially survive independently in community settings. However, functional capacities become compromised in the performance of instrumental (i.e., complex) activities of daily life. For example, there is a decreased capacity to manage personal finances. For the stage 4 patient who is living independently, this may become evident in the form of difficulties in paying rent and other bills. A spouse may note difficulties in writing the correct date and the correct amount in paying checks. The ability to independently



Mild cognitive impairment (stage 3) may produce a decline in learning and organizational skills.

market for food and groceries also becomes compromised in this stage. Persons who previously prepared meals for family members and/or guests begin to manifest decreased performance in these skills. Similarly, the ability to order food from a menu in a restaurant setting begins to be compromised. Frequently, this is manifest in the patient handing the menu to the spouse and saying 'you order'.

The dominant mood at this stage is frequently what psychiatrists term a flattening of affect and withdrawal. In other words, the patient often seems less emotionally responsive than previously. This absence of emotional responsivity is probably intimately related to the patient's denial of their deficit, which is often also notable at this stage. Although the patient is aware of their deficits, this awareness of decreased intellectual capacity is too painful for most persons and, hence, the psychological defense mechanism known as denial, whereby the patient seeks to hide their deficit, even from themselves where possible, becomes operative. In this context, the flattening of affect occurs because the patient is fearful of revealing their deficits. Consequently, the patient withdraws from participation in activities such as conversations.

In the absence of complicating medical pathology, the diagnosis of AD can be made with considerable certainty

from the beginning of this stage. Studies indicate that the duration of this stage of mild AD is a mean of approximately 2 years.

Stage 5: Moderate Alzheimer's disease

At this stage, deficits are of sufficient magnitude as to prevent independent and catastrophe-free community survival. Patients can no longer manage on their own in the community. If they are ostensibly alone in the community then there is generally someone who is assisting in providing adequate and proper food, as well as assuring that the rent and utilities are paid and the patient's finances are taken care of. For those who are not properly watched and/or supervised, predatory strangers may become a problem. Very common reactions for persons at this stage who are not given adequate support are behavioral problems such as anger and suspiciousness.

Cognitively, persons at this stage frequently cannot recall such major events and aspects of their current lives as the name

of the current U. S. president, the weather conditions of the day, or their correct current address. Characteristically, some of these important aspects of current life are recalled, but not others. Also, the information is loosely held, so, for example, the patient may recall their correct address on certain



Reading is an important skill for preserving your memory.

occasions, but not others.

Remote memory also suffers to the extent that persons may not recall the names of some of the schools which they attended for many years, and from which they graduated. Orientation may be compromised to the extent that the correct year may not be recalled. Calculation deficits are of such magnitude that an educated person has difficulty counting backward from 20 by 2s.

Functionally, persons at this stage have incipient difficulties with basic activities of daily life. The characteristic deficit of this type is decreased ability to independently choose proper clothing. This stage lasts an average of approximately 1.5 years.

Stage 6: Moderately severe Alzheimer's disease

At this stage, the ability to perform basic activities of daily life becomes compromised. Functionally, five successive substages are identifiable. Initially, in stage 6a, patients, in addition to having lost the ability to choose their clothing without assistance, begin to require assistance in putting on their clothing properly. Unless supervised, patients may put their clothing on backward, they may have difficulty putting their arm in the correct sleeve, or they may dress themselves in the wrong sequence.

For example, patients may put their street clothes on over their night clothes. At approximately the same point in the evolution of AD, but generally just a little later in the temporal sequence, patients lose the ability to bathe independently without assistance (stage 6b). Characteristically, the earliest and most common deficit in bathing is difficulty adjusting the temperature of the bath water. Initially, once the spouse adjusts the temperature of the bath water, the patient can still potentially otherwise bathe independently. Subsequently, as this stage evolves, additional deficits in bathing independently as well as in dressing independently occur. In this 6b substage, patients generally develop deficits in other modalities of daily hygiene such as properly brushing their teeth independently. With the further evolution of AD, patients lose the ability

to manage independently the mechanics of toileting correctly (stage 6c). Unless supervised, patients may place the toilet tissue in the wrong place. Many patients will forget to flush the toilet properly. As the disease evolves in this stage, patients subsequently become incontinent. Generally, urinary incontinence occurs first (stage 6d), then fecal incontinence occurs (stage 6e). The incontinence can be treated, or even initially prevented entirely in many cases, by frequent toileting. Subsequently, strategies for managing incontinence, including appropriate bedding, absorbent undergarments, etc., become necessary.

In this sixth stage cognitive deficits are generally so severe that persons will display little or no knowledge

Patients at stage 4 may display a “flattening” of emotional responses.



when queried regarding such major aspects of their current life circumstances as their current address or the weather conditions of the day.

Recall of current events is generally deficient to the extent that the patient cannot name the current national head of state or other, similarly prominent newsworthy figures. Persons at this sixth stage will most often not be able to recall the names of any of the schools which they attended. They may, or may not, recall such basic life events as the names of their parents, their former occupation and the country in which they were born. They still have some knowledge of their own names; however, patients in this stage begin to confuse their spouse with their deceased parent and otherwise mistake the identity of persons, even close family members, in their own environment. Calculation ability is frequently so severely compromised at this stage that even well-educated patients have difficulty counting backward consecutively from 10 by 1s.

Emotional changes generally become most overt and disturbing in this sixth stage of AD. Although these emotional changes may, in part, have a neurochemical

basis, they are also clearly related to the patient's psychological reaction to their circumstances. For example, because of their cognitive deficits, patients can no longer channel their energies into productive activities. Consequently, unless appropriate direction is provided,



Patients at stage 6 often become afraid of being alone.

patients begin to fidget, to pace, to move objects around and place items where they may not belong, or to manifest other forms of purposeless or inappropriate activities. Because of the patient's fear, frustration and shame regarding their circumstances, as well as other factors, patients frequently develop verbal outbursts, and threatening, or even violent, behavior may occur. Because patients can no longer survive independently, they commonly develop a fear of being left alone. Treatment of these and other behavioral and psychological symptoms which occur at this stage, as well as at other stages of AD, involves counseling regarding appropriate activities and the psychological impact of the

illness upon the patient, as well as pharmacological interventions.

The mean duration of this sixth stage of AD is approximately 2.3 years. As this stage comes to an end, the

patient, who is doubly incontinent and needs assistance with dressing and bathing, begins to manifest overt breakdown in the ability to articulate speech. Stuttering (verbigeration), neologisms, and/or an increased paucity of speech, become manifest.

Stage 7: Severe Alzheimer's disease

At this stage, AD patients require continuous assistance with basic activities of daily life for survival. Six consecutive functional substages can be identified over the course of this final seventh stage. Early in this stage, speech has become so circumscribed, as to be limited to approximately a half dozen intelligible words or fewer in the course of an intensive contact and attempt at an interview with numerous queries (stage 7a). As this stage progresses, speech becomes even more limited to, at most, a single intelligible word (stage 7b). Once speech is lost, the ability to ambulate independently (without assistance), is invariably lost (stage 7e). However, ambulatory ability is readily compromised at the end of the sixth stage and in the early portion of the seventh stage by concomitant physical disability, poor care, medication side-effects or other factors. Conversely, superb care provided in the early seventh stage, and particularly in stage 7b, can postpone the onset of loss of ambulation, potentially for many years. However, under ordinary circumstances, stage 7a has a mean duration of approximately 1 year, and stage 7b has a mean duration of approximately 1.5 years.

In patients who remain alive, stage 7c lasts approximately 1 year, after which patients lose the ability not only to ambulate independently, but also to sit up independently (stage 7d). At this point in the evolution of AD, patients will fall over when seated unless there are arm rests to hold the patient up in the chair. This 7d substage lasts approximately 1 year. Patients who survive subsequently lose the ability to smile (stage 7e). At this substage only grimacing facial movements are observed in place of smiles. This 7e substage lasts a mean of approximately 1.5 years. It is followed in survivors, by a final 7f substage, in which AD patients additionally lose the ability to hold up their head independently.

In the latter portion of the final stage of AD, patients become immobile to the extent that they require support to sit up without falling. With the advance of this stage, patients lose the ability to smile and, ultimately, to hold up their head without assistance, unless their neck becomes contracted and immobile. Patients can survive in this final 7f substage indefinitely; however, most patients succumb during the course of stage 7.

With appropriate care and life support, patients can survive in this final substage of AD for a period of years.

With the advent of the seventh stage of AD, certain

physical and neurological changes become increasingly evident. One of these changes is physical rigidity. Evident rigidity upon examination of the passive range of motion of major joints, such as the elbow, is present in the great majority of patients, throughout the course of the seventh stage. In many patients, this rigidity appears to be a precursor to the appearance of overt physical deformities in the form of contractures. Contractures are irreversible deformities which prevent the passive or active range of motion of joints. In the early seventh stage (7a and 7b), approximately 40% of AD patients manifest these deformities. Later in the seventh stage, in immobile patients (from stage 7d to 7f), nearly all AD patients manifest contractures in multiple extremities and joints.

Neurological reflex changes also become evident in the stage 7 AD patient. Particularly notable is the emergence of so-called 'infantile', 'primitive' or 'developmental' reflexes which are present in the infant but which disappear in the toddler. These reflexes, including the grasp reflex, sucking reflex, and the Babinski plantar extensor reflex, generally begin to re-emerge in the latter part of the sixth stage and are usually present in the stage 7 AD patient. Because of the much greater physical size and strength of the AD patient in comparison with an infant, these reflexes can be very strong and can impact both positively and negatively on the care provided to the AD patient. AD patients commonly die during the course of the seventh stage. The mean point of demise is when patients lose the ability to ambulate and to sit up independently (stages 7c and 7d).

The most frequent proximate cause of death is pneumonia. Aspiration is one common cause of terminal pneumonia. Another common cause of demise in AD is infected decubital ulcerations. AD patients in the seventh stage appear to be more vulnerable to all of the common causes of mortality in the elderly including stroke, heart disease and cancer. Some patients in this final stage appear to succumb to no identifiable condition other than AD. ■

From:

*The Encyclopedia of Visual Medicine Series
An Atlas of Alzheimer's Disease,
Parthenon, Pearl River (NY),
Edited by Momy J. de Leon*

Dr. Barry Reisberg is the Clinical Director of New York University's Aging and Dementia Research Center. As the principal investigator of studies conducted by the National Institutes of Health, Dr. Reisberg's work has been pivotal in the development of two of the three current pharmaceutical treatment modalities for Alzheimer's. His rating scales and descriptions of the nature and course of Alzheimer's are widely used throughout the world.

5 Healthy Food Resolutions for the New Year

Adopting healthy eating habits can help preserve memory.

A healthy, well-balanced diet may help protect against Alzheimer's, and is also recommended for those who already have the disease. The New Year is a great time to update your diet, but many people find it difficult to adopt new habits. If you're reluctant about making food resolutions, you should know that a complete overhaul of your lifestyle isn't necessary. Small changes add up and can make a big difference in your health and that of your loved one.

Making Changes

New Year's resolutions are notoriously unsuccessful. This is often because people try to make too many changes all at once. If you've failed at resolutions in the past, that's actually a good thing—you already know what doesn't work for you. "The way you start a new habit is up to you," says Ruth Frechman, registered dietitian and spokesperson for the American Dietetic Association. "Some people like to jump right in, but most people need to take baby steps.

"It's human nature to not want to change," she continues. "The key to success in keeping food resolutions is to remember to do it. It helps to post notes on your refrigerator or a desk as reminders to eat a fruit for snack."

With this advice in mind, what are the best changes to make? If you're looking for dietary changes that will improve your brain health, try these five food resolutions:



Incorporate More Fish into Your Diet

Fish is an important part of a memory-preserving diet. The omega-3 fatty acids in fish are known to be heart friendly, but research suggests they may benefit the brain as well. A recent study found that fish such as tuna and salmon might help protect the brain against stroke and memory loss. In addition, the omega-3s found mainly in oily fish may also help ease agitation and depression in those who have Alzheimer's disease. Check the nutrition label on canned fish to see how much fat is present. The more, the better.

Despite the benefits of consuming fish, many people object to the cost and availability of it. But eating more fish doesn't have to be costly or difficult. In fact, incorporating more fish into your diet is easy, says Frechman. "Eat a tuna fish sandwich for lunch one day and have salmon for dinner one day. Opening a can or pouch of tuna or

salmon and eating it with whole grain crackers is easy, quick and a great way to get omega-3 fatty acids in your diet. Add a fruit and a glass of milk, and it's a meal."

So, how much fish should you have? The American Heart Association recommends two servings a week. In the study mentioned above, participants reduced their risk of stroke and memory loss with just one serving a week. So start off with at least one serving a week and look for ways you can have fish more often. Eating fish everyday is not recommended because of the risk of exposure to too much mercury.



Indulge Your Sweet Tooth With Fruit

Not only can fruit help reduce your waistline; it can help protect your brain, too.

Eating more fruit is one of the simplest dietary changes you can make. “Grabbing fruit, such as bananas or apples, for a snack is super easy and an excellent way to get vitamins, minerals and fiber,” says Frechman. “A small can of fruit or dried fruit travel well. Adding frozen blueberries to plain yogurt is very quick, easy, and healthy.” But remember, too much fruit adds calories and can cause weight gain.

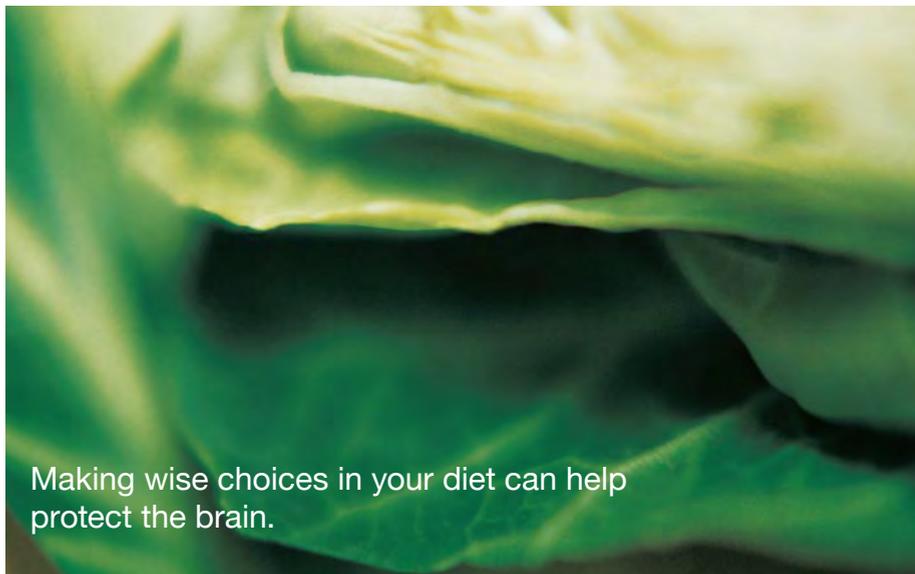
Here are some of the fruits that researchers believe may improve your brain health:

- **Apples:** It has been suggested that a pigment in apples called quercetin might help prevent memory decline.
- **Blueberries:** Antioxidants and compounds called flavonoids are found in blueberries. It has been suggested that some of these may help preserve memory.
- **Fruit Juices:** In one study, older men and women who drank fruit (or vegetable) juices more than three times a week were 76 percent less likely to develop Alzheimer’s disease than those who drank juices less than once a week.



Cook with Good Fats

Omega-3 fatty acids aren’t just found in fish. They can also be found in olive oil, canola oil and flaxseed oil. A simple way to get more of these “good” fats in your diet is to use them in food preparation. If you tend to cook with butter



and lard, try replacing them with olive oil or canola oil. When preparing a salad, add olive oil or flaxseed oil to the salad dressing.

You can also find omega-3s in walnuts, organic eggs, and the meat of grass-fed lamb, chicken and cows.

Go Green ... and Orange

When it comes to eating vegetables, filling your plate with a variety of colors may be your best bet. Green leafy vegetables are thought to help reduce Alzheimer’s risk. Research found that older women who ate a lot of spinach and broccoli did better on memory tests than those who ate less of the vegetables.

One of the great things about vegetables is that they’re easy to prepare. Spinach can be used in a salad or on a sandwich. Broccoli can be steamed in the microwave and ready in a few minutes. And instead of using white potatoes for baking or mashing, try using sweet potatoes.

Spice up Your Meals With Variety

Trying new cuisines can not only get you out of a food rut, but some culinary styles use ingredients that may actually help decrease your Alzheimer’s risk. If you’re looking for a change, try these food styles:

- **Indian:** Curry, a popular spice in In-

dian cuisine contains an immune-boosting substance called turmeric. Indian healers have long used curry to treat a range of ailments. Now, modern studies suggest that it might break up beta-amyloid plaques in the brain.

- **Mediterranean:** The Mediterranean diet has many components that are brain-friendly. These include fish, olive oil, fruits, vegetables and whole-grains. The Mediterranean diet has been incorporated in the cooking styles of many different regions. In fact, it’s the basis for certain types of Italian, French, Greek and Middle Eastern cuisine. ■



Caregivers in Training

A nationwide community college initiative helps provide a caregiving education to professional caregivers and family caregivers alike.

After high school, you probably went on to receive more specialized training at college or on the job. Perhaps throughout the course of your life you have taken night classes or Internet courses, improving your knowledge and expertise on anything from 19th century American poetry to industrial electrical construction. But most of us never receive preparation for the one role we most assuredly will take on at some point in our lives: caregiving. Sure, many people navigate their way through parenthood, marriage and eldercare, picking up resources and advice along the way, but the right education could make caregiving much easier—especially for those caring for an older loved one with a chronic disease like Alzheimer's.

Community College Caregiver Training Initiative

Statistics show a growing need for home-based caregivers. Approximately 20 percent of American adults who need caregiving assistance aren't able to find help, whether paid or voluntary, says the International Longevity Center-USA (ILC-USA). This trend will likely continue as Baby Boomers age—leading to a larger number of older adults and a reduced number of health care professionals. ILC-USA predicts that the need for in-home caregivers will double by 2050. However, the available pool of family caregivers is shrinking, and at the same time, the caregiving profession is experiencing a severe and worsening shortage of paid caregivers, says ILC-USA.

To defer a caregiving crisis, the number of trained professional and family caregivers must increase over the coming years. Community colleges may turn out to be ideal recruitment centers for both types of caregiver. Through the Caregiving Project for Older Americans, ILC-USA has collaborated with the Schmieding Center for Senior

Health and Education (SCSHE) to create the Community College Caregiver Training Initiative, which aims to increase the number of qualified caregivers throughout

the country by providing them with education and resources through their local community colleges.

According to the American Association for Community Colleges, 60 percent of all new registered nurses receive a degree from a two-year institution. This makes community colleges a prime training ground for professional caregivers.

“Since a lot of community colleges already have nursing programs, many could easily add a class on professional caregiving,” points out Megan McIntyre, director of communications for ILC-USA.



At Arkansas State University—Mountain Home, Nancy Svehla, L, in green scrubs, provides instruction.

“Community colleges play a vital role in educating in-home caregivers as our country faces an increasing need for quality, accessible, affordable care,” says Robert N. Butler, MD, president and CEO of the ILC-USA and co-director of The Caregiving Project for Older Americans.

To put this theory in action, ILC-USA offers annual grants to community colleges to either establish a caregiving program or to enhance an existing one. These grants are funded by MetLife Foundation. The initiative is in its second year, and so far, the response has been excellent, says McIntyre. “We were surprised at how large the response was, but it was encouraging” she says.

“The tremendous response and high quality of the submitted proposals underlies the demand for well-trained home caregivers,” says Sibyl Jacobson, president of MetLife Foundation. “The award winners exemplify that community colleges can be a leading force in improving the nation's caregiving workforce,”

“The number of high-quality training programs submitted was exceptional,” agrees Kenneth Knapp, PhD, project manager for the Caregiving Project and senior research

analyst at the ILC-USA. “We hope this initiative continues to highlight the important role community colleges can play in training our nation’s professional and family caregivers.”

A Diversity of Communities and Programs

The grants are available to community colleges nationwide. “We try to make it geographically variable throughout the country so that we can reach a lot of communities,” says McIntyre. Community colleges that have already won grants for the initiative represent a diverse collection of communities across the country—serving both urban and rural communities as well as minority populations.

“One of the community colleges that received a grant last year serves a large Native American population, so they tailored their curriculum to make sure it was culturally relevant to the population they’re teaching,” says McIntyre.

In addition to the regional accessibility of the grants, the guidelines are simple. There are very few parameters the colleges have to follow when submitting a grant proposal. “We try not to restrict what they’re applying for because we like creative and new ideas,” says McIntyre. “It’s a wide variety, what the colleges have used the grant money for. Some might do something like video-conferencing their caregiving training classes to their satellite branches in rural areas.”

“The colleges selected represent the variety of innovative training programs that promise to produce quality in-home caregivers,” says Dr. Butler.

A Family Component

There *is* one feature required in each grant proposal: The proposed program must address family caregivers. “It can be a program primarily for training professional caregivers, but it must have a family component; that’s really the only specification we have,” says McIntyre. “We’re very strict in saying that some part of their grant has to be family-based. It

can be a class for family caregivers, or maybe just a conference once a semester.

“While we think it’s absolutely important to train professional caregivers, the purpose of the grant is to make sure family caregivers are educated as well. So much of the caregiver responsibilities with older adults fall on family

members, whether it’s a spouse or grown children and grandchildren. That trend is growing, so that’s something we want to focus on.”

A Caregiving Program at Work

One of the beneficiaries of a 2008 grant was the Elder Stay at Home in Hawaii program offered at the Kapuna Elder Education Center of Kapiolani Community College in Honolulu, Hawaii. The Kapuna Elder Education Center is the only official gerontology program



The first MetLife Foundation-supported class at Kapiolani Community College’s Kupuna (Elderly) Education Center. Toni Hathaway, MSW, and Penny Hill, RN, are course instructors for this 25-hour training.

in the University of Hawaii community college system; however, Hawaii has one of the fastest growing senior populations in the United States, says Cullen T. Hayashida, PhD, long-term care coordinator at the Kapuna Education Center

After receiving its grant, Kapiolani Community College sent two of its faculty to Arkansas to receive further training SCSHE. “Our Elder Stay at Home Program is based on their groundbreaking work,” says Dr. Hayashida.

While there, Kapiolani faculty received training on teaching a three-tiered home care program, which include Elder Pal, Personal Care Assistant and Home Care Assistant. “All three levels are oriented toward home and community-based care,” says Dr. Hayashida. “They are distinct from the current state and Medicare CNA (certified nursing assistant) training that emphasizes institutional nursing home care.”

In addition, the 150 hours required for CNA training is resulting in a shortage of trained home care workers, says Dr. Hayashida. “Less training is needed for those who may require lighter care at less cost. There has been nothing in the state to fulfill that training requirement. The shorter, tiered training



The class at Kapiolani Community College takes a break from instruction.

approach is attractive to many home care workers who can start working after the first level and then continue to take the next level of training if desired. We are finding that many family caregivers are also interested in this training approach.”

In November 2008, Kapiolani Community College offered its first class in the Elder Stay at Home course. The first-level (Elder Pal) course contained students who represented a full spectrum of Hawaii’s multi-ethnic culture. A second-level class will be offered in early 2009. “At least half expect to take the next level,” confirms Dr. Hayashida. “The feedback from the students has been very positive.”

About International Longevity Center-USA and MetLife Foundation

International Longevity Center-USA

International Longevity Center-USA (ILC-USA) was founded in 1990 by world-renowned gerontologist and Pulitzer Prize winner Robert N. Butler, MD. It is the first nonprofit, nonpartisan, international research, policy and education organization formed to educate individuals on how to live longer and better, and to advise society on how to maximize the benefits of today’s age boom. To learn more about International Longevity Center-USA, visit their website at www.ilcusa.org.

MetLife Foundation

MetLife Foundation was established in 1976 by MetLife to carry on its long-standing tradition of corporate contributions and community involvement. Since then, the Foundation has been involved in a variety of aging-related initiatives, including those that address issues of Alzheimer’s disease caregiving, intergenerational activities, mental fitness, health and wellness programs, and civic involvement. To learn more about the work of the Foundation, visit MetLife’s website at www.metlife.org. ■

Grant Winners—Community Colleges Across the Nation

Colleges that have been awarded grants through the Community College Caregiver Initiative serve communities across America—from the East Coast to the Midwest to the Hawaiian Islands. Here is a list of the 2007 and 2008 grant winners:

- Anne Arundel Community College, Arnold, Md., 2007
- Arkansas State University Mountain Home, Mountain Home, Ark., 2007
- Brookhaven College, Farmers Branch, Texas, 2008
- Capital Community College, Hartford, Conn., 2008
- Cincinnati State Technical and Community College, Cincinnati, Ohio, 2008
- Community College of Vermont, Waterbury, Vt., 2007
- GateWay Community College, Phoenix, Ariz., 2008
- Gateway Technical College, Kenosha, Wis., 2007
- Harford Community College, Bel Air, Md., 2008
- Houston Community College-Southeast, Houston, Texas, 2007
- Johnson County Community College, Overland Park, Kan., 2008
- Kapiolani Community College, Honolulu, Hawaii, 2008
- Lackawanna College, Scranton, Pa., 2007
- Madison Area Technical College, Madison, Wis., 2008
- Neosho County Community College, Chanute, Kan., 2007
- North Central Texas College, Gainesville, Texas, 2007
- Peninsula College, Port Angeles, Wash., 2007
- Piedmont Virginia Community College, Charlottesville, Va., 2007
- Portland Community College, Portland, Ore., 2007
- Rogue Community College, Grants Pass, Ore., 2007
- Southeastern Community College, Whiteville, N.C., 2008.
- Southwestern Oregon Community College, Coos Bay, Ore., 2008
- Tulsa Community College, Tulsa, Okla., 2008
- Union County College, Cranford, N.J., 2008



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60lyMom says:
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HomerChicago says:
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Finding a "Good" Nursing facility		Heidi	Oct 6, 2007		2 hours ago by ztaa
Short Term Care		Heidi	Oct 8, 2007		1m Oct 9 by Marc
new to alzheimer's		lynn31	Oct 7, 2007		1m Oct 8 by Heidi
Help for Dementia Caregivers		Adus	Oct 5, 2007		1m Oct 6 by Adus
my moon is driving me crazy		yella	Oct 4, 2007		1m Oct 5 by Adus
Other On Line Chat Sites		Yae	Oct 4, 2007		1m Oct 5 by Marc
curious		gimbea	Oct 5, 2007		1m Oct 7 by Yae
Her Husband is a Stranger Now, What to do?		Balmattar	Oct 1, 2007		1m Oct 2 by Tragic.He
How to convince Mom to move into Assisted Living		Clair	Oct 1, 2007		1m Oct 4 by Diamantich
my mum	DSC00113.JPG	marcol	Sep 27, 2007		1m Oct 7 by Marc
how to support a caregiver overseas		sgean	Sep 26, 2007		1m Oct 1 by sgean
early onset alzheimers		Cynthi	Sep 25, 2007		1m Oct 7 by lynn31
Any Chats?		Tammy9	Sep 21, 2007		1m Sep 22 by kath
Staying in bed		Thornida	Sep 19, 2007		1m Sep 22 by aHart
Alternative treatment		rossa	Sep 15, 2007		1m Oct 3 by Yae
new to group		rossa	Sep 15, 2007		1m Oct 25 by Marc
Dementia		Tammy9	Sep 14, 2007		1m Sep 14 by Orion
What if you have to leave them alone		Heidi	Sep 13, 2007		1m Sep 30 by curlesto
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Keeping It Simple

Staying Afloat in the Sea of Forgetfulness

Round-the-clock living and taking care of an Alzheimer's patient for the past few years have unearthed several absolutes for being a caregiver.

At the very top of the list is routine—a steady, run-of-the-mill lifestyle. In fact, routine is probably good for everybody. It might be boring, but if you don't have any short-term memory, it will be your greatest friend. A habitual life will ease most nervousness and frustration. Now I have no medical degree, but speak from pure experience. Eight years ago my father was diagnosed with Alzheimer's.

I try to serve his breakfast and dinner the same time every day; I even use a particular plate for his pills every morning and evening. When I don't, we have a problem: "These aren't the pills I took yesterday." Even the silverware has to be kept in a simple pattern. A pasta dish that doesn't require a knife will still have one placed next to it.

The same applies to clothing. There's no reason for him to make too many choices. Three to four outfits will keep things uncomplicated. An enchanting young woman once told him how good he looked in red. Well, red it was; for almost a whole year the man wore only red shirts. Funny how certain thoughts cling to the inside of his head. I had to buy four red shirts just so laundry wouldn't have to be done every day. Red pants were completely out of the question, thank goodness!

What most people don't realize is that a casual trip to the doctor will have him confused for days. Every two months in the same waiting room he'll ask if we've been there before. By the time we're home you can't convince him he ever went. The next day he's completely out of sequence. He'll wake up earlier than usual, swear



Gary Joseph Le Blanc (R) and his father.

he never eats in the morning, or claim that he already took his pills. Sounds minor, but these things have a way of snowballing together, and by day's end, he's a mess. So am I.

One day he had two different doctor visits scheduled. On the way home he kept insisting I was going the wrong way, while continuously opening the door as I was driving.

The easier life is for your patient, the more pleasant yours will be. I'm just speaking from my own experience.

You'll still have to step outside and kick some dirt around now and then, just to deal with the frustrations. Repeating yourself 50 times a day, answering the same questions over and over, and listening to multiple excuses tends to wear the fabric a bit thin.

There will always be an explanation for something he forgot or why he

didn't recognize someone. Once in the emergency room a doctor was asking him basic questions to check his lucidity. One of the questions happened to be, "Do you know who the president is?" He looked at me, then around the room, and said absolutely nothing. The doctor left the room and closed the curtain. Dad promptly quipped, "This guy calls himself a doctor and he doesn't even know who the president is." We could hear the doctor laughing on the other side of that thin curtain wall.

Neighbors might wonder why you're beating up your lawn. Ignore them. Just keep telling yourself, "It's not his fault"—because it's not. Keep these beloved victims' lives as uncomplicated as possible. Love them and be their most forbearing friend and enjoy them for as long as you still can.

It will be well worth it in the long run.

Use It or Lose It

Three thousand days. Eight years. That's how long my father has been fighting his way through the demeaning stages of Alzheimer's.

He's done extremely well for himself, probably better than most. I truly believe it's because of setting the ground rule making sure that he has a tranquil routine life, keeping confusion as far away as possible.

Indeed, routine will be your best friend if you lose access of your short-term memory. Limiting bedrock choices and decision-making will help minimize most nervousness and frustration. Again, this holds true even in setting a schedule for meals or walks daily. I can't stress enough how important routine is in pacifying people who have memory-impaired lives.

Now, I have no medical education. Mine comes strictly from sharing the woes and burdens of this day-by-day, year-by-year journey where you need to use the love in your heart as your guide.

As I dealt with the devastating changes this cruel disease causes, I believe one of the most merciless junctures was watching Dad lose control of his attention span. Initially, I noticed things such as reading the first three pages of a book several times or losing patience during television programs. Progression of the disease was characterized by obnoxious verbal and hand gestures toward the boob tube and high decibel comments such as, "You call this acting?" It was just a few years back that he favored mystery shows, such as *Murder She Wrote* or *Hercule Poirot*. Now relentless progression of Alzheimer's has extinguished all short-term memory and he's convinced they're all a bunch of idiots. Once a commercial breaks, he forever loses track of who murdered whom.

Fortunately, we live by Florida's Gulf Coast, where the Tampa Bay Rays have finally turned into a winning baseball team. He's been so much better while watching sports. The top of the screen holds an attention-getting scoreboard. He will still ask me 30 to 50 times who's playing or who's winning, but the air traffic flow of four-letter words flying around our living room has diminished considerably.

During his earlier stages I'd leave the Gameshow Channel on most of the day. Even now that he has regressed to seldom knowing the answers, I'm convinced those shows have kept his upper gears shifting, if nothing more. For instance, if he said the answer was blue and they said it was white, next came, "I told you it was white!" Poor Regis Philbin was quickly dispatched with, "This game is rigged!"

Have you ever heard the expression "Use it or lose it"? Well, that's where I'm heading with this. Dad still plays five to six hours of solitaire on a daily basis.

Some time back during a moment of clarity, he explained to me how, when he plays cards, it creates some kind of safety bub-

ble for him. I believe that by blocking everything else out he's able to evade most frustrations and jitteriness for a short period of time. Here, I must tell you that if he wasn't playing solitaire I'd be constantly worrying about what else he might be into, so this safety bubble covers quite a bit of time and space. Sanctuary for him, and a little breather for me.

I've seen this man look up at me with an expression of plain fear, suddenly without a clue of where he was or how he got there, cloaked in panic.

On a final trip to visit relatives in Canada, he lifted my considerable body off the motel bed by my shirt collar at 3 a.m. Quite honestly, I never would have believed that he had that much strength. Screaming, he demanded to know where he was.

Though my intentions came deep from within my heart, I had violated everything I'd preached. Taking him out of his own environment so he could see his loved ones while he still knew who they were, I had paved a road to hell with good intentions. You have to consider what's best for them, and the bottom line is, "routine."

Next morning I picked up a \$2 deck of cards that ushered him back into his safety zone. If the counting of numbers and matching the red and black suits give him security, he can play all the solitaire he wants.

What's more important is that he's continuously exercising his mind. I honestly believe that keeping his mind busy is the only reason he knows who I am today.

Crossword puzzles, jigsaw puzzles, checkers, favorite hobbies, anything memory-impaired patients enjoy will help both of you. Don't try to push something new. It will only create confusion. If your patient loves to knit, let them make a scarf a half-mile long. You'll find out there is something about repetition that seems calming.

No one will ever convince me that keeping their minds occupied could do any harm. It's even better if they feel they're being useful.

We owned a used bookstore where he and I have worked side-by-side for more than 15 years. I still bring him to work with me in the afternoons. This is usually the hardest part of my day. There's a table set up where he prices hundreds of books in a couple of hours. They all have to be re-priced the next morning, but that's okay. The worst is constantly keeping a vigorous eye on him. I feel my afternoon just came to a complete stop when he comes through the door. The only work being done is seeing over him, but it makes him feel needed, more importantly, still a man. I'll do whatever it takes for him to hold onto that feeling. It is well worth the brief disruption.

Through all those years I've watched my father be demeaned on a daily basis by this pilfering, barbaric disease with real loathing. It's a long, slow and painful ride for any caregiver. Hopefully my words will help you take some of the bumps out along the way. ■

For this issue, our questions are being answered by Dr. Dede Bonner, a.k.a. the “Question Doctor,” and author of *The 10 Best Questions™* for Living with Alzheimer’s.

Question: My father was just diagnosed with Alzheimer’s disease. Does he now need to see a specialist? If so, what questions do we need to ask on our first visit?

Dr. Bonner answers: When a person is initially diagnosed with Alzheimer’s disease, the most important first question to ask is, “How sure are you that this is really Alzheimer’s disease?” This question may be the most important question you ever ask in your life.

Many people never think to question a diagnosis of Alzheimer’s disease. If your doctor tells you it’s Alzheimer’s disease, it probably is. But the importance of this *Best Question* can’t be emphasized enough. No matter what, be sure to ask this question. An estimated 10 percent of all Alzheimer’s diagnoses are incorrect even with today’s improved diagnostic tests.

You have every right to know as much as possible about how this diagnosis was made. Keep in mind that you aren’t necessarily challenging your doctor’s personal wisdom or credentials. A good doctor will expect and welcome your questions, especially since total certainty with Alzheimer’s diagnoses is impossible until an after-death autopsy.

The Question Doctor advises that you phrase this question, “How sure...” rather than “Are you sure...” When you ask a yes/no question like “Are you sure?” you don’t get as much information from your doctor as if you had phrased it more open-ended like “How sure?”

The decision to see a specialist is a personal one. Keep in mind that a diagnosis made by a general practitioner for an early stage of Alzheimer’s is the most uncertain type of diagnosis. My book also includes ways to find a spe-



Dr. Dede Bonner

cialist and what to ask when seeking a second opinion.

Question: My husband and I have been married for many years, and we’ve always been close—like best friends. But now that he has Alzheimer’s, I feel more like his mother than his partner. I love him and I’d do anything for him, but this change in our relationship has made me quite depressed. Is this just a stage for spousal caregivers? Should I see a doctor about my depression ... or can I expect it to pass?

Dr. Bonner answers: Your decision about how to handle your depression depends in part on your honest responses to the following:

1. Can your husband still carry on normal conversations most of the time?

2. What stage is his Alzheimer’s disease and how rapidly is he declining?
3. Do you feel comfortable telling your husband about your depression and other feelings?
4. Do you have a history of depression prior to having to deal with his Alzheimer’s?
5. Can you find another satisfying outlet for expressing your feelings, like close family members or friends?
6. Are you interested in joining a support group for the caregivers of Alzheimer’s patients?
7. Is there an Alzheimer’s support group located near where you live?
8. Can you leave your husband alone or make arrangements to attend support group meetings?
9. Would an online support group be more desirable for you? (generally less travel and time involved)
10. Do you prefer to share your feelings in the privacy of a trained therapist or counselor who will focus just on your needs rather than in a support group discussion where most of the others are also talking?

Question: My mom’s Alzheimer’s disease seems to be progressing. I worry about her because she lives out of state, and my father, who has declining health, isn’t able to properly care for her. How can I ensure she is monitored and cared for? Should I try to move my parents in with me? Should I place my mom in a nursing home? I need to know what the best options are for long-distance families dealing with Alzheimer’s.

Dr. Bonner answers: In order for a long-distance adult son or daughter

to know how to handle their failing parent, you first need to ask yourself several *Best Questions*.

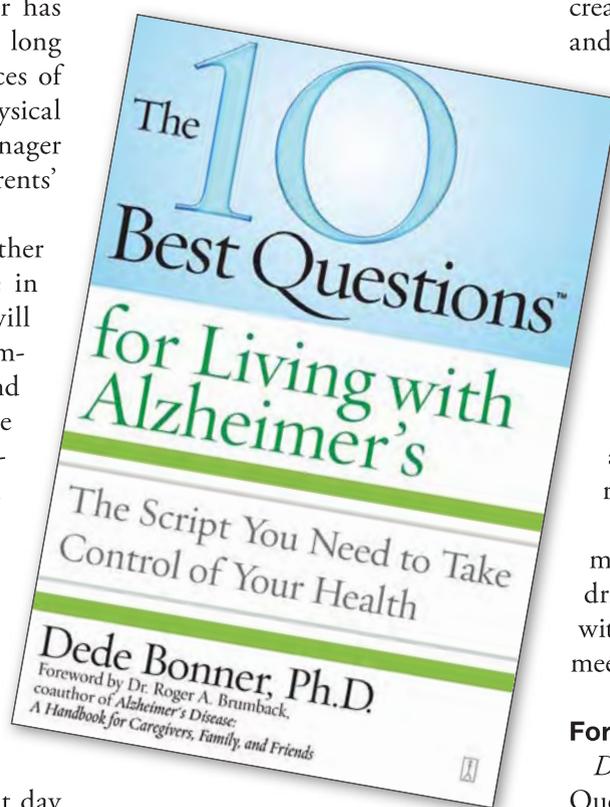
A very important preliminary *Best Question* is, “How safe are my parents if they continue to live in their home without assistance?” Consider especially home stairs that could cause falls, possible fire hazards, and whether or not your mom wanders or has other difficult behaviors. Many long distance children seek the services of an occupational therapist, physical therapist, or geriatric care manager to assess and monitor their parents’ home situation.

If you are trying to decide whether or not your mom should move in with you, ask yourself, “How will this affect my life, finances, family, and other relationships?” and “What unresolved conflicts are there between me and my mother?” and “What happens if Mom moves in, but it doesn’t work out?”

The decision to place a parent in a nursing home is often very painful. Before taking this big step, consider other alternatives. Ask yourself, “What other sources of support could care for mom?” (adult day care, home services, visiting nurses, or nearby family members) and “Is there a special person I can count on to look after my parents?” (either a paid geriatric care manager or a relative).

Question: My husband is in the early stages of Alzheimer’s and still thinks it’s fine for him to drive. The idea of him behind the wheel makes me extremely anxious. Whenever we go somewhere together, I drive.

However, he often heads out on his own. How do we know when it’s time for him to stop driving? I want to make sure it’s earlier rather than later as I don’t want him hurting himself or others. This is a sensitive issue, though. How should I approach it?



Dr. Bonner’s book is available from booksellers nationwide.

Dr. Bonner answers: It isn’t just Alzheimer’s patients who ultimately face driving retirement. It happens to everyone. But this doesn’t make it any easier for families with a loved one in denial about his progressing Alzheimer’s disease and the need to surrender the car keys.

Even the experts can’t agree. The Alzheimer’s Association recommends a

case-by-case decision, while the American Academy of Neurologists suggests no further driving for people with Alzheimer’s at any stage. Seek your doctor’s advice first to fully understand your husband’s mental and physical current limitations.

Then to assess your husband’s driving capability, ask yourself, “Is he increasingly nervous behind the wheel?” and “Is he having frequent close calls in traffic?” Another very revealing question is, “Does he get lost in his own neighborhood?”

When it’s time for the “Big Talk” plan it in advance. Let your husband be involved in the decision to quit or reduce his driving by asking him *Best Questions* such as, “Are there other ways you can get around without driving?” and “Which friends can provide rides when you need them?”

There are more *Best Questions* in my book to assess an elderly person’s driving skills and to ask the driver with Alzheimer’s during a family meeting. ■

For More Information

Dede Bonner’s book, The 10 Best Questions™ for Living with Alzheimer’s: The Script You Need to Take Control of Your Health, is available wherever books are sold.

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



Photo: Julia Verderosa

Caregiving, Flu and You

Olympic gold medalist Kristi Yamaguchi wants you to protect yourself and your family from the flu. If you're a caregiver, the need to do so is even more important.

You've probably had the flu at least once in your life. You likely remember the aches, pains, fatigue and respiratory symptoms that kept you in bed for days. You know the flu is not a gentle virus, but did you know it could be deadly? That's why a flu shot is a good idea for anyone caring for an Alzheimer's patient.

Because of the demands of caring for an Alzheimer's patient's needs, caregivers are particularly prone to flu outbreaks. (See sidebar, "Caregiver Stress Could Lead to Flu Susceptibility.") 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.

Even if you have had and recovered from the flu in the past, it's important that you get a flu shot each fall or winter to prevent yourself from getting it again. By doing so you can help protect yourself and the people you come into contact with—including your family.

Kristi Yamaguchi, Olympic gold medalist and winner of ABC's *Dancing with the Stars* competition, knows the importance of flu protection—not just for herself, but also for her entire family. She has made it her mission to educate caregivers on the importance of flu shots. "When my daughter Emma was born, my doctor gave me a flu vaccination before I left the hospital to help prevent spreading this serious disease to my newborn infant," she says. "Since then, I make sure we all get vaccinated every year. This includes my husband, my two daughters and even the grandparents in our family."

Understanding the Flu

This time of year, the flu and the common cold are lumped together a lot—cold *and* flu season, cold *and* flu medicines, cold *and* flu symptoms—but the flu and the common cold are not the same. While both illnesses are caused by viruses (the flu is caused by the contagious influenza virus), the symptoms and complications of the flu are much more severe. In fact, 36,000 people die from the flu each year, according to the the U.S. Centers for Disease Control and Prevention (CDC).

Symptoms of the flu aren't pleasant—they include high fever, headache, muscle aches throughout the entire body, extreme fatigue, dry cough, runny or stuffy nose, sore throat and, as anyone who has ever had the flu will attest, general misery.

Occasionally someone with the flu will experience complications, which can include pneumonia, dehydration and worsening of health problems such as asthma, heart disease and diabetes. Those in high-risk groups, such as senior citizens and people with compromised immune systems, are most likely to experience complications. Each year, more than 200,000 Americans are hospitalized with flu complications, says the CDC.

Are You a Face of Influenza?

To raise awareness about the flu and the importance of getting vaccinated against it, Yamaguchi joined the Faces of Influenza campaign. The American Lung Association is using Faces of Influenza to educate high-risk groups about the need for flu vaccinations. The campaign's website, www.facesofinfluenza.org, features portraits of people, both famous and not-so-famous, who represent high-risk groups.

If you're a caregiver of a person with Alzheimer's disease, both of you are likely faces of influenza, meaning you are more likely to develop complications from the flu and you're likely to spread the virus to other people who are at risk. Being over the age of 50 or having a chronic medical condition puts you at risk. And if you're in contact with someone else who is over the age of 50 and has a chronic medical condition, you could be putting them at risk as well. That's why flu shots for caregivers and their loved ones are very important.

Older Americans and the Flu

Ninety percent of flu deaths and more than half of hospitalizations due to flu occur in people 65 years and older. In addition, only 30 percent of people over the age of 65 get vaccinated against flu. That's why the CDC is encouraging everyone in this age group to get flu shots every year.

If you're a Baby Boomer, you're not exempt. It is in your 50s and early 60s that you are likely to start developing chronic illnesses, which puts you at higher risk for flu complications.

Alzheimer's caregivers are usually spouses or adult children, therefore most Alzheimer's caregivers are over the age of 50 and should get an annual flu shot, says the CDC. "Flu is not to be taken lightly," says Anne Schuchat, MD, director of the National Center for Immunization and Respiratory Diseases at the CDC. "People who do not get the flu vaccine are taking two risks: First, they risk a potentially serious case of the flu. And second, if they get sick, they risk passing it to family ... Vaccination is the single best way to protect yourself and the people you love from influenza."

Find a Flu Clinic Near You

You may be able to get a flu shot at your doctor's office, through your employer, at your local pharmacy or any number of places. To easily find a flu clinic near you, visit www.flucliniclocator.org. This website, created by the American Lung Association, will allow you to search for flu clinics by date and zip code. It also has functions that allow you to set a flu shot reminder for yourself and send the finder to your friends and family.

Protecting your loved ones is at the heart of Yamaguchi's message: "As a mother, I realize my whole family needs to be immunized, and that's a responsibility that I take seriously."

Sources: *The U.S. Centers for Disease Control and Prevention, www.cdc.gov*; *The American Lung Association, www.lungusa.org*; *The Fisher Center for Alzheimer's Research Foundation, www.ALZinfo.org*.

6 Flu Shot Myths Debunked

Myth #1: The flu vaccine increases Alzheimer's risk.

Truth: The theory that flu shots can increase a person's risk of developing Alzheimer's disease has been discredited. In fact, several mainstream studies, including one published in a 2001 issue of *Canadian Medical Journal*, and another published in a 2003 issue of *JAMA, the Journal of the American Medical Association*, have suggested that flu shots and other vaccinations may lead to a reduced risk of Alzheimer's disease, as well as an increase in overall better health.

Myth #2: You can catch the flu from getting the vaccine.

Truth: The injectable flu vaccine doesn't contain the live influenza virus, so it's impossible to "catch" the flu in even a mild form from getting a flu shot. There can be some side effects to the flu shot, such as a headache, low-grade fever, and soreness, swelling or itching at the injection site. These side effects are usually mild and only last for a few days. In addition, they don't occur in everyone who gets a flu shot. The flu shot might not be right for you, however, if you have a severe allergy to eggs or if you have had a severe allergic reaction to a flu shot in the past.

Myth #3: Flu shots are only given in the fall.

Truth: Flu shots can be given any time from October through March. Most years, the flu season doesn't begin until January, and doesn't peak until February or March. The earlier you can get your flu shot, the better, but if it's winter and you haven't gotten your vaccination yet, it's not too late. Just remember, it takes your body about two weeks after the shot to build immunity to the influenza virus. The influenza virus differs from year to year, so it's important to get a vaccination annually.

Myth #4: The stomach flu is a type of influenza virus, and the flu shot can protect the body against it, too.

Truth: The flu is primarily a respiratory illness, although it can cause additional complications. When people refer

Caregiver Stress Could Lead to Flu Susceptibility

In 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.

To combat keep their immune systems strong, 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 healthcare 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.

to a "stomach flu," they are most likely referring to viral gastroenteritis, which is not the illness commonly known as "the flu." The flu shot does not protect against this virus or any viruses other than the influenza virus.

Myth #5: You shouldn't get a flu shot if you're sick.

Truth: Minor illnesses, even those accompanied by a fever, should not prevent you from getting a flu shot. In fact, if you are frequently ill due to chronic health problems, a suppressed immune system or exposure to others who are frequently sick, that is all the more reason for you to get a flu shot. Otherwise, if you get the flu, your risk for complications could be higher than that of someone in good health.

Myth #6: The flu shot protects you against the avian flu, better known as the "bird flu."

Truth: The flu shot does not protect against the bird flu. In addition, it should be noted that, currently, the standard influenza virus poses a much greater risk to the health of Americans than the minute risk of bird flu. The influenza virus is also easily preventable through the annual flu vaccine. ■

Curried Mustard Greens & Garbanzo Beans with Sweet Potatoes

Preparation Time: 30 minutes Number of Servings: 4 Cups of Fruits and Vegetables Per Person: 1

Ingredients

2 medium sweet potatoes peeled and sliced thin	1/4 tsp turmeric
1 medium onion cut in half and sliced thin	2 cups chopped and rinsed mustard greens
2 medium cloves garlic, sliced	1 15 oz can sodium-free diced tomatoes
1/2 cup + 1 Tbsp low-sodium chicken or low-sodium vegetable broth	1 15 oz can garbanzo beans, drained
1/2 tsp curry powder	2 Tbsp extra virgin olive oil
	salt and white pepper to taste

Directions

Steam peeled and sliced sweet potatoes for approximately 5-8 minutes. While steaming potatoes, slice onion and garlic. Heat 1 Tbsp broth in 12-inch skillet. Sauté onion in broth over medium heat for about 4-5 minutes stirring frequently, until translucent. Add garlic, curry powder, turmeric, and mustard greens. Cook, stirring occasionally until mustard greens are wilted, about 5 minutes. Add garbanzo beans, diced tomatoes, salt and pepper. Cook for another 5 minutes. Mash sweet potatoes with olive oil, salt and pepper. If you need to thin potatoes, add a little more broth. Serve mustard greens with mashed sweet potatoes.

Nutrition Facts per Serving

Calories: 300; Total Fat: 8g; Saturated Fat: 1g; Trans Fat: 0g; Cholesterol: 0mg; Sodium: 600mg; Total Carbohydrate: 50g; Dietary Fiber: 9g; Sugars: 8g; Protein: 8g; Vitamin A: 260%; Vitamin C: 50%; Calcium: 8%; Iron: 10%

Black-eyed Pea Salad

Preparation Time: 9 hours, 15 minutes Number of Servings: 6 Cups of Fruits and Vegetables Per Person: 1/2

Ingredients

Salad		
1-1/2 cup water	1/3 cup red onion rings	1/4 cup water
1 medium onion, cut in half	4 cups leaf lettuce	1 tsp olive oil
1/2 tsp salt		1/4 tsp salt
1/2 tsp cayenne pepper	Dressing	1/4 tsp black pepper
16 oz package frozen black-eyed peas	1/2 cup chopped red bell pepper	1 garlic clove, minced
	3 Tbsp chopped parsley	1/8 tsp hot sauce
	1/2 cup red wine vinegar	

Directions

Salad

Combine water, onion, salt, and cayenne pepper, in a medium saucepan; bring to a boil. Add peas and return to a boil. Cover, reduce heat, and simmer 40-45 minutes or until peas are tender. Remove and discard onion; drain well. Rinse with cold water, and drain again. Transfer to a medium bowl; set aside. Pour dressing over peas, tossing gently to coat. Cover and refrigerate 8 hours, stirring occasionally. Add red onion just before serving. Serve over lettuce leaves on individual plates.

Dressing

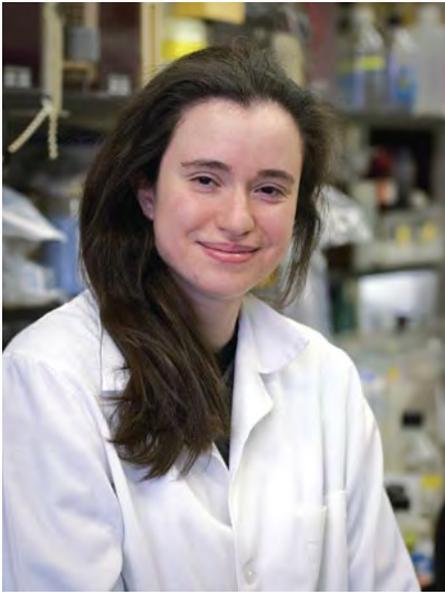
To prepare dressing combine all ingredients and mix until well combined.

Nutrition Facts per Serving

Calories: 140; Total Fat: 2g; Saturated Fat: 0g; Trans Fat: 0g; Cholesterol: 0mg; Sodium: 320mg; Total Carbohydrate: 24g; Dietary Fiber: 5g; Sugars: 2g; Protein: 8g; Vitamin A: 30%; Vitamin C: 40%; Calcium: 6%; Iron: 10%

Find more healthy recipes at www.fruitsandveggiesmatter.gov.

Breakthrough in Alzheimer's and Parkinson's Research



Dr. Myriam Heiman

In the November 14, 2008, issue of the journal *Cell*, researchers at The Michael Stern Parkinson's Research Center at The Rockefeller University report a breakthrough in cellular analysis that solves a problem that has perplexed neurological research for decades.

Lead author Myriam Heiman and her colleagues have developed a method to reveal the kinds and amounts of proteins different cells produce, what biologists call the cell's translational profile. The technique involves isolating the genetic messages that govern protein production in different cell types. The new method, "translating ribosome affinity purification" (TRAP), can identify all the genetic messages that give a cell type its unique identity, including perhaps its susceptibility to disease.

Like skilled assassins, many diseases

seem to know exactly what types of cells to attack. While destroying one type of cell, a disease will inexplicably spare a seemingly identical group of neighbors. What makes cells vulnerable or not may depend largely on these translational profiles. For this reason, scientists have struggled to analyze the subtle molecular differences among the hundreds of specialized cell types that are tangled together in tissues like the brain.

The new TRAP procedure solves a problem that has been a fundamental barrier to a deeper understanding of the brain and how neurological diseases attack it. The true breakthrough lies in its ability to distinguish the profile of any cell type in any tissue in the body. Its usefulness is not just limited to brain cells, meaning it has

far-reaching research applications—cancer, heart disease, diabetes, as well as many others. Dr. Paul Greengard, the director of the Michael Stern Center where Myriam Heiman is a Research Associate, says about half of the research in his lab now employs the new technique to study the biochemical bases of Alzheimer's, Parkinson's and other diseases. It is also being applied to the still-mysterious ways in which psychoactive drugs

fight schizophrenia and depression.

The TRAP tool advances the speed at which researchers can yield results and should fundamentally change biochemical studies of the brain. "We can look at a thousand genes instead of one at a time, so things should clear a thousand times faster," says Dr. Greengard, who won the Nobel Prize in Physiology or Medicine in 2000 for research into how neurons communicate.

This new technique will help accelerate scientific research into discovering the subtle molecular differences amongst the hundreds of specialized cell types. A deeper understanding of body cell mechanisms will help researchers investigate the causes of Alzheimer's and Parkinson's diseases. ■



Dr. Greengard, pictured above, is also the director of the Fisher Center for Alzheimer's Disease Research at The Rockefeller University. A complete PDF of the TRAP finding from *Cell* can be found on www.parkinsoninfo.org.

Living with Alzheimer's Disease

Products That Make Life Easier, Simpler, and Safer

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

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



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



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



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

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

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

Boost Energy and Bring Calm with the Healing Power of Yoga

Three women in their 60s and 70s recline on their backs on yoga mats with their eyes closed and their hands turned palms up. Certified yoga instructor Helena Bray begins savasana, the final relaxation. Her voice is quiet and soothing.

“Imagine there is a river gently flowing by you, and a leaf floats along the river,” Bray says softly. “By the time you notice the leaf, it is already gone. Let it go—in and out of sight, in and out of mind. If thoughts come into your mind, treat them as the leaf on the river. Let them go.”

Bray is leading a 30-minute yoga session on the DVD *Yoga for Caregivers*. She models simple yoga poses that are specifically designed for caregivers to relieve stress and improve physical health.

As a caregiver of a loved one with Alzheimer’s disease, you may find yourself facing many days full of frustration, fatigue and even depression. When you’re an older adult, the emotional strain of caregiving—combined with your own stiff joints, limited mobility or fitful sleep—can leave you feeling drained.

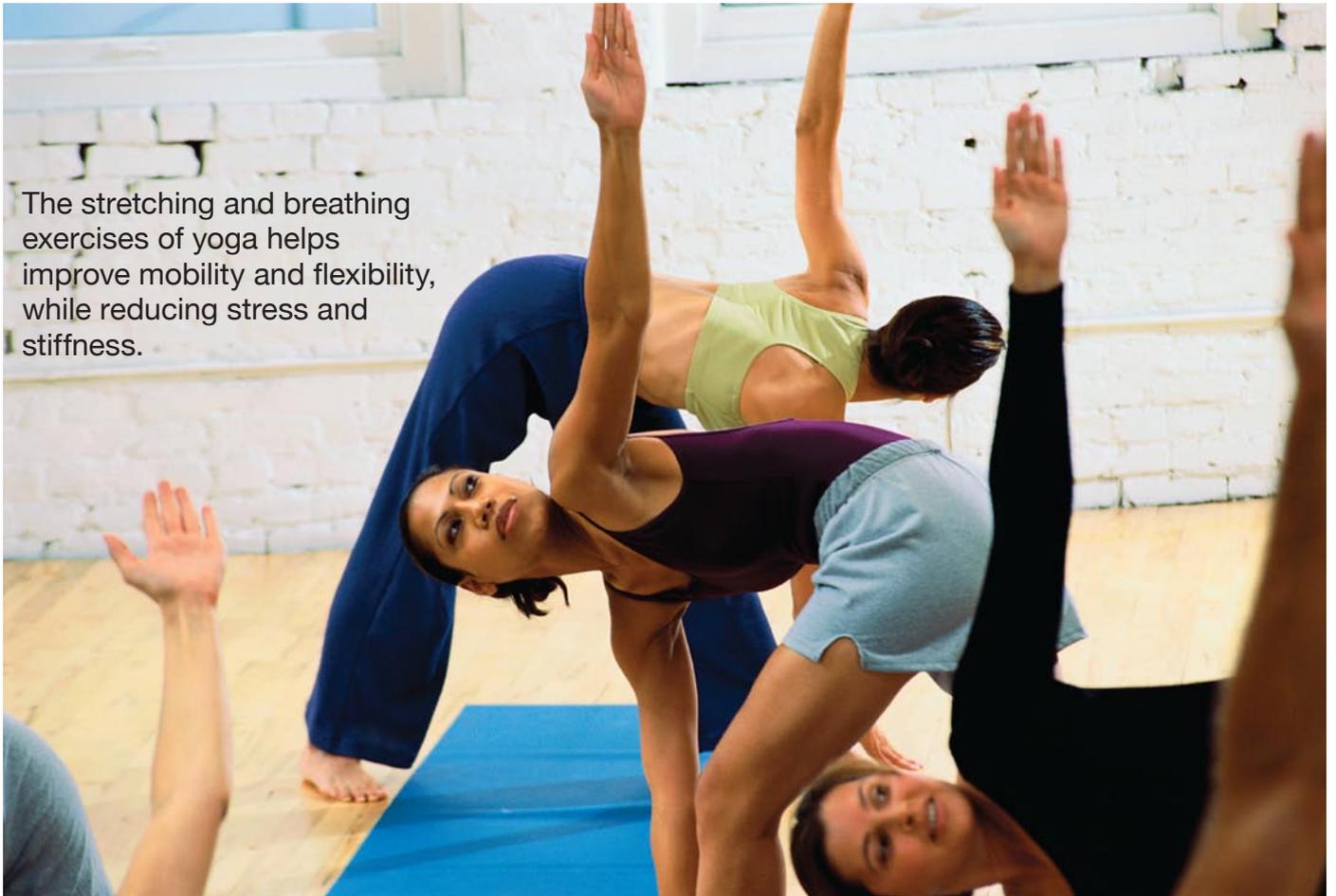
Yoga is a simple exercise that offers

energy and relief. Adapted to meet your needs as a senior caregiver, yoga practice can help recharge your body, mind and spirit.

Feel Younger

Light exercise like yoga is easier on the joints and can be a good choice for seniors. Yoga gradually builds flexibility and strength, improves concentration and increases energy, says the American Yoga Association. Studies show that practicing yoga on a regular basis may help lower blood pressure,

The stretching and breathing exercises of yoga helps improve mobility and flexibility, while reducing stress and stiffness.



reduce anxiety and depression, and improve sleep.

Yoga does not need to be a very intense movement to be a beneficial exercise, says Frank Iszak, founder of San Diego-based Silver Age Yoga and a yoga expert with 15 years of teaching experience.

“Seniors often address insurmountable issues like depression and other psychological issues,” Iszak says. “In most cases, those who participate in yoga classes find tremendous improvement.”

Yoga taps into emotions that we all share, Iszak says. “Understanding, patience and love are deeply seated human qualities that yoga brings to the surface. As caregivers, we can reach this—it’s at the heart of what we do.”

Reach Inner Harmony

The word yoga means to join or yoke together. A series of connected movements combined with carefully paced breathing, yoga brings the body and the mind together as one.

Yoga is an uplifting exercise for the spirit, but it is not necessarily connected with religion. Although yoga techniques have been adopted by many religions throughout the world, yoga itself is merely an exercise that can be used to manage stress, learn to relax and become more self-aware.

According to the American Yoga Association, the practice of yoga is an ancient exercise. Stone carvings have been discovered of figures in yoga poses that are at least 5,000 years old. The tradition has passed down from teacher to student through word-of-mouth and practical demonstration. Formal techniques that are currently known as yoga evolved from the collective experience of many individuals over thousands of years.

Today, there are more than 100 dif-

ferent schools of yoga. Two of the most recognized are Hatha Yoga, physical movements and postures combined with breathing techniques, and Raja Yoga or the “royal road,” which incorporates exercise and breathing with meditation and study.



Yoga can provide caregivers with an important tool for preserving good health.

Stay in Shape

As a senior caregiver, you should choose a form of yoga specific to your needs. Yoga can be practiced by most adults of any age or physical condition, but there are particular programs designed for seniors.

Silver Age Yoga Community Outreach helped produce the DVD *Yoga for Caregivers*. The program offers free, weekly yoga classes at senior centers throughout the San Diego area. Silver Age Yoga also teaches special skills for yoga instructors to deal with the challenges faced by older adults.

The American Yoga Association’s Easy Does It® Yoga is a nationally recognized program developed in the 1960s by Alice Christensen. Designed specifically for older adults just starting to exercise or adults with physical limitations due to age, illness or inactivity, the six-week program includes basic yoga poses, breathing and meditation.

Easy Does It Yoga is a gentler form of yoga that adapts traditional yoga techniques to make them safe and simple for those who face physical limitations. Although it is not an intense program, the American Yoga Association says the program is just as effective as more strenuous fitness programs for getting and staying in shape.

All exercises in the program are gentle bends, twists and lifts that can be performed on the floor or in a chair, bed or wheelchair. Movements are performed with specific breathing patterns that strengthen the respiratory and circulatory systems. Postures such as the Gentle Full Bend, the Easy Sun Pose and the Elbow Twist target weaker spots and improve flexibility.

Give Yoga a Try

If you would like to get started in yoga, the American Yoga Association recommends finding a qualified teacher or purchasing a good book or DVD. Try contacting adult education programs, family YMCAs, community centers or local dance studios to locate a yoga class that caters to your requirements as a caregiver and as an older adult.

Iszak recommends finding a yoga class that is oriented to seniors and sensitive to your needs. “Yoga should not be patronizing,” he says. “You need genuine love—kindness and a spiritual connection.” ■

Third-Party Special Needs Trusts: Peace of Mind for Caregivers

We are all aware of the importance of getting our family's financial and legal affairs in order. For family members of individuals with Alzheimer's disease, the importance of doing advance planning is magnified.

There are a lot of issues facing family members when a relative has Alzheimer's disease. One of the items that is most often overlooked is what happens if the caregiver dies before the family member with Alzheimer's disease. This is certainly understandable, given the tremendous emotional strains and other issues that must be confronted when a family member is ill. While there is no perfect replacement for a caregiver's love and care, some planning methods are better than others.

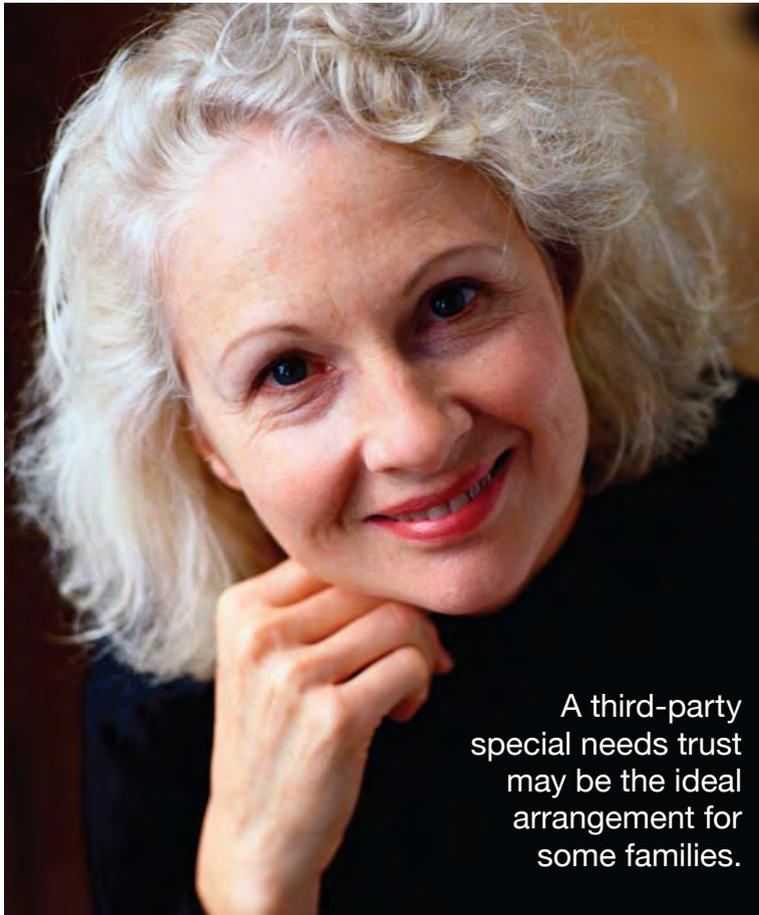
A Typical Situation

Consider this family's situation:

John and Sally have a modest estate: a home, some money in the bank and retirement accounts from when they were both working. They also have two adult children: Charlie and Emily. Emily is independent and doing well financially. Charlie, who is married, has been bouncing around from job to job and has never really found himself. Finan-

cially, he can't seem to hold onto money when it comes his way. Emily, who is not married, has given up her job to help as-

provided for him for the rest of his life; otherwise, he might have to go into a nursing home.



A third-party special needs trust may be the ideal arrangement for some families.

Without appropriate estate planning, John will inherit from Sally or Emily in the event either of them dies before him. Since John is not able to manage financial assets, this would most likely require the court appointment of a guardian for John, unless John has executed advance directives such as a power of attorney appointing agents other than Sally or Emily. Such a guardian would have to manage John's assets and account to the court each year.

In addition, the assets that John receives may preclude him from obtaining certain types of governmental assistance benefits without the assets being spent down on the cost of his care. The area of gov-

ernmental benefit programs is complex, as John may be entitled to one or more programs and the requirements are different for each type of program. For example, John may be on Medicaid and his inheritance would disqualify him from those benefits until the money is spent down since Medicaid is a means-tested program, which means there are strict asset and income requirements

ernmental benefit programs is complex, as John may be entitled to one or more programs and the requirements are different for each type of program. For example, John may be on Medicaid and his inheritance would disqualify him from those benefits until the money is spent down since Medicaid is a means-tested program, which means there are strict asset and income requirements

that all Medicaid beneficiaries must comply with.

Based on this scenario, Emily and Sally are considering estate planning. They are thinking of leaving all their assets to the survivor of the two of them, or, to Charlie since he has promised to take care of John if anything happens to Emily and Sally.

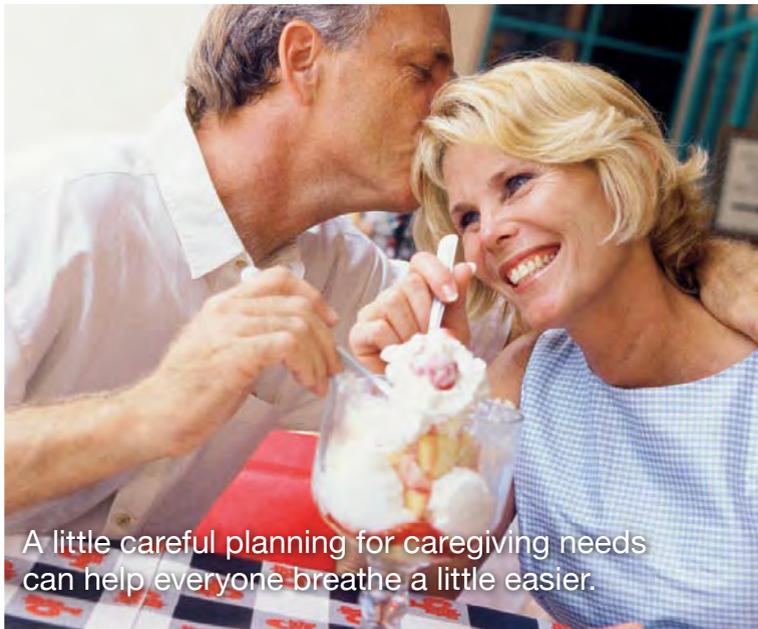
Is this a good solution?

A Better Approach

Actually, this solution has serious problems. No assets are legally protected for John and he may live for several years after his caregivers pass away. Moreover, although well-intentioned, Charlie may not live up to his commitment. This could happen should Charlie have financial problems, become ill himself, get divorced or die. John's security is imperiled.

A good solution is the creation of a third-party special needs trust (also known as a supplemental needs trust) for John. This trust, drafted specifically for this purpose, can be created as part of Emily or Sally's testamentary distribution plan when they die. A plan with such a trust does not rely on the moral commitments of others to be successful. The term "third-party" special needs trust (SNT) means that the assets used to fund the trust do not belong to John; they are assets of a "third-party." In this case the assets used to fund the trust may be assets of Emily and Sally. In many cases, caregivers such as Emily and Sally do not have sufficient assets to meet their relative's needs after they die since more formal arrangements with paid caregivers need to be made. One way of solving this problem is to create a third-party SNT and fund it with life insurance that will pay the life insurance proceeds to the SNT upon

the death of the caregiver. By setting up and funding a third-party special needs trust; the caregivers will ensure



A little careful planning for caregiving needs can help everyone breathe a little easier.

the highest quality of life for John.

Drafting a Successful SNT

The SNT would be designed to hold John's inheritance. It needs to be carefully drafted so that the assets in the trust can be used to enhance John's lifestyle and not cause him to lose his needs-based benefits. In most of these means-tested programs, the beneficiary's receipt of funds will terminate the beneficiary's participation in the program. SNTs are designed to allow the beneficiary to maintain eligibility for most means-tested programs, while still allowing the trustee to access trust funds to pay for goods and services that enhance the quality of the beneficiary's life. For example, the state Medicaid system may pay very little in the way of private duty nurses; however, the funds in the SNT can be used for this purpose. Also, the funds in the SNT can be used to take John on vacations or other quality-of-life excursions. Neither of these distributions will reduce John's needs-based benefits.

Since a portion of Sally's estate is held in individual retirement accounts

(IRAs), care must be taken regarding the timing and distribution of such funds to maximize tax savings. When an IRA beneficiary has medical needs such as John does, even more care must be taken to ensure that the tax benefits are maximized while maintaining access to much-needed government-financed health care programs.

Certain types of trusts require the beneficiary to take at least the required minimum distribution from the IRA each year and then pass that amount directly to the beneficiary. In general, this type of trust may make

sense from a tax perspective; however, trust assets paid out directly to the beneficiary will disqualify the beneficiary from participation in most means-tested programs. Other types of trusts allow the trustee to accumulate income (including the minimum distributions taken by the trustee) within the trust. While this type of trust may preserve government benefits, it may not be the most tax-efficient way to take distributions from the IRA, depending on your individual circumstances.

Of course, there is no one perfect solution that works just right for every family. However, it is important to remember that a plan be put in place to provide care for your relative with Alzheimer's disease in the event you pass away before your loved one. ■

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

Brain-Boosting Puzzles

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

(Answers on page 37)

MATCH THESE

Can you match each fictional place to the writer who created it?

- | | |
|-------------------------------|---------------------|
| 1. _____ Lilliput | a. William Faulkner |
| 2. _____ Oceania | b. A.A. Milne |
| 3. _____ Emerald City | c. James Michener |
| 4. _____ Jabberwocky Wood | d. Lewis Carroll |
| 5. _____ Middle-earth | e. Jonathan Swift |
| 6. _____ Yoknapatawpha County | f. J.M. Barrie |
| 7. _____ Narnia | g. George Orwell |
| 8. _____ Bali Hai | h. Sir Thomas More |
| 9. _____ Neverland | i. J.R.R. Tolkien |
| 10. _____ Hundred-Acre Wood | j. James Hilton |
| 11. _____ Shangri-La | k. L. Frank Baum |
| 12. _____ Utopia | l. C.S. Lewis |

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 H.L. Mencken. The black squares are the spaces between words. One letter has been dropped in place to start you off.

H	A	H	D	I	I	A	E	A	A	U	A	E	D	L	A	L	A	E	E
	/	N	I	S	S	H	L	H	E	W	D	U	L	M	L	M	R	N	
	O	T	O		T	S	T	W	L	Y	R	S	S	N		W			
	W							S	S					U					
	/																		

LEAPFROG

Here’s a list of two-word titles of ’60s TV series — one series for each number. The letters of the two words are in the correct order, but they overlap. All you have to do to find the terms is separate the letters.

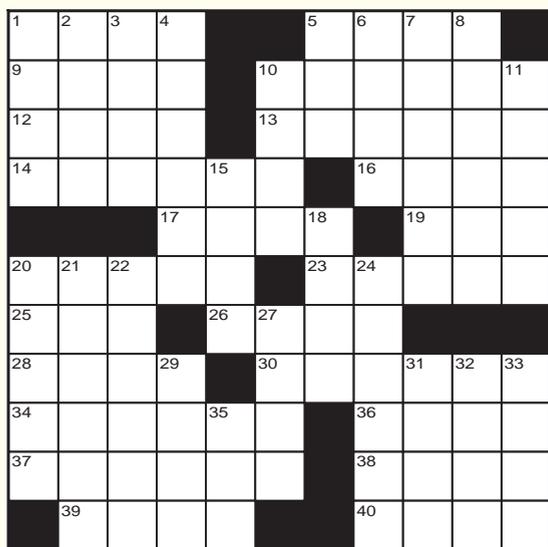
Example: **CABSEENY** — **BEN CASEY**

- | | |
|----------------------|-------|
| 1. MCEEDNITCEARL | _____ |
| 2. PEPYLTAOCEN | _____ |
| 2. MNCAHVALYES | _____ |
| 4. BLURAKEWS | _____ |
| 5. JPUENTCTITICOONAT | _____ |
| 6. PMAERSROYN | _____ |
| 7. IGISLLILGAANNSD | _____ |
| 8. IMPMOISSISSBILONE | _____ |
| 9. DBAONOINEEL | _____ |

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



Across

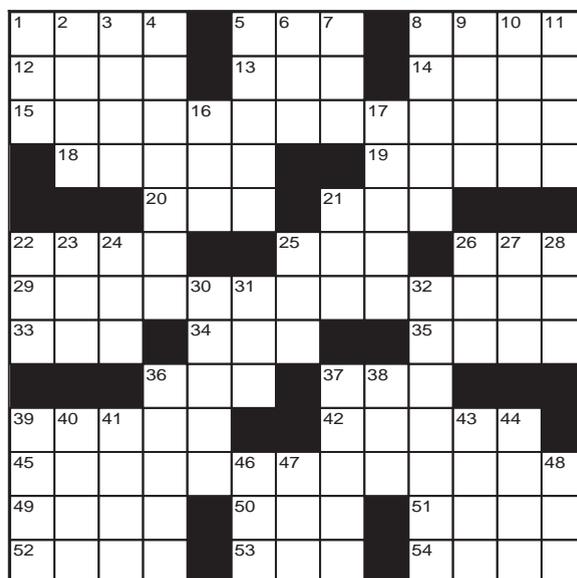
- | | | |
|---------------------------|-----------------------------|------------------------------|
| 1. Self-defense method | 34. Sing along (2 wds.) | 10. Football action |
| 5. Lad's partner | 36. Slangy refusal | 11. Birds' abodes |
| 9. "Pequod" captain | 37. Copland and Spelling | 15. Ark man |
| 10. Park bird | 38. ___ the Red | 18. Worship from ___ |
| 12. Bakery items | 39. Charles Gibson's domain | 20. Skater Henie |
| 13. Broad street | 40. Smell terrible | 21. Person from Columbus |
| 14. Martin and Charlie | | 22. Baseball "judge" |
| 16. Misters | | 24. First game of the season |
| 17. Home run hitter Sammy | Down | 27. Centuries and centuries |
| 19. Tenth month (abbr.) | 1. Sharp thrusts | 29. Winter wonderland need |
| 20. John Philip ___ | 2. "No way, Jose!" (hyph.) | 31. Environmentalist Al |
| 23. Golf warnings | 3. Copenhagen native | 32. Mayberry lad |
| 25. Electrical unit | 4. Become fixated | 33. Vampire's target |
| 26. Pile | 5. Actress Ullmann | 35. Parts of ft. |
| 28. Pinches | 6. Time periods | |
| 30. Beaver State | 7. Prom attendee | |
| | 8. Origin | |

(Answers on page 37)

Men of Rank

Across

- | | | |
|--------------------------------|----------------------------|-----------------------------|
| 1. Volvo competitor | 42. "Untouchable" Ness | 21. High mountain |
| 5. Martini liquor | 45. Role for Harry Morgan | 22. Gone by |
| 8. Against (prefix) | 49. Boats like Noah's | 23. The, in Berlin |
| 12. Barcelona beverage | 50. "___ whillikers!" | 24. Solitary number |
| 13. Comedienne Charlotte ___ | 51. Take on employees | 25. Shade tree |
| 14. Reverse, for one | 52. Navy chow | 26. "___ Magic" |
| 15. Role for Phil Silvers | 53. Cruet liquid | 27. Mama deer |
| 18. Astronomer Carl | 54. ___ were (so to speak) | 28. "Snakes ___ Plane" |
| 19. Comic Tim | | 30. Boca ___, Florida |
| 20. Illustrations | Down | 31. From ___ Z |
| 21. Ballantine product | 1. Scand. airline | 32. "Bewitched" baby |
| 22. "Lad: ___" | 2. Middle ___ | 36. Coarse |
| 25. City rails | 3. Subtle glow | 37. Ward off |
| 26. Bride's answer | 4. Plane's ___ compartment | 38. Union group (abbr.) |
| 29. Role for George C. Scott | 5. Lee's foe | 39. Shell game |
| 33. Raw mineral | 6. Author Fleming | 40. Tiny opening |
| 34. 24-hour teller (abbr.) | 7. Tennis necessity | 41. Sorts |
| 35. On a cruise | 8. Nimble | 43. Elevator pioneer |
| 36. Sporty Pontiac of the '60s | 9. Singer Carter | 44. Hatcher or Garr |
| 37. Josh | 10. Accept | 46. Id's partner |
| 39. Politician Agnew | 11. Nutrient in red meat | 47. Luau memento |
| | 16. Lobe's locale | 48. Go on a pension (abbr.) |
| | 17. Light wood | |



BRAIN-BOOSTING PUZZLES

HIDDEN-MESSAGE WORD-FIND

All the words in the list, which are about exercise and physical activity, can be found in the letter grid reading across, up and down, and diagonally. When you have found them all, read the leftover letters to discover an apt quote from Robert M. Hutchins.

You are looking for a 58-letter phrase.

- BADMINTON SKATING
- BOWLING SOCCER
- CANOEING SOFTBALL
- DANCING SWIMMING
- GOLF TAE KWAN DO
- HANDBALL TENNIS
- JOGGING TREADMILL
- JUMPING ROPE VOLLEYBALL
- LIFTING WEIGHTS WALKING
- PILATES
- SIT-UPS

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

SUDOKU

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

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

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PUZZLE ANSWERS

Match These

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

Droplines

It is the dull man who is always sure, and the sure man who is always dull.

Leapfrog

1. Medical Center; 2. Peyton Place; 3. McHale's Navy; 4. Burke's Law; 5. Petticoat Junction; 6. Perry Mason; 7. Gilligan's Island; 8. Mission: Impossible; 9. Daniel Boone.

Hidden Message

When I feel like exercising, I just lie down until the feeling goes away.

Crossword 1

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

Crossword 2

S	A	A	B		G	I	N		A	N	T	I	
A	G	U	A		R	A	E		G	E	A	R	
S	E	R	G	E	A	N	T		B	I	L	K	O
		S	A	G	A	N			A	L	L	E	N
					A	R	T		A	L	E		
A	D	O	G		E	L	S		I	D	O		
G	E	N	E	R	A	L	P	A	T	T	O	N	
O	R	E		A	T	M			A	S	E	A	
				G	T	O		R	I	B			
S	P	I	R	O				E	L	I	O	T	
C	O	L	O	N		E	L	P	O	T	T	E	R
A	R	K	S		G	E	E		H	I	R	E	
M	E	S	S		O	I	L		A	S	I	T	

Word-Find

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

Sudoku

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

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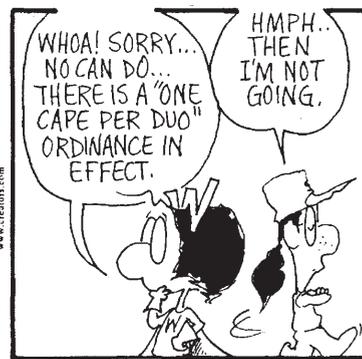
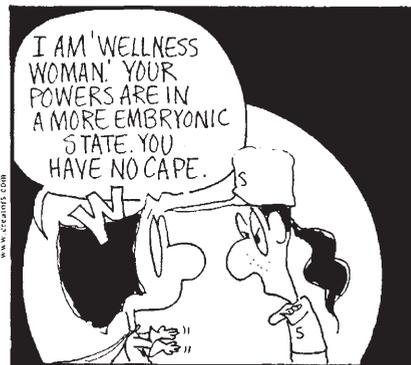
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