

preserving your

Summer 2015

Memory

The Magazine of Health and Hope

A portrait of Candy Crowley, a woman with shoulder-length brown hair, wearing a dark grey blazer over a white top and a necklace with amber-colored beads. She is smiling slightly and looking towards the camera.

Candy Crowley

The former CNN correspondent talks about Alzheimer's

Alzheimer's Complications

The conditions that often accompany AD

Preventing and Dealing with Falls

Plus the latest news on Alzheimer's research and treatment



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Photo courtesy of CNN



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Preserving Your Memory

is published by

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Cover photo of Candy Crowley:
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Summertime, and the Living is Easy

Like most Americans, all of us at the Fisher Center for Alzheimer's Research Foundation find there is almost nothing better than gathering friends together around a simple and leisurely meal prepared on an open flame. In *The Thrill of the Grill* on page 21 we offer some important tips to enhance your summer grilling season.

Our cover story (page 16) is an interview with recently retired CNN political correspondent Candy Crowley. An award winning journalist who is more typically the interviewer rather than the subject of an interview, Candy recently opened up about her mother's battle with dementia, as well as Candy's advocacy for a greater federal investment in Alzheimer's research.

We know well that being a caregiver to someone with Alzheimer's is *not* easy and doesn't take summers off. On page 8, you'll meet a dynamic woman who is making a difference in the world of Alzheimer's and dementia care and has just published a pocket guide to caregiving.

I hope you enjoy these and the rest of the stories in our summer issue of *Preserving Your Memory*, and that the summer is warming your senses and bringing good things into your life.

Finally, please take a moment and complete our reader survey found in the center of this issue. You could win a \$250 gift card from American Express and your feedback will help us enormously.

Sincerely,



Kent L. Karosen
President & CEO



Kent L. Karosen

Please send your tips, stories or questions to:

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or by e-mail to info@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



Omega-3s may help the heart and blood vessels, as well as the brain.

Fish Oils May Aid the Aging Brain

Various studies suggest that omega-3 fatty acids, the “good” fats found in fish, may be good for the heart and blood vessels and help to keep the brain sharp. Now a new study lends further support for the possible brain-boosting effects of a fish-rich diet.

The study looked at 40 older adults, aged 65 to 75, who carried the APOE-E4 gene, which put them at increased risk of developing Alzheimer's disease. Those with higher levels of omega-3s in the blood performed better on complex mental tasks than their peers who got little of the fats.

Those with high levels of omega-3s also had larger volumes in the anterior cingulate cortex, a part of the brain

known to be involved in the brain's executive function. Executive function is critical for mental processes like planning, reasoning and problem solving, all of which are typically severely compromised by Alzheimer's disease.

“Our findings add to the evidence that optimal nutrition helps preserve cognitive function, slow the progression of aging and reduce the incidence of debilitating diseases,” said Aron Barbey, a study author and professor at the University of Illinois at Urbana-Champaign. The study was published in the journal *Frontiers in Aging Neuroscience*.

Memory Tests May Predict Alzheimer's Decades Later

Low scores on tests of memory and thinking skills may predict the onset

of Alzheimer's disease nearly two decades later, a new study suggests. The findings highlight how Alzheimer's disease may take many years to unfold, but also raise hopes that new tests and treatments could be developed to combat the disease beginning at its earliest stages.

Researchers at Rush University Medical Center in Chicago tested 2,125 healthy men and women, aged 65 and older. Over the next 18 years, they were given tests of memory and thinking every three years to look for signs of Alzheimer's disease. During that time, 442, or 21 percent, developed dementia.

Those who scored lowest on the tests during the first year of the study were 10 times more likely to be diagnosed with Alzheimer's 18 years later than those with the highest test scores. The findings appeared in the journal *Neurology*.

“The changes in thinking and memory that precede obvious symptoms of Alzheimer's disease begin decades before,” said study author Kumar B. Rajan of Rush University. “Efforts to successfully prevent the disease may well require a better understanding of these processes near middle age.”

Alzheimer's still has no cure, and treatments for the disease may ease symptoms for a time but do nothing to stem the disease's relentless downward progression. Doctors hope that better understanding of what goes wrong in the brain at the earliest stages of the disease may lead to the development of new, more effective treatments that, if given early, can protect the brain from the ravages of Alzheimer's.

Cognitively challenging activities, like crossword puzzles, may help ward off Alzheimer's disease.



Crossword Puzzles May Be Good for the Brain

Mentally stimulating activities like doing crossword puzzles and reading may help to ward off Alzheimer's disease, a new study shows. The findings add to a growing body of evidence that cognitively challenging tasks are good for the brain.

For the study, researchers recruited 186 older men and women, average age 74, who were part of the ongoing Harvard Aging Brain Study. Participants were asked to estimate how often they engaged in mentally challenging tasks at different points in their lives—at age 6, 12, 18, 40, and as seniors. They were also given memory tests and brain scans to look for brain shrinkage and other signs of Alzheimer's.

The researchers found that participants who tended to take part in stimulating cognitive activities like reading, writing

or doing crossword puzzles throughout their lives had significantly more robust memory and thinking skills than those who engaged in such activities infrequently. The findings appeared in *Neurology*.

"This suggests that sustaining a lifetime of intellectual engagement may help preserve cognitive function into old age," said study author Dr. Keith A. Johnson of Harvard Medical School.

Diabetes Harms the Brain

Type 2 diabetes, one of the most common chronic ailments in older Americans, impairs blood flow to the brain and can contribute to memory and thinking problems, even over a relatively short period, a new study found.

Researchers looked at 40 older women and men, average age 66, some of whom had diabetes. After just two years, those with diabetes had an impaired ability to

regulate blood flow in the brain. They also scored poorly on memory tests and were less able to carry out day-to-day activities like bathing and cooking than their peers without diabetes.

"Our results suggest that diabetes and high blood sugar impose a chronic negative effect on cognitive and decision-making skills," said Dr. Vera Novak of Harvard Medical School, a study author.

The findings underscore the importance of taking steps, like keeping weight down and following a regular exercise regimen, for warding off diabetes—and, potentially, dementia. Further research could lead to tests that can detect blood flow problems early, and possible ways to prevent the onset of dementia.

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

Through the Eyes of Dementia

Johnna Lowther's work and new book seek to take the mystery out of caregiving for dementia patients

It might be said that what launched Johnna Lowther's thus-far 14-year journey as a healer and specialist in dementia care was a piano. "As a young college student, I answered an ad for a part-time job at a local nursing home," Lowther explains. "I'm also a musician, and one day, I sat down and played the piano for some residents and witnessed the power of music as therapy." As so many other caregivers and healthcare providers have witnessed, the music Lowther created on the piano had a profound effect. "One resident, who hadn't been verbal since I'd been there, sat down next to me on the bench and began singing the words to the song. It

was a remarkable experience and it really made me want to connect with the people I work with."

Lowther, the Director of Life Enrichment for Tutera Senior Living & Health Care in Kansas City, MO, has made another in that series of connections. In February, her book *Through the Eyes of Dementia: A Pocket Guide to Caregiving* was released on Amazon.com. The book is rooted in her experiences as a certified dementia care manager, certified Alzheimer's disease and dementia trainer, certified activity director, and certified assisted living home operator. Lowther's diverse professional experience includes working with residents and their families in assisted living, long-term care and skilled nursing communities to develop and implement Alzheimer's and dementia programs to improve the daily lives of memory care residents.

Johnna Lowther



Practical Techniques

Lowther says that she wrote the book with the day-to-day needs of families who are facing dementia in mind. "It's aimed at the families and caregivers of persons with dementia," she says. "I think they can expect to find very practical techniques in the book for communicating and interacting with those living with this disease."

Lowther was inspired to write *Through the Eyes of Dementia* by the people she has worked with, and among, for 14 years. "I am working among the residents, which is my favorite part of the job, and I was having the same conversations with families through the years," she explains.

"It was critical that the book presented concise, simplified advice for the families. It's an overwhelming process and disease for these families, and I wanted to give them an easy-to-use resource," she says. "I have truly been blessed to absorb the wisdom of our residents through the years, and I tried to use that wisdom in writing the book."

What is a Certified Dementia Care Manager?

To become a certified dementia care manager (CDCM), a healthcare provider must pass the certification process administered by the National Council of Certified Dementia Practitioners. Successful applicants receive “the earned credential that recognizes the highest standard in Alzheimer’s Disease and Dementia Care education and Dementia Unit Manager Certification for those health care professionals that oversee, manage and supervise the day to day operations of dementia units,” according to the organization’s website.

You can learn more about certification—and find a certified dementia care manager in your area—by visiting the NCCDP website at www.nccdp.org.

Facing the Challenges of Dementia

In her daily work with Tuterá, Lowther sees the challenges families of people with dementia face. “I think they all really struggle with how to talk to and relate with this person who is changing but still very important to their lives,” she explains. “That’s a big struggle for families. That was one of the goals in writing the book, to help them with that challenge.”

The work Lowther does has an impact on the residents and staff of Tuterá’s communities, according to Randy Bloom, President and COO of Tuterá Senior Living & Health Care. “Johnna’s work is very consistent with our mission. What we’re trying to accomplish is an understanding of each individuals’ needs, and we’re trying to tailor our services to meet those needs,” he says. “This process is best characterized by our mission of ‘inspired by you,’ which takes into account our ongoing effort to understand and meet individual resident preferences.”

In addition to writing the book, Lowther has developed a curriculum for Tuterá staff to employ in working with memory-care residents. “I consult with recreational teams in our communities to ensure we are incorporating resident preferences into our lifestyle and meeting a wide

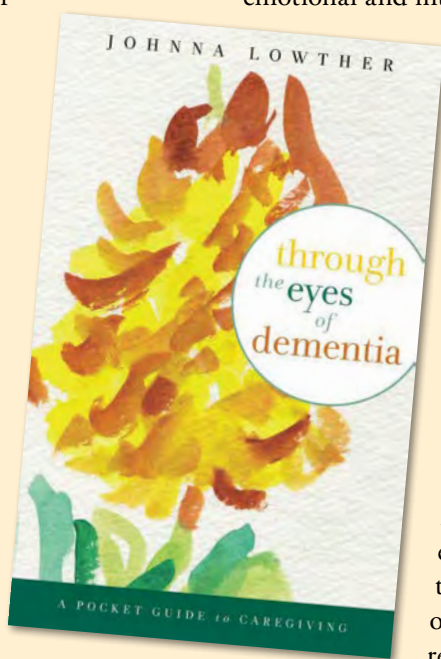
range of holistic programming—which considers the social, emotional and intellectual needs of our clients,” she says.

“Right now, I’m working with our Courtyard Memory Care, which is in 11 different communities in seven states.”

Bloom says that Lowther’s methods are being rolled out throughout Tuterá’s residences, and her work is having a profound impact on staff and residents alike. “Johnna’s contribution has been immediately impactful,” Bloom says. “Historically, we have never had anyone with Johnna’s specific skills set and passion prior to bringing her on board.”

Lowther’s work echoes Tuterá’s mission, Bloom explains. “Life enrichment involves all kinds of things that interface with how we take care of our residents, and to the extent that our residents are happy, engaged, involved in activities, they’re less likely to be bored and to languish,” he says. “This represents an important part of how we do everything we do. Johnna’s focused primarily on dementia, but her skills and processes are meaningful for our entire organization, and we intend to apply that to the entire organization as a whole.”

For Lowther, the work goes on. As she puts it, “I advocate for now because as my dementia friends have taught me, tomorrow may never be the same. May we always live with arms wide open, ready to embrace the day.” ■



“I think [caregivers] can expect to find very practical techniques in the book for communicating and interacting with those living with this disease.”

—Johnna Lowther

Preventing and Handling Falls

Falling accounts for thousands of injuries and even many deaths among older Americans. Here's what you need to know to prevent falls, and what to do when they occur.

According to the Centers for Disease Control and Prevention (CDC), one out of three adults aged 65 or older falls each year. Falls are the No. 1 cause of injuries, both fatal and nonfatal, among older adults. In 2013, emergency rooms treated 2.5 million nonfatal falls among older adults, with more than 734,000 being hospitalized. The direct medical costs of falls were \$34 billion that year, adjusted for inflation.

“As a matter of fact, every 14 seconds, an older adult is treated in the ER for a fall, and every 30 minutes an older person dies from a fall-related injury,” says Lisa Cox, PhD, LCSW, MSW, Chair, Stockton Center on Successful Aging and Associate Professor of Social Work, Stockton University.

Why are falls so common among the elderly? “There are three basic reasons,” says Alex Jahangir, MD, Associate Professor of Orthopaedic Surgery and Rehabilitation at Vanderbilt University Medical Center, and spokesperson for the American Academy of Orthopaedic Surgeons (AAOS). “The first is medical. Elderly people have impaired musculoskeletal function, as well as a tendency to have heart and vision problems. Alzheimer’s itself and other neurological conditions, such as Parkinson’s disease, can cause loss of balance, too. Second, there are personal reasons. Things like the type of shoe they wear or whether they drink alcohol can have a direct impact. And third are environmental causes. Tripping over unsecured rugs, pets, and such are common causes.”

The Alzheimer’s Factor

Being older than age 65 is itself a risk factor for falling. Add Alzheimer’s or other dementia to the mix, and that risk increases. “People with Alzheimer’s, as the disease advances, get more problems with their vision and balance,” explains Dr. Jahangir. “People with Alzheimer’s are 3 times more likely to suffer from broken hips than are people who don’t have Alzheimer’s.”

Dr. Cox notes that the distress of Alzheimer’s can itself lead to falling, particularly as people with Alzheimer’s get older. “A history of falls and fall frequency is often significantly connected to disability and psychological distress,” she says. “The significance of falls among elderly people is that the number of falls increases with age, and the injury rate is highest among those over age 80. Often there’s a vicious cycle where, because of poorly perceived health and morbidity, there is an increased tendency to fall, which also leads to increased disability and distress.”

Preventing a Fall

We know falls are a serious problem. But how do we prevent them? Nancy Helenek, RN, Administrative Director, Care Continuum, South Nassau Communities Hospital Home Health Care, has some specific recommendations for the home, which also apply to public spaces:

- Keep the home clutter free, with clear passageways
- Provide good lighting—especially at night
- Wear appropriate footwear—no loose slippers or sandals
- Have rugs, mats and runners with anti-slip backing or double-sided tape
- Have extension and phone cords, oxygen tubing and all wires out of the flow of traffic
- Use proper equipment—grab bars, toilet seat, shower chair, etc.
- Arrange kitchen so items used most often are easily accessible
- Wipe up any spills on the floor immediately



Lisa Cox, PhD, LCSW, MSW



Alex Jahangir, MD



Nancy Helenek, RN

- **Inspect the home for safety issues when arriving and before leaving**
- **Ensure emergency alert devices are in place**

Many older adults make use of or live in communal settings, and these should incorporate activities to help build strength and balance. “Community centers should consider ramping up exercise programs for older adults. Exercise should be included as a component of multifactorial interventions for fall prevention in community-residing older people,” says Dr. Cox. “An exercise program that targets strength, gait and balance, such as tai chi or physical therapy, is recommended as an effective intervention to reduce falls.”

In Case of a Fall

No matter how carefully we prepare, however, a fall can still occur. It’s important to keep a cool head if you discover an older person has fallen. “First thing: Don’t panic. That can make things worse,” says Dr. Jahangir. “Make sure that there’s nothing life-threatening going on—make sure the [person] is breathing and there’s no significant blood loss. Assuming there’s nothing obvious like that, help the loved one move toward a couch or chair if they’re not badly injured,” he adds.

“If you feel you need help, call 9-1-1 and make use of emergency services,” he says.

For times when older people are alone, an emergency contact service can prove vital. Emergency contact services can include device-oriented services, such as Life Alert or ADT, or can simply be a network of caregivers or someone you can call when needed. Be sure to have a charged cell phone at hand if no device is involved.

In the wake of a fall, Dr. Cox has a few tips for taking steps to prevent the next fall:

- **Talk often about fall prevention.** Many older adults may be reluctant to talk about falling because they see it as a threat to their independence. Bring the topic up frequently with your loved one and be persistent, but respectful. If he says he doesn’t want to talk about it, that’s fine, but bring the topic up again, soon.
- **Use tools like the Falls Risk Self-Assessment** to help the person see his or her health and environment in new ways. The CDC has one at http://www.cdc.gov/homeandrecreationalafety/pdf/steady-2015.04/Stay_Independent_brochure-a.pdf
- **Help your loved one remain physically active.** Any type of movement helps, from simply lifting your legs while you watch TV and marching in place in the kitchen, to walking and swimming, to exercise programs like yoga and tai chi. Build on activities that she/he enjoys and talk with them about new things to try.
- **Find out about local exercise programs for older adults** by contacting your local senior center, community action agency or agency on aging. Discuss any new or intensified exercise or activity with a doctor to ensure that the activity is safe and appropriate.
- **Ask the physician** about inner-ear conditions and medication side effects.

- **Make sure loved ones have their vision checked regularly**, and have glasses that fit well. And make them wear their glasses!

Consult Your Healthcare Providers

“Falls should be discussed with your physician,” says Helenek. “Inform your doctor when, where, and how you fell. The doctor will determine whether a medical issue or other cause of the fall needs to be addressed.” Minimizing chances for future falls is the goal.

If further medical attention is warranted, be prepared for a team approach. “Your physician may refer you to other

healthcare providers who can prevent future falls, such as a physical or occupational therapist,” says Helenek. “A physical therapist can help with gait, balance, strength training and assistive devices. An occupational therapist can suggest changes in your home that may lower your risk of falls.”

Resources

You can find more helpful information on falls at the American Academy of Orthopaedic Surgeons’ site, www.orthoinfo.org/falls. There you’ll find helpful videos, a fall prevention guide, a guide to ladder safety and even a guide to getting up after a fall. ■



It's Complicated

The Medical Issues That Often Accompany Late-Stage Memory Loss

When beloved radio personality Tom Magliozzi of “Car Talk” fame passed away last November at the age of 77, news stories reported that he died of complications from Alzheimer’s disease. But what, exactly, does that mean?

As our population ages and more seniors are being diagnosed with Alzheimer’s disease (AD) and other forms of dementia, we are all too familiar with the signs and symptoms of memory loss. However, the many complications that come hand-in-hand with these conditions, especially toward the end of life, are not as well understood. As a result, caregivers can find themselves unprepared to make difficult decisions regarding whether or not to treat the types of medical issues that often arise in the final stages of Alzheimer’s disease and dementia.

Causes and Complications

The harsh reality is that there is no cure for Alzheimer’s disease. It is recognized as a terminal illness. But many experts refer to it as the indirect rather than the direct cause of death. “Patients die *with* Alzheimer’s disease, but they often die *of* a complication of having it,” says Amy Ehrlich, MD, Associate Chief of Geriatrics and Medical Director of Montefiore Home Care at Montefiore Medical Center in New York. “There’s a movement now to say that Alzheimer’s is the death of the brain, which brings with it a host of other problems that cannot be fixed. In other words, complications are inevitable as the disease progresses and death is the inevitable outcome of the disease,” clarifies Dr. Ehrlich, who is also a Fellow of the American Geriatrics Society and contributes content to its online information portal at www.healthinaging.org.

Among the most common potentially fatal complications seen among late-stage dementia patients, particularly those who are bed-bound, are:

Pneumonia

Pneumonia is an infection of the lungs that can lead to coughing, fever and difficulty breathing. Aspiration pneumonia is a particular form that can develop in the airway or the lungs when the part of the brain that controls swallowing becomes impaired, causing food or fluid to

get stuck or travel down the wind pipe instead of the esophagus.

Bedsore

Also referred to as pressure ulcers, bedsores are common among individuals with other risk factors that compromise their immune systems for example difficulty moving, poor nutrition, or circulation. The body’s inability to fight infection can turn otherwise innocent sores into open wounds capable of spreading to surrounding skin, muscle and even bone.

Infections

Other infections, such as urinary tract and staph infections, pose serious risks to AD sufferers whose immune systems are compromised by their condition.

Malnutrition

In the final stages of AD and dementia, the brain forgets how to send the critical signals to the body that support nutrition: how to chew, how to swallow, how to feel hungry, how to feel thirsty.

Organ failure

Similarly, when the brain fails to send key messages to the body’s most important systems—the heart, the lungs, the kidneys—they begin to shut down.

Falls

Imbalance and confusion, typical effects of memory loss, put sufferers at greater risk of falling. A broken bone can confine a person to bed around the clock, which can hasten some of the above complications. Worst-case-scenario falls involve head injuries.

Information and Preparation Are Key

According to Dr. Ehrlich, the goal is to discuss these issues with your loved one’s primary care physician before problems arise. “Caregivers should feel empowered to talk to a physician about what the options are and to have a plan in place,” she explains. “That way, they won’t have to make a decision in the moment if an emergency comes up.

In my experience, decisions made in that kind of setting tend to result in aggressive responses, which are not always in the best interest of the patient.”

Dr. Ehrlich has seen this kind of scenario play out over and over. She occasionally encounters family members of AD sufferers who do not have an established plan for how to respond when medical complications arise—usually because they simply don’t understand that the complications themselves are inevitable outcomes of AD’s later stages, and sometimes because they are in denial about the severity of the dementia or they do not want to accept the terminal nature of the illness.

If caregivers are well informed and prepared, she reports, they are in a better position to guide a person’s care appropriately and effectively. As a physician who is board-certified in palliative care, which focuses on quality of life and patient comfort rather than on treatment and intervention, Dr. Ehrlich believes in the power of information when it comes to making choices on behalf of patients. “Studies have shown that if the family understands

what will likely happen toward the end of an Alzheimer’s patient’s life, they’re more likely to use a palliative approach,” she says. “And people do very well with palliative care.”

Consider the Implications of Medical Interventions

The alternative to palliative care is responding with interventions to attempt to treat—and even cure—the complications, explains Dr. Ehrlich. Loved ones can request that patients be transferred to hospitals, get hooked up to IV lines, receive feeding tubes or even undergo surgeries to address medical issues that arise. But in many cases, Dr. Ehrlich notes, these interventions do nothing to change the patient’s situation. Sometimes, they can even exacerbate problems by introducing new sources of physical or emotional stress.

“It’s painful to have to see people receiving aggressive interventions in a hospital bed in their final stage when the outcome is clear,” she says. “Ultimately, these approaches often don’t make a difference in the prognosis, and they



usually hinder the quality of life. Unfortunately, some people think of not treating complications as poor care, but at the end of life it's impossible to prevent them."

When family members ask her for guidance during such difficult decision-making phases, Dr. Ehrlich always does her best to place the patient at the center of the discussion. "I try to help them define their goals of care for the patient and understand that preventing their loved one's pain and suffering is a reasonable treatment option. We never want to lead them to believe that 'treating' pneumonia is going to cure their loved one of Alzheimer's or prevent infections from ever returning," she adds. Dr. Ehrlich considers it part of her job to help family members understand that they're not doing anything wrong in choosing not to treat complications when doing so would do nothing to change the trajectory of the underlying brain disease.

Tips for Caregivers

Anyone who cares for individuals with dementia should be prepared for the inevitable complications of the condition. A few helpful suggestions:

Get the facts

Continue to communicate openly and honestly with the patient's clinical team about his or her condition. What complications do they expect to encounter? What is a realistic prognosis? Are there any vulnerabilities to certain complications that can be preventively managed?

Honor the patient's wishes

Ideally, conversations took place and a living will was created when the patient was lucid about what he or she might have wanted at the end of life. If you do not have access to such details, ask yourself whether your loved one would prefer aggressive intervention or palliative care.

Consider quality of life

When choosing between medical intervention and palliative care, think about which approach would be best for your loved one. Would a hospital transfer be frightening? Would having bedsores dressings changed twice a day be painful? Do the intervention advantages outweigh the disadvantages?

Play through the scenarios

Think about what you might do in the face of the complications, weighing in the recommendations of your loved one's clinicians. Consider drafting a proposed care plan you can refer to in the event of an emergency so you don't have to make big decisions in moments of stress.

Research hospice options

Hospice is a philosophy of care dedicated to addressing a person's physical, emotional and spiritual needs at the end of life. Because hospice focuses on comfort rather than treatment, it is considered a palliative approach. Hospice care can be delivered virtually anywhere—at home, in a residential care facility or in a hospital—and is specially designed to attend to family members' needs as well. If you make the choice not to intervene when complications arise with your loved one, ask his or her care team about the availability of local hospice services.

Release yourself from guilt

You did not cause your loved one's dementia nor the complications that will inevitably arise from it. You are not responsible for treating any part of this terminal illness, and nobody has the power to cure Alzheimer's. Make your care choices according to what is in your loved one's best interest during this final stage of life. ■

Studying the Evidence

In October 2009, *The New England Journal of Medicine* published an article titled, "The Clinical Course of Advanced Dementia," exploring the incidence and quality of palliative care received by end-stage dementia patients residing in skilled nursing facilities. The study states, "The lack of information characterizing the final stage of dementia may impede the quality of care provided to these patients." According to the researchers, the more caregivers understand and embrace the inevitability of clinical complications of end-stage dementia, the less suffering patients will endure as a result of "burdensome interventions."

The study concludes that pneumonia, high fever and eating problems are among the most common complications that plague end-stage dementia patients, each of which is capable of hastening death. Of the patients studied, those whose family members, or other healthcare proxies, understood the likelihood of the complications along with the realistic prognoses of their loved ones were most likely to receive palliative care.

Stated differently, caregivers who are prepared for complications—as well as for the inevitability of what follows—will be more likely to choose comfort over treatment for their loved ones.

Source: <http://www.nejm.org/doi/full/10.1056/NEJMoa0902234#t=abstract>

Candy Crowley at work behind the scenes.

By Tamekia Reece

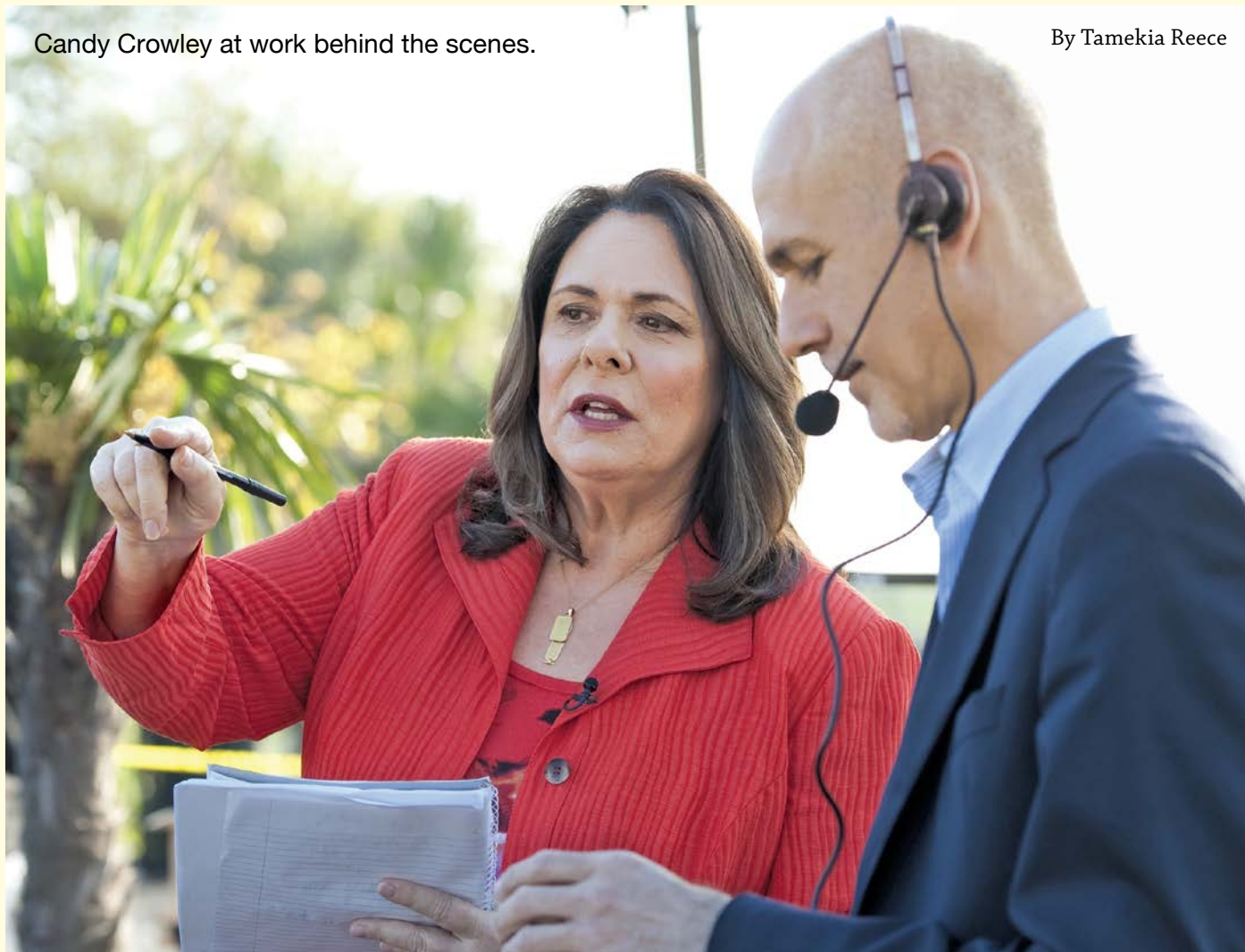


Photo courtesy of CNN

Candy Crowley **Dementia:** The Personal and the Political

As the former chief political correspondent at CNN for 27 years, and host of the network's *State of the Union*, Candy Crowley has never been shy about talking politics with Hollywood stars, Congress members and presidents. And she's done a good job of it. For her work, Candy has received numerous awards, including an Emmy, a Broadcasters' Award from the Associated Press, and many others. In addition, Candy was the moderator at the 2012 presidential debate, the first woman to do so in two decades.

Although many would describe her as "outspoken," there's one topic Candy has been quiet about: her 90-year-old mother's battle with dementia.

Preserving Your Memory spoke to Candy about her mother's experience, the political side of dementia, and ways people can help in the fight to end Alzheimer's and dementia.

Preserving Your Memory: How did it feel to be the first woman in 20 years to moderate the presidential debate?

Candy Crowley: "Great" is the short answer. But I must say I didn't feel the first woman part of it; to me it was just the challenge of a journalist. Obviously, I was aware because that's how people sort of approached it, but I don't know that I felt any different than a male journalist would feel—just excited by the challenge and honored by the selection. I will say that I then began to hear from young women who would say, "I'm so excited. It will be so cool to see a woman ..." and from older women, it would be a "You go, girl" sort of thing. So I realized it did have resonance with females, but personally, that wasn't how it struck me. It struck me more as journalist than male or female.

PYM: You've interviewed some very prominent people. Is there someone you have always wanted to interview?

CC: Not a specific person. I've always been fascinated by what drives people who do the wrong thing. For instance, I had a chance to interview Mahmoud Ahmadinejad [former president of Iran] when he came to the U.S. for a UN meeting a few years back. It didn't work out, but I thought that would be fascinating just because we in the U.S. and elsewhere sort of view him as a leader with the wrong ideas, taking that country in the wrong direction. I find it fascinating to talk to people who just look at things from such a different place, who seem to sort of not have the same core values, humane values. I like those sort of

things. But there was never anyone I pined to interview that I didn't get a chance to interview. I can go back in history and say this or that would've been a cool interview, but by and large, I've interviewed some fascinating people and have been ever grateful to learn from them.

PYM: Is this the first time you have been interviewed yourself?

CC: No, I've been the interviewee. I'm much more comfortable being the interviewer. You must know what it's like. I think of why I ask questions and what I want to know, and I am acutely aware of how you can say things and they come out in print or even in a sound bite in a way that leaves you feeling like, "Wait, I didn't quite mean it that way." And I will say being interviewed helps you be a better interviewer because you begin to see what that feels like when all of a sudden you're getting cautious about the questions. But I think it helps you understand what the conversation is like from the other side. But all in all, I'd much prefer to be the interviewer.

PYM: You recently left CNN. Are you okay sharing why?

CC: Oh yes. I've been there for 27 years, and I've been in the business for more than 30. Now I want to do something new. And so probably by this fall, I'll have figured it out. I wanted to take about nine months off. I've been working since I was 16. It just seemed like a good time. And I knew if I got involved in the next election, I wouldn't want to leave. So I had to leave this year or wait until after the 2016 election, and I didn't want to do that.

PYM: Many people think of Alzheimer's as only a health issue, but it's also a political one.

CC: Absolutely. This is a huge problem, and what it needs is a whole lot of researchers. It is political because the federal government funds so much of this research. Obviously, you have different organizations to help, but it needs federal funding. And that becomes very political because federal funding isn't infinite. There are only so many federal dollars, and there are many people suffering from a lot of things, so it becomes political in the battle for money to fund research.

PYM: So what can people do to get this issue in front of their local and national government and potentially increase funding?

CC: It's funny because when you're consumed by it as an individual, the last thing on your mind is politics and funding. But I think, in the end, it is the personal stories of people that reach Congress. I think it's like anything else: You've got to have a strong lobbying arm. Congress is nothing but a collection of people, many of whom probably know somebody with Alzheimer's. So, there's the personal stories, and then there's talking to and writing letters to your congressmen and senator. There are a lot of folks competing for those federal dollars and it takes squeaky wheels. Who's up there hammering? Who's saying this is an important issue to me, a voter in your state or in your district? We need more money for this. Know your facts, know your figures, write your letters. It matters. Congress responds to voters.

PYM: Until recently, you've been very private about your mom's condition.

CC: She was a really private person and I'm just trying to protect her dignity, I guess. This is an undignified disease, as we all know, and while she's still here and there are people who know her, I feel some obligation to protect her.

PYM: Why are you speaking out now?

CC: I'm also aware of what a vital issue this is to bring to the forefront and try to get research and money for research. We need a cure. We need some understanding of what brings this on. So I have sort of competing things going on in my head. The first time I ever said something in public (obviously my friends have been aware), I didn't really intend at all to talk about my personal experience. And I think there's a part of me that [feels that] my personal experience pales in comparison to what some other people are going through. So I've been reluctant to do it both for mom and her privacy, and because I'm aware that so many other people have much harder challenges. And I think everybody, to a certain extent, goes through that because you're kind of the guardian of that person's legacy or something. You want to be protective of that, but at the same time you want to

bring it to the public's attention because it needs attention. I'm always sort of struggling with that balance.

PYM: The first time the doctors informed your family of the dementia, were you all surprised?

CC: No, because we knew it long before any doctor told us. You know what it's like when you look back at something and you say "Ahh?" Well, I recall, maybe 15-20 years ago, saying to my brothers, I think there's something wrong with Mom's hearing. She would repeat conversations and ask the same questions over and over. So we thought she was hard of hearing. But over the years, it became increasingly clear. It was a gradual thing, though, like we would be in the car and she would be looking at a map, but the map was upside down. Just things that at first your mind doesn't want to go there. But then, over time, we got to the point where she had the brake and the accelerator mixed up. You realize she can't make a cup of coffee. That she will continually put coffee in the filter as opposed to realizing it's ready to go. So we would sort of find ways around it. We'd load the coffee machine the night before and say, "Mom, just press [the on button]." We hung notes in different places and tried to make it not hard for her because it's so hard on them when they're in that place

where they know something's wrong, where they know they're not remembering. It's terrifying and confusing. My mom would sometimes take her fist and kind of knock on the side of her head and say, "I've got to get my act together." Like she could will herself to remember. And it was just excruciating watching her struggle with the fact that she wasn't remembering things and that she was kind of leaving us in a way. In a very painful way.

PYM: What are some of the challenges your family faces with the dementia?

CC: What every other family faces. The biggest challenge, I think, is for caregivers, the people doing this day in and day out for a loved one. They are saints, and that's the truth

“Politics are personal. People form their politics on the basis of their personal experiences, and if one of them is a loved one with Alzheimer's, that makes a difference, because if you have a family member suffering from dementia or Alzheimer's, there's nothing you'd rather do than say here take this or do this and get that person back.”

—Candy Crowley



Photo courtesy of CNN

Candy Crowley covered politics at CNN for 27 years.

of it. This can be excruciating often because it takes place over a fairly lengthy period of time. Monetarily, it's always a challenge to make sure your loved one is cared for. I think it takes a toll on the family. I've been lucky that my brother and I have not had huge differences of opinions on what to do or say. It's difficult to watch somebody go through this, but we try to remind ourselves that it's a lot more difficult for them. It's challenging because you look across the table at someone you know very well, and you miss them because it's no longer the person you once knew.

PYM: Does your mom still remember family members?

CC: No, but if it's a friendly voice and someone to talk to ... like the grandchildren who see her the most call her "Gamma." So if they call her Gamma, that's good enough for her. If you asked, "Who is this?" she wouldn't know, but they're in her comfort zone. It's the same with her daughter-in-law. If you said to Mom, "Do you know who this is?" she'd say, "That's my friend." They're in her comfort zone even if she couldn't tell you exactly who they were. There are days when the clouds clear, and she knows who's there in front of her. She forgets it immediately, but while they're there, she'll know.

PYM: Many people who have a parent that develops dementia worry about their own memory. Does this concern you?

CC: It scares the crap out of me. I write my children saying, "If this happens to me, here's what I want." I've been really clear. At one point, my oldest son said, "Please stop sending me these notes." But of course you think about it and wonder, "Am I gonna be a lucky one here?" And you hope so. It's not something I'm planning on. It's not like I sit around every day worrying about it. But [I'd] be crazy not to think about what would I do or what would I want, how do I want this to be handled.

PYM: Presidential candidates Jeb Bush recently spoke out about his mother-in-law's battle with Alzheimer's, and Ben Carson has talked about his mom, who is in the final stages of the disease. Because of their personal dealings with Alzheimer's, do you think it will get more attention in the upcoming election?

CC: Elections are not a very good time to resolve problems. They tend to be far more rhetorical than they are problem solving. But you're absolutely on to something. Politics

are personal. People form their politics on the basis of their personal experiences, and if one of them is a loved one with Alzheimer's, that makes a difference, because if you have a family member suffering from dementia or Alzheimer's, there's nothing you'd rather do than say here take this or do this and get that person back. Yes, it matters that elected officials have hands-on experience with any of these memory diseases. And if they don't, then it's important that someone say, "Well, I've had experience. Let me tell you about it."

PYM: Speaking of which, now that you have gone public, so to speak, do you have plans to be more vocal?

CC: I don't know. It just depends on a myriad of things: Can I be helpful here? Is this something I feel qualified to say something about? I know I'm a journalist but, in the end, I have no more answers or advice than anybody else, so I always want to make sure I can be of some use. And again, striking a balance: Is this something I can do and feel comfortable about knowing what my mother would want? So it's sort of a case-by-case thing.

PYM: Still on the topic of speaking up, if more caregivers were forthcoming about what they're going through and their feelings, what effect do you think it might have on improving their own health prospects?

CC: I don't know if it's so much about being more forthcoming as it is about having resources. And I don't



Crowley hosted the 2012 presidential debate (top) and CNN's *State of the Union* program (below).

Photos courtesy of CNN

mean just money. I mean breaks, like the ability to get away, to have your own life and to not let it get absorbed. And some people don't have that luxury. They don't have that help; they don't have other family members that can step in. And I think that's very hard health wise, physically and mentally. That's another one of those issues that has to be addressed, letting people know here's where you can reach out, there is a place. And it's also about caregivers asking for help, which is difficult sometimes because they are the closest to the loved one or they don't want to burden anyone else. And it takes a toll. It's an under-discussed cost of Alzheimer's that people need to pay attention to because who's caring for the caregivers.

PYM: What advice would you give to others who have a loved one diagnosed with dementia?

CC: The best advice I've had in practical terms is don't argue. I think early on, I know I did, you spend

your time trying to force them to remember reality or remember something they don't. Trying to say, "Oh, you can do this coffee pot" or "You can do that." Don't argue because it gets you nowhere. I think the thing that sustains me is remembering that this is 9000% harder on her than it is on us. This is not how she thought her life was going to be. But it is what it is, and you love people through every single part of their life. Also, look for the moment. Carpe diem should be the watchwords for anybody who has a loved one with dementia or Alzheimer's. You need to seize that moment and savor it for exactly what it is at that time because that is all you've got. ■

The Thrill of the Grill

Enjoy easy, healthy eating all season long

Being outdoors and enjoying the summer season while sharing a meal with family and friends around the grill is an American standard. As traditions go ... it doesn't get much better. And it's a healthier way to cook.

Grilling is a dry-heat method of cooking, says Sara Haas, RDN, LDN, a Chicago-based registered dietitian nutritionist and chef. "The method cooks food by heating it directly, without any liquid or fat," she says. "While some fat may be required to prevent sticking, it's usually marginal, meaning you can easily save calories by choosing this type of cooking method."

On the Grill

Cooking just about anything on a grill works, from meats to fish to vegetables.

"Most types of fish actually grill up nicely," says Haas. "If you have thinner, leaner fish, it may be better to wrap it in foil or cook with the skin on, or use a special fish basket made for the grill to prevent sticking. You can also try wood planks, like cedar, which can also impart great flavor without additional calories."

For fattier fish, such as tuna, brush a little oil on the grates before grilling to prevent sticking.

"As for vegetables," says Haas, "the sky is the limit. It's really just a matter of how you cut them or prepare them for the grill."

(continued on page 22)



Sara Haas, RDN, LDN

A GRILLING PRECAUTION

Cooking meat at high temperatures or for long periods of time can lead to the formation of carcinogens known as heterocyclic amines (HCAs) and polycyclic aromatic hydrocarbons (PAHs). This is true whether meat is cooked well done or charred.

The reaction of amino acids, sugars and creatine at high temperatures forms HCAs. By contrast, PAHs are formed when dripped fat and juices from the meat hit an open fire, causing flames. The flames contain PAHs, which then adhere to the meat's surface. A number of epidemiologic studies have examined participants' meat consumption and meat cooking methods to estimate HCA and PAH exposures. Researchers found that high consumption of well-done, fried or barbecued meats was linked to increased risks of colorectal, pancreatic and prostate cancer.

Taking precautions can help reduce the risk. "Marinades may help lessen the formation," says Sara Haas, RDN, LDN. "You can also lessen this from flipping the meat often, keeping the meat away from flames and removing any charred pieces before consuming."

(continued from page 21)

Haas offers the following tips for grilling vegetables:

- For stockier, heartier vegetables like squash, peppers or eggplant, cut them into planks, lengthwise. This makes it easier to move them around on the grill and prevent them from falling through the grates.
- Consider leaving some vegetables, such as portabella mushrooms, whole.
- Use skewers, especially for cherry tomatoes, button mushrooms and the like.

“The key is to prepare your grill properly,” she says. “Preheat it, clean it, and brush the grates with oil before cooking. Then, make sure you put

your thicker/bigger vegetables on first, because they’ll take longer to cook, followed by the smaller cut vegetables.”

Grilling is also a great, simple way for you and your family to try new foods. “Many ‘healthy’ foods taste amazing grilled. Think grilled romaine lettuce, grilled tofu or grilled peaches!” Haas adds.

Adding Flavor the Healthy Way

Haas recommends using marinades and rubs for grilling. “They impart so much flavor, and generally not that many calories and not that much fat,” she says.

“Many store-bought rubs and marinades can have a lot of salt,” says Haas. “Be a label reader and choose

one that is salt-free or has very little sodium.”

Or better yet—make it yourself. Making your own marinades and rubs will ensure your own choice of ingredients and improve the chances that they’re healthy. “There are lots of good resources for marinades and rubs, but go ahead and experiment,” says Haas. “Many good marinades start with fresh herbs, spices, citrus and oil. Try different ingredients to tailor to your taste preferences.”

Rubs, she says, are generally blends of spices. “Take some cues from your favorite foods, like chili for example. Try blending some chili powder with cumin, paprika, brown sugar and a little bit of cocoa powder for a fun rub for lean steak or tofu.” ■



Chimichurri Skirt Steak

Ingredients

1 packed cup flat-leaf parsley, washed	¼ cup red wine vinegar
1 packed cup cilantro, washed	½ cup olive oil
3 cloves garlic, peeled and smashed	⅛ teaspoon salt
1 small or ½ of large jalapeño, washed, seeded with membrane removed, quartered	½ teaspoon freshly ground black pepper
	1 pound skirt steak*

Instructions

1. Place the parsley, cilantro, garlic, jalapeño and red wine vinegar in a food processor or blender. Pulse, scraping down the sides of the bowl or blender occasionally until finely chopped.
2. With the motor running, slowly stream in the olive oil and process until blended. Transfer mixture to a resealable plastic bag. This is the chimichurri.
3. Place the steak in a bag and pour in ½ cup of the chimichurri. Seal the bag, releasing any extra air, then turn the bag to coat the steak with marinade. Marinate in the refrigerator for 45 minutes to 1 hour. Twenty minutes before grilling, remove the steak from the refrigerator.
4. Preheat the grill or a grill pan to medium high heat.
5. While the grill is preheating, remove the steaks from the marinade, brushing off any excess. Discard the marinade. Season the steaks with salt and pepper.
6. Once the grill is ready, add the steak. Grill until medium-rare, about 5 minutes per side. Use a food thermometer to ensure internal temperature reaches 145°F.
7. Remove the steak from the grill and let it rest for about 5-10 minutes.
8. Thinly slice the steak against the grain and serve it drizzled with the remaining chimichurri, if desired.

Note: This recipe makes ¾ cup chimichurri sauce.

*Flank steak can be substituted for skirt steak.

Recipe courtesy of Sara Haas, RDN, LDN.
www.thecuttingboard.org/chimichurri-skirt-steak

(Recipes continued on page 30)



Planning Ahead

Arrange long-term care before you need it

“Always plan ahead. It wasn’t raining when Noah built the ark.”

That memorable analogy from Richard Cushing, the former Archbishop of Boston, can apply to many aspects of life, including planning long-term care.

According to the Harvard Health Blog, a recent survey of 1,019 Americans older than 40 found that two out of three who reach age 65 will need long-term care but the majority have done “little or no planning” for paying for that care when they get older.

The National Care Planning Council states that seniors avoid planning because they view the need for long-term care as catastrophic—dealing with the loss of independence, the decline of health and the depletion of financial assets.

A lack of planning for long-term care can have an adverse effect on an older person’s family, often putting a financial or emotional burden on everyone involved.

Planning Paves the Way

But there is good news. Proper planning—done far in advance—can help the transition to long-term care go smoothly and lead to a satisfying situation for both the patient and family members.

Shirley Whitenack, Esq., CAP, President of the National Academy of Elder Law Attorneys (NAELA), suggests how to start a plan: “Many families—both children and parents—have a general idea of how much money they have,” but, she says, they don’t know specifically how much or how



Start planning far in advance for long-term care needs for family members.

it’s been allocated: IRAs 401(k), life insurance and the like. “It’s essential for everyone to know exactly what assets they have so they can plan for long-term care effectively.”

Whitenack adds that long-term care insurance is best purchased at an early stage of planning because you could be ineligible for it when signs of dementia or other long-term illness appear. “People should consider purchasing long-term care insurance when they’re in their early to mid-fifties,” she says, “especially if they have a history of Alzheimer’s or dementia in their family. One advantage of doing this is that the younger you are when you purchase this type of insurance, the lower the premiums are.”

Here are more tips on planning for long-term care:

Buy Insurance from an Expert

Michael Kirtland, NAELA member and managing member of the law firm of Kirtland & Seal, LLC, in Colorado Springs, CO, gives advice about shopping for long-term care insurance: “Look for someone who specializes in that type of product. If you buy your long-term care insurance from an agent for whom it’s just another product they sell along with life insurance and annuities, they may not have the knowledge to answer your questions and provide a policy that meets your needs.”

Spend Time at Facilities

According to Catherine Seal, JD, LL.M., CELA, Vice-President of NAELA and senior member of Kirtland & Seal, it’s essential to

thoroughly check out long-term care facilities. “When you visit facilities you’re considering, don’t just walk around the place once and leave,” she says. “Spend some time there, eat a meal or two and interact with the staff. Observe whether residents are being attended to and cared for properly. Do they look clean and well-groomed? Does the staff seem caring and friendly? Are the rooms well-kept? These factors are very important in choosing a good facility.”

Have a Family Meeting

“In many families, the children don’t live in the same area as their parents,” says Kirtland. “No matter how far away the children are, it’s very important for them to get together and discuss where Mom is going to go for long-term care. Cost is an issue for most families, so they should discuss the possibility of the loved one living in the same place as the child where costs of care are lower. Of course, there is an emotional cost to doing that—you may be removing her from friends and family members nearby—but it could be the only way to afford the care she needs.”

Get Help

Consider securing the help of a geriatric care manager in advance of your family member’s need. “A geriatric care manager can be extremely helpful in assessing the loved one and their needs, which is the first step in good planning,” says Whitenack. “This type of manager often has contacts at local agencies who can provide details about assisted living or nursing home facilities. A care manager can guide a family on which providers have services that are best suited for their loved one.”

Have an Advocate

If you don’t have children living nearby, it’s best to have a trusted



Work with a trusted local advocate if no children live near the aging family member.

local advocate. “This person can be a close friend or other relative who can accompany you on doctor visits and reports to the family about your health,” says Seal. “Someone who has a close relationship with the family can provide objective, accurate information that is very helpful for the planning process.”

Resources

For information on planning for long-term care, go to:

- <http://www.alzinfo.org/treatment-care/resource-locator/>

- www.longtermcarelink.net/a13information_guide.htm
- www.longtermcare.gov
- www.medicare.gov/forms-help-and-resources/find-doctors-hospitals-and-facilities/quality-care-finder.html ■

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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 29)

MATCH THESE

Can you match each US presidential candidate to the year he lost (got the second highest electoral count)?

- | | |
|--------------------------|---------|
| 1. ____ George McGovern | a. 1948 |
| 2. ____ Walter Mondale | b. 1952 |
| 3. ____ Robert Dole | c. 1960 |
| 4. ____ Richard Nixon | d. 1964 |
| 5. ____ George H.W. Bush | e. 1968 |
| 6. ____ Adlai Stevenson | f. 1972 |
| 7. ____ Barry Goldwater | g. 1976 |
| 8. ____ Hubert Humphrey | h. 1980 |
| 9. ____ Jimmy Carter | i. 1984 |
| 10. ____ Thomas Dewey | j. 1988 |
| 11. ____ Gerald Ford | k. 1992 |
| 12. ____ Michael Dukakis | l. 1996 |

DROPLINE

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

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

LEAPFROG

Here’s a list of US cities that have two-word names. The letters of the two halves are in the correct order, but they overlap. All you have to do to find the place names is separate the letters.

Example: **SBEONUTDH** — SOUTH **BEND**

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

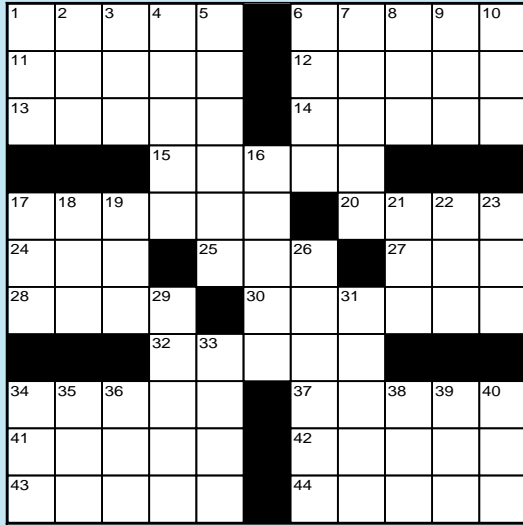


•VISIT US AT KAPPAPUZZLES.COM•

BRAIN-BOOSTING CROSSWORDS

(Answers on page 29)

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 the number of words in the answers haven't been given. The second puzzle is also a thematic puzzle: the title "What's New?" is a hint. Have fun testing your knowledge while doing something that's good for you!



- Across**
- 1. Internet messages (hyph.)
 - 6. Aroma
 - 11. Bea Arthur sitcom
 - 12. Nat and Natalie
 - 13. Advised strongly
 - 14. Stage whisper
 - 15. Secret ____
 - 17. Selected
 - 20. French friends
 - 24. Doctors' gp.
 - 25. Cheering shout
 - 27. Play a part
 - 28. Decays
 - 30. Eye part
 - 32. ____-frutti
 - 34. Tension reliever
 - 37. Taboo things
 - 41. Alarm signal
 - 42. Fragrances
 - 43. Ship docking spaces
 - 44. Wish granter
 - 45. NEW (like a fashion)
 - 46. Singer Anita the house
 - 47. Library
 - 48. Delta builder
 - 49. Granny, e.g.
 - 50. Sum up
 - 51. Done's partner
 - 52. NEW (like an idea)
 - 53. Belligerent response to "Do it!"
 - 54. Some Scrabble tiles
 - 55. NEW (like a new man)
 - 56. Robert of "Quincy"
 - 57. Locale of Walesa's shipyard
 - 58. Willie of Cooperstown
 - 59. Transcript nos.
 - 60. Inferior
 - 61. Lennon's second missus
 - 62. NEW (like a replacement)
 - 63. ____ diligence
 - 64. 3-D blockbuster of 2009
 - 65. PPO alternative
 - 66. Cereal grass
 - 67. Adult male
 - 68. ____ cubes
 - 69. RR stop
 - 70. Frankfurter (2 wds.)
 - 71. High-priced
 - 72. ____ Janeiro (2 wds.)
 - 73. Ornamental vases
 - 74. Double curve
 - 75. Suffer poor health
 - 76. ____ Lanka
 - 77. Negative prefix
 - 78. Angle starter
 - 79. Compass point (abbr.)

Down

- 1. Australian bird
- 2. Third mo.
- 3. Popular vacation mo.
- 4. Concepts
- 5. Account book
- 6. Look over
- 7. ____ Mesa, California
- 8. Biblical judge
- 9. Homer's wholesome neighbor
- 10. Half a fly
- 11. Pass a law
- 12. Ford product
- 13. Medical test: abbr.
- 14. R-V link
- 15. Luau dish
- 16. Darrow whom King Kong loved
- 17. Soak
- 18. Apple's latest device
- 19. Virginia City's locale
- 20. Chattered
- 21. Belgian coastal city
- 22. Dim sum accompaniment
- 23. Sharp argument
- 24. Mine refuse
- 25. Moisten a doughnut
- 26. Conversant with
- 27. Meal starter
- 28. 24 hours, in Barcelona
- 29. "Prince ____" ("Aladdin" song)
- 30. Accounting abbr.

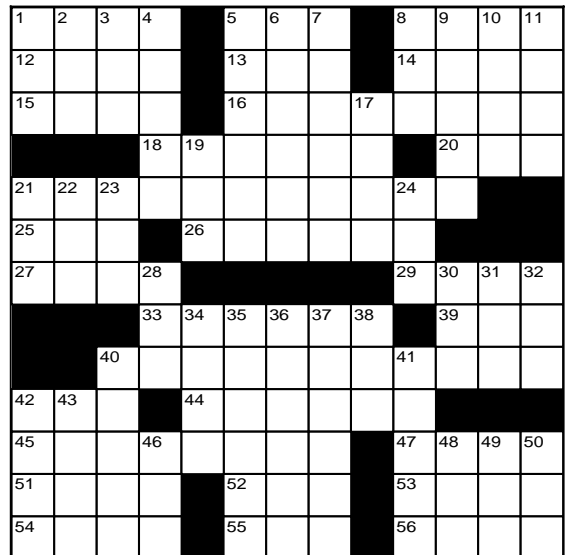
What's New?

Across

- 1. Tropical wading bird
- 5. Nine-digit ID
- 8. Actress Perlman
- 12. "The Secret of ____" (1982 film)
- 13. Snead need
- 14. Coliseum
- 15. National Weather Service agcy.
- 16. NEW (like an idea)
- 18. Belligerent response to "Do it!"
- 20. Some Scrabble tiles
- 21. NEW (like a new man)
- 25. Robert of "Quincy"
- 26. Locale of Walesa's shipyard
- 27. Willie of Cooperstown
- 29. Transcript nos.
- 33. Inferior
- 39. Lennon's second missus
- 40. NEW (like a replacement)
- 42. ____ diligence
- 44. 3-D blockbuster of 2009
- 45. NEW (like a fashion)
- 47. Singer Anita the house
- 51. ____ dry eye in the house
- 52. Library
- 53. Delta builder
- 54. Granny, e.g.
- 55. Sum up
- 56. Done's partner
- 24. Medical test: abbr.
- 28. R-V link
- 30. Luau dish
- 31. Darrow whom King Kong loved
- 32. Soak
- 34. Apple's latest device
- 35. Virginia City's locale
- 36. Chattered
- 37. Belgian coastal city
- 38. Dim sum accompaniment
- 40. Sharp argument
- 41. Mine refuse
- 42. Moisten a doughnut
- 43. Conversant with
- 46. Meal starter
- 48. 24 hours, in Barcelona
- 49. "Prince ____" ("Aladdin" song)
- 50. Accounting abbr.

Down

- 1. Rest stop
- 2. Degradable start
- 3. "____ Fool to Want You"
- 4. Sea World whale
- 5. Tended the fire
- 6. One of tennis's Williams sisters
- 7. Colorful pop artist LeRoy
- 8. Stat for a slugger
- 9. Whetted
- 10. McGregor of "Trainspotting"
- 11. Start of a Shakespearean title
- 17. Secures
- 19. Std.
- 21. Basketball hoop
- 22. Timetable abbr.
- 23. Regis Philbin's better half



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After you have circled all of these wine-grape varieties, read the leftover letters from left to right, line by line, to discover an apt quote from Galileo.

You are looking for a 33-letter phrase.

BARBERA PETIT VERDOT
 CABERNET PIGATO
 CHARDONNAY PINOT BLANC
 CHENIN BLANC PINOT NOIR
 CLAIRETTE SANGIOVESE
 COLOMBARD SILVANER
 CORVINA SYRAH
 MALBEC TROLLINGER
 MARSANNE VERDICCHIO
 MERLOT ZINFANDEL
 MUSCAT CANELLI

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

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.

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



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PUZZLE ANSWERS

Match These

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

Dropline

A committee is a group that keeps the minutes and loses hours.

Leapfrog

- Fort Wayne;
- Baton Rouge;
- Little Rock;
- Grand Rapids;
- Winston-Salem;
- Wichita Falls;
- Corpus Christi;
- Virginia Beach;
- Colorado Springs.

Hidden Message

Wine is sunlight, held together by water.

Crossword 1

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

Crossword 2

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

Word-Find

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

Sudoku

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

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(Recipes continued from page 23)

Grilled Vegetable Pasta Toss

Ingredients

2-3 (about 6 ounces) portabella mushroom caps, cleaned, gills removed	¼ cup balsamic vinegar
1 red bell pepper, seeded, stem removed and cut into planks	1 clove garlic, finely minced
1 green bell pepper, seeded, stem removed and cut into planks	½ cup olive oil
1 small yellow squash, cut into planks	1 pound whole-wheat pasta (such as penne)
1 small red onion, peeled and cut into thick slices	1, 15-ounce can of chickpeas, rinsed and drained
2 tablespoons Dijon mustard	½ teaspoon Italian seasoning
	⅛ teaspoon salt
	½ cup shaved or grated parmesan cheese
	½ cup fresh basil leaves, thinly sliced

Instructions

1. To a large resealable plastic bag, add the mushrooms, bell peppers, squash and onion.
2. In a bowl, whisk together the mustard, balsamic vinegar, garlic, olive oil and black pepper. Reserve 1 tablespoon of the marinade. Pour the remaining marinade over the vegetables in the resealable bag. Close the bag and toss until vegetables are well-coated in the marinade. Place bag in the refrigerator and marinate the vegetables for at least 30 minutes and up to 1 hour.
3. Remove the vegetables from the refrigerator and preheat the grill to medium-high heat. While the grill is preheating, cook the pasta according to package directions. Drain and keep warm.
4. Toss the chickpeas in the Italian seasoning, salt and 1 tablespoon of marinade and place on a large piece of foil. Fold up sides to create a foil packet.
5. Remove the vegetables from the bag, reserving the extra marinade. Place the vegetables on the grill. Place the chickpea foil packet towards the less hot side of the grill. Grill vegetables on both sides until grill marks form, about 5-10 minutes per side. Stir the chickpeas and move the packet around the grill if the chickpeas aren't getting cooked or are cooking too quickly. Once vegetables and chickpeas are cooked (chickpeas will be lightly browned in color) remove from the grill.
6. Roughly chop the vegetables and add them, along with the cooked pasta to a serving bowl. Toss with the reserved marinade (leftover from the bag), parmesan cheese and basil.

Recipe courtesy of Sara Haas, RDN, LDN. www.thecuttingboard.org/grilled-vegetable-pasta-toss/



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