

preserving your

Memory

The Magazine of Health and Hope

Spring 2016

Pamela Brown

CNN's Justice Correspondent on AD's Impact on Her Family



Keeping Friendships Strong

Good Times's Bern Nadette Stanis on Her Mother's Battle with AD

Plus the latest news on Alzheimer's research and treatment



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To learn more about this year's annual Charity Day, taking place on Monday, September 12, please visit www.cantorrelief.org.

Thank You!



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Put a Spring in Your Step!

The weather's finally warming up, and we're here to inspire you with stories, new research and tips in our latest *Preserving Your Memory* issue.

In our cover story, we talk with CNN Justice Correspondent Pamela Brown about her career in front of the news camera and her grandmother's battle with Alzheimer's disease (page 18). We also chat with TV star Bern Nadette Stanis about her book, which documents her mother's Alzheimer's and what Bern Nadette learned as a caregiver (page 10).

Nobel Laureate Dr. Paul Greengard, the renowned scientist and head of the Fisher Center for Alzheimer's Research Laboratory at The Rockefeller University, participated in his first-ever reddit chat. The reddit Q&A related to the importance of research can be found on page 12.

On the caregiver front, we examine the role weight loss plays in the diagnosis and prognosis of Alzheimer's disease (page 10), and we explore ways to sustain friendships in the life of a person with Alzheimer's (page 16).

May this be a season of growth and vitality for you and your family and friends!



Kent L. Karosen

A handwritten signature in blue ink that reads "Kent".

Kent L. Karosen
President & CEO

We can end Alzheimer's.

Please send your tips, stories or questions to:

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110 East 42nd Street, 16th Floor
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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. The Fisher Center Foundation has earned Charity Navigator's highest 4-Star rating five years in a row 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

Alzheimer's Care Costs Outpace Heart Disease and Cancer

Medical care for people with Alzheimer's disease costs far more near the end of life than care for other major killers like cancer and heart disease, a new study reports.

The study found that Alzheimer's and other forms of dementia cost, on average, more than \$287,000 over the last five years of life. That compares with about \$175,000 for heart disease and \$173,000 for cancer care.

Health insurance covered only about \$100,000 of the medical costs, on average, regardless of disease. As a result, families paid more than \$61,000 of personal savings for Alzheimer's care, far more than the \$34,000 that families paid for care for those without dementia.

"Our study emphasizes that all households face substantial financial risks near the end of life, regardless of disease," wrote the authors, from Mount Sinai Hospital in New York. "However, households with dementia patients face even larger risks, especially out-of-pocket and implicit costs of caregiving."

Much of the extra costs involved expenses related to home health aides to help those with Alzheimer's carry out day-to-day activities like getting dressed, bathing and preparing meals. People with Alzheimer's also typically require supervision because they may wander and risk serious injury.

The findings appeared in the *Annals of Internal Medicine*.



Resveratrol, an ingredient in red wine and other sources, may have Alzheimer's benefits.

Red Wine Ingredient Shows Hints of Promise for Alzheimer's

High doses of an ingredient found in red wine, chocolate, grapes and blueberries stabilized levels of a brain protein linked to the progression of Alzheimer's disease, a preliminary trial found. The results suggest that the compound, called resveratrol, might have benefits for Alzheimer's, though more study is needed.

The study, published in *Neurology* and conducted at 21 medical centers across the country, examined the effects of a specially prepared resveratrol concentrate in 119 people with mild to moderate Alzheimer's disease. Some got increasing doses of a purified, high-dose form of resveratrol – with the highest doses equivalent to the amount found in 1,000 bottles of wine. The others got a dummy pill.

Over the course of a year, those taking resveratrol showed stable levels of a protein that signals Alzheimer's progression. They also had slight improvements in their ability to carry out daily tasks, such as remembering to brush their teeth.

Resveratrol is sold in health-food stores, though in forms and doses different from those used in the study, so people shouldn't start taking supplements. If continued research confirms the compound has benefits against Alzheimer's, new resveratrol-like drugs might be developed to better target the disease.

Caregivers Might Be More Vulnerable to Depression

Spouses and other family members who care for a loved one with Alzheimer's disease might want to monitor their mood and depressive symptoms, since the stress of caregiving can worsen depression and jeopardize the health of patients and caregivers, a new study reports.

The study looked at 236 men and women in Finland in the earliest stages of Alzheimer's over a three-year period. The



People who care for a person with Alzheimer's might benefit from being screened for depression, according to new research.

researchers assessed signs of depression in the spouses and other family members who cared for them. Symptoms of depression can include feelings of hopelessness, a loss of interest in social activities or hobbies, changes in appetite, irritability, and poor sleep and concentration.

The researchers found that caregivers who were even mildly depressed at the start of the study experienced the greatest stress levels over the next few years. Caregivers are also at increased risk of heart disease and other ills.

Asking about depression “would make it possible to recognize family caregivers who need enhanced support,” note the authors of the study, which was published in the *Journal of Geriatric Psychiatry and Neurology*.

Counseling and support services can be very helpful for easing stress in anyone caring for a loved one with Alzheimer's. Such support may also

boost physical health in caregivers and help keep people with Alzheimer's out of nursing homes, a costly and emotionally wrenching decision.

Rapid Weight Loss in the Early Seventies May Be an Early Sign of Alzheimer's

Women who are at increased genetic risk for Alzheimer's disease tend to lose weight faster in their early seventies than their peers not at increased risk, a new study reports. The findings add to a growing body of evidence linking weight changes to the onset of Alzheimer's.

For the study, published in the *Journal of Alzheimer's Disease*, researchers followed 1,462 women who were part of a large and decades-long study of aging and women in Sweden. They found that declines in weight after age 70 were most rapid in women who carried the

APOE-e4 gene, which increases the risk of developing Alzheimer's. About one in six people carries the gene.

Other studies have shown that weight loss may precede the onset of Alzheimer's by more than 10 years, suggesting the long latency period of the disease. Carrying excess weight in midlife, on the other hand, has been linked to an increased risk of Alzheimer's late in life.

Good nutrition is critical for seniors, particularly those with Alzheimer's disease. Some simple caregiving measures may help. For example, researchers report that using brightly colored tableware may make it easier for those with Alzheimer's disease to see the food and beverages in front of them, leading them to eat and drink more at mealtimes.

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

Remembering the Good Times

Actress Bern Nadette Stanis discusses life, caregiving and Alzheimer's.

From the moment the beautiful, intelligent and witty “Thelma Evans” appeared on the 1970s hit sitcom, *Good Times*, Bern Nadette Stanis became an instant “it” girl. Now, more than 40 years later, with the show in reruns, she continues to be an icon to both older and younger viewers. And though she’s probably best known for her *Good Times* role, Stanis has taken on many others throughout the years: mother of two, wife, author, producer of stage plays, founder of a foundation and motivational speaker.

However, the most unexpected—and ultimately one of the most important—roles for Stanis was that of an Alzheimer’s caregiver. Her mother, Eula Stanislaus, was diagnosed with the disease in 2006 at age 72. Stanis chronicles her experience caring for her mother during her slow descent into Alzheimer’s in her book, *The Last Night: A Caregiver’s Journey Through Transition and Beyond*.

“Something’s Not Quite Right”

Because Stanis lived in Los Angeles and her mother in New York, it wasn’t until one of her visits that she suspected something wasn’t quite right. Stanis recalls that while her mother had sounded the same on the phone, she didn’t look the same. “Her hair wasn’t the same, and the way she put her outfits together wasn’t the same. Something seemed off,” she says. A while later, after Stanis returned home, one of her siblings called and said, “Mom forgot my birthday.” At that point, Stanis knew something serious was going on. It was then that she moved her mother to Los Angeles to live with her family.

When Alzheimer’s Strikes

When Stanis’ mother was diagnosed with Alzheimer’s, Stanis knew very little about the disease. “I had heard about it once or twice but never really knew what it was, so my reaction was, ‘Ok, well we can fix this,’” she says. She was convinced that, along with the medication the doctor had prescribed, she could do *something*—giving her mom



Bern Nadette Stanis

vitamins or doing whatever she had to do—to get rid of the illness.

Once she got home and did research, she learned that Alzheimer’s is fatal and has no cure. Like so many other caregivers, she immediately put herself on the back

burner. She realized that she would have to find a way to strike a balance between taking care of her mother, tending to her own children, taking care of herself and promoting her book. And like so many others who have had a family member diagnosed with Alzheimer's, depression sank in for Stanis. "You're going through a mourning, you're losing the battle, you're fighting like everything to stay above it and to win and save your family member's life. And then you realize, slowly but surely, that you're losing the battle," she says. "It was such an incredible depth of pain and torment that I thank God that I have the faith I have because that's the only thing that held me together throughout it."

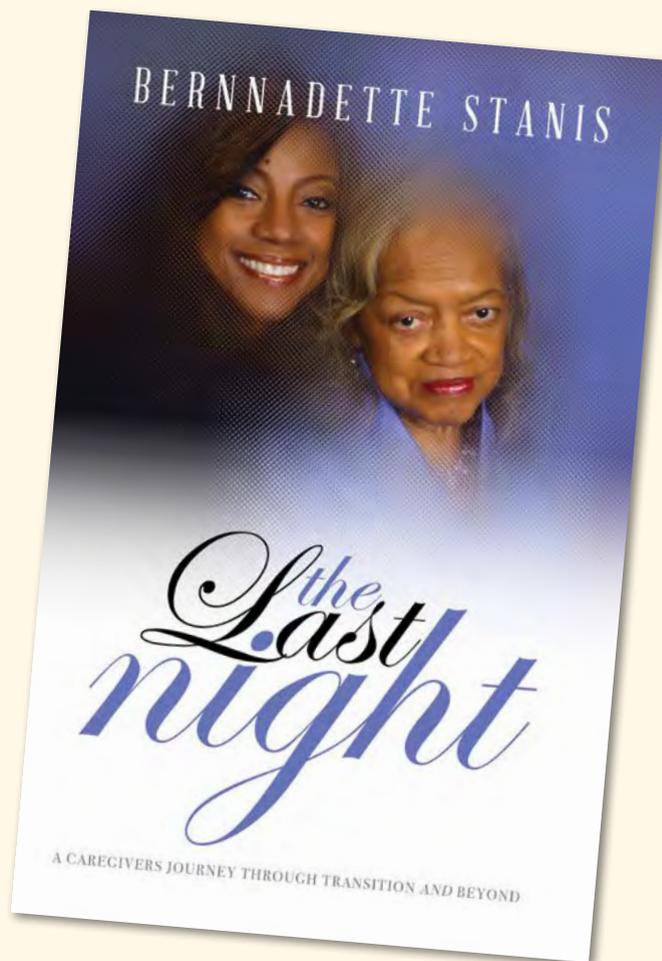
In *The Last Night*, Stanis shares those lows (including the time her mother was watching *Good Times* reruns and Stanis realized her mother no longer realized it was she, Bern Nadette, playing the role of Thelma). But she also shares the highs, which she advises caregivers and family members to cherish. One in particular that still makes her smile is what would occur after she gave her mother her medication. "Once she took it for the day, I could see it click right in and kind of straighten her up a bit," Stanis says. In a sing-songy voice, her mother would say, "Bern, I'm back!" Other high points came when her mother's clarity would kick in at unexpected times. In the book, Stanis' youngest daughter writes about a time she asked for help spelling a long word. Her grandmother, who was lying on the couch and appeared to be sleeping, got up, opened her eyes, spelled the word perfectly and went back to sleep!

Keeping the Memory Alive

As time passed, the Alzheimer's progressed, which was extremely difficult for Stanis. "Because I was so close to her, because she was my best friend, I was literally mourning the loss of my mother every day because I could see the disease taking more and more of her away from me," Stanis says.

Her mother passed away in October 2011. Stanis realized she still wanted to share her mom's story. Before Alzheimer's struck, Stanis asked her mother if she'd like to write her own book and team up on a shared book-signing tour. Her mother loved the idea, so they agreed to write her life story and have it published. Unfortunately, that double book-signing day never came. That would now change.

"I wanted the world to know her and my father (who was murdered in 1991), so I said I'm gonna write this book as if my mother would've written it if Alzheimer's hadn't taken her memory away," Stanis



Bern Nadette Stanis's book is available at her website, www.thelmaofgoodtimes.com

says. The result, *The Last Night*, is a companion book—a caregiver's book and life story of Stanis and her parents. The book gives readers a glimpse of Stanis' family's life and upbringing, offers a behind-the-scenes look at *Good Times*, shares the ups and downs of caregiving, provides factual information about Alzheimer's, and tells the painful yet beautiful story of her mother's transition (including her final night.)

In addition to the book, Stanis is an Alzheimer's spokesperson and created Remembering the Good Times Alzheimer's Foundation, a non-profit whose goal is to educate, increase awareness and raise funding for Alzheimer's research. "I fought for my mother until the day she died," Stanis says. "And now, even though she's gone, I'm going to continue to fight until we find a cure for this terrible disease." ■

Standing on the Scale

Weight Loss at Each Stage of Alzheimer's Disease

Alzheimer's disease and other forms of dementia alter more than a person's memory. There are also numerous behavioral and physical changes that emerge at each step along the long journey through cognitive impairment. Weight loss is one of them.

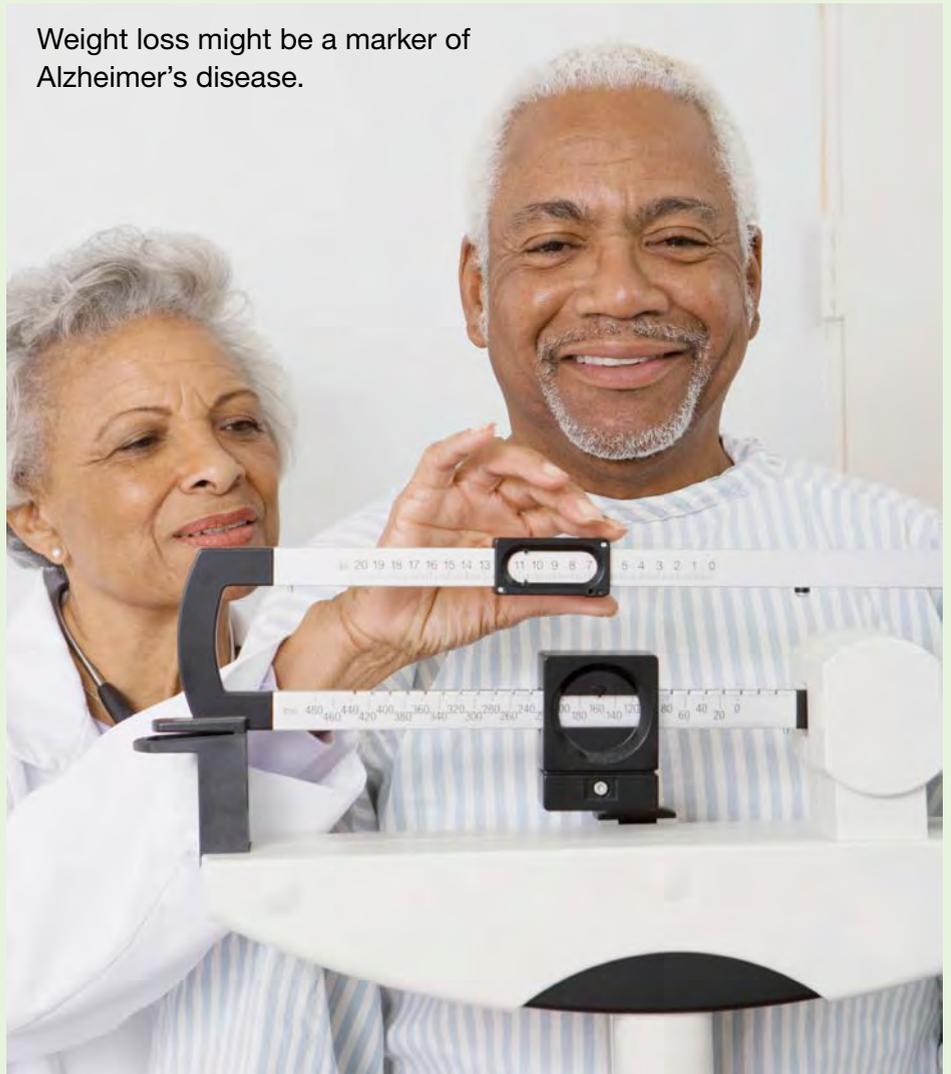
Few experts know more about the subtle distinctions associated with dementia's various phases than Barry Reisberg, M.D., director of the Fisher Alzheimer's Disease Program and clinical director of New York University's Aging and Dementia Clinical Research Center. In 1982, Dr. Reisberg introduced a system that identifies the seven stages seen in Alzheimer's disease. The Global Deterioration Scale, commonly referred to as the Reisberg Scale, helps caregivers understand where their loved ones fall on the dementia continuum. Weight loss factors differently into each stage.

It is not uncommon for caregivers to notice weight changes in individuals living with dementia. But it's not always clear whether there is a link between the two and, if there is, whether there is cause for concern. Dr. Reisberg helps us understand the complexities of the weight factor when Alzheimer's disease is involved.

The Role of Depression

According to Dr. Reisberg, weight loss is often a symptom of depression. In other words, one should never assume that weight loss in an older person means that Alzheimer's disease is right around the corner. However, weight loss can indicate depression, which may or may not be a forerunner of

Weight loss might be a marker of Alzheimer's disease.



Alzheimer's. "When elderly people have depression for the first time, about one-half to one-third of those people will develop mild cognitive impairment within approximately three years," he reports. "In that sense, weight loss can be a harbinger of dementia, but generally is not the presenting symptom."

Weighing the Stages

Weight loss comes into play at each of the seven stages of the Reisberg Scale:

Stages 1 and 2 (normal aging)

Depression becomes more of a concern as people age, even when there is no sign of serious cognitive impairment. Weight loss is one of the outwardly noticeable signs of depression, along with withdrawal and symptoms of dysphoria (a change in mood). “Depression can be marked by loss of appetite and some people report that their thinking abilities are not as good as they once were,” says Dr. Reisberg. Together, these symptoms can be worrisome but do not necessarily indicate the onset of dementia.

Stage 3 (mild cognitive impairment)

In this border condition between normal aging and dementia, a person’s executive function begins to falter. Work and social activities might suffer as a result, which can bring on nervousness. “Anxiety is also a symptom of depression,” Dr. Reisberg points out. If weight loss occurs in this stage, it may be related to anxiety, depression, cognitive impairment or some combination of these factors.

Stage 4 (mild Alzheimer’s disease)

At this point in the disease’s progression, people begin to lose their ability to handle what Dr. Reisberg refers to as “instrumental activities.” They are less able to manage the complexities of personal finances, grocery shopping, meal planning or food preparation. Not surprisingly, weight loss can occur at this stage for those who find it confusing to go to the store or to cook with the same independence they once enjoyed. “In general, people in Stage 4 aren’t doing as much as they may have done before and they may withdraw both physically and emotionally,” explains Dr. Reisberg. As activities change, weight may also change.

Stage 5 (moderate Alzheimer’s disease)

During this stage of the illness, individuals begin to need more help to manage the basic activities of daily life—specifically, picking out appropriate clothing. “More overt behavioral disturbances can begin to emerge in this moderate stage and depression can occur as well,” says Dr. Reisberg. “If depression occurs, then weight loss can occur.”

Stage 6 (moderately severe Alzheimer’s disease)

Dramatic physical and behavioral changes begin to occur during this phase of the illness, which ushers in more serious deficits. People have greater difficulty addressing their own needs, particularly when it comes to dressing, bathing, toileting and eating. “People can no longer engage in activities they used to enjoy, and weight loss can occur simply from inactivity,” notes Dr. Reisberg. “Muscle mass can decline, even when people are still generally moving.” Maintaining weight,

he explains, is largely a function of maintaining a person’s normal or near-normal level of physical activity.

Stage 7 (severe Alzheimer’s disease)

In this final phase of the illness, noticeable weight loss is quite common. Patients are fully dependent on their caregivers, eventually losing their ability to feed themselves, walk on their own or communicate verbally. “With the progression of this final stage, activity levels decrease,” says Dr. Reisberg. “When people are not moving as much, there is muscular wasting and a certain extent of bone deterioration. People sometimes develop deformities because they don’t move.” Given these various conditions, he explains, people with Alzheimer’s disease tend to become emaciated at the end of their lives.

Tips for Caregivers

While weight loss can be a consequence of Alzheimer’s disease and other forms of dementia, Dr. Reisberg notes that there are things caregivers can do to help tip the scales. He points to physical exercise and a healthy diet as the two best ways to prevent deterioration of the mind and body. Even in the advanced stages of the illness, when it can be difficult to maintain activity levels, it is helpful to challenge patients both physically and cognitively. Physical therapy can be particularly helpful in the advanced stages of Alzheimer’s. “If prescribed by a physician, physical therapy is covered by Medicare for a specific time period,” adds Dr. Reisberg. Anything that engages the muscles and bones of a person with Alzheimer’s also stimulates the brain and is beneficial.

Dr. Reisberg acknowledges that caregivers need help and guidance. Together with healthcare professionals, physical therapists, and staff at adult day and residential facilities, caregivers can find ways to slow the progression of weight loss—especially when it occurs in the advanced stages of the disease—for the ultimate benefit and comfort of their loved ones. ■

The Reisberg Scale

More information on the Global Deterioration Scale (“the Reisberg Scale”) is available at the Fisher Center for Alzheimer’s Research Foundation website. Visit the “Understanding Alzheimer’s” section on www.ALZinfo.org for complete descriptions of the physical and behavioral characteristics of all seven stages.

Dr. Paul Greengard Takes Reddit.com by Storm

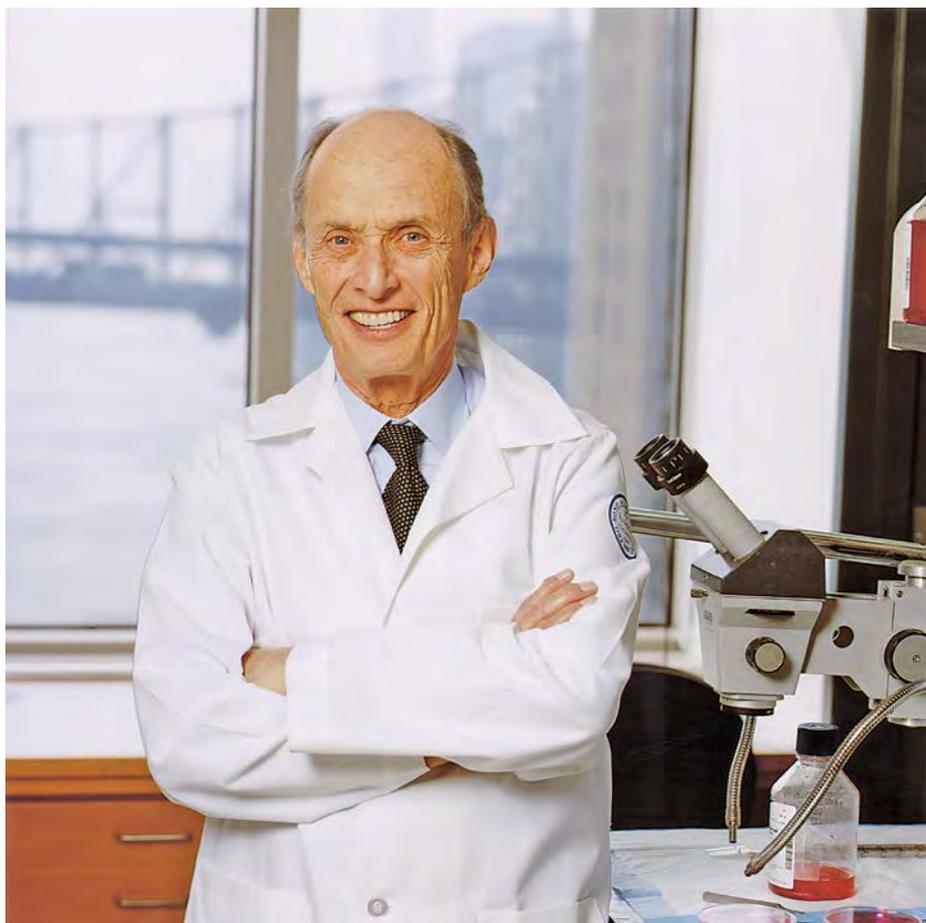
Nobel Laureate, Dr. Paul Greengard, Director of the Fisher Center for Alzheimer's Research at The Rockefeller University (a world-renowned center for research in biomedical sciences), participated in an online Q&A session that took place on reddit.com. The online community asked Dr. Greengard hundreds of questions related to Alzheimer's and his research. Here are his responses:

What do you think your greatest achievement has been so far?

Elucidating the molecular and cellular basis of communication between nerve cells, as well as gaining insight into how this communication fails in various neurological and psychiatric disorders, such as Alzheimer's disease.

What are the differences between studying Alzheimer's 30 years ago and today?

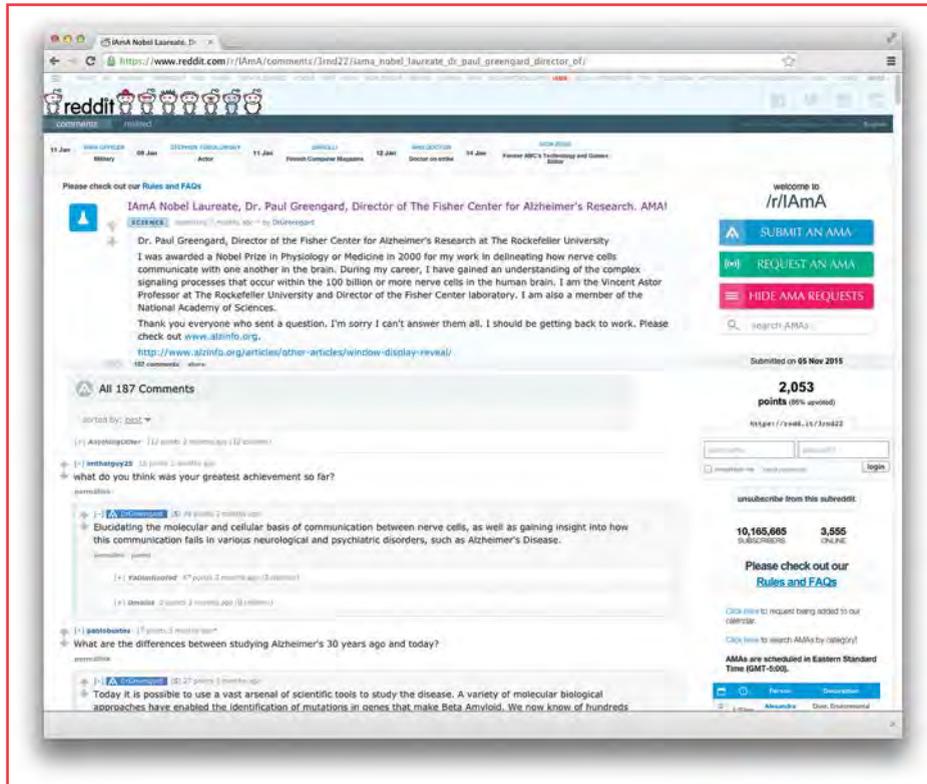
Today it is possible to use a vast arsenal of scientific tools to study the disease. A variety of molecular biological approaches has enabled the identification of mutations in genes that make beta amyloid. We now know of hundreds of mutations that either increase the likelihood or guarantee the development of Alzheimer's disease. We know the identification of the enzymes responsible for the formation of beta amyloid. The greatest progress has been the development of the amyloid hypothesis, which has remained the major driver for Alzheimer's disease research and for drug development. There are several different compounds currently in clinical trial which show some promise. It has also been demonstrated that there are pathological changes in the brains of people destined to have Alzheimer's disease 25 years prior to the manifestation of dementia.



Nobel Laureate Dr. Paul Greengard

Can those pathological changes occurring 25 years earlier be seen by an examination by a knowledgeable doctor?

There are two broad categories of Alzheimer's disease, called familial and sporadic. Familial Alzheimer's is attributable to a defective gene. This gene can be passed on



© reddit.com

to offspring and guarantees that the child will develop the disease some day as well. Sporadic Alzheimer's disease, also known as late-onset Alzheimer's disease, does not greatly increase the likelihood of offspring getting the disease. In a few Alzheimer's disease research centers, doctors can demonstrate pathological changes many years before onset of dementia in the familial but not in sporadic cases.

What is a likely attack for future remediation of a person who has signs of Alzheimer's 25 years down the line? What is your guess when this might be available?

It is impossible to predict when a cure might be available. However, it is clear that treatments directed towards some of the symptoms will become more and more efficient. In the meantime, stay as physically and mentally active as possible. There is strong evidence that such activity can delay the onset of Alzheimer's disease. To learn more about Alzheimer's research, check out www.ALZinfo.org.

What makes Alzheimer's different from other forms of dementia?

Dementia means loss of cognitive function. Alzheimer's disease is believed to be due to the accumulation of a toxic substance known as beta amyloid. The beta amyloid accumulates in specific regions of the brain and kills the nerve cells in those regions. In other forms of dementia, other parts of the brain are affected. Alzheimer's dementia is irreversible. It is also the most common form of dementia.

I work in the field of long-term care including those with dementia and Alzheimer's. My colleagues and I are of the opinion that the food we are eating in this and the previous few decades are the real culprits to the increase in both Alzheimer's disease and autism. What is your opinion on this?

There is strong evidence for an association among diabetes, cholesterol and Alzheimer's disease. Although the mechanism

is not known, there is compelling epidemiological evidence. Maintaining a healthy diet is beneficial. Thank you for being on the front line of care for the greatly increasing number of patients suffering from this disease.

Have you seen any improvements or setbacks with the use of marijuana? Does it help treat it? Or does using marijuana cause Alzheimer's?

Over the last couple of years several studies have addressed the possible role of cannabinoid (the active compound of marijuana) in neurodegeneration and especially in Alzheimer's disease. At this point, there are really no convincing studies one way or the other.

I was wondering what your thoughts were on the potential role of sterile inflammation in initiating certain categories of disease including Alzheimer's?

It is an area of active research and hopefully we will bring new insights into the pathology of Alzheimer's disease in the coming years. Inflammation is now a well-established component of the pathology seen in Alzheimer's disease. However, efforts to use anti-inflammatory drugs to prevent or delay the onset of Alzheimer's have not been very encouraging so far.

I am currently studying to become a medical researcher or medical practitioner, but other than that I'm not sure what I want to pursue specifically. I have a slight general idea, but my question is: How did you ultimately decide to devote yourself to Alzheimer's research?

A family member was a victim of Alzheimer's disease. It is clear that a large increase in the number of professionals working in the field of geriatric medicine will be needed to face the vastly increasing numbers of patients that are predicted to exist by 2050. Any motivated student should be encouraged to take this route.

Is there any research proving a connection between ADHD medicine intake, which the new generations of

children consume heavily, compared to the past and the disease you are researching?

The widespread use of ADHD medicines is too recent to know the possible impact on developing Alzheimer's disease. As of now, there is no evidence for such a connection.

What physiological phenomena (such as beta amyloid clusters) of Alzheimer's do you believe is responsible for the lapse in memory processes?

The general deterioration of brain circuits, as a consequence of the disease, includes the slow and progressive disconnection of the brain cells and ultimately their disappearance. This clearly impacts on memory processes.

Are clusters possibly responsible for starving brain cells of nutrients, causing malfunction?

The clusters (or amyloid plaques) certainly affect the proper function of the brain cells. One aspect might be the starvation of the brain cells located in the vicinity of the amyloid plaques. However, how the toxic clusters affect the biology of the brain cells remains controversial.

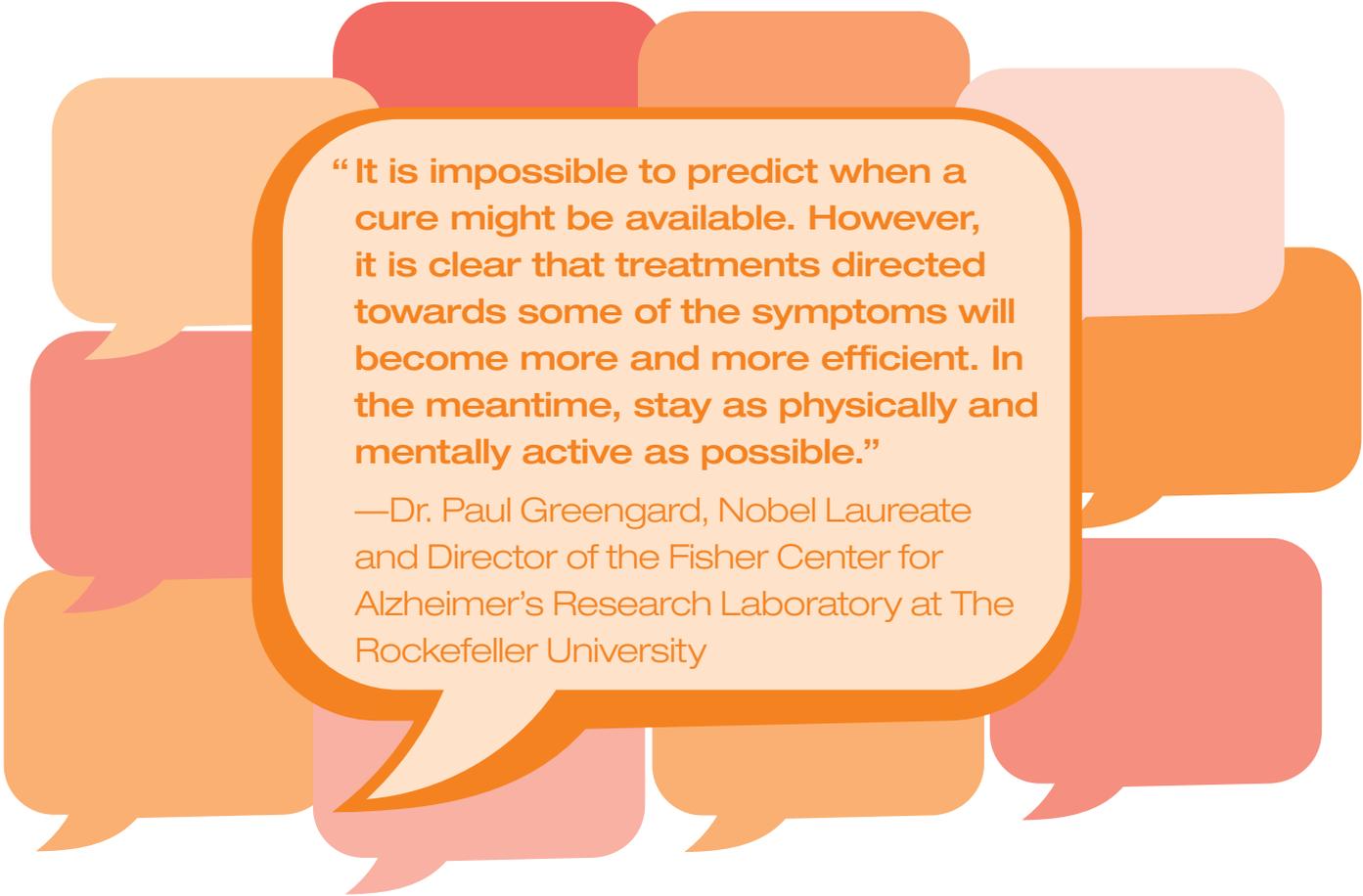
Most importantly, what effect do you believe environment can play in maintaining Alzheimer's patients' well-being, and in turn their life expectancy?

As a simple rule, everything that is beneficial for health in general is also beneficial for the brain. Physical activity is clearly beneficial. Reduced stress levels and healthy diet are also beneficial. More specifically, any sort of stimulation of the brain is thought to be beneficial (mental activity, music stimulation, environmental enrichment).

Is there any clinical evidence that anesthesia triggers Alzheimer's?

There is no clear evidence proving that anesthesia triggers Alzheimer's but this is rather a new field of research and studies are underway to address this concern.

Are there any tests that can now be done on elderly people in their 70s that can predict the likelihood of getting



“It is impossible to predict when a cure might be available. However, it is clear that treatments directed towards some of the symptoms will become more and more efficient. In the meantime, stay as physically and mentally active as possible.”

—Dr. Paul Greengard, Nobel Laureate and Director of the Fisher Center for Alzheimer’s Research Laboratory at The Rockefeller University

Alzheimer’s and guess when the full blown version will occur?

A neurological exam performed by a specialized physician could constitute the first step in establishing the possibility of brain disorders. In terms of genetic testing, one can check for a marker called APOE-e4 using a blood test. However, this type of testing is used mostly for clinical research studies at this stage. Brain imaging is the third category of testing that can be done. Specific protocols can be used to test for the presence and abundance of amyloid plaques.

None of these relatively recent tests are done routinely. Furthermore, because the correlation between those markers and the development of the disease is not that great, the presence of those markers does not always guarantee that a patient will develop the disease. In any case, there is no way to predict the timing of future events, even if the clinical evaluation indicates high chances of developing the disease.

What are your thoughts about use of ultrasound to destroy Amyloid plaque?

It doesn’t seem a difficult research to start immediately with no harm.

It is not clear whether amyloid plaques per se cause brain damage. Amyloid plaques are extremely stable and resistant, even to harsh chemical treatments. It would take much more than ultrasound to affect them.

I’m quite interested in microRNAs as therapeutic targets. Is there research being done looking at developing potential miRNA-based therapies for Alzheimer’s?

This is indeed a fascinating field of research but the field is at its infancy and much more work is required before addressing the question of miRNA-based therapies.

In your opinion, what can one start doing early to prevent Alzheimer’s and dementia?

Stay as active as possible, both mentally and physically. ■



Keep Friends Close

Friendships can and should be preserved and encouraged for people with Alzheimer's.

When Carol Bradley Bursack's father developed dementia, friends and former colleagues slowly stopped visiting. The loss of the friendships saddened her father, a former supervisor in the local sanitation department, who had been popular and well-liked by his staff.

"I ran into a couple of the men who worked under him throughout the years and they'd get teary talking about Dad," recalls Bursack, author of *Minding Our Elders: Caregivers Share Their Personal Stories*. "They couldn't take seeing him like that. He and Mom also had a nice circle of friends. Toward the end, only one couple came to visit. I never blamed them. But I knew how much it would have meant to Dad had they visited."

The Need for Friends

It's not uncommon for the onset of dementia to result in the loss of long-time friendships. Conversations that once flowed easily can become confused and disjointed. Shared activities become increasingly difficult, and spending time with someone who doesn't recognize you can be sad.

But like anyone else, people with Alzheimer's need friends and social contacts in general. Interacting with others helps people with dementia feel connected, and lets them know they still matter.

"Human beings are essentially social and this is true regardless of age or cognitive status," said Susan McFadden, Ph.D., co-author of *Aging Together: Dementia, Friendship, and Flourishing Communities*. McFadden points out that all people need mutual relationships of trust and caring. It's important for physical, mental and spiritual well-being. "Unfortunately, when some people receive the diagnosis of dementia, their friends sometimes retreat, whether out of fear or uncertainty, and have difficulty knowing how to remain in a relationship with an individual who may no longer remember the story of the friendship."

Sustaining Friendships

Caregivers can help keep friendships intact by nurturing these relationships and letting friends know how much they're needed. Sustaining these friendships begins with identifying the people who are most likely to commit to the friendship. "They may be new friends or long-time friends, but they share an attitude of compassion and caring along with the willingness to learn new ways to relate to a friend," Bursack says.

Here are some ways caregivers can help prepare friends of those with Alzheimer's:

Provide your loved one's friends with some basic information about Alzheimer's.

McFadden encourages friends to understand that dementia is a progressive condition and that they will need to be flexible in relating to the person as changes occur. In the early stages, for instance, the changes are often not obvious. But as time passes, the person's personality and behaviors will change, and it may be more challenging to do simple tasks. Over time, they may also lose language skills that can make communication more difficult.

Coach friends on how to communicate.

Explain the importance of validating what the person with the disease says, and do your best to let the person with Alzheimer's lead the conversation. Suggest that friends bring photos from the past or tell stories. But don't ask the person with Alzheimer's to recall an event or argue with him

about facts. Many people with Alzheimer's can't recall details and facts, and may struggle to remember an event, which will cause frustration and anxiety for them, and further exacerbate social withdrawal.

Also, encourage visitors to announce themselves when they come into the room. Don't assume that the person with Alzheimer's will always recognize them. Make sure friends understand that even if the person with dementia doesn't immediately recognize them, their presence is still valuable.

Urge them to keep the conversation lighthearted and in the moment.

Avoid asking for information that people with Alzheimer's can no longer recall, such as what they had for breakfast or whether they remember an event from the past. Instead, try talking about something in the here and now, such as the weather or an activity you're doing during the visit. Look for humor whenever possible.

McFadden says many people wonder what to talk about with a friend who no longer can engage in a coherent, linear conversation. Once this change is accepted, there can be marvelous, imaginative conversations that give joy to both parties. She recommends the TimeSlips Creativity Journal (www.attainmentcompany.com/timeslips-creativity-journal) as a great resource to help friends have these kinds of conversations.

Remind visitors that it's their presence that counts, not the quality of the conversation or the duration of the visit.

Urge them not to get upset if their friend or family member forgets about a recent get-together. Remind them that the visit was enjoyed while it happened. Perhaps most important, Bursack says, is to "reassure visitors that it's not their fault if the person they are visiting reacts negatively to them or to something that they say." Try to keep in mind that it's the disease responding, not the person, she says.

Find new ways for friends to relate to your loved one.

Let friends know that people with dementia still need visitors, even if they sleep much of the time. "It doesn't have to be hard," Bursack says. "Touch them. Speak in a loving voice. Spend some time watching TV together. Remember that this could be you and do what you'd want done for you."

Say thank you.

Be sure to express your gratitude for those friends who do stick around. It's not easy to watch a friend change and develop dementia. Those who do are true friends who deserve your appreciation. ■

Pamela Brown: A Passion for a Cure

CNN's Justice Correspondent since 2014, Pamela Brown knows firsthand about the devastation wrought by Alzheimer's disease, which has touched her own family. She is now a powerful advocate for more research and a cure.

As the official justice correspondent for cable news broadcasting giant CNN, Pamela Brown has been on the forefront of high-impact stories involving law enforcement and the courts, including the Supreme Court. Her career as a reporter has brought her face-to-face with profoundly difficult issues, from the Haitian earthquake of 2010 to international sex trafficking. Her life away from the newsroom brought her into contact with a dreaded foe: Alzheimer's disease, which her beloved grandmother suffered from until her death in 2003.

Brown remembers her grandmother as a tough, stubborn lady. "We would butt heads a lot, but it was funny, because I was the one who could speak up to her—everyone else was afraid of her," Brown recalls. "She was an incredible human being."

Losing her grandmother to Alzheimer's was a profoundly difficult loss for the entire family. "My grandmother is gone now, and that was really a traumatic experience," says Brown. Brown's grandmother was diagnosed when Pamela was 15 or so, which was about 16 years ago. It started out with dementia, and the Brown family wondered if it was just old age. Her grandfather had died a few years before her grandmother's diagnosis, and the family wondered if her grandmother was suffering from a broken heart. But Brown's mother, the former sportscaster Phyllis George, knew something more was going on.

The Brown family feels the effects of her grandmother's passing to this day. "It took the wind out of all of us," she says. "It was a very challenging time for us, and it's still something my family is emotional about."

Brown is adamant that we need to put an end to Alzheimer's. "We need more awareness and money for a cure, above all. I still think people don't understand the gravity of the issue," she says. Brown believes that there needs to be more attention focused on the disease so we can find a cure. "It's an epidemic. They call it the silver tsunami for a reason."

An Early Start

Brown had a strong inkling she wanted to be a journalist when she was a child. "I remember being eight or nine and walking around with a little recorder, and interviewing people. I used to interview my Mom, for example," Brown recalls. Her mom was impressed with the types of questions her daughter was asking her. It did not come as a surprise since she was fortunate enough to have a good understanding of what she wanted to do in life.

That passion for getting at the truth never waned. Brown pursued it throughout her formative years, eventually earning her B.A. in broadcast journalism at the University of North Carolina. Upon graduation, Brown landed her first job in a TV newsroom, at ABC7/WJLA-TV in Washington, D.C.

Brown's family supported her calling, albeit with some reservations. Her mother was very supportive. Brown recalls: "I want you to do whatever you want to do, she said." Her father was a bit more reserved about her decision to pursue the career of a journalist. Brown says he was concerned that she'd feel pressure if she followed in her mother's footsteps.

Nevertheless, Brown had her heart set on journalism. She dedicated herself to the calling, and her family has been very supportive ever since. CNN is always on at the Brown household, she says.

An Earthquake and a Flood

At CNN, she covered the devastating Haiti earthquake in 2010, one of the biggest stories she's covered thus far in her career. What she witnessed in the island nation had a profound effect on her.

"The devastation was overwhelming. I was in a Third World country that had been through a terrible earthquake, but I had a deadline, even with no Internet access and other difficulties," she says. Brown adds that it wasn't easy to

“ We need more awareness and money for a cure, above all. I still think people don’t understand the gravity of the issue.”

—Pamela Brown

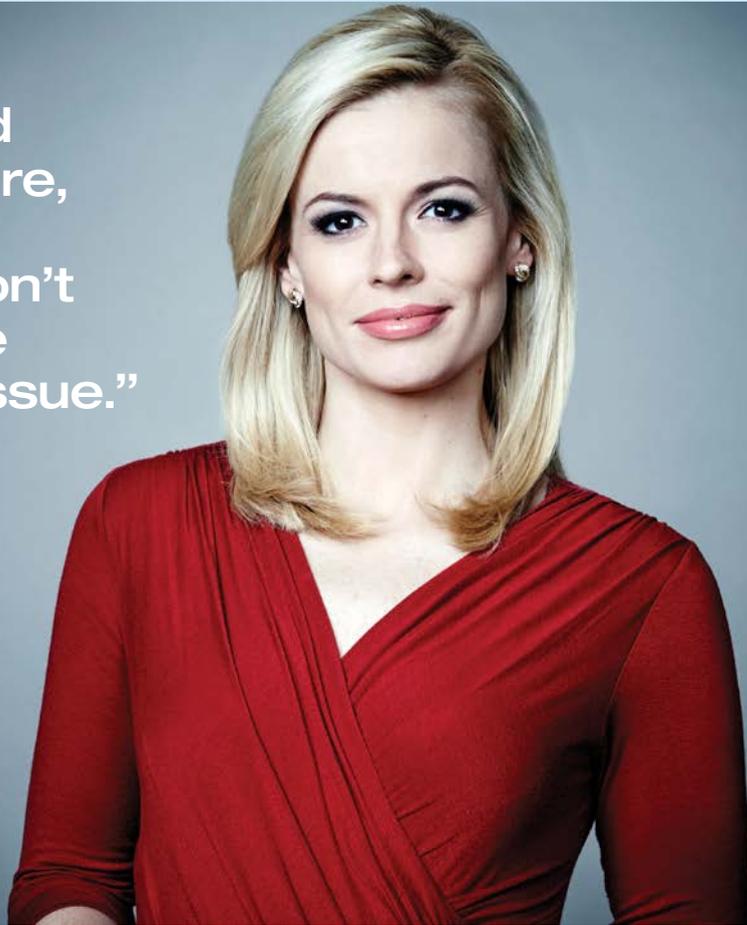


Photo: CNN

witness all the devastation that afflicted Haiti, but being a witness to it was part of the job—getting the story where it’s happening and sharing that with the public.

While serving as a local news anchor, Brown covered several major events in addition to the Haiti earthquake. One such story was Hurricane Sandy, which battered the East Coast of the U.S. in 2012.

From News to Justice

Brown joined CNN in 2013, working the news beat for the cable network. In that capacity, she covered such major news stories as the Boston Marathon terrorist attacks, the Cleveland kidnappings and the aftermath of the Oklahoma tornadoes. Brown says that covering such grave events can trigger emotions, but she keeps those in check in order to maintain an objective distance. “It’s not during the story I feel the strong emotions,” she says, “It’s usually after the story that I experience those.”

Brown covers the U.S. Department of Justice today for CNN. While serving as the network’s justice correspondent, Brown covered the Charlie Hebdo massacre

in Paris as well as the terrorist attack in San Bernardino, CA, and the recent death of Supreme Court Associate Justice Antonin Scalia.

Covering the U.S. Supreme Court is a privilege and responsibility she cherishes, one she finds interesting and intellectually challenging. “I sometimes have to pinch myself listening to oral arguments and hearing the Justices weigh in,” she says. “I’m in the middle of such momentous, important decisions.”

While Brown’s relationship with Alzheimer’s is personal, she also has that bigger picture in mind, and she’s willing to speak out about it. Brown’s hopeful that she’ll be able to someday see news coverage about an Alzheimer’s cure.

“I am still young, but I have a fear that what happened to my grandmother happens to me, will there be treatment by then?” she asks. She notes that more people need to be a part of this movement toward finding better treatments and a cure. She believes that the greatest challenge is that, as a nation, we haven’t fully grasped the gravity of the situation. Many also don’t realize that Alzheimer’s can affect younger people, too, not just the elderly. ■

Dealing with the Diagnosis

Alzheimer's disease kills more people every year than breast cancer and prostate cancer combined. Millions of people have been given the news that a person close to them is now living with the disease. Indeed, research indicates that in 2014, 15.7 million family and friends provided 17.9 billion hours of unpaid care to those with Alzheimer's and other dementia-related illnesses.



Caregiving for a person with Alzheimer's should never be a solo journey.

Brown knows all too well the devastation of learning a beloved family member has Alzheimer's disease. Given what her family has gone through, she has some words of counsel for others facing the same situation. "Seek help immediately; don't be afraid to do that and don't do this alone," she advises. "There are great organizations and support groups out there—reach out to those resources and get the support you need. And reach out to your family."

Coming to terms with the diagnosis of a family member or friend's condition is very difficult, but it can be managed. Here's how experts suggest that people process the news of an Alzheimer's diagnosis for someone important in their lives:

- **Seek reliable information on the condition.** Talk with other family members about the person's diagnosis, and work together to come up with a caregiving plan.
- **Notice your emotions.** It's good to acknowledge what you're feeling, and that can be a complicated reality. You may feel sadness, grief, anger, resentment, isolation, fear and more—or any combination of those feelings. It may help to keep a journal of how you're handling the news.
- **Find support.** Support groups for families and friends of people with Alzheimer's are available in many communities. Check online to see what's offered in your community. And even if there's nothing near you, check online. You'll find a vibrant online community at the newly relaunched ALZTalk.org. Also, the Family Caregiver Alliance offers an excellent one at www.caregiver.org.
- **Talk about it.** One of the best ways to dispel the sense of isolation is to share your feelings with others—especially those who are going through the same things you are.

Brain Brunch ... Or Lunch

Make the best choices for a healthy midday meal to boost brain health.

Making lunchtime a “win time” for your brain is the final frontier for brain-healthy eating habits. It’s the time of day when we’re often on the go, so keeping up brain-health habits when you’re trying to grab a quick lunch can be a challenge.

Try Healthy Snacking

“A common pitfall is to skip breakfast and then have the urge to gorge on unhealthy foods at lunch,” says Karen Merzenich, culinary researcher for Posit Science, the leading provider of the scientifically validated brain health program, BrainHQ. “If you find you don’t have the time or interest to eat breakfast every day, all is not lost. Just grab some filling, brain-healthy snacks to get you through the morning.”

Nuts offer brain health benefits, especially walnuts, peanuts and almonds. Fresh and dried berries are also a good snacking option, provided they don’t have added sugar or oils. While we hear that blueberries are a “brain food,” in fact, strawberries, raspberries, cherries, red grapes, blackberries, cranberries and pomegranate seeds all contain antioxidants and flavonoids that may stave off cognitive decline and maintain brain function, too.

Another easy snack is carrots, which are rich in beta-carotene. “Several long-term studies suggest that people who regularly eat beta carotene-rich foods have significantly better memories and verbal skills than those who don’t,” says Merzenich.



Eating Away From Home

If you work or volunteer, it can be nearly impossible to eat a brain-healthy lunch on the go. If possible, make your own lunch and bring it with you.

“I like to make a meal that will last a couple of days, like a hearty soup, and bring it into work with me,” says Merzenich. “Since I work for a brain-health company, sometimes a coworker and I take turns bringing lunch in for the both of us so we can eat something that’s good for our brains and bodies with half the work!”

Traditional Lunches

If you really want a sandwich, you can make it healthier by choosing whole grain breads and tuna or poultry. Don’t forget to pile on the vegetables, which are full of brain-protecting antioxidants.

A big salad with dark leafy greens, nuts and berries is an even better option—especially with a light dousing of an olive oil-based dressing. And, don’t forget that a vegetable-based soup can also be a good choice.

A large study of women in their 60s found that those who ate more leafy greens and cruciferous vegetables like broccoli, cabbage, kale and Brussels sprouts showed less decline in memory, attention and verbal abilities than women who ate less of those foods.

And when it comes to heartier soups, legumes provide an excellent source of folic acid, which is a key nutrient for a healthy brain from the womb through old age. ■

Six Midday Snack Food Boosts

Foods have an immense impact on your brain, and eating whole foods (not processed) can make a big difference in your overall physical well-being and cognitive health. Just like daily exercise, the right foods normalize your insulin levels. Here are six easy foods you can grab on the go. Your brain will thank you.

1



Walnuts: Full of nutrients, walnuts promote blood flow, which gets more oxygen to the brain.

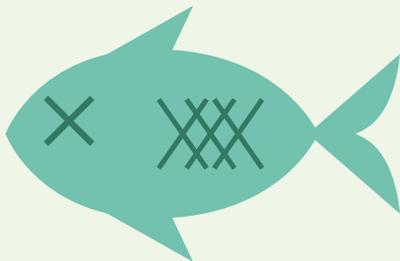
2

Blueberries: Considered one of the super foods for your brain, blueberries are rich in antioxidants that can help improve memory.



3

Sardines: With lots of omega-3 fatty acids and calcium, sardines are considered among the best foods for the brain.



4



Broccoli: Rich in vitamin K and folic acid, broccoli can help ward off dementia and may even help keep you happy.

5

Dark chocolate: With high levels of flavonoids, dark chocolate improves blood flow and may even lower blood pressure.



6

Avocados: A good source of healthy fats that lower bad cholesterol, avocados boost blood flow to the brain.



Broccoli Kale Soup

For a quick reheatable meal on the go, try this delicious soup, which doubles up on green leafy veggies for an extra dose of brain-boosting antioxidants.

Ingredients

- 1 tsp olive oil
- ½ cup onion, chopped
- 1 carrot, peeled and grated
- 2 cloves garlic, chopped
- 5 cups chicken stock or vegetable stock
- 2 cups broccoli florets
- 1 small bunch kale, leaves stripped off stalk
- 1 cup nonfat or low-fat milk or plain yogurt

TIP: Don't forget that vitamins and nutrients are often sensitive to heat, so do not overheat and do not heat for a long period of time.

Directions

1. Heat olive oil in soup pot over medium heat. Add onions and carrots and cook 4-5 minutes, until fragrant and just starting to brown.
2. Add garlic and cook 30 seconds.
3. Add broccoli and stock to pot and cook 7 minutes. Add kale and cook for 3 more minutes.
4. Remove from heat and puree with a hand blender or in batches in a regular blender.
5. Stir in milk and reheat to a simmer (do not boil). Serve immediately with crusty bread.

Recipe courtesy of BrainHQ (www.brainhq.com/recipes)



Disability Benefits and Alzheimer's Disease

What you need to know ...

Alzheimer's disease is very common, affecting more than 5 million people in the U.S. Scientists across the globe are conducting research to find a cure for this devastating disease that affects so many people. In the meantime, if you or a family member has been diagnosed with Alzheimer's disease, there could be financial assistance available for you. The Social Security Administration (SSA) offers benefits for people who are no longer able to work due to a disability.

Types of Social Security Programs Available

There are two forms of disability benefits you or your loved one could receive. Medically qualifying for both is the same, but each has its own technical qualifications.

The first form of benefits is known as Social Security Disability Insurance (SSDI). It is available for adults aged 18-65 who have a work history and have paid Social Security taxes throughout their careers.

Once approved for SSDI benefits, you will continue to receive benefits until your condition improves and you can go back to work, or you reach your full retirement age, which is 66 or 67, depending on your date of birth. Once you hit retirement age, your disability benefits will convert to retirement benefits. Payments will stay exactly the same, but there will be no limitation on how much income you can earn from working.

The second form of benefits, Supplemental Security Income (SSI), is for people of all ages. There are no work history requirements for SSI recipients, but there are certain financial restrictions. If you have a spouse who earns a moderate income, or if you have a high level of financial assets, you will not qualify for SSI. Assets include cash, stocks, life insurance, and a second home and car. The SSA will not include your primary home and vehicle when evaluating your asset level.

Medically Qualifying for Benefits with Alzheimer's

When the SSA receives an application for disability benefits, it will compare the applicant's medical history to its own medical guide, known as the Blue Book. The Blue Book lists hundreds of conditions that could potentially qualify for benefits.

Alzheimer's disease is not listed in the Blue Book, because most people who are diagnosed with Alzheimer's disease will qualify for Social Security retirement benefits, rather than Social Security disability benefits. After age 65, you no longer qualify for SSDI benefits.

Early-onset Alzheimer's, however, is listed as a disabling condition in the Blue Book. Early-onset Alzheimer's is found on the SSA's list of Compassionate Allowances.

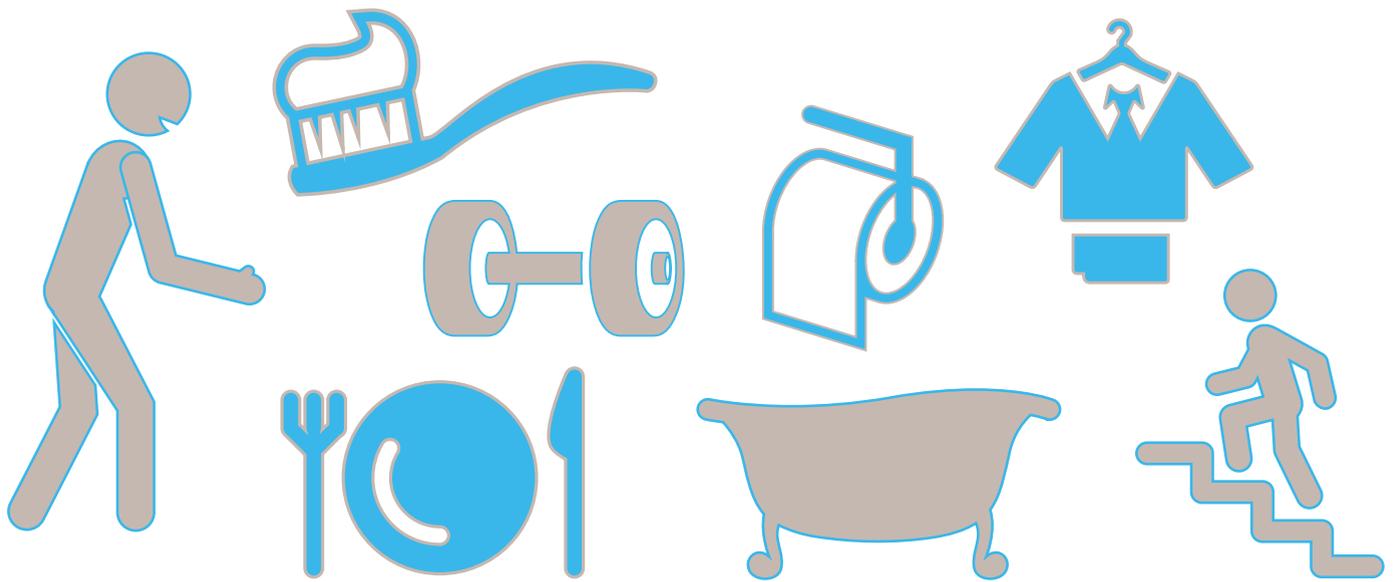
Compassionate Allowances and Early-Onset Alzheimer's

The Compassionate Allowances list is a group of conditions that are clearly disabling and warrant immediate approval. The average Social Security disability applicant waits five months before getting approved, and can wait up to two years to get approved if their initial application is denied.

The SSA expedites the process for applicants who have been diagnosed with a condition listed as a Compassionate Allowance. Because early-onset Alzheimer's is listed on the SSA's Compassionate Allowance list, you can expect to have your application approved in as little as 10 days.

Materials Needed to Prove Disability to the SSA

For a person with early-onset Alzheimer's to be approved for Social Security benefits, the SSA requires that you submit "clinical information [that] documents a progressive dementia." The SSA prefers information from your primary care physician, neurologist, and/or psychiatrist. Submitting evidence from multiple sources is always beneficial.



To apply for Social Security benefits, you'll need to submit a list of daily activities.

Another report that you should submit is an “activities of daily living” report. Activities of daily living are tasks you are able to perform every day to take care of yourself. These include, but are not limited to:

- Eating
- Getting dressed
- Bathing
- Personal care, such as grooming or brushing teeth
- Using the restroom
- Walking, standing and sitting for extended periods of time
- Ability to lift weight
- Climbing stairs

You can have a doctor or caregiver fill out a form outlining daily activities. You can find one online at www.ssa.gov.

One more document the SSA prefers to see to confirm a diagnosis of early-onset Alzheimer's is documentation of dementia by standardized testing. An example of an exam commonly used to diagnose Alzheimer's disease is the Clinical Dementia Rating (CDR) scale.

Keep in mind that the activities of daily living evaluation and standardized testing results are not necessarily required for you to be approved for disability benefits with early-onset Alzheimer's. But you will have a better chance of going through a smooth application process and getting approval if you submit as much medical evidence as possible.

Applying for Social Security Benefits

There are two ways to apply for Social Security disability benefits. The first is to apply online on the SSA's website.

This is only available for people who qualify for SSDI benefits. You can start the application online and pause at anytime to continue later.

You can also call the SSA at **1-800-772-1213** to schedule an appointment with your local SSA office. This is the only option for SSI applicants, but SSDI applicants can apply in person as well. Keep in mind that so long as you can prove your early-onset Alzheimer's, you will be approved for disability benefits quickly. ■

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.

Helpful Links

- Apply for benefits: www.ssa.gov/disabilityssi/
- SSA Compassionate Allowance Listing: <https://secure.ssa.gov/apps10/poms.nsf/lnx/0423022385>
- SSI Income Limits: www.socialsecurity.gov/ssi/text-income-ussi.htm
- SSA Offices by Region: www.disability-benefits-help.org/social-security-disability-locations

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 these American expressions with their British equivalents?

- | | |
|--------------------|--------------|
| 1. ___ Vacation | a. Subway |
| 2. ___ Gasoline | b. Cupboard |
| 3. ___ Apartment | c. Chemist’s |
| 4. ___ Truck | d. Biscuit |
| 5. ___ Drugstore | e. Holiday |
| 6. ___ Underpass | f. Braces |
| 7. ___ Checkers | g. Flat |
| 8. ___ Suspenders | h. Cooker |
| 9. ___ Closet | i. Petrol |
| 10. ___ Stove | j. Draughts |
| 11. ___ Cookie | k. Vest |
| 12. ___ Undershirt | l. Lorry |

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 thought from Will Durant. The black squares are the spaces between words. One letter has been dropped in place to start you off.

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

LEAPFROG

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

Example: **NGIHGEARINAA** — **NIGERIA, GHANA**

- | | |
|--------------------|-------|
| 1. LEGIYBYPAT | _____ |
| 2. SUKEDNAYNA | _____ |
| 3. AGUNGINOLAEA | _____ |
| 4. UMAGANLADAWI | _____ |
| 5. ARWLGANEDRAIA | _____ |
| 6. LMOIBROERCICAO | _____ |
| 7. SBEOTNSEWAGNALA | _____ |
| 8. CBUARUMENDROION | _____ |
| 9. SOETMHIOALIPIAA | _____ |

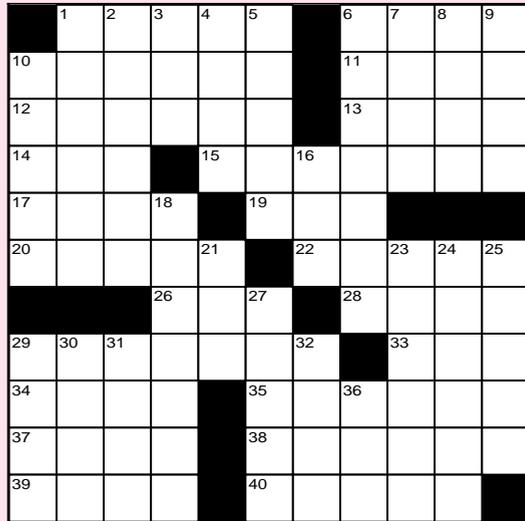


•VISIT US AT KAPPAPUZZLES.COM•

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 those solving aids are not provided. The second puzzle is also a thematic puzzle: the title "Memory Blanks" is a hint. Have fun testing your knowledge while doing something that's good for you!



Across

- 1. Purse item, these days
- 6. 2000 Subway Series participants
- 10. Whooping birds
- 11. Dismounted
- 12. Lifts
- 13. Train trip
- 14. Mar. follower
- 15. Upholstered seats for two or more
- 17. FBI employees, for short
- 19. Recite
- 20. Shepherd's charge
- 22. Nursery items
- 26. Pant leg bottom
- 28. Winter forecast
- 29. Larry, Curly, and Moe
- 33. Skater Babilonia
- 34. Akron's state
- 35. Busy hens
- 37. Biology
- 101 study
- Current styles
- Kyser and Starr
- Smooths wood

Down

- 8. Neap ____
- 9. Fr. holy women
- 10. Straw
- 16. Tic-____-toe
- 18. Academies
- 21. Frat party receptacle
- 23. Propose
- 24. Lumber pieces
- 25. Dotted ____ (fabric)
- 27. Grilled sandwiches
- 1. Drive onward
- 2. Style of tresses
- 3. Switch positions
- 4. Butterfly
- 5. Curved letters
- 6. Persecuted ones
- 7. Author Wiesel
- 29. Punch
- 30. "Take ____ Train" (2 wds.)
- 31. Greasy
- 32. Actress Gilbert ("The Class")
- 36. Longing

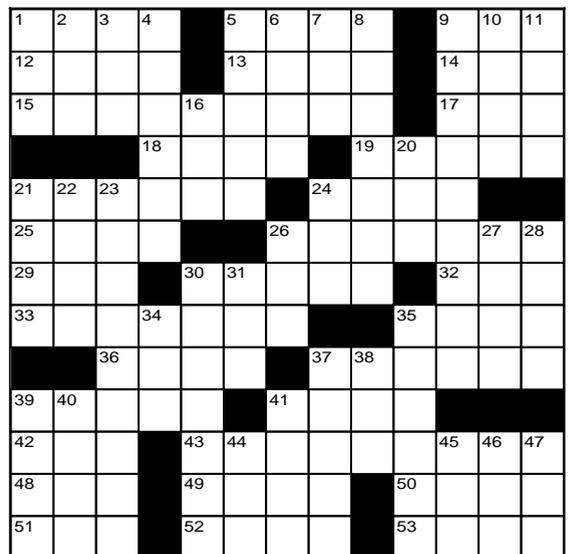
Memory Blanks

Across

- 1. Clarinet's orchestral kin
- 5. Dance wildly at a concert
- 9. Disco staffers
- 12. Roseanne's sometime surname
- 13. His paw was Sheriff Taylor
- 14. Informant
- 15. ____ memory
- 17. Fruit drink
- 18. City south of Moscow
- 19. Farmer, in the spring
- 21. Oxalis
- 24. Ken of "thirty-something"
- 25. Heloise had 1,001 for nylon net
- 26. First word in a Shakespearean title
- 29. Former broadcast TV letters
- 30. Dimwit
- 32. Mountain butter
- 33. "Madame X" painter
- 35. Corrida cry
- 36. Large birds
- 37. Camels' cousins
- 39. Attacks
- 41. Limerick, for one
- 42. "____ Wednesday" (Liz Taylor film)
- 43. ____ memory
- 48. Outstanding one
- 49. Fall months: abbr.
- 50. Slugger Sandberg
- 51. Pronounce
- 52. Front of a plane
- 53. Rescue
- 16. Three, to Luigi
- 20. North Sea resource
- 21. Minivans' kin
- 22. Workplace watchdog gp.
- 23. "____ memory.."
- 24. Possess
- 26. It's a blast: abbr.
- 27. Visiting spot for the Tarleton twins
- 28. Modern physicians' gps.
- 30. Atomic particle
- 31. Winners
- 34. A.M. TV show, informally
- 35. Circus staffers
- 37. Eastwood's "Every Which Way But ____"
- 38. Bk. after Exodus
- 39. Viragoes
- 40. On the "Bounty"
- 41. Grades on some tests: abbr.
- 44. Environmental prefix
- 45. Swedish rug
- 46. Pt. of SASE
- 47. Slightly better than failing

Down

- 1. Like archaic wds.
- 2. Curmudgeon's contemptuous cry
- 3. ____ y plata
- 4. Corrigenda
- 5. Motor inn
- 6. Citroen's four-wheeled cousin
- 7. Elton John's title
- 8. Sherman of "The Jeffersons"
- 9. ____ memory
- 10. Bianca Jagger's daughter
- 11. Eng. money



BRAIN-BOOSTING PUZZLES

HIDDEN-MESSAGE WORD-FIND™

Alfred Hitchcock was an acknowledged master of suspense and a shrewd businessman as well. He directed all of the films listed below. Circle them all, and the unused letters will spell out a Hitchcock quotation.

You are looking for a 52-letter phrase.

FAMILY PLOT	SHADOW OF A	D T H E S D R I B E H T M O P
FRENZY	DOUBT	N I A T R U C N R O T R E S S
I CONFESS	SPELLBOUND	U C C B O O O F R E N Z Y U C
JAMAICA INN	STAGE FRIGHT	O O C U C L P I E S S C S F U
LIFEBOAT	SUSPICION	B N E O N L P E R U H N T T W
MARNIE	THE BIRDS	L F B D H A G Y S O N E H O O
NOTORIOUS	THE LADY VANISHES	L E E A V A M P L I T G V P D
PSYCHO	THE WRONG MAN	E S R F T E I G A I I O I A N
REAR WINDOW	TOPAZ	P S L O L C R C N R M A N Z I
REBECCA	TORN CURTAIN	S I B W I N I T F O T A H E W
ROPE	VERTIGO	M A O O R A E E I S R U F C R
SABOTAGE		S C N D M E G S S G F W U L A
		T H E A M A R N I E O M E O E
		V I J H T A O B E F I L E H R
		S E H S I N A V Y D A L E H T

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.

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



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PUZZLE ANSWERS

Match These

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

Dropline

To say nothing, especially when speaking, is half the art of diplomacy.

Leapfrog

1. Libya, Egypt; 2. Sudan, Kenya; 3. Angola, Guinea; 4. Uganda, Malawi; 5. Algeria, Rwanda; 6. Liberia, Morocco; 7. Senegal, Botswana; 8. Cameroon, Burundi; 9. Somalia, Ethiopia.

Hidden Message

The more successful the villain, the more successful the movie.

Crossword 1

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

Crossword 2

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

Word-Find

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

Sudoku

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

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Fisher Center Scientist Spotlight

Due to the outstanding work of Fisher Center's world-renowned scientists, we are getting closer to finding a cure!



Dr. Marc Flajolet

Research Assistant Professor at the Fisher Center for Alzheimer's Research at The Rockefeller University and Chairman of Fisher Center's Scientific Advisory Board

Hometown:

Marc was born in a city located in the east of France called Metz, and he grew up not too far away in the country side.

Education:

He did most of his studies in Paris at the University "Paris Diderot" and did his PhD at The Pasteur Institute in Paris. After a short post-doctoral stay, also at The Pasteur Institute, he joined the laboratory of Dr. Greengard in January 2000.

Fun Fact:

Marc grew up with different pets ranging from a pig to guinea pigs, and some mice as well, of course. He has one frog and three mice in his office, and a Siamese cat at home that talks a lot! He is convinced that pets and interacting with them is a great way to enrich and stimulate daily routines, and more efforts should be put into helping seniors and the elderly to have more exposure to pets.

Research Discoveries:

Dr. Flajolet's research, under the direction of Nobel Laureate Dr. Paul Greengard, led to the discovery of several families of small compounds (molecules or proteins) that are important to better understand and/or interfere with cellular pathways that are affected by the disease.

For example, he discovered that a protein called "Casein Kinase 1" regulates the production of beta-amyloid in the brain, suggesting that inhibitors of this protein might be useful in treating Alzheimer's disease. He also showed that several of these inhibitors do have an action in cultured cells.

In an attempt to uncover novel approaches to tackle the disease, Dr. Flajolet's recent efforts have also led to a series of results further validating the relevance of autophagy (a biological phenomenon used by the cells to remove cellular debris and unwanted materials) for Alzheimer's disease. His group is currently working on identifying small compounds (molecules) in order to regulate this process called autophagy.

Dr. Flajolet discovered a novel class of molecules (Aftin) able to modify the production of different amyloid peptides. This might help better understand why, in some cases, the production of a particularly toxic version of the amyloid peptide (A β 42) is increasing.

We want to thank Dr. Flajolet and all of our scientists who work hard every day in the quest to find a cure.



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