

preserving your

Spring 2014

Memory

The Magazine of Health and Hope

Seth Rogen

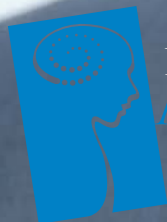
A powerful voice in
Alzheimer's advocacy

Late-Stage Alzheimer's

What you need to know

Long-Distance Caregiving

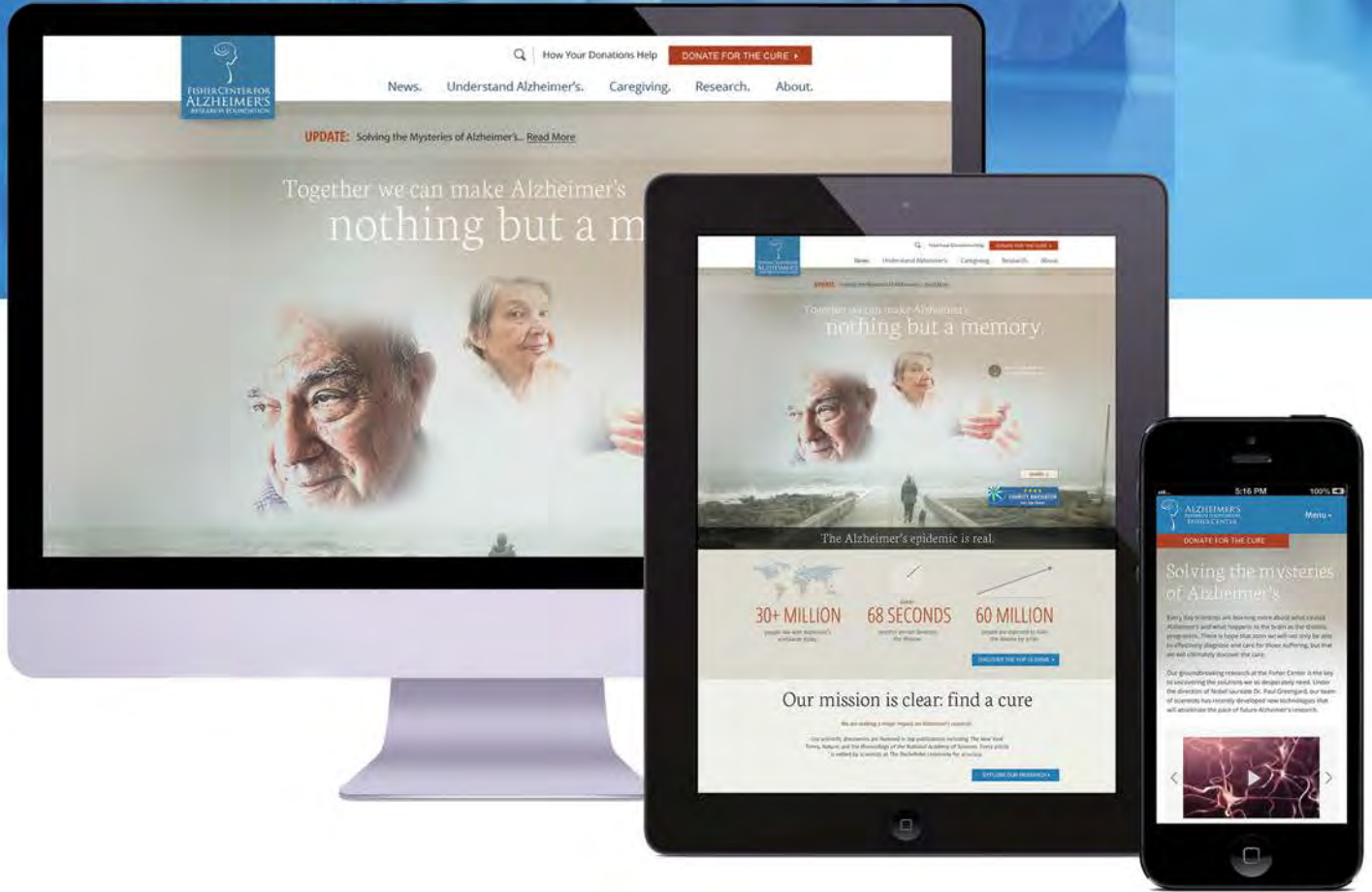
The latest news on
Alzheimer's research
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about Alzheimer's disease!

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Spring Is Abloom!

It's true—hope springs eternal, and no season stirs hope for renewal like spring. We hope the spring 2014 issue of *Preserving Your Memory* is a joyous addition to the season for you!

Our cover story looks at the career and advocacy of actor/writer/director/producer Seth Rogen (page 18), who along with his wife has been a powerful voice for a greater commitment to Alzheimer's disease research. On the subject of research, we have news from the Fisher Center laboratory, as explained by Dr. Jean-Pierre Roussarie, a postdoctoral researcher in the lab of Dr. Paul Greengard (page 12).

What is the connection between oral health and Alzheimer's? We talk with two doctors about what we know now and what the future may hold as we further explore that possible connection (page 16). We also explore the impact Alzheimer's is having on women, both as patients and caregivers (page 27), and we take a look at whether Alzheimer's deaths have been underreported—and why (page 10).

What is “shadowing,” and how can you handle it effectively? Find out in our story on page 8. Learn more about how hobbies can help relieve the stress of caregiving (page 14).

We hope you are enjoying your spring, and that you find this issue of *Preserving Your Memory* to be a positive addition to your season!



Betsey Odell

A handwritten signature in blue ink that reads "Betsey Odell".

Betsey Odell
Editor in Chief



Please send your tips, stories or questions to:

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or by e-mail to betsey@alzinfo.org

About the Fisher Center for Alzheimer's Research Foundation

Since 1995, the Fisher Center Foundation, a 501(c)(3) nonprofit organization, has been providing hope and help to the public by funding research into the cause, care, and cure of Alzheimer's disease and creating much needed educational programs. We are one of the world's largest research teams leading the battle against Alzheimer's disease. Our team of internationally renowned scientists, under the direction of Nobel laureate Dr. Paul Greengard, has been at the forefront of research that has provided a conceptual framework for modern-day investigations into Alzheimer's disease. Oprah's *O Magazine* listed us as the top charity to give to for Alzheimer's. The Fisher Center Foundation has earned Charity Navigator's highest 4-Star rating for fiscal management and commitment to accountability and transparency. For more information or to make a donation, go to www.ALZinfo.org.

The Latest News on Alzheimer's Disease and Brain Health

New Treatment Prospect for Alzheimer's Announced

A team of researchers from Columbia University Medical Center, Brandeis University and Weill Cornell Medical College has discovered a potential new treatment pathway for Alzheimer's disease.

The new research, published in the journal *Nature Chemical Biology*, focuses on the retromer protein complex, a large protein conglomerate that moves amyloid precursor protein (APP) away from the enzymes that use APP to form beta-amyloid. Beta-amyloid is the peptide linked to the development of the plaques that are found in the brains of Alzheimer's patients.

The research team, led by Dagmar Ringe, Brandeis University, Waltham, Massachusetts; Gregory Petsko, now at Weill Cornell Medical College, New York; and Scott Small, Columbia University, New York, found that adding a new compound, called R55, to the structure of retromers helped pre-empt production of beta-amyloid and other remnants of APP that can be toxic to neurons.

"This paper represents the combination of expert structural biology and AD cell biology to produce simultaneous advances in both arenas," wrote James Lah of Emory University School of Medicine, Atlanta, to *Alzforum* in an email. "Their results demonstrate rather convincingly that the identified compound is capable of stabilizing the retromer complex."



In one new research development, scientists have unveiled a blood test that has a better-than-90 percent accuracy rate in predicting the onset of Alzheimer's disease.

New Tests May Help Predict Alzheimer's

Two recently published studies may herald a new era in testing for Alzheimer's disease.

In one new research development, scientists at the University of Rochester Medical Center in Rochester, N.Y., have unveiled a blood test that has a better-than-90 percent accuracy rate in predicting the onset of Alzheimer's disease.

The new blood test focuses on 10 particular blood lipids that tend to decline as Alzheimer's begins to

take shape in an otherwise healthy brain. They found that in 28 patients, the blood test correctly predicted eventual onset of Alzheimer's even though overt symptoms had not yet developed. In each of these patients, probable Alzheimer's or mild cognitive impairment (MCI), a milder form of cognitive loss related to Alzheimer's, was diagnosed within 5 years after the positive blood test. Researchers then looked at 54 more Alzheimer's patients and found the same low levels of these blood lipids.

Currently, the only conclusive way to test for Alzheimer's is by examining the brain after death. Neuropsychological examination and techniques such as PET scan are currently used to diagnose "probable" Alzheimer's, but these tests are not always conclusive, and they can be expensive and take time to complete. A simple blood test would be more affordable and could be used in doctors' offices to diagnose the disease early.

"This is a potential game-changer," said Dr. Howard Federoff, senior author of the report and a neurologist at Georgetown University Medical Center. "My level of enthusiasm is very high."

In another research project, scientists at the Duke University School of Medicine found that using PET scans with a radioactive dye showed areas in the brain where a substance called "silent" beta-amyloid had accumulated. Beta-amyloid is the peptide linked to the development of plaques in the brain afflicted by Alzheimer's disease.

Researchers looked at the scans of 152 patients age 50 or older. In 35 percent of the "positive" scans, patients went on to develop full-blown Alzheimer's.

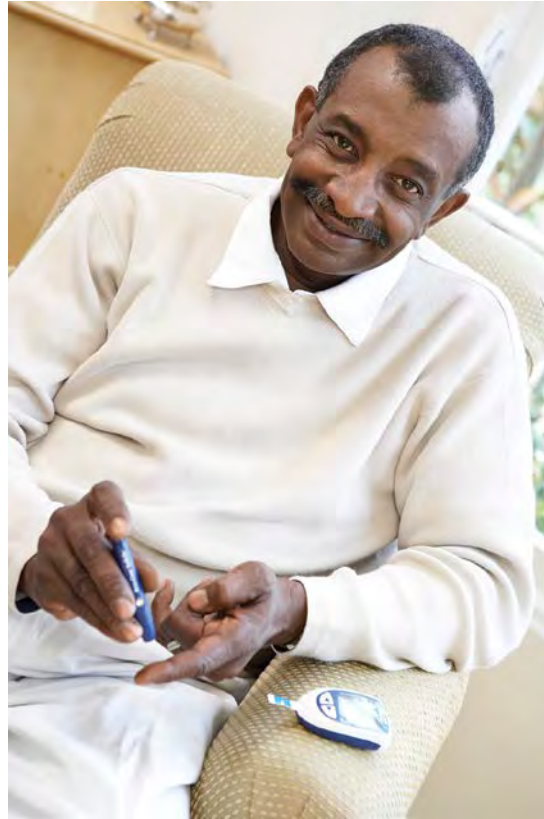
Lead author P. Murali Doraiswamy, M.D., professor of psychiatry and director of the neurocognitive disorders program at Duke commented, "Our research found that healthy adults and those with mild memory loss who have a positive scan for these plaques have a much faster rate of decline on memory, language and reasoning over three years."

New PET Contrast Agent Approved by FDA

In March, Piramal Imaging of Boston received FDA approval for a

new contrast agent that can identify areas of the brain where beta-amyloid plaques are present.

The new contrast compound, called



Alzheimer's disease has sometimes been referred to as "type 3 diabetes." Having diabetes doubles one's risk of developing Alzheimer's.

Neuraceq, is the third type of contrast agent approved by the FDA for this purpose.

One of the problems with current methods of Alzheimer's diagnosis is their low level of reliability. It's estimated that 30 percent of Alzheimer's diagnoses are missed by current methods, as confirmed by postmortem brain autopsies—at present, the only way to definitively diagnosis Alzheimer's.

It is hoped that better contrast agents can be used for testing new therapies for treating Alzheimer's.

Diabetes Drug Shows Promise as Alzheimer's Treatment

Alzheimer's disease has sometimes been referred to as "type 3 diabetes" because the link between insulin resistance—the hallmark of type 2 diabetes—in the body's cells and the deterioration of neurons has been documented. In fact, having diabetes doubles one's risk of developing Alzheimer's.

A new study published in March in *Molecular Psychiatry* found that a diabetes drug called pramlintide reduced beta-amyloid plaques in the brain and improved memory and learning in two experimental models. Pramlintide is a pharmaceutical version of a naturally occurring peptide called amylin, which the pancreas produces.

"Surprisingly, injections of amylin or pramlintide into the AD models reduced the amyloid burden as well as lowered the concentrations of amyloid-beta peptides (A β), a major component of [Alzheimer's] in the brain," explained senior author Wendy Qiu, MD, PhD, associate professor of psychiatry and pharmacology & experimental therapeutics at the Boston University School of Medicine. "It can easily cross the blood/brain barrier and has shown favorable safety profile for diabetes patients."

A clinical trial of pramlintide lies ahead. If the trial proves the drug's effectiveness in removing beta-amyloid from the brain, a new type of diagnosis and treatment of Alzheimer's may be on the horizon. Qiu estimates that, if successful in the human trial phase, pramlintide could reach market in only 3 to 5 years. ■

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

“Shadowing”

The challenge of never being alone

Caring for a person with Alzheimer’s disease at home is a difficult task and can become overwhelming at times. Each day brings new challenges as the caregiver copes with changing levels of ability and new patterns of behavior. Research by the National Institutes of Health’s National Institute on Aging has shown that caregivers themselves often are at increased risk for depression and illness, especially if they do not receive adequate support from family, friends, and the community.

One of the biggest struggles caregivers face is dealing with the difficult behaviors of the person they are caring for. Dressing, bathing, eating—basic activities of daily living—often become difficult to manage for both the person with Alzheimer’s and the caregiver. Having a plan for getting through the day can help caregivers cope. Many caregivers have found it helpful to use strategies for dealing with difficult behaviors and stressful situations. Through trial and error you will find that some of the following tips work, while others do not. Each person with Alzheimer’s is unique and will respond differently, and each person changes over the course of the disease. Do the best you can, and remind yourself to take breaks.

For many caregivers of loved ones with Alzheimer’s, there comes a time when the loved one almost seems to be their shadow. As the caregiver moves around the house or apartment, the loved one stays right alongside. Even finding “alone time” in the bathroom can prove to be a real challenge. Having separate bedrooms is a thing of the past.

A Difficult Behavior

We all know that caring for someone who has Alzheimer’s can be stressful and sometimes overwhelming. But when shadowing starts to occur, the experience can be virtually suffocating.

Shadowing is often more frequent in late afternoon or early evening, like another Alzheimer’s behavior called “sundowning”—an increase in a patient’s confusion, anxiety, agitation and sleeplessness.

“In people with Alzheimer’s, I believe shadowing represents the message of uncertainty, insecurity or fear,” writes Angela Lunde in her Mayo Clinic Alzheimer’s blog. “Where am I? What am I doing here? What am I supposed to do? Where am I supposed to go? Do I know you?”

Consequently, caregivers represent a lifeline, security, a protector and an anchor to oneself.”

Lunde is a dementia education specialist in the education core of Mayo Clinic’s Alzheimer’s Disease Research Center at the Abigail Van Buren Alzheimer’s Disease Research Clinic in Rochester, Minn. Read her Alzheimer’s blog at www.mayoclinic.org/diseases-conditions/alzheimers-disease/expert-blog/CON-20023871.

What to Do?

“Persons living with dementia may express a need or concern in many ways,” she states. “We can often uncover the underlying message behind the behavior or the emotion. I believe shadowing is an expression of that fear.”

“Fear is a constant companion of the person with dementia,” states Lunde. “Addressing fear can begin by asking yourself this question, ‘What can I do or say (or not say) to the person with Alzheimer’s that will offer them reassurance and a sense of contentment?’

“In general,” states Lunde, “people with Alzheimer’s will feel content and safe if they have a predictable daily routine, are engaged in activities that are familiar and uncomplicated, are in an environment that is calm and receive a daily dose of reassuring messages.”

Here are some other thoughts from Lunde about handling shadowing behavior:

- **Say reassuring words every day and often, like a mantra**—“You are safe. Everything will be OK. It’s good that you are here. I love you.” Your words should be simply stated, short and always the same.
- **Another idea is to make an audiotape of your voice (or any reassuring familiar voice).** The tape can be a collection of short and meaningful stories from the person with dementia’s past.
- **In similar fashion, a videotape or DVD can be created.** Remember, persons with dementia forget recent events, so you can play this audiotape or videotape again and again if it proves to be comforting. Familiar movies or music is another option. ■



“Shadowing” can be addressed by offering reassurance to the loved one with Alzheimer’s.

Handling “the Shadow”

To help address the challenges of shadowing, try the following:

- **Talk to your healthcare provider.** Find out what treatments might help control these clinging symptoms.
- **Give the patient a repetitive task to do,** such as stacking newspapers and magazines or sorting and folding laundry.
- **Find a support group.** Others who have “been there” may be able to help and will understand your experience.
- If there are times of day when the person is less glued to your side, **take advantage** of that in daily routines.
- **Consider using adult day care or respite services** to temporarily break out of the shadowing experience. You can then enjoy some time for yourself with the peace of mind that the patient is being taken care of.

“People with AD will often follow, or shadow, their caregivers from room to room. This behavior can be understood if you consider how strange the world must seem to your loved one who constantly forgets.”

—Frank Broyles,
Coach Broyles’ Playbook for Alzheimer’s Caregivers: A Practical Tips Guide
(University of Arkansas, 2006)

Truth in Numbers

Deaths from Alzheimer's disease may be underreported.

The U.S. Centers for Disease Control and Prevention (CDC) estimates that in 2010, nearly 83,500 people died of Alzheimer's disease.

But that number may actually be much higher. A study published in the March 25, 2014, issue of *Neurology*, the medical journal of the American Academy of Neurology, suggests that more deaths can be attributed to Alzheimer's disease than are reported on death certificates.

"In my opinion, there are probably many reasons for not reporting Alzheimer's as the primary cause of death, from lack of knowledge and awareness of the patient's Alzheimer's disease as an important cause or contributor to death, to focus on the immediate cause of death rather than the underlying causes," says Kaycee M. Sink, MD, MAS, Director, Kulynych Memory Assessment Clinic and Associate Professor of Medicine/Geriatrics with Wake Forest Baptist Medical Center in Winston-Salem, N.C.

At the end stages of Alzheimer's, Dr. Sink says, people often have difficulty swallowing because the brain doesn't tell the mouth and tongue what to do with food in order to chew and swallow correctly. They lose their appetite, and therefore lose weight. "With progressive weight loss and malnutrition, people with end-stage Alzheimer's are more susceptible to infections like pneumonia and complications like pressure ulcers," she says.

The most common cause of death for a person with Alzheimer's, she adds, is pneumonia. In cases such as this, pneumonia is usually listed on the death certificate as the cause of death, rather than Alzheimer's.

Is Alzheimer's the Cause?

There is a difference, though, between dying OF Alzheimer's and dying WITH Alzheimer's, Dr. Sink notes.

"Many people with Alzheimer's will die of causes unrelated to their Alzheimer's disease," she says. "For example, someone with mild Alzheimer's might also have high blood pressure and high cholesterol. If he dies of a heart attack, he died WITH Alzheimer's disease, not OF it. The cause of his death had nothing to do with Alzheimer's."

Often, though, for families who have watched loved ones suffer from Alzheimer's, not seeing it listed on the death certificate feels like a disservice.

"It's been my experience with families of patients who've died from any cause, that the death certificate and what it says has significant meaning to them," says Dr. Sink. "Accuracy of death certificates is really important, not only for families but also for research. A lot of research gets done using death records, and the scientific community could be drawing wrong conclusions if the data used is not correct."

Under-diagnosis

There's also the problem of Alzheimer's disease going undiagnosed—whether from lack of access to medical care, lack of knowledge, fear of stigma or, simply, denial.

"Many, many people with Alzheimer's go undiagnosed, and the reasons vary from family to family," says Dr. Sink. "For some, it's a lack of knowledge; they assume the changes they're seeing in memory and behavior are 'normal aging'. For others, it may be that they don't want to give Grandma a diagnosis because there's no cure—'so what's the point?' And for others, it may be not wanting the stigma of what has traditionally been a mental health diagnosis.

"I hope that someday people will view Alzheimer's like any other medical condition. No one is ashamed when they



For families who have watched loved ones suffer from Alzheimer's, not seeing it listed on the death certificate can feel like a disservice.

are diagnosed with diabetes or cancer. Alzheimer's should be viewed like that." ■

How Many Americans Have Alzheimer's Disease?

Estimates vary, but experts suggest that as many as 5 million Americans age 65 and older have Alzheimer's disease. Unless the disease can be effectively treated or prevented, the number of people with it will increase significantly if current population trends continue. That's because the risk of Alzheimer's increases with age, and the U.S. population is aging. The number of people with Alzheimer's doubles for every 5-year interval beyond age 65.

Source: National Institute on Aging, Alzheimer's Disease Education and Referral Center

How Long Can a Person Live with Alzheimer's Disease?

Alzheimer's is a slow disease that progresses in three stages—an early, preclinical stage with no symptoms; a middle stage of mild cognitive impairment; and a final stage of Alzheimer's dementia. The time from diagnosis to death varies—as little as 3 or 4 years if the person is older than 80 when diagnosed, to as long as 10 or more years if the person is younger.

News from the Laboratory

We last spoke with researcher Dr. Jean-Pierre Roussarie, postdoctoral associate at the Fisher Center for Alzheimer's Disease Research Laboratory, about his work in the Spring 2013 issue of **Preserving Your Memory**. Here's the latest from his lab.

Preserving Your Memory: Can you give us an update on your research on Alzheimer's disease? What aspect of the disease are you studying?

Jean-Pierre Roussarie: We know more and more about the cascade of events that occur during the course of Alzheimer's disease, and in particular how the amyloid beta peptide is over-produced, how it aggregates, and how it causes neurons to malfunction and then to die. But these events do not occur everywhere inside the brain. They occur in very specific parts of the brain, areas involved in new memory formation. This has been known for a while. We even know that within these specific brain regions, the disease affects only certain types of neurons.

One aspect of the disease that is far less well known is why these types of neurons are so prone to getting sick. They do not get sick in other neurodegenerative diseases, such as Parkinson's disease or Huntington's disease, so they are not inherently fragile. They are just very specifically vulnerable to Alzheimer's. Our laboratory invented and now routinely uses a technology called bacTRAP that allows us to determine which proteins are present in any type of neuron and in what quantities. We are using it now to identify the proteins present in the neurons that are most vulnerable to the ravages of Alzheimer's disease. If you do not understand what constitutes a particular neuron, you will never be able to pinpoint the reason why Alzheimer's disease causes that neuron to die. So we are trying to list every protein present in, or unique to, vulnerable neurons.

We will then compare the proteins found in vulnerable neurons to those found in neurons that are very resistant to Alzheimer's disease. Even in very late stages of Alzheimer's, these resistant neurons remain intact, survive and function normally. This comparison should also tell us what the



Dr. Jean-Pierre Roussarie

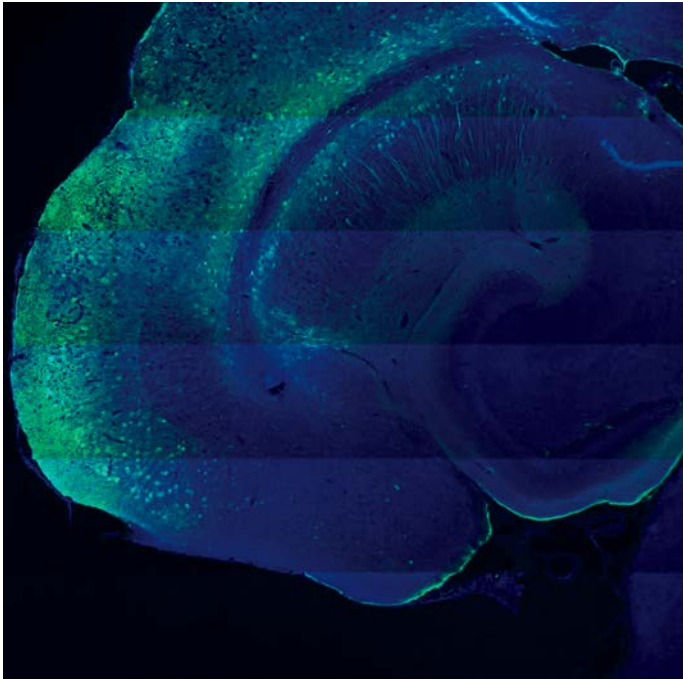
Achilles' heel of the vulnerable neurons is.

PYM: Do you understand better now what makes certain neurons in certain regions of the brain more vulnerable?

JPR: This is not a fast and easy task, as the proteins that are present in a neuron are numerous, and once we have the whole list of proteins that are enriched in vulnerable neurons, we still need to figure out which one is making these neurons so fragile in the context of Alzheimer's. A very large amount of

information has been published on the disease and on what different proteins do during the disease, so we can make hypotheses. But it is still difficult to pinpoint the protein or the few proteins that cause vulnerability, among the large number of proteins that are present in vulnerable neurons.

We reasoned that the best way to determine which proteins are the most relevant ones is by looking for mutations in these proteins that occur in Alzheimer's patients. If a protein plays a role in the development of Alzheimer's, then genetic mutations that change its function or its quantity will likely have an impact on the disease, and so these mutations might affect one's chances of developing the disease. We then asked whether any of the proteins we find enriched in vulnerable neurons are genetically associated with Alzheimer's disease? In other words, do mutations that occur in these proteins affect the risk of developing Alzheimer's? To do this, we looked for mutations in genes that control the formation of the risk-associated proteins. We did this in collaboration with two groups of geneticists, the team of Rudy Tanzi at Harvard University, which studies mostly the genetics of Alzheimer's disease in North American populations, and the group of Kari Stefansson in Iceland, which works with the Icelandic

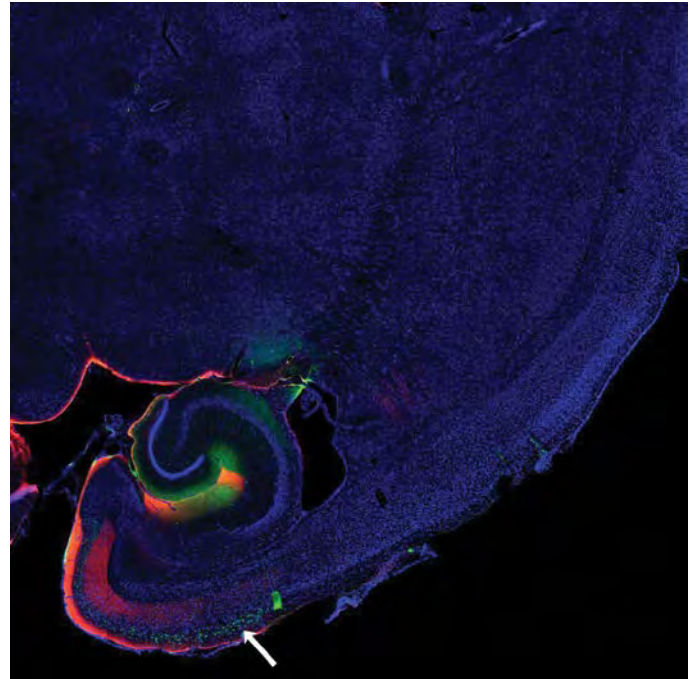


We can do gene therapy by injecting viral vectors inside the brain, and force neurons from the entorhinal cortex and from the hippocampus (in green) to produce any protein we want—here a green artificial protein.

population. We found a mutation in one gene, enriched in vulnerable neurons, that is genetically associated with the disease in both populations. In other words, mutations in this gene increase the odds of developing the disease. Some of the mutations in this gene seem quite penetrant, meaning that if you have these mutations, you have a very high chance of getting the disease. The genetic effect is very strong, and this gene is potentially very important in the natural history of the disease. We are now trying to understand what this gene does, how the mutation alters its function, and how it contributes to the development of Alzheimer's.

PYM: Can these genetic mutations explain every case of Alzheimer's disease?

JPR: No, these mutations are extremely rare. So we are not trying to explain with these mutations why most people get Alzheimer's. But the fact that they exist and that they do confer the disease to individuals that carry them highlights the central role of this gene in Alzheimer's disease, and will allow us to understand why vulnerable cells are vulnerable.



The white arrow shows the green-labeled neurons from a part of the brain called the entorhinal cortex, which are the very first ones to die in Alzheimer's. These neurons are indispensable for new memory formation.

PYM: Will your discoveries be translated into new treatments?

JPR: Well, understanding why vulnerable neurons are vulnerable is obviously the prerequisite to prevent vulnerable neurons from dying. If you do not know why a neuron is dying you cannot protect it.

We are trying to pinpoint the fragility of these neurons, partly because we want to better understand the disease, but mostly because we want to develop drugs that are going to compensate for vulnerable neurons' weaknesses. For example we will try to find drugs that either activate or inhibit the gene I mentioned above. If that fails, we will also gather information about proteins that interact with our gene, and that we can also try to hit with therapeutic drugs. So if we do not manage to hit our candidate protein, then we will hit its partners and this might work.

A drug that would protect vulnerable neurons would have to be taken prophylactically or at the very beginning of symptoms, because we want the majority of the vulnerable neurons to still be alive when we intervene. With the new successes in the development of better diagnostic tests, it should be feasible to detect ongoing Alzheimer's disease early enough to treat it. ■

“Me” Time

How maintaining a hobby can make you a better caregiver.

When you're caring for a person with Alzheimer's disease, you make a lot of sacrifices. And all too often, you—the caregiver—neglect taking care of yourself.

But taking some time for yourself not only benefits your own health and well-being, it also benefits the person for whom you're caring.

“Providing care for a person with a memory disorder over time involves adapting to the patient's loss of independence and the caregiver's loss of companionship,” says Daniel Kaufer, MD, Associate Professor, Department of Neurology, University of North Carolina School of Medicine; Division Chief, Cognitive Neurology and Memory Disorders; and Director, UNC Memory Disorders Program, Chapel Hill, N.C. “Being a caregiver is associated with a higher risk of depression and medical illness, so encouraging a caregiver to attend to their own health is important for both the caregiver and the care recipient.”

Hobbies for Health

A hobby may be the answer. It needn't be time-consuming; just something you enjoy and that fits into your schedule. Whether it's woodcarving, knitting, baking, yoga or even just meditating, a hobby is a great way to take some time for yourself. It can help keep you focused, sharpen your thinking and improve your self-confidence. In turn, you'll be in a better frame of mind to take care of your loved one.

“Maintaining personal hobbies and other social activities provides the ‘me’ time that helps the caregiver maintain a balance between their own psychological well-being and the care recipient's growing care needs,” says Dr. Kaufer.

If you think that maintaining a hobby while being a caregiver is selfish or a waste of time, you shouldn't. Studies have shown that caregivers who are happy provide higher levels of care.

“A well-rested, fit and relaxed caregiver will be more able to meet the challenges of providing care and maintain a better personal relationship with a person who has a memory disorder than a stressed-out, fatigued one,” says Dr. Kaufer. “It is important for the caregiver to take stock of their own physical and emotional health, and find ways to decompress from the stresses of caregiving.”



To be a more effective caregiver, take time to enjoy the things you love doing.

Getting Connected to Your Needs

In addition to helping you feel more relaxed (and less stressed), a hobby helps you focus on yourself for a while. As a caregiver, your main focus is on the person you're caring for; by participating in a hobby or a group activity, you focus on yourself and what you can accomplish.

“Participating in community support groups, volunteer neighborhood or church activities, or exercise classes are a few ways to help combat the stresses and isolation of

caregiving,” Dr. Kaufer says. “Caregivers are often reluctant to ask family, friends or neighbors for help or to take some time to pursue their own interests.

“These are common sources of guilt that should be discouraged for both the caregiver’s benefit and because they can also lead to resentment.” ■

Take time away from caregiving, when possible, to pursue your favorite hobbies.



The Healing Power of Hobbies

Looking to tap into the healing power of hobbies? Here are a few suggestions from health coach Nancy Monson, author of *Craft to Heal: Soothing Your Soul with Sewing, Painting and Other Pastimes*:

- **Match your hobby to your personality.**

If you’re a detail-oriented person, you might like hobbies that require precision, such as quilting or decorative painting. If you’re more spontaneous and like to make a mess, activities that make you do a lot of measuring will cause frustration rather than relaxation. You might prefer ceramics, gardening or photography.

- **Try rhythmic and repetitive activities such as knitting or sewing.**

The act of doing a task over and over again breaks the train of everyday thought and relieves stress by evoking the relaxation response, a feeling of bodily and mental calm that’s been scientifically proven to enhance health and reduce the risk of heart disease, anxiety and depression.

- **Make time for your hobby every week, and ideally every day.**

Experts advise meditating for at least 20 minutes a day, so try to do the same with your hobby to get continuing benefits.

- **Create a space just for your hobby.**

Set up a dedicated hobby area in your home, so you can play whenever you have a few moments to spare. If you don’t have a whole room or office to putter in, put your supplies in a basket or the car for easy access.

- **Take a class or join a club to meet other people.** Human beings are social animals, and research shows that socializing with others helps release stress. Plus: Lifelong learning and having a strong social network are two keys to healthy, happy aging.
- **Enjoy the process.** Many people rush to finish a project, but the fun and the healing benefits are in the process. That’s when you push worry, anger, anxiety and everyday worries out of the way.
- **Don’t be a perfectionist.** Give yourself permission to enjoy your hobby without expecting you projects to be masterpieces. If you make your hobby another chore that you have to accomplish perfectly, you’ll lose the therapeutic benefits and the fun.
- **Don’t compare yourself to others.** If you’re a beginner, let yourself be a beginner. Persevere with your hobby because you love it, and whether you ever become a master at it or not, it will bring you joy. You don’t even have to finish your projects if you don’t want to. The point isn’t to make a ton of stuff. The point is to find what makes you happy, and what helps to relieve your stress.
- **Be bold!** Pursue your hobby for yourself and yourself alone, and to express yourself. Don’t worry what other people think of your projects. As Mary Tyler Moore was once quoted as saying, “What other people think of me is none of my business.”

For more information or to order one of Monson’s books, including Craft to Heal: Soothing Your Soul with Sewing, Painting and Other Pastimes, please visit www.nancymonson.com.

By Sam Gaines

Alzheimer's Disease and Gum Health: Is There a Connection?

Previous research has indicated interesting parallels between periodontal disease and Alzheimer's. Are they connected? We asked the experts.

You may have read news coverage of research that seemed to indicate a link between periodontal (gum) disease and Alzheimer's disease. But are they truly linked? What do we know about the link, if there is one?

The answer is yes—but the nature of the link is not simple by any means.

Research has pointed to intriguing connections. “In 2007 an observational study in the *Journal of the American Dental Association* on 118 nuns concluded those with fewest teeth had the highest risk of prevalence and incidence of dementia,” notes Dr. Leena Palomo, DDS, MSD, Diplomate of the American Board of Periodontology and Associate Professor & Director of DMD Periodontics at the School of Dental Medicine, Case Western Reserve University. “Robust research shows inflammation plays a big role in many diseases of aging.” Among those diseases, Dr. Palomo says, is Alzheimer's disease.

Gustavo C. Román, MD, Professor of Neurology, Weill Cornell Medical College and Nantz National Alzheimer Center at Houston Methodist Hospital, concurs. “Periodontal disease is an independent risk factor for vascular disease, including both cerebrovascular disease (stroke) and coronary disease (heart attack),” he says. “Vascular disease in the brain is currently the most important preventable factor for Alzheimer's disease.”

Inflammation's Role

Knowing that there is a link, the question becomes, how are periodontal disease and Alzheimer's linked? One of the keys to understanding the link is the presence of inflammation. “The bacteria responsible for periodontal disease do not remain immobile in the gum tissues. Using nucleic acid detection techniques, it has been demonstrated that these bacteria are present in the plaques of atheroma [the fatty material that builds in and on the insides of artery walls] in the carotid and coronary arteries,” says Dr. Román. “In addition, inflammation induced by the bacteria is part of the mechanisms of development of narrowing and occlusion of the blood vessels in stroke and heart attack. Moreover, the bacteria-induced inflammation reaches the brain in patients with Alzheimer's, and amyloid precursor protein has been found in the gum tissue of people with gingivitis.”

Dr. Palomo points to the genetic factors involved, as well. “Genetic differences in the inflammatory response are said to influence the course of these diseases. The IL-1 genetic variations are associated with variation in both the inflammatory response and the clinical appearance of a host of diseases, of which Alzheimer's disease and periodontitis are two,” she says. “Risk factors for Alzheimer's disease overlap with vascular disease risk factors. Many of these factors share associations with evidence of systemic inflammation such as that identified in periodontitis.”

A Diabetes Link?

Another point to consider is the complication of diabetes, a rapidly growing health problem among Americans. The American Diabetes Association estimates that approximately one-third of Americans have diabetes or pre-diabetes, a condition of elevated blood sugar that hasn't yet reached the point of a diabetes diagnosis. The majority of these cases are diagnosed as type 2 diabetes, which was once referred to as "adult onset diabetes." That term isn't as frequently used now because an increasing number of children and adolescents are being diagnosed with type 2.

In type 2 diabetes, the body is unable to produce enough insulin to "unlock" cells so they can use blood sugar for the energy they need, or the cells are resistant to the insulin the body produces. In some cases, both are true. Alzheimer's has sometimes been referred to as "type 3 diabetes" or "diabetes of the brain" by some in the medical community because of the apparent link between insulin resistance and the health of brain cells.

The exact link between diabetes and Alzheimer's is still unknown, but the evidence of a strong link continues to stir interest among researchers. Indeed, the presence of diabetes significantly increases the risk of getting Alzheimer's disease. The connection to periodontal disease? "Gum disease is a risk for diabetes, and diabetes is a risk for gum disease," says Dr. Palomo.

More Research, Better Oral Care

The need for further research is apparent to both doctors. "I would expect robust future investigation—likely multidisciplinary involving

Photo courtesy of Case Western Reserve University



Dr. Leena Palomo

Photo courtesy of Houston Methodist Hospital



Dr. Gustavo C. Román

oral health conditions, medicine, nursing, pharmacy and others to elucidate plausible mechanisms linking these conditions," says Dr. Palomo. "I would hope for clinical treatment studies and translational research to link bench-top findings to bedside and chair-side clinical applications."

In the meantime, we can all take steps to protect our health overall, beginning with good oral care. "Elevated antibodies to periodontal disease bacteria are present years before cognitive impairment develops and suggests that periodontal disease could potentially contribute to the risk of Alzheimer's onset/progression," says Dr. Román. He believes that oral health is a critical factor in preventing stroke, heart attack, and Alzheimer's disease.

In that vein, Dr. Román sees an immediate need in the way healthcare policies are formulated. "The main problem is that oral health coverage by insurance is seldom sufficient," he says.

Dr. Román underscores the urgency of lifelong good oral care for everyone. "[We must] identify and treat early in life hypertension, elevated cholesterol, diabetes, smoking, sleep apnea, overweight and sedentary lifestyle, elevated homocysteine from low vitamin B12, and periodontal disease," he says.

"It is said that the mouth is the mirror of overall health," says Dr. Palomo. "We can't pick our parents and change our genetics. We also can't change certain things in our environment. But preventing and treating gum disease is a relatively simple way to modify our risks for several diseases of aging associated with inflammation, of which Alzheimer's is one." ■

Seth Rogen visits SiriusXM Studios.

Photo by Astrid Stawiarz/Getty Images

Seth Rogen:

Raising Awareness One Laugh at a Time

The gifted actor/writer/producer/director is stepping forward to urge more investment into Alzheimer's research.

By Tamekia Reece



Photo by Alberto E. Rodriguez/Getty Images

Seth Rogen autographs photos for fans at a movie premiere.

Anyone who has been affected by Alzheimer’s disease will tell you it is no laughing matter. So when people heard that funnyman Seth Rogen spoke about the disease before Congress, some were confused and shocked. Rogen, a comedian, actor, screenwriter, producer and director, has starred in such knee-slappers as *Knocked Up*, *Superbad*, *Pineapple Express*, *The Green Hornet* and his most recent comedy hit, *Neighbors*. Known for his slacker roles, one-liners and crude humor, “serious” is not a word many would use to describe Rogen. However, one issue to which he’s made a serious commitment is Alzheimer’s awareness. And like any good comedian, he’s using humor while doing so.

A Mother-in-Law’s Diagnosis

When Rogen met his then-girlfriend Lauren Miller’s parents for the first time, his goal was to impress them (and as a result, his girlfriend). He likely accomplished his mission (after all, she later became his wife), but the time spent with her parents made Miller admit something to herself and later to Rogen: Things didn’t seem right with her mom. Miller may have noticed the small subtleties so easily because her grandparents—her mother’s mom and dad—had Alzheimer’s. Her grandfather died after a

long battle with the disease when Miller was 12, and her grandmother passed from dementia when Miller was 18. In 2006, at the age of 55, Miller’s mom, Adele, was diagnosed with early-onset Alzheimer’s.

Initially, Rogen knew very little about the disease. “At this point, my impression of Alzheimer’s was probably what I assume most people’s impression is,” he told senators as he testified. “I thought it was something only really, really old people got, and I thought the way the disease primarily showed itself was in the form of forgotten keys, wearing mismatched shoes and being asked the same question over and over.” That’s the only way Rogen had seen Alzheimer’s in movies and on television. However, he saw “the real, ugly truth of the disease” a few years later. “After forgetting who she and her loved ones were, my mother-in-law, a teacher for 35 years, then forgot how to speak, feed herself, dress herself and go to the bathroom herself—all by the age of 60,” he said.

Myths and Misconceptions

Watching Adele’s slow decline was difficult for Miller and Rogen. “[Alzheimer’s is] a 100 percent life-altering, family dynamic-changing diagnosis,” Miller has said. “Most of my friends who are still lucky enough to have

their mothers, spent their 20s becoming best friends with their moms, whereas I spent mine watching my mom slowly slip away from us and herself,” she told NBC News last year.

Just as Rogen learned that Alzheimer’s is much worse than what’s shown on the TV screen, the couple realized that they, along with many other people, had many other misconceptions about the disease. One of those is that Alzheimer’s only affects “old” people. “For years, Alzheimer’s had the nickname of ‘Old Timer’s,’ however, my mom is not old,” Miller said in an interview with *Los Angeles Confidential* magazine. “She was still teaching and was an active part of her community and involved in a lot of things, and [Alzheimer’s] stopped it all. What I’ve realized is this disease stops for no one.”

Rogen added that thinking the disease only affects older people makes it easy for younger people to overlook. “It’s the type of thing that’s kind of easy to emotionally disconnect from because you feel like when people get old, they’re just more susceptible to diseases in general,” he said. “But it’s not something that just old people are getting—it’s not something that your grandparents get; it’s something your parents get and that someday you might get.”

Hilarity for Charity

The couple knew they had to act. In 2011, they, along with some friends, founded Hilarity for Charity. The charity’s goal is to raise money to help families struggling with Alzheimer’s, support research, and raise awareness about the disease, especially among young people.

It seems to be doing a good job. Hilarity for Charity hosts fundraising events that bring out huge crowds. Guests are treated to food, drinks, music and lots of humor. Rogen and actors Ty Burrell (*Modern Family*), David Krumholtz (*Numb3rs*), and Paul Rudd (*Role Models*) hosted its first event, held in Los Angeles in 2012. Performers included singer Bruno Mars, Patton Oswalt (*The Goldbergs*), Aziz Ansari (*Parks and Recreation*), Judd Apatow (writer and director of *Knocked Up*), Pauly D (*Jersey Shore*) and many others.

The second annual fundraiser featured comedian Kevin Hart, Mindy Kaling (*The Office*), and Rob Riggle (*21 Jump Street*), among others. There was even a surprise appearance. Mega movie star Samuel L. Jackson, whose mother and aunt had Alzheimer’s, talked about his family’s experience with the disease and commended the guests for their contributions. “I have the potential to be one of the people you’re raising money for. It’s a pretty devastating disease ... but (those who have it) can also be very funny,” he said and then told the crowd about the time his mom



Photo by Valerie Macon/Getty Images

Seth Rogen and Lauren Miller arrive at a Hilarity for Charity Event

and aunt would hide their purses from the maid and then forget where they hid the purses. “I enjoyed her life and I’m glad I had her,” he said. “You’re all here and you’re all going to be able to do something for a lot of people.”

The evening closed with Rogen dancing along with the Backstreet Boys as they performed some of their most popular hits.

Hilarity for Charity’s most recent event, a benefit held in April, had performances by Demetri Martin (writer for *Late Night with Conan O’Brien*), Natasha Leggero (*He’s Just Not That Into You*), Hannibal Buress (*Saturday Night Live*) and Aziz Ansari (*Parks and Recreation*).

The fundraisers have raised more than \$850,000 for Alzheimer’s research and support. The charity will host a variety show in Los Angeles on October 14.

Speaking to the Younger Generation

Though their fundraising events were making more people aware of Alzheimer's, Rogen and Miller still wanted to do more to reach out to the younger crowd. They started Hilarity for Charity U (HFC U), a nationwide program that challenges and encourages college groups to throw their own Hilarity for Charity events to raise money and awareness for Alzheimer's. Participants had a chance to win an advanced screening to Rogen's movie *Neighbors* and hang out with the actor.

The good news for HFC U participants is they could host the event their own way, whether that meant putting on a variety show, scavenger hunt, danceathon, rap show, water polo tournament or whatever. Getting teens and young adults involved in a way of their choosing is important, Miller says. "The preconceived notion with [fundraising events] is that they can't be fun, and that drives a lot of young people away from getting involved because they think it's going to be a depressing experience," she said in the Los Angeles Confidential interview. "I hope this shows people that just because you're doing something that is helpful to the world, it doesn't have to be boring. It doesn't mean it can't be fun, funny, and edgy."

More than 270 student organizations and college campuses participated in the inaugural semester of the program, raising a total of \$128,000. However, it was the University of Vermont's Pi Kappa Alpha Fraternity that took home the top prize, raising \$27,000. "We are psyched to see the overwhelming dedication of all of the college students involved," Rogen told MTV News. Miller added, "This just further proves that Alzheimer's affects all generations, and that young people are ready to get involved in making a difference."

HFC U plans to hold another project for the fall semester.

The Accidental "Expert"

He may not be an expert who studies the disease or treats patients, however, on February 26, 2014, as he testified before Congress, Rogen was considered an expert, which he admitted he thought was "cool."

In addition to sharing his mother-in-law's story, he talked a bit about his charity and spoke of the financial hardships families face when a loved one has Alzheimer's. "I've personally seen the massive amount of financial strain this disease causes ... Therefore, I can't begin to imagine how people with more limited incomes are dealing with this," he said.

Though supporters filled the room, only two senators were present. Rogen had no problem expressing his disappointment. On his Twitter account, he posted, "All

those empty seats are senators who are not prioritizing Alzheimer's. Unless more noise is made, it won't change."

And make noise, he did. His testimony went viral and more than 6 million people viewed the video on C-SPAN's YouTube page.

So although the government presence wasn't as great as he'd hoped, Rogen definitely got more people thinking and talking about Alzheimer's, which is a step in the right direction.

As he stated near the end of his testimony, "Americans whisper the word 'Alzheimer's' because their government whispers the word 'Alzheimer's,' and although a whisper is better than [the] silence that the Alzheimer's community has been facing for decades, it's still not enough. It needs to be yelled and screamed to the point that it finally gets the attention and the funding that it deserves and needs." ■



Seth Rogen attends the Premiere of Columbia Pictures' 'This Is The End'

Photo by Jason Kempin/Getty Images

Water Exercises for Alzheimer's Patients

Research is showing that aquatic therapy can have benefits even for advanced-stage patients.

Research by the National Institute on Aging and other organizations has shown that being active and getting exercise helps people with Alzheimer's disease feel better. Exercise helps keep their muscles, joints, and heart in good shape. It also helps people stay at a healthy weight and have regular toilet and sleep habits. Caregivers can even exercise with Alzheimer's patients to make it more fun.

While a caregiver wants someone with Alzheimer's to do as much as possible for himself or herself, this must be balanced by the need to make sure that the person is safe when active.

Some people with Alzheimer's may not be able to get around well. This is another problem that becomes more challenging to deal with as the disease gets worse. Some possible reasons for this include:

- Trouble with endurance
- Poor coordination
- Sore feet or muscles
- Illness
- Depression or general lack of interest
- Loss of executive function
- Confusion

For those patients who cannot walk on their own or perform other land-based exercise activities, research is showing that properly supervised water exercises can confer real cognitive and

motor skills benefits, according to Kent Myers, MD, Associate Professor and Co-Chairman, Department of Medicine, Arizona College of Osteopathic Medicine, Midwestern University, and a team of fellow researchers.

The most common types of aquatic therapy offer a range of techniques that

therapists can use with Alzheimer's patients, depending on their specific physical and mental conditions, the researchers point out. These range from strengthening and toning exercises to routines for balance and posture, and even passive exercises that focus on stretching parts of the body.

Widely Used Aquatic Therapy Techniques

- **Ai Chi:** Diaphragm breathing and active progressive resistance training in water to relax and strengthen the body.
- **Aqua Running:** A form of cardiovascular conditioning, involving running or jogging in water; in deep water, using a floatation device to support the head above water.
- **Bad Ragaz Ring Method:** Focuses on rehabilitation of neuromuscular function using patterns of therapist-assisted exercise, performed while the patient lies horizontal in water, with support provided by rings or floats around the neck, arms, pelvis and knees.
- **Halliwick Concept:** Focuses on biophysical principles of motor control in water, in particular developing sense of balance and core stability; originally used to teach physically disabled people.
- **Watsu:** A form of aquatic bodywork in which an aquatic therapist continuously supports and guides the person receiving treatment through a series of flowing movements and stretches that induce deep relaxation and provide therapeutic benefit.



Photos: Arizona College of Osteopathic Medicine

At left, patient with advanced Alzheimer’s disease before starting aquatic therapy. At right, the same patient taking part in his first water therapy session. Although the patient was normally expressionless and did not talk, aquatic therapy repeatedly brought smiles to his face and sparked conversation during and shortly after the therapy—reactions that regular land-based exercise did not bring.

“The aquatic environment provides buoyancy, which confers an enhanced ability for nonambulatory patients to practice ambulatory and balancing skills,” writes Dr. Myers and colleagues in an article titled “Aquatic Therapy and Alzheimer’s Disease” in the May 2013 issue of the *Annals of Long-Term Care*.

Their study documents an 89-year-old male patient with severe Alzheimer’s disease—expressionless, poorly communicative, unable to walk—who responded well to the Halliwick Concept, a type of water exercise originally developed to help patients with physical disabilities become independent in the water.

“His very first aquatic therapy session brought a broad smile to his normally expressionless face,” writes Dr. Myers, “as he realized that he could [walk] in the water and perform aquatic therapy rhythmic walking and positioning maneuvers.”

Over a period of three months, the Alzheimer’s patient continued

“In a way, it was like having our dad back. It was amazing that he could communicate, speak in sentences and follow directions. He really proved that he could understand.”

his supervised water exercises. “He eventually could obey a command to walk in the water to the edge of the pool, retrieve a pool toy and bring it back to the aquatic therapist,” noted Dr. Myers.

When his daughter visited the patient after two months of water exercises, she got into the pool with

him for a session. “In a way, it was like having our dad back,” she said. “It was amazing that he could communicate, speak in sentences and follow directions. He really proved that he could understand.”

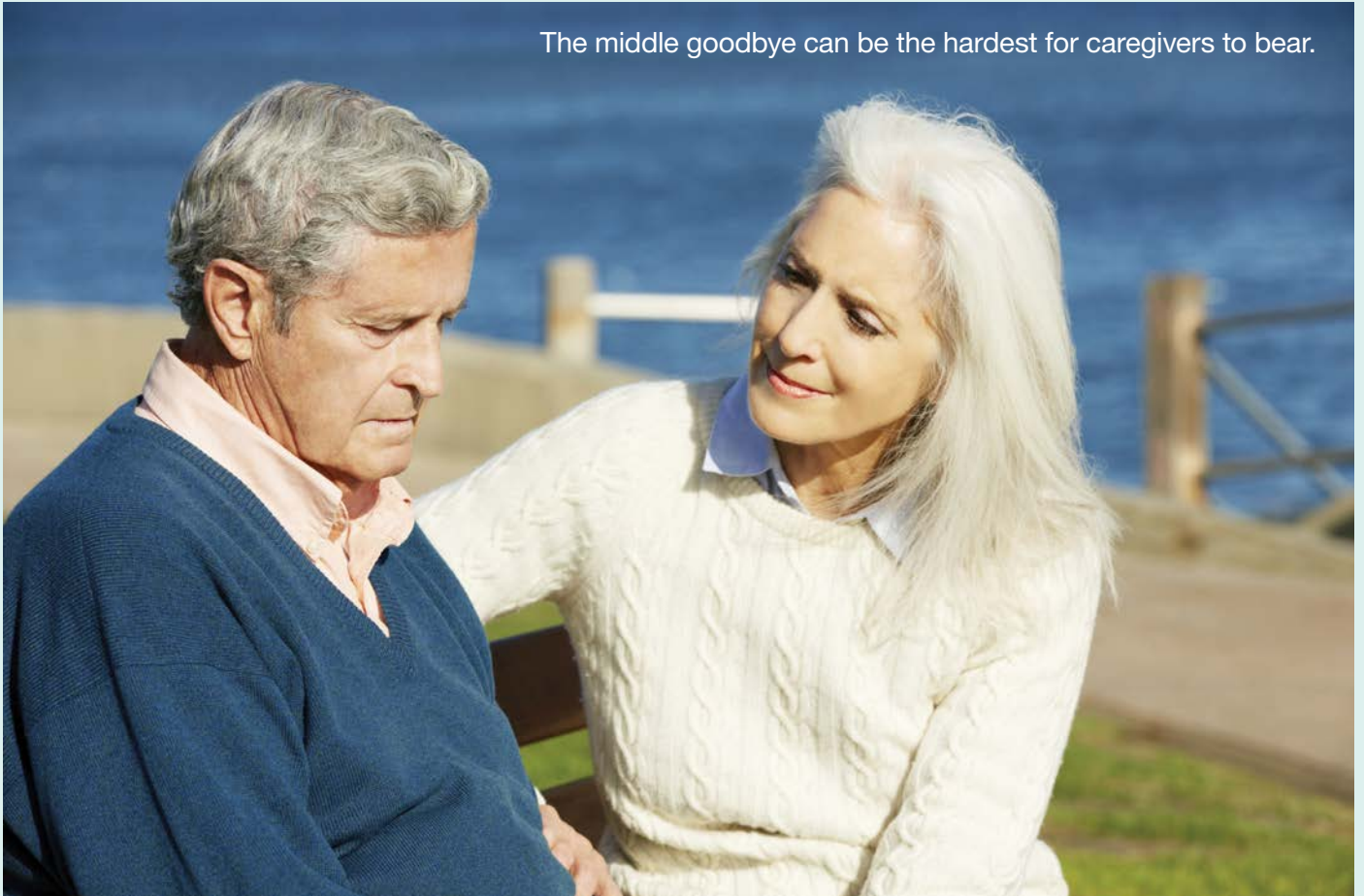
The therapy staff also noted that for two or three hours after each aquatic therapy session, the patient smiled more and talked more clearly without his usual trouble in finding words. And he even joked with the staff, although the carryover effect on land after therapy was limited.

Dr. Myers and colleagues are quick to note that not all advanced Alzheimer’s patients are candidates for water exercises as therapy, such as those patients who have a fear of water and those who have certain heart conditions. Further research is needed, Dr. Myers adds, to determine if this patient’s type of short-term mental advances during and shortly after water exercise therapy might be typical for similar patients. ■

The Three Goodbyes

With proper planning and support, caregivers can reduce some of the burdens associated with late-stage Alzheimer's.

The middle goodbye can be the hardest for caregivers to bear.



We all know we'll face the loss of loved ones in life. That hard truth is difficult enough to accept. Alzheimer's disease, however, adds an especially cruel twist to that expectation, says Valerie Wilson, MD, a geriatrician with Wake Forest Baptist Medical Center's Sticht Center on Aging. "Alzheimer's is one of the most difficult diseases for caregivers because, in a sense, it causes you to have to say goodbye to your loved more than once," she says. "You lose them when you get that diagnosis of a terminal illness. Then, as the disease progresses, you lose them again when they no longer recognize you. And, you lose them a third time when they actually pass away."

It's that middle goodbye, the one where you become a stranger to your loved one, that's usually the hardest for caregivers to bear. It's also a sign that the disease is entering its final phase—one that comes with a litany of exhausting and challenging demands.

Identifying Late-Stage Alzheimer's Disease

Because diagnostic tools have improved over the years, Alzheimer's is increasingly diagnosed when a person is still in the early stages of the disease. This means many people can live with Alzheimer's for a number of years

after diagnosis—although the rate of progression is highly variable.

“Alzheimer’s tends to progress slower in the beginning stages and in the end stages,” says Dr. Wilson, who is involved in memory assessment at the Sticht Center. “The middle stages go by a bit faster. Data shows us the life expectancy after diagnosis can be anywhere from five to 18 years. Because it varies so much from person to person, the end stages of Alzheimer’s can last for a couple of months *or* a few years.”

As the disease progresses, the following symptoms become apparent:

- Difficulty naming or recognizing very familiar loved ones
- Inability to independently dress, groom, perform chores or maintain proper hygiene
- Reduced mobility
- Disrupted sleep or changing sleeping patterns
- Bladder and bowel control incontinence
- Personality and behavioral changes, including paranoia and delusions

In the final stages of Alzheimer’s disease a person will decline even more severely, becoming unable to carry on a conversation or control movements, such as sitting without support or even smiling. The person’s reflexes, muscle quality and ability to swallow may all become impaired.

“As a person enters the later stages of the disease, the caregiver really does struggle,” says Dr. Wilson. “There are physical strains that come with having to lift and dress your loved one, but the emotional stresses can be much harder than the physical ones.”

Dr. Wilson offers the following suggestions on approaching the final phase of your loved one’s disease:

Prepare as early as possible. It’s ideal to start making preparations for the final stages of Alzheimer’s while your loved one is still in the early stages of the disease. Regardless of the current stage, however, it’s important that you act right away. “Whenever I assess a new patient of any stage, I recommend the family get advanced directives in place—specifically, a living will and healthcare power of attorney,” says Dr. Wilson. “To have these tasks and other end-of-life issues addressed beforehand takes a tremendous amount of stress and pressure off the caregiver.”

“Alzheimer’s is one of the most difficult diseases for caregivers because, in a sense, it causes you to have to say goodbye to your loved more than once. You lose them when you get that diagnosis of a terminal illness. Then, as the disease progresses, you lose them again when they no longer recognize you. And, you lose them a third time when they actually pass away.”

—Valerie Wilson, MD

Ask for help—and don’t isolate yourself. Because people with late-stage Alzheimer’s must be monitored and cared for 24 hours a day, seven days a week, caregivers face nearly impossible demands on their time and energy. Therefore, it’s essential for you to seek help if you’re caring for someone in the final stages of the disease. If you have the financial resources, or your loved one has long-term care insurance, contact a home health agency for assistance. If that’s not an option, look to resources in your community that

can either provide or direct you toward the help you need. These include local Alzheimer’s organizations, city and county senior services, hospital-associated support groups, churches and temples, and nonprofits that address aging issues. In addition to caregiving help, there are also many groups that assist with food delivery, grocery shopping and housekeeping.

Don’t forget to ask friends and family for help. They, too, can lend a hand in many areas. Plus, they can provide you with added emotional support. “It’s very socially isolating to care for someone with dementia,” says Dr. Wilson. “And every caregiver should have some respite each day where he or she can have time to recuperate and refresh. Reaching out to family and friends can be one of the best things for you.”

Consider hospice care. Alzheimer's disease is a hospice-eligible diagnosis. As the disease advances and your loved one becomes less verbal, less mobile and eats less, it's an option you should consider looking into. Hospice is a way to provide your loved one with comfortable end-of-life care while also removing some of the immense strains you face as a caregiver.

Don't take your loved one's symptoms personally. It's incredibly hurtful to not be recognized or remembered by your loved one. However, internalizing the experience can lead to more emotional pain. "This is probably the hardest thing to deal with," says Dr. Wilson. "Something that helps is to remember that this is just a symptom of a disease; it's nothing personal. We don't get our feelings hurt when people exhibit physical symptoms they can't control, so we should try to take the same approach to memory-related symptoms. Just because your mom or your dad doesn't recognize you at this moment doesn't mean they didn't love you more than the whole world when their brain was operating normally. You have to remember they can't control this symptom."

Adjust medications. As a person with Alzheimer's moves into the final stages of the disease, it may be time to wean him or her off of some medications—with a doctor's guidance, of course. "Once a person is in the advanced stages of dementia and has lost a lot of functioning, there's not always a whole lot left to preserve," says Dr. Wilson. "Of course there are medications that can be used for symptom

management, such as ones that help control agitation. These changes don't mean you're giving up on your loved one; they just mean you're meeting the needs of his or her disease stage."

Deal with grief when it appears. Grief is a fact of life for Alzheimer's caregivers. Whether you're at your first, second or final goodbye, it's important to seek help in coping with it. Certified grief counselors are trained to help caregivers handle all forms of grief, including disease-related emotional loss and anticipatory grief. Hospice provides grief-counseling services. If your loved one isn't currently in hospice, check with a local support group for a referral to a grief counselor. Your church or temple might also be a good place to go for help. ■

Friends and family can provide the emotional support you need during times of grief.



The New Face of Alzheimer's

By Margie Monin Dombrowski

Women are being affected by Alzheimer's disease more and more every day. They outnumber men as Alzheimer's patients, and they also are far more likely to be Alzheimer's caregivers.

"It's a double-edged sword for women," says Elayne Forgie, MS, who helps Alzheimer's families and caretakers as President and CEO of the Alzheimer's Care Resource Center in Lake Worth, Fla. "We're not only acting as the primary caregiver, we're also succumbing to the disease now more than ever."

The latest data from the U.S. Census and the Chicago Health and Aging Project (CHAP) show that there are currently an estimated 5.2 million Americans with Alzheimer's disease. One in nine (or 11 percent) Americans

aged 65 and older has Alzheimer's, while 32 percent over 85 have the disease.

The numbers for women with Alzheimer's are daunting. Almost two-thirds of those 65 and older with Alzheimer's are women. Women in their 60s have a 1 in 6 lifetime risk for developing Alzheimer's, making them twice as likely during the rest of their lives to find out they have Alzheimer's as it is for them to develop breast cancer. This is compared to a 1 in 11 chance for men. While women tend to outlive men and age is the number one risk factor for Alzheimer's, that number is only partly due to longevity.

"Research has shown that that alone cannot account for the rates," says Kenneth Freundlich, PhD, Clinical Neuropsychologist and Managing Partner with the Morris

Psychological Group in Parsippany, N.J. "Estrogen may be protective against beta-amyloid toxicity, the proteins involved in developing the plaques that are seen in Alzheimer's. There are some theories and research that show that it has to do with the changes of estrogen over their lifetime, and estrogen providing some protection, but then they later develop Alzheimer's."

While the cause of Alzheimer's disease is still unknown, researchers are looking into the reason why women are more likely to get Alzheimer's than men—and the answer may be found in our genes. In a recent Stanford University study published in the *Annals of Neurology*, researchers discovered that women with the ApoE4 gene variant were nearly twice as likely to

Alzheimer's disease has a disparate impact on women.



get Alzheimer's than men with the same allele. The ApoE4 gene variant puts a person at a higher risk for Alzheimer's. More research is still needed to find out why this occurs and why women are affected by the disease differently.

Women as Nurturers and Caregivers

Unless we find a cure for Alzheimer's, we can expect the numbers to triple to 16 million. As the U.S. population ages, baby boomers in particular, Americans are expected to have a longer lifespan than previous generations.

"The prevalence of Alzheimer's will increase substantially," says Barry D. Jordan, MD, M.PH, Director of the Brain Injury Program & the Memory Evaluation Treatment Service (METS) at Burke Rehabilitation Hospital in White Plains, N.Y. "There will be more women affected with Alzheimer's and there will be more caregivers [who] will more than likely be female."

Women are more likely to get Alzheimer's than men, yet there are 2.5 times more women than men taking care of someone with Alzheimer's around the clock, usually a spouse or a parent. But how does that happen?

"It may be related to the fact that the man is typically the higher income earner and it makes more sense for the woman to give up the job" to care for a family member with Alzheimer's, says Dr. Freundlich, "but it often has to do with the differences in the roles men and women take in society."

"We're caregivers by nature," says Forgie. "We're moms, daughters, sisters, friends—sometimes we take on that caretaker role from a very young age. So many of us are caring for our parents and our kids, and we extend that role as the aging process affects our family."

Another important factor to the equation: women's longer life span. "If the husband or the male develops Alzheimer's, the female would usually take care of that individual," says Dr. Jordan, "and since women live longer,



As a caregiver for someone with Alzheimer's, you also have to remember to take time out for yourself.

when they develop the disease there may not be anyone available to take care of them. If there aren't any siblings or children to take care of the female, then they would probably have to be institutionalized."

More men, however, are becoming Alzheimer's caregivers. The gender balance is closer to 50/50 among males in the 18-to-49 age group (at 47 percent), while just 32 percent of caregivers are men in the 50-plus age group. As the population continues to age, and societal gender roles become more flexible, will we start to see the numbers shift?

"Perhaps we'll see that change," Forgie says. "But how can women outlive men if they're taking on that caregiver role more now, and the burden of caregiving increases our risk of illness?"

Alzheimer's Toll on Caregivers

Caring for a loved one with Alzheimer's is mentally, physically and emotionally exhausting. It's a 24/7 job, and Alzheimer's caregiver burnout is a very real possibility not to be ignored.

"What I've found is that caregivers who are caring for these patients are not doing OK," says Forgie. "Women become extremely affected physically and emotionally, and experience physical manifestations of stress, such as gastrointestinal problems. Over the years I've seen many

Caregiver Resources

Discover the resources available to you as an Alzheimer's caregiver at these websites.

- Fisher Center for Alzheimer's Research Foundation's Resource Locator: <http://www.alzinfo.org/resource-locator>
- The Alzheimer's Care Resource Center: <http://alzheimerscareresourcecenter.com>
—24-hour Alzheimer's care crisis line:
1-800-209-4342

“We’re caregivers by nature. We’re moms, daughters, sisters, friends—sometimes we take on that caretaker role from a very young age. So many of us are caring for our parents and our kids, and we extend that role as the aging process affects our family.”
—Elayne Forgie, M.S.

instances where the primary caregiver caring for her husband will have a heart attack, and then we end up with two patients.”

“It wears people down,” says Dr. Freundlich. “They often don’t sleep well because they’re staying up at night taking care of the person.” That chronic stress can trigger or exacerbate certain autoimmune conditions, such as alopecia, celiac disease, diabetes, Graves’ disease, Hashimoto’s disease, irritable bowel syndrome (IBS) and lupus. “It’s not just the emotional toll; it’s the physical stress, and not being able to rest enough or have any downtime.”

Caring for the Caregiver

As a caregiver for someone with Alzheimer's, you also have to

remember to take time out for yourself. Giving yourself a break every now and then will refresh and recharge you, so you can continue providing the best care possible.

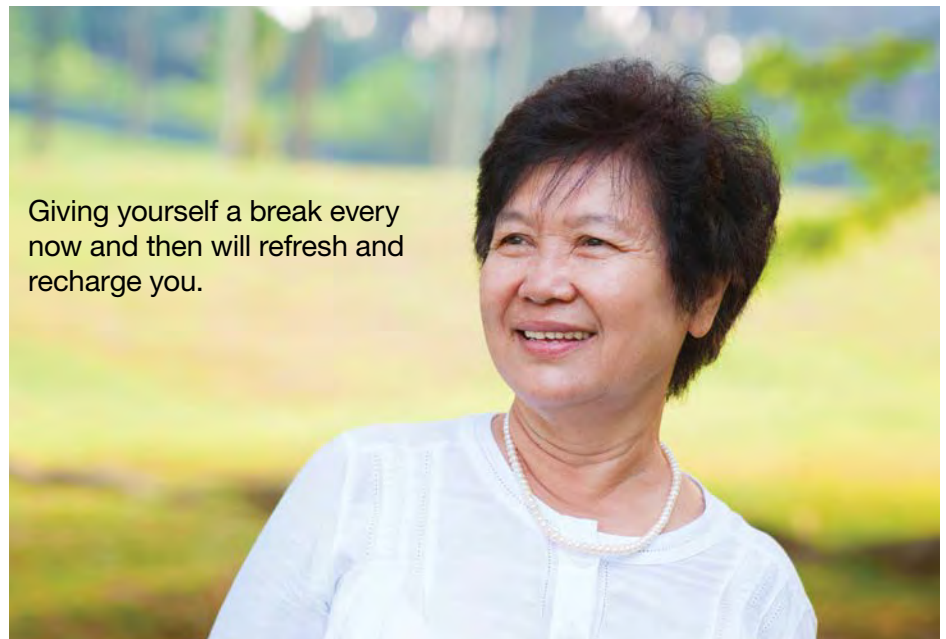
“Being a caregiver to anyone with Alzheimer's can be extremely stressful,” says Dr. Jordan. “That’s why it’s important for caregivers to have rest periods to reduce the stress and strain of caring for someone with such a challenging disorder.”

Because an Alzheimer's patient is incapable of stopping or altering their behavior, it's important for the caregiver to learn coping skills and how to manage stress. That's why reaching out to organizations for Alzheimer's caregivers can help.

“You can't teach the Alzheimer's patient; you have to teach the caregiver,” Forgie says. Focusing on empowering the caregiver, her nonprofit offers education on the disease and how caregivers can deal with patients, and also provides support groups. “We basically hold the caregiver's hand throughout the whole journey of Alzheimer's disease so they could go back and be a stronger caregiver. We want the caregiver to be able to survive this disease.”

Learning how to thrive as a caregiver can also improve the quality of your patient's care, so it's important to not feel guilty about taking care of your own needs as well. Reaching out and asking for the help and resources you need as a caregiver can only benefit you and the patient.

Of those caregivers assisted and surveyed by the Alzheimer's Care Resource Center, “93 percent will report improved quality of life, less stress and a better relationship with the patient and their family,” Forgie says. “They're stronger when they walk out. They feel better. By affecting the caregiver's life in a positive way, you have a direct effect on the patient.” ■



Giving yourself a break every now and then will refresh and recharge you.

Caregiving from Afar

How to care for a loved one who is many miles away

By Kevin Gault

Caring for a loved one who has Alzheimer's disease can be stressful enough when the person lives nearby. When they're many miles away, it can be even more difficult. Long-distance caregivers, however, can take steps to make their situation less burdensome and more fulfilling.

Let's look at the long-distance caregiver's situation. "Since the caregiver isn't with their loved one, they have to rely on someone else for information," says Rosemary Laird, MD, Medical Director of Health First Aging Institute in Melbourne, Fla., and co-author of *Take Your Oxygen First: Protecting Your Health and Happiness While Caring for a Loved One with Memory Loss*. "They have to get information from friends, neighbors or caregivers, which can be a problem because they might not get the up-to-date information they need and end up responding to crises instead of being proactive."

Freddi Segal-Gidan, PA, PhD, Physician Associate and Gerontologist at the Keck School of Medicine of the University of Southern California, adds that this type of caregiving can elicit strong emotions: "People in this situation can feel conflicted. Sometimes a sibling chooses to live far away from their parent to distance themselves. Because of the parent's illness, they're drawn back in and can feel conflicted or even resentful. Sometimes a family member volunteers to do this and doesn't really understand what they're getting into. They can feel overwhelmed."

Be Proactive

Taking a methodical, proactive approach to long-distance care can make it more manageable. The first step is to get a thorough knowledge of your loved one's condition. A long-distance caregiver can't attend doctor's appointments, so it's essential that they speak with physicians, mental health

Long-distance caregiving isn't easy, but sometimes it's necessary.



professionals, nutritionists and other healthcare providers to get updates on the loved one's medical condition.

Next, find the right person to be your "eyes and ears" on-site with your loved one. "The caregiver has to find someone close to their loved one whom they can trust," says Dr. Laird. "The usual options are other family members, friends, neighbors or church members. The long-distance caregiver needs to make and maintain these connections."

Another important connection is with a nurse case manager. Sometimes called nurse care managers or geriatric care managers, these privately hired caregivers serve as the advocate for the loved one. They help assemble the daily care that the person needs and navigate them through the healthcare system.

Plan Thoroughly

After you know about your loved one's condition and have the right caregivers in place, plan for the future as thoroughly as possible. "It's essential to explore all the alternatives sooner rather than later and create a plan ahead of time so you won't have to just react to a problems," says Segal-Gidan. "How will the family handle the time

when the loved one can't drive a car anymore? Are there facilities to which you can move the person if their condition deteriorates? Are their legal matters taken care of?"

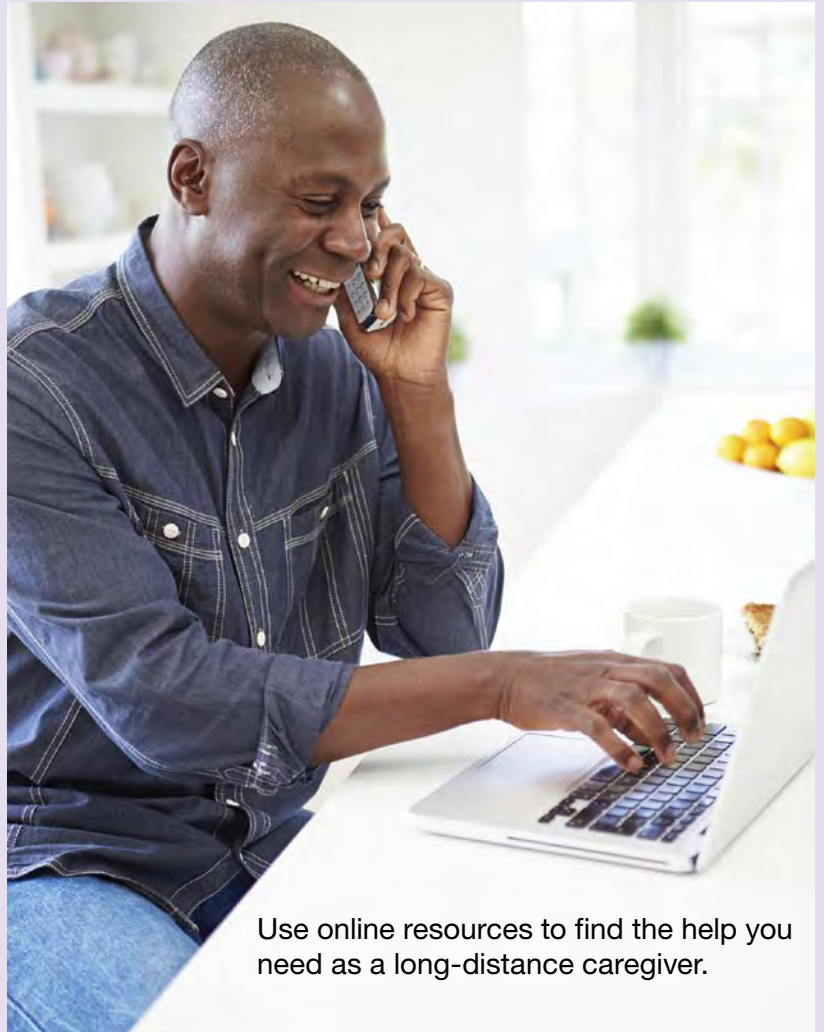
Here are a few more tips for long-distance caregivers:

Do What You're Best At: When there is more than one long-distance caregiver in a family, don't try to do everything yourself—do the things you do best. "A family member who is a lawyer, for example, should focus on the loved one's legal matters; another family member who is a nurse can orchestrate medical care," says Dr. Laird. "By doing things this way, everyone feels good about making a contribution and no one is overwhelmed by trying to do it all."

Safety First: All people suffering with Alzheimer's disease want to maintain their independence as long as possible, but don't try to preserve your loved one's independence at the expense of their safety. "Having a plan to 'keep Mom in her home as long as I can' or 'keep my promise to Dad that I would never put him in a nursing home' might not be in the loved one's best interest in terms of their personal safety," says Segal-Gidan. "Alzheimer's is a progressive disease and keeping them at home isn't appropriate at a time when they need constant care." Some people with Alzheimer's can remain at home if 24-hour home healthcare is available, but even this generally requires that a primary caregiver (e.g., family member) be present rather than act as a long-distance caregiver.

Don't Complain: If you can't be part of the solution, don't be part of the problem. "I've seen many tensions between siblings on this point," says Dr. Laird. "If you're a long-distance caregiver, you don't know what's going on day-to-day, so you have to be careful about making critical comments about things other siblings are doing to care for the loved one. If you're too far away to help, trust that other family members are doing the best they can and let them handle it."

Check Online Resources: One good national source for privately hired, professional caregivers is the National Association of Professional Geriatric Care Managers (www.caremanager.org). If funds are limited, another option is the Eldercare Locator (www.eldercare.gov) to get information on area agencies on aging. These are



Use online resources to find the help you need as a long-distance caregiver.

organizations in every county for families who need assistance in providing social services or medical care that might be available through Medicare or county programs.

Renewed Relationships

Finally, don't overlook the positive aspects of long-distance caregiving. "It isn't talked about much, but many people look at caregiving as an act of love and they feel honored by being able to do this for someone," says Dr. Laird. "Approaching this type of care the right way can provide peace of mind that comes from knowing that your loved one is OK even though he or she is many miles away from you."

Segal-Gidan adds, "There are many joyous moments in caring for people with Alzheimer's disease—even from afar. You can laugh with your loved one, share your life with them and stay involved in theirs. For people who have been estranged from their parents and siblings, this type of caregiving can help the entire family create renewed, very fulfilling relationships." ■

Are You Ready for Long-Term Care Insurance?

Long-term care insurance is a policy designed, in theory, to pay for your health care if you become unable to perform your daily living activities. Does it make sense for you?

As you plan for your life ahead—whether it's years in the offing or right upon you now—you may have given thought to the idea of a long-term care insurance policy. It seems to make sense, on the surface: A health insurance policy designed to cover the inevitable expenses of growing older, particularly when you need assistance doing the everyday things you need to get done.

If you looked into the issue any deeper, though, you probably found that long-term care insurance is anything but simple. The terms aren't necessarily clear. The premiums are set based on your age. And most of all, is it something you actually need?

Who May Need It

Long-term care insurance is not cheap—but then, neither is long-term care itself. “The cost is high. Nursing home care can cost in excess of \$10,000 per month, so even persons who have saved for their retirement can become impoverished,” says Morris Klein, a Bethesda, Maryland attorney and member and Fellow of the National Academy of Elder Law Attorneys (NAELA).

So who can benefit from long-term care insurance? According to the federal Commission on Long-Term Care, 20 percent of persons turning 65 may need long-term services and supports for at least 5 years while 31 percent will not

require any assistance. The other 49 percent are in between.

Health Insurance, Medicare and Medicaid

As you probably know, neither Medicare nor most health-insurance policies are of any help when it comes to long-term care needs. “Medicare and health insurance do not significantly cover such services,” says Klein. “The ‘spreading of risk’ through insurance makes sense in theory. Long-term care insurance will allow the beneficiary to preserve assets for their needs and for their estate when they die.”

Given the odds of requiring some need for long-term services and supports, long-term care insurance can make sense. But there is much to consider—for starters, the amount of wealth you've saved. “Long-term care insurance may not be of interest to the rich or the poor. On the ‘rich’ side, persons with sufficient wealth can rely on interest and dividends to pay for long-term care,” says Klein. “This cohort can ‘self-insure’ and not need insurance. On the ‘poor’ side, persons who have little in savings cannot afford to pay the premiums. The ‘sweet spot’ for long-term care insurance are those persons who are not wealthy enough to self-insure but with enough life-long savings that they would want to protect.”

Premium Considerations

So, if you're in that “sweet spot,” you need to consider your age. If a long-term care policy sounds right to you, when should you get one? “Premiums are based on the age of the applicant and are not supposed to increase annually, although insurers reserve the right to raise all policies together,” Klein notes. “Thus, the younger the age, the smaller the premium. My understanding is that premiums do not change significantly until one is in their mid-50s, when premiums tend to be noticeably higher with each year's delay. The increases are even more notable in the 60s and 70s.”

There is another important consideration—your health, says Klein. “A very significant issue that affects when to select long-term care insurance relates to the fact the insurance is usually medically underwritten. This means that you may not be insurable if you have too many medical issues. Since persons tend to develop medical problems as they age, the older one is when applying, the greater the risk that they will be denied coverage.”

More to Think About

In his practice, Klein has encountered many questions about long-term care insurance. He adds that these are some further factors to consider:

- **Amount of benefits:** Policies can pay benefits, typically on a per-

diem basis, in varying amounts. Ideally, the benefit covers all of the out-of-pocket expenses, taking into account other income and a spouse's expenses.

- **Types of services covered:** Although the purchaser can select just nursing or home care, a more comprehensive policy covering all levels of care is advisable.
- **Inflation protection:** Benefits that do not take into account the cost of inflation may not pay for as much as anticipated. Note that health care costs have increased faster than other services.
- **What triggers the payment of benefits:** Most policies are “qualified,” meaning some of the premium payment may be deductible from federal taxes if they exceed certain thresholds, which are based on the person's age and other factors. A triggering event under a qualified policy is certification by a licensed health care professional that for at least 90 days the beneficiary is unable to perform without substantial assistance at least two of six activities of daily living (eating, toileting, transferring, bathing, dressing and continence), or the beneficiary requires substantial supervision due to severe cognitive impairment. The triggering events for a non-qualified policy may differ.
- **Elimination period before policy goes into effect:** Benefits may be paid immediately, or a number of days after the date of the triggering event. The longer the “waiting period,” the lower the premium.
- **Length of benefits:** Policies can provide for different payout periods. The purchase of a three-year policy when a nursing home stay lasts six years may result in a depletion of assets after all. A policy that includes at-home or assisted



Long-term care insurance is no simple matter—the counsel of an elder-law attorney is a wise move.

living care may necessitate a longer coverage period.

pressing need for sensible long-term care insurance only becomes more urgent.

A Matter of Policy

Clearly, there is a major hole in our national health care system where long-term care needs are concerned. Says Klein: “Something is wrong with a public policy where persons with heart disease or cancer expect their health insurance to pay for much of their costs, while persons with dementia risk impoverishment because their health insurance does not cover their expenses. Long-term care insurance as presently offered has not been successful. I believe that since 2006 the number of policies issued annually has decreased, fewer companies are offering policies, and premiums have increased.”

To that end, it's important to let your elected leaders know that change is necessary. As the American population continues to age demographically, the

Talk with an Elder-Law Attorney

If you're getting the sense by now that long-term care insurance is a complicated issue, you're right. That's why it's critically important to talk with an elder-law attorney about long-term care and all your long-term planning needs. You can find an elder-law attorney in your area by visiting the National Academy of Elder Law Attorneys online at www.naela.org and clicking on the “Find an Attorney” button on the top-right of the page. ■

Bernard A. Krooks is managing partner of the law firm Littman Krooks LLP (www.littmankrooks.com). A certified elder law attorney, he is a past president of the National Academy of Elder Law Attorneys and past president of the Special Needs Alliance.

Brain-Boosting Puzzles

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

(Answers on page 37)

MATCH THESE

Can you identify these colorful expressions by matching them to their literal meanings?

- | | |
|---------------------------|---------------------|
| 1. ___ Green-eyed monster | a. Cowardly |
| 2. ___ Brown study | b. Exhausted |
| 3. ___ White lightning | c. Mark of shame |
| 4. ___ Born to the purple | d. Healthy |
| 5. ___ Gray matter | e. Baked dessert |
| 6. ___ Yellow-bellied | f. Card game |
| 7. ___ Red dog | g. Low spirits |
| 8. ___ Scarlet letter | h. Royal |
| 9. ___ Blue devils | i. Brains |
| 10. ___ Brown betty | j. Deep thought |
| 11. ___ Blue in the face | k. Jealousy |
| 12. ___ In the pink | l. Moonshine liquor |

DROPLINE

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

T	T	S	S	I	T	Y	Y	C	T	S	H	A	R	T	S	N
O	R	I	U	R	F	I	N	P	U	L	S	E	S	E	I	T
C	Y	U	N	S	I	O	U	R	I	N	V	U	N			
		O		T			M	O	U			T	S			
T																

LEAPFROG

Here’s a list of magazine titles — one two-word title for each number. Their letters are in the correct order, but they overlap. All you have to do to find the titles is separate the letters.

Example: **FACIMRCILELY — FAMILY CIRCLE**

- | | |
|--|-------|
| 1. M T R O E T N O R D | _____ |
| 2. A B P P O E T N I T | _____ |
| 3. H O U G S O E K E O E P I D N G | _____ |
| 4. S T R O L O L N I N G E | _____ |
| 5. B U W E S I E N E S K S | _____ |
| 6. I S P L O L U S R T R T A S T E D | _____ |
| 7. R E D I A G D E S E R T S | _____ |
| 8. S L O U I T H V I E R N G N | _____ |
| 9. W E N T E E R E K T A I L N M Y E N T | _____ |
| 10. M E P O C H P U A L N A I R C S | _____ |

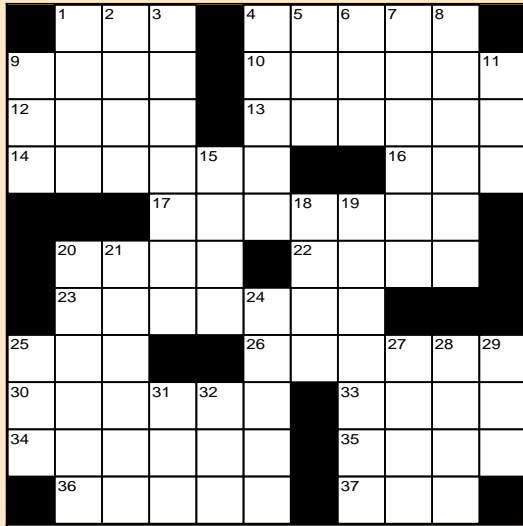


•VISIT US AT KAPPAPUZZLES.COM•

BRAIN-BOOSTING CROSSWORDS

(Answers on page 37)

We have provided two crosswords here to sharpen your puzzle skills. Start with the one on the left, which is the easier puzzle. In this one we have provided solving aids, such as the number of words in multi-word entries. The puzzle on the right is a medium-level puzzle and those solving aids are not provided. The second puzzle is also a thematic puzzle: the title "Lunar Cycle" is a hint. Have fun testing your knowledge while doing something that's good for you!



Across

1. Utah-based church (abbr.)
4. Satisfies
9. "Just ____" (2 wds.)
10. Villa
12. Cake froster
13. Laid-back
14. Early Ford car (2 wds.)

Down

30. Inventor Thomas Alva ____
33. Television, informally
34. Dog
35. Critic Rex
36. Adoring one
37. Outlandish

Across

11. Overhead trains
15. Shopper's item
18. "Friends" baby
19. Orchestra conductor
20. Thingamabob
21. Ecuadoran current (2 wds.)
24. ____ beauty
25. Detective, informally

Down

1. Poison weed
2. Fizzled out
3. Scattered about
4. Religious groups
5. "Born in the ____"
6. That thing's
7. More tense
8. Laundry day woes
9. Poorly lit

27. Prompted
28. Asleep
29. Tomato color
31. Hold session
32. Billfold item

Lunar Cycle

Across

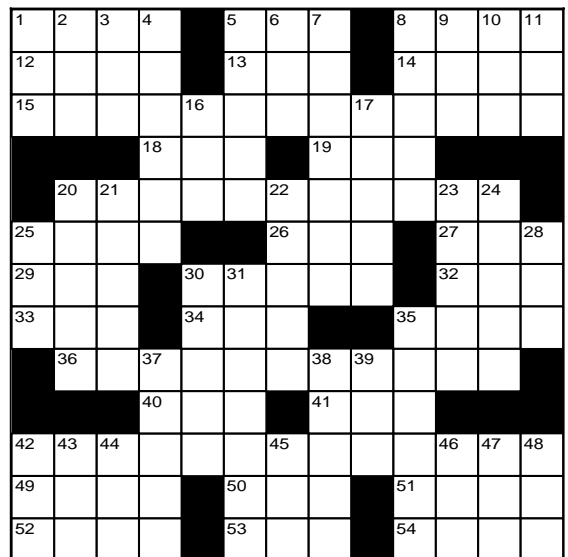
1. Brainstorm
5. Negative prefix
8. Resting on
12. After-bath sprinkle
13. Like Motrin, as a medicine: abbr.
14. "Dumb" girl of '20s funnies
15. Goes for broke
18. Beluga product
19. Be obligated to Visa
20. Niagra Falls visitor, often
25. Frau's abode
26. B.P.O.E. member
27. Haul
29. Sculpture, e.g.
30. Pentagon bigwigs
32. Lili's life
33. Spearheaded
34. Above, poetically
35. Gallo product
36. Apollo mission objective
40. Weapon in an action film

41. Skiff accessory
42. 1935 song
49. Heroic
50. Common tree
51. Revise
52. Proofreader's word
53. Orthodontist's deg.
54. Kyle of football

Down

1. "____ Raining Men"
2. "Zip-A-Dee-Doo-____"
3. '70s rock gp.
4. Snacks for Piglet
5. Saunter
6. "Addams Family" cousin
7. Academies
8. Madison Ave. execs
9. ____ hot to handle
10. Gold, to a conquistador
11. Flash locale
16. Boot part
17. "Return of the Jedi" creatures

20. Sheik's group
21. Surpass
22. Ben
23. Hayes's mom
24. Regretting
25. "Shallow ____"
28. Letter before aitch
30. "____ Goes to College"
31. Experienced again
35. More sinewy
37. Prevention measure
38. Standards
39. Beaver-built barrier
42. Part of DVM: abbr.
43. Unlock, to a poet
44. Mazola product
45. Days of yore, in days of yore
46. Shakespearean fuss
47. Harvard's neighbor: abbr.
48. Inhabitant: suffix



BRAIN-BOOSTING PUZZLES

HIDDEN-MESSAGE WORD-FIND™

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

You are looking for a 45-letter phrase

BILLBOARD	PLACEMENT	T O Y T N E M E S R O D N E D
CLASSIFIED	POSTER	A H S A N D W I C H B O A R D
COMMERCIAL	PREMIUM	Y S A S L M A R T D E S T E M
COPY	PROMOTION	A D P N V P N G I S P E R T A
DIRECT MAIL	PROPAGANDA	T P R O D T S R I R S I N S R
DISPLAY	PUBLICITY	N U O I G B E I E S T Y Y O Q
ENDORSEMENT	SANDWICH BOARD	E B P T L C I M D E I P S P U
FULL-PAGE SPREAD	SIGN	M L A O T B I L L B O A R D E
HANDBILL	SKYWRITING	E I G M T U O M L C I M A G E
IMAGE	SPONSORSHIP	C C A O M S K Y W R I T I N G
LOGO		A I N R C L A S S I F I E D O
MARQUEE		L T D P R C O M M E R C I A L
PACKAGING		P Y A R G N I G A K C A P O W
		P I H S R O S N O P S S C O R
		D A E R P S E G A P L L U F N

SUDOKU

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

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

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PUZZLE ANSWERS

Match These

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

Dropline

Trust your instincts. If you have no instincts, trust your impulses. (Noel Coward)

Leapfrog

1. Motor Trend;
2. Bon Appetit;
3. Good Housekeeping;
4. Rolling Stone;
5. Business Week;
6. Sports Illustrated;
7. Reader's Digest;
8. Southern Living;
9. Entertainment Weekly;
10. Popular Mechanics.

Hidden Message

Today's smartest advertising style is tomorrow's corn.

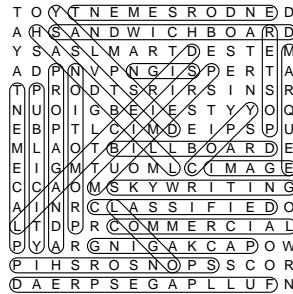
Crossword 1



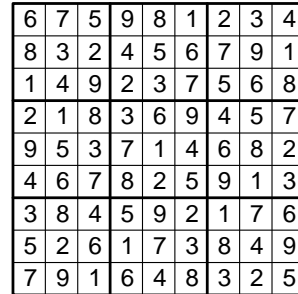
Crossword 2



Word-Find



Sudoku



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BLUE RIBBON SUDOKU PUZZLES (BRS) \$41.00 (13 ISSUES) \$71.90 (26 ISSUES)

NAME _____

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CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS: _____

VISA MASTERCARD # _____

Expiration date: ____ / ____ Signature _____
MO YR

Check or Money order (Payable to KAPPA PUBLISHING GROUP, INC.)

TOTAL PAYMENT ENCLOSED
 \$ _____

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A4CCR

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Families Unite to Power Revolutionary Online Resource

It wasn't supposed to be this way. The forward-thinking experts at SeniorAdvisor.com, knowing the complexity of the senior living industry, had a goal of simplifying this labyrinthine industry for the average family. When they set out to create the largest and most user-friendly resource in senior living in early 2013, they knew they had their work cut out for them, but when approaching caregivers and families for feedback on the tool's effectiveness, they encountered something they never expected—an overwhelming response that would actually create the very foundation for this revolutionary resource.



The SeniorAdvisor team began to combat the well-documented difficulty of accessing assisted living records—not only can it take months for info requests, but only a few states update their records more frequently than every 60 days—by providing valuable information on nearly every senior community in the United States (currently over 105,000). Within weeks of beginning their quest, SeniorAdvisor provided detailed information on amenities, pricing and photos to the public—but, given the industry's overall lack of accessibility to assisted living records, the SeniorAdvisor team knew more had to be done in order to provide families with the equipment needed to make accurate decisions about the senior living options near them.

What quickly became obvious is that although many caregiving families may not know each other personally, the estimated 30 million caregivers in this country are more than just a statistic—they are a strongly-bonded community. Overwhelmed by the response from families and their willingness to lend a hand, the SeniorAdvisor team published reviews and ratings from these families for as many senior communities across the country as possible, elevating the level of comfort for families in the senior care decision-making process. This willingness to go the extra mile for future care seekers has resulted in families coming together to offer feedback for senior communities on over 45,000 separate occasions.

“We’re trying to concentrate on consumers and increase their confidence level. We want to make them feel more comfortable about their decision to move in to a community,” says Eric Seifert, President of SeniorAdvisor.

SeniorAdvisor's personalized touch displays feedback from families on 5 categories—cleanliness, value, activities, quality of care and staff friendliness. Aside from these numerical ratings, families—either who toured the communities themselves or had a loved one as a resident—provide unique insight on specific experiences at these communities, illustrating the detailed data with a human element.

As a thank you to *Preserving Your Memory* readers and caregivers across the nation, SeniorAdvisor is giving away a free e-book on the *Six Alternatives to Financing Senior Care & Assisted Living*. By visiting <http://senioradvisor.com/p/pym>, you can grab the e-book, see what other families are saying about the senior communities in your area and even share your own experiences. You can also contact SeniorAdvisor 7 days a week by calling (866) 333-0742 to get assistance with your senior care search from a trained specialist.

An advertisement paid for by A Place for Mom



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ALZHEIMER'S
RESEARCH FOUNDATION



ALZTalk.org BETA

ALZTalk.org, is a free and easy way to make new friends and stay connected with those in the Alzheimer's community. Join today to post messages and share pictures and favorite links. ALZTalk.org gives users a voice and allows them to share tips and stories about coping with loved ones with Alzheimer's. It also offers the ability to ask our experts questions no matter how large or small.

People (215)

Search People Search

View Just My Friends

Page: 1 2 3 4 5 6 7 8

Sort by: Alphabetical

	19328		3rdgradepro		Tragic Help		4787
	58131		aarie		Adus		aHairt
	ajzwamb		alexi		als19		alyes
	Lind		anapole		amvelam		Sharo
	arizonash		Pat McAd		askdutch		awt1
	Barb		Bell				

Set Up Your Profile in 1 Easy Step

Get Answers to Your Questions

ALZTalk.org

All Users

How's your dad doing today?

Much better today...I think the meds are finally starting to help

How's your mom?

Still has her great sense of humor!

Will you be on same time tomorrow? I have to run...

NP - see you then!

Chat Online

Share Your Photos & Events

ALZTalk.org Forum

There are currently 107 discussions - join in!

Start a Topic

Topic	Attachment	Started by	Started	Replies	Last Post
Looking for Help With Story	None	Journalist2	Oct 10, 2007	1	1st Comment by yin
Finding a "Good" Nursing Facility	None	Heidi	Oct 9, 2007	3	2 hours ago by zaza
Short Term Care	None	Heidi	Oct 8, 2007	1	on Oct 8 by Marc
new to alzheimer's	None	lynw31	Oct 7, 2007	2	on Oct 8 by Heidi
Help for Dementia Caregivers	None	Adus	Oct 5, 2007	2	on Oct 9 by Adus
my mom is driving me crazy	None	yelle	Oct 4, 2007	2	on Oct 6 by Adus
Other On Line Chat Sites	None	Yae	Oct 4, 2007	1	on Oct 8 by Marc
curious	None	gymba	Oct 3, 2007	2	on Oct 2 by Yae
Her Husband is a Stranger Now, What to do?	None	Baltimore	Oct 1, 2007	1	on Oct 2 by Tragic He
How to convince mom to move into Assisted Living	None	Clair	Oct 1, 2007	2	on Oct 4 by Dianakrich
my mom	DSC00913.JPG	msicol	Sep 27, 2007	3	on Oct 6 by Marc
how to support a caregiver overseas	None	sjean	Sep 26, 2007	3	on Oct 1 by sjean
early onset alzheimers	None	Cynth	Sep 23, 2007	4	on Oct 7 by lynw31
Any Chats?	None	Tammy9	Sep 21, 2007	2	on Sep 27 by kath
Staying in bed	None	Thomdix	Sep 19, 2007	1	on Sep 22 by shei
Alternative treatment	None	h88r	Sep 15, 2007	1	on Oct 2 by Yae
new to group	None	rissar	Sep 14, 2007	1	on Sep 26 by Marc
Dementia	None	Tammy9	Sep 14, 2007	4	on Sep 24 by Orion
What if you have to leave them alone	None	Heidi	Sep 12, 2007	1	on Sep 30 by curletto
What if you have to leave them alone	None	Heidi	Sep 12, 2007	1	on Sep 14 by Kathy

ALZTalk.Org Photos

There are currently 142 photos! View as a Slideshow

Add Photos

All Play and No Work Posted on Oct 7 by Sara 0 Comments	Socializing Posted on Oct 7 by Sara 0 Comments	Bird Watching Posted on Oct 7 by Sara 0 Comments
seeing the light Posted on Oct 4 by yelle 0 Comments	Posted on Sep 29 by wendyscar 0 Comments	Mom and Dad Posted on Sep 11 by skinnymama 0 Comments
Posted on Aug 29 by Mich 0 Comments	Posted on Aug 29 by Mich 0 Comments	Posted on Aug 29 by Mich 0 Comments

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*Content has been altered to protect user identity and data.

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