B. Smith and Dan Gasby
Alzheimer’s, their relationship and life as a caregiver

Fisher Center RESEARCH BREAKTHROUGHS Announced
Three major studies may open new avenues for Alzheimer’s treatment

Make Your ESTATE PLANNING Count for a Cure
What you need to know to do planned giving the way you want

PLUS THE LATEST NEWS ON Alzheimer’s research and treatment
FISHER CENTER REPRESENTATIVES STEPPED UP TO THE PLATE!

The Fisher Center for Alzheimer’s Research Foundation extends its gratitude to Jimmy Nederlander, the Yankees, the Fisher Brothers, The Stringer Foundation and B. Smith and Dan Gasby for showing their support at Alzheimer’s Day at Yankee Stadium to raise awareness of the importance of continued research funding.

On June 25, the Fisher Center and the New York Yankees teamed up to bring awareness to Alzheimer’s disease during Alzheimer’s Day at Yankee Stadium. The Home Plate Ceremony featured Director of Fisher Center Research Laboratory, Nobel Laureate Dr. Paul Greengard, his wife Ursula von Rydingsvard, as well as celebrity and Alzheimer’s activists B. Smith and her husband, Dan Gasby.

We thank all of the Fisher Center representatives who support our quest to find a cure.
Dan Gasby, husband of B. Smith, the famed restaurateur and lifestyle maven, gets candid about Alzheimer’s, their relationship, his life as a caregiver and the need for more research into better treatments and a cure for Alzheimer’s disease.

**DEPARTMENTS:**

- **From the President’s Office** 5
- **News Briefs** 6
- **Fitness** 11
- **Fisher Center Research** 12
- **Long-Term Planning** 24
- **Keeping Your Mind Sharp** 26

**FEATURES:**

- **Creating a Spark** 8
  Arts and crafts programs can brighten the lives of Alzheimer’s patients.

- **Choosing Adult Day Services** 14
  Here’s how to find a good program that engages the person you’re caring for while giving you needed time off.

- **Planned Testamentary Gifts to Charity** 16
  Your estate plan can help make a huge difference for Alzheimer’s research—and the millions of people living with Alzheimer’s disease.

- **Getting into a Daily Routine** 22
  Having a predictable schedule helps patients and caregivers with the challenges they face every day.
BOARD OF TRUSTEES
Zachary Fisher, Founder (1910-1999)
Barry R. Sloane, Chairman
Martin Edelman, Howard Lutnick, Vice Chairmen
Kent L. Karosen, President and CEO
Murray Rubin, Secretary
Barry R. Sloane, Treasurer

Dr. Manny Alvarez
Dr. E. Ratcliffe Anderson, Jr.
Gerry Byrne
Hadley Fisher
Hon. Betsy Gotbaum

Dr. Paul Greengard
James L. Nederlander, Jr.
Richard J. Salem
Dr. Moshe Shike
David H.W. Turner

SCIENTIFIC ADVISORY BOARD
Dr. Floyd Bloom
Dr. Marc Flajolet, Chair
Dr. Samual Gandy
Dr. David Holtzman
Dr. Yueming Li

Dr. Jean-Pierre Roussarie
Dr. Sangram Sisodia
Dr. Rudolph Tanzi
Dr. Lars Terenius

© Copyright 2016 by the Fisher Center for Alzheimer’s Research Foundation. No part of this publication may be reproduced or transmitted in any form or by any means without written permission from the Fisher Center for Alzheimer’s Research Foundation. Articles in this publication are written by professional journalists who strive to present reliable, up-to-date health information. However, personal decisions regarding health, finance, exercise, and other matters should be made only after consultation with the reader’s physician or professional adviser. All editorial rights reserved. Opinions expressed herein are not necessarily those of the Fisher Center for Alzheimer’s Research Foundation.

Preserving Your Memory
is a product of
StayWell
407 Norwalk Street
Greensboro, NC 27407
(336) 547-8970

Sam Gaines, Managing Editor
Traci S. Cosman, Design Manager
Erin McCarthy, Account Manager
Jan McLean, Creative Director
Traci Marsh, Production Director
Samuel M. Jaffe, Esq., Barbara Marion Horn, M.A.,
Margie Monin Dombrowski, Terri Poindexter Smith,
Tamekia Reece, Jennifer Sellers, Karen Shugart,
Contributing Writers

Snap a photo of this QR code* to get more information about Alzheimer’s disease!

*Download a free code reader app for your smartphone at your phone’s marketplace
A Commitment to Finding a Cure

The Fisher Center for Alzheimer’s Research Foundation remains committed to ending the Alzheimer’s epidemic. A special thank you to the Fisher Brothers, especially Mr. Ken Fisher, and Mr. Howard Lutnick, for the continued support of the Foundation and for helping in our quest to find a cure. 2016 has shown to be a year of exciting developments in an effort to find a cure, which we are sharing with you in this issue of Preserving Your Memory!

The Fisher Center for Alzheimer’s Research Foundation continues to support the critically important work of Dr. Paul Greengard’s laboratory. In breaking news, and for the first time ever (thanks to our gracious donors), Fisher Center scientists created a novel imaging technology allowing 3D visualization of brain defects that cause Alzheimer’s disease. Read more about this innovative technology in our research article in this issue, and learn more about the exciting work taking place at the Fisher Center.

In our cover story, we talk with B. Smith, model and entrepreneur, and her husband, Dan Gasby, about caregiving and their new book about their experiences with Alzheimer’s disease. They have become advocates for raising awareness of the importance of Alzheimer’s research funding and recently participated in Alzheimer’s Day at Yankee Stadium on behalf of the Fisher Center. Thanks again for “going to bat” for Alzheimer’s!

We hope this summer is bringing good things to you, your family and friends!

Sincerely,

Kent L. Karosen
President & CEO

Please send your tips, stories or questions to:
Fisher Center for Alzheimer’s Research Foundation
110 East 42nd Street, 16th Floor
New York, NY 10017
or by e-mail to info@alzinfo.org

We can end Alzheimer’s.

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 Cases Continue to Rise

A large new study found that cases of Alzheimer’s are still increasing at an alarming rate, though the rate of increase appears to be slowing. The findings suggest that higher levels of education and heart-healthy lifestyle measures may be helping to perhaps prevent, or at least delay, the onset of dementia.

The study, in the New England Journal of Medicine, followed more than 5,200 participants in Massachusetts over decades. It found declines in dementia risk, but only in those who had at least a high-school education. The study also looked at heart disease risk factors like smoking, high blood pressure and obesity, and found that better control of cardiovascular factors also lowered the risk of developing dementia.

One reason that education may help to curb Alzheimer’s onset, scientists speculate, is that it helps to build a rich connection of brain cells. That’s one reason why studies suggest that keeping your brain active by doing crossword puzzles, reading books or learning a new language may help to ward off Alzheimer’s in old age.

Taking steps to improve heart health may also mean a more robust memory and better thinking skills in later years.

Anemia Tied to Dementia Risk

Anemia, a common condition in the elderly characterized by low numbers of red blood cells, may increase the risk of dementia, a new study shows.

For the study, published in the journal Neurology, researchers looked at 2,552 men and women in their 70s who were free of dementia at the start. Over the next 11 years, they found that those with anemia were more than 40 percent more likely to develop Alzheimer’s or other forms of dementia than those who were not anemic.

“Anemia occurs in up to 25 percent of adults ages 65 and older,” said study author Dr. Kristine Yaffe of the University of California, San Francisco. It is often caused by low levels or iron or vitamin B12, and is often readily treatable.

Older adults should seek medical attention if they suspect they have anemia, symptoms of which include fatigue, dizziness and shortness of breath. A simple blood test can detect anemia. You may be able to prevent some types of anemia by taking supplements or eating a heart-healthy diet (featuring plenty of multi-colored vegetables, lean meats and fish, whole grains and unsaturated fats), something that may also help to keep the brain healthy.
Recognizing Faces Poses Special Challenges

People with Alzheimer’s have a hard time recognizing faces, even in the early stages of the disease, according to a new report. The findings may lead to more effective strategies for helping people with Alzheimer’s improve daily interactions with others.

For the study, published in the Journal of Alzheimer’s Disease, researchers at the University of Montreal asked men and women with mild Alzheimer’s to identify photos of faces and cars, both right-side up and upside down. They found that parts of the brain responsible for recognizing faces are impaired early in the course of the disease.

The findings may help families better understand their loved one’s difficulties in recognizing them, a painful experience for anyone caring for someone with Alzheimer’s disease. It may also lead to new ways to help those with Alzheimer’s better recognize others.

For example, knowing that Alzheimer’s disrupts the ability to perceive familiar faces, family members and caregivers might take extra care in identifying themselves and others. Or, visitors might make sure they speak up, since someone with Alzheimer’s might recognize their voice but not their face.

Technology companies are also investigating ways to help people with Alzheimer’s identify others. Such a device might, for example, use facial recognition technology to identify a child or grandchild, then discreetly vibrate a user’s smartwatch or cellphone and display a name and other identifying information.

Memory Complaints May Precede Alzheimer’s By Decades

Do you feel you have more problems with memory than most? You may be at risk for Alzheimer’s.

Older women who worried they were forgetting things were at higher risk of developing Alzheimer’s disease many years later, new research found. The findings add to a growing body of research showing that Alzheimer’s is a decades-long process and underscore the need for treatments that may prevent the disease long before damage to the brain becomes extensive.

The memory complaints were enough to be bothersome to the women, but not significant enough to show up on a standard memory test, said study author Allison Kaup, of the University of California, San Francisco.

For the study, she and colleagues followed 1,107 women who were 65 and older for nearly 20 years. The women were periodically asked the same yes-or-no question: “Do you feel you have more problems with memory than most?” Those who answered, “Yes” at the start of the study were 70 percent more likely to have developed Alzheimer’s disease or mild cognitive impairment, which often precedes Alzheimer’s, than those who did not feel they had memory problems. The likelihood of developing Alzheimer’s increased the more time that passed.

Staying active, reading and doing memory-enhancing exercises may help with Alzheimer’s symptoms.

The study, in Neurology, looked only at women, but other research has shown that memory complaints may precede Alzheimer’s by many years in both women and men.

For more information:
Visit www.ALZinfo.org often for up-to-date and expert-reviewed scientific news.
Imagine a woman with reduced language skills being able to read poems before a group of her peers, or a former artist using a paintbrush again after years of refusing to pick it up. These are examples of the types of engagement Christina Hugenschmidt, PhD, assistant professor of gerontology and geriatric medicine at Wake Forest Baptist Medical Center in Winston-Salem, N.C., sees frequently in the creative intervention group she runs for people with dementia.

While such results don't affect the progression of dementia, they do have a noticeable impact on the lives of those who suffer from it. Dr. Hugenschmidt says she's observed numerous benefits the arts have on people with memory problems, including increases in confidence, social interaction and mood. Some interventions, such as creative movement, can even help patients with balance and stability.

“The same neurodegenerative process that affects cognition, can spread to other regions of the brain and affect motor function as well,” says Dr. Hugenschmidt. She notes that any intervention that can affect balance, gait and walking can have a direct benefit for the person. It can also have an indirect benefit for caregivers, who have to deal with falls, transfers and other issues like that around the home.

Projects that Engage

Dr. Hugenschmidt's group integrates a variety of artistic components, including dance, painting, photography and poetry. Most participants are dementia patients who are mobile and still living at home with a caregiver. They range, she says, from those who are verbal and really want to talk about things to the lower functioning, who have trouble being verbal and making eye contact.

During a typical session, Christina Soriano, a professor of dance at Wake Forest University, will guide the participants through improvisational movement. Then, Dr. Hugenschmidt and a student assistant, Bryan Neth, will introduce an artistic activity to the class. For instance, the class will view and discuss iconic photographs.

The participants will often have the opportunity to extend the lesson into a home-based activity. So, for example, after the photography discussion, participants will be given disposable cameras to take home so that they can shoot their own photos. Dr. Hugenschmidt and her collaborators will develop the photos so that the class can discuss them.

“When we discuss iconic photos, it gives them a chance to recount memories and bond with one another,” she says. But participants can also consider what aspects of the images they like most—the contrast and placement, for example. They can even take their own photos, choosing what they personally find striking or interesting.

The projects often evolve. For instance, the participants could be asked to create haikus about the photographs. A session like this is where the woman in the introduction had an opportunity to read poems before the class. The woman had initially been insecure and nonverbal, but she started blossoming within the group.

“This woman was withdrawn and tends to have a lot of problems with language production,” says Dr. Hugenschmidt. The first time she walked into the group, Dr. Hugenschmidt recounts, she tried to follow her husband back out. Over time, however, she got involved in more activities. “Even though she struggled generating her own language, she was able to read the poems,” says Dr. Hugenschmidt. “Someone might say it’s not possible to run a group with participants like her, but when you take the time to learn more about them and give them different avenues of expression, they often come out of their shells.”

Artistic expression can lead to enriching experiences for people with dementia.
Seeing Results

In addition to the successes Dr. Hugenschmidt has observed, she’s also gotten a lot of positive feedback from patients and their caregivers. They’ve reported that they’ve enjoyed the activities, felt accepted, felt less self-conscious about their memory problems and were able to meet people with similar interests.

To get a more definitive idea of how the art classes are helping patients, Dr. Hugenschmidt’s team is looking at changes in physiological measures of stress, such as cortisol levels, to determine if participation is helping reduce anxiety and tension. While the data hasn’t yet been analyzed, Dr. Hugenschmidt is hopeful about the results. People with dementia tend to have elevated levels of cortisol, so the results of these tests will offer some insight into how art may be beneficial.

Getting Your Loved One Involved in the Arts

Most communities have similar types of resources. It’s a good idea to check with senior centers, local universities and departments of aging. There are also online resources that can help you connect with a group near you. A good place to start is the National Center for Creative Aging. Their website, creativeaging.com, has a resources section that lists senior enrichment programs throughout the country, including many that offer services to people with dementia.

You can also engage your loved one at home, says Dr. Hugenschmidt. “One of our caregivers gives her husband old photographs to organize into a memory book,” she says. “He doesn’t get very far with it; he does a lot of it over and over again. However, he really enjoys it.”

Music is another important element to include in your loved one’s life. Purchase CDs of albums that were popular during key periods of his or her life. Consider paintings as well. If you’re buying a new piece of art for your home, narrow your selection down to two choices, and let your loved one choose which one you’ll get. Coloring is another option. Some craft stores have a selection of grown-up coloring books that can be used with markers and colored pencils.

“You might be surprised at the benefits of this,” says Dr. Hugenschmidt. “Art offers not only freedom of expression, but temporary freedom from the diagnosis. And by reducing stress on the patients, it can also help lighten the burden for caregivers. Art really reaches people in unlimited ways.”
COMING NOVEMBER 1, 2016

Why Can’t Grandma Remember My Name?

The Fisher Center for Alzheimer’s Research Foundation’s first published book explains Alzheimer’s disease in a way for parents and families to share with a younger audience what is happening to Grandma or other loved ones afflicted by the disease. The book also integrates artwork created by children juxtaposed with art created by Alzheimer’s patients, demonstrating the power of art therapy for all ages. All royalties benefit the Fisher Center for Alzheimer’s Research Foundation in the quest to find a cure.

For more information, visit: www.ALZinfo.org/book.

Artwork featured in the book can be seen below.
Aerobic exercises like running, jogging, brisk walking, swimming or cycling—all great for the body and the heart—are also great for the brain. And, there’s no better time than the present to get outside and give your brain a boost with these types of exercises.

While they’re growing muscles in your body, they are also increasing your heart rate, pumping more oxygen to your brain and causing your body to release a number of healthy hormones. All of this provides a lot of nourishment for your brain cells.

According to the National Institute on Aging, some studies even suggest that aerobic exercises may reduce dementia risk by improving connectivity between cells in the brain, a process called brain plasticity.

Starting an outdoor fitness routine may be one of the best things you can do for your brain. If you think you’re either too old or out-of-shape, consider this: Sister Madonna Buder (born July 24, 1930), a nun from Spokane, WA, is the current world record holder for the oldest person to ever finish an Ironman Triathlon (swimming, biking and running).

Buder began exercising for the first time at age 48. Forty years later, she’s completed 325 triathlons.

Marathons may not be in your immediate future, but if your healthcare provider agrees, consider getting outside, breathing in the fresh air and getting your heart pumping doing some of the things you enjoyed as a kid. Always check with your doctor before beginning a rigorous exercise plan.

The following aerobic activities can go a long way in keeping both your body and mind fit. Here are a few tips for getting started:

1. **Walking:** Start out warming up with a five-minute, slower-paced walk. Add five minutes each day. As your walks grow longer, speed up in the middle stages and slow down during the last five minutes. Build your walks up to at least 25 minutes per day.

2. **Running:** After you’ve been walking comfortably for several months, you can slowly add in a few minutes of jogging or running each session. Track your progress and remember that it’s ok to slow down and walk whenever you feel the need.

3. **Swimming:** The key to exercising in water is taking it slow and including lots of breaks at first. Remember that it requires your heart, lungs and muscles to work differently. Work up to swimming several lengths of the pool at an easy pace.

4. **Cycling:** Think about your goals—where you want to ride, how far and on what terrain. A good bike shop can help you choose the right bicycle to fit your needs. Look for reviews online to find the shop that provides the best customer service to get you up and rolling.
It’s been an eventful year already at the Fisher Center for Alzheimer’s Research.

In April, scientists from the Fisher Center—led by Nobel laureate Dr. Paul Greengard and spearheaded by Dr. Marc Flajolet—announced they had uncovered a new approach to manipulating a key pathway in the development of Alzheimer’s disease in order to reduce the level of amyloid plaques, and thereby somewhat improve memory impairment associated with the condition.

And in July, Fisher Center scientists announced the conception of a state-of-the-art technology for 3D visualization of amyloid plaques and two other parameters.

A Novel Pathway

The April studies were published in the Proceedings of the National Academy of Sciences. In those studies, Dr. Flajolet and his colleagues discovered that a complex of proteins called COPI is critical to regulating the production of a toxic peptide called Abeta, which it does by regulating the trafficking of the precursor protein, APP. The Fisher Center team accomplished this through in vivo work first and then by analyzing genetic data from several large cohorts of Alzheimer’s patients.

“While most of the research these days is focusing on reducing Abeta peptide levels by targeting the cleavage itself (the final step of the process), we showed here that modifying one of the very early steps in the process leads to similar results,” says Dr. Flajolet, who is Research Assistant Professor at the Fisher Center for Alzheimer’s Research at The Rockefeller University.

The significance of this research could translate into novel therapeutic approaches for Alzheimer’s disease, Dr. Flajolet says. “The second study demonstrates that the modulation of the COPI complex in vivo leads to improvements that are directly relevant to the disease,” he says. He adds that the team, in collaboration with the geneticist Dr. Rudy Tanzi, also discovered a possible genetic link between several sub-units of the COPI complex and Alzheimer’s disease.

“These findings are significant as they provide further explanation of the pathways involved in the creation of amyloid plaques, a primary hallmark of the disease, and that the manipulation of this pathway leads to improvement of some memory impairments in an animal model of the disease, which could lead to future Alzheimer’s treatments that slow the progression of the disease,” says Dr. Greengard, the Director of the Fisher Center for Alzheimer’s Research. “It is because of the generous funding from the Fisher Center for Alzheimer’s Research Foundation that we are able to conduct this research.”

A New Imaging Technology

The July studies were published in the journal Cell Reports. In these experiments, Fisher Center scientists were able to see fully rendered 3D images of amyloid plaques and two other markers for Alzheimer’s disease in five major brain regions. The team also conducted further analysis of archived human brain tissues from Alzheimer’s patients, which resulted in close study of a larger diversity of amyloid plaques in terms of size, shape and 3D organization.

“We were thinking for a while, how to gain access to the brain in 3D without having to slice it and...
perform labor intensive reconstructions that often lead to artifacts or mistakes?” says Dr. Flajolet. He adds that the team was also looking for ways to efficiently and precisely evaluate the amyloid plaque load in an affected brain while focusing on specific brain regions. The result? “We believe that we can now achieve all of this and more,” says Dr. Flajolet, who is also Chairman of the Fisher Center for Alzheimer’s Research Scientific Advisory Board.

Dr. Thomas Liebmann, the lead author of this work, was instrumental in generating the data and for doing the spectacular 3D rendering and videos that facilitate the analysis and the quantification.

This new imaging technology could lead to important therapeutic avenues down the road, Dr. Flajolet points out. “This could provide new avenues for a better understanding of why and where plaques start forming in the Alzheimer’s mouse models,” he says. “This could also perhaps be extremely helpful in categorizing Alzheimer’s patients based on similar three-dimensional features, with the hope of identifying retrospectively correlations between these 3D features and symptoms.” Ultimately, Dr. Flajolet envisions a role for this type of retrospective studies in identifying new therapeutic molecules by better designing clinical trials working on sub-groups of patients—something that would not otherwise be possible.

Karosen commended the team’s work upon the July publication. “We are proud that the funding we provide has resulted in innovative, never-before-seen imaging of what causes Alzheimer’s disease,” he says. “The Fisher Center scientists are working diligently to better understand the cause and cure of the disease and with the ability to visualize the causes of Alzheimer’s, we’re one step closer to a cure.”

For more information:
Visit www.ALZinfo.org often for up-to-date and expert-reviewed scientific news.
Choosing Adult Day Services
By Karen Shugart

Adult day services can be a caring way to provide a person with Alzheimer’s disease with safe, much-needed social interaction while helping caregivers maintain jobs and other responsibilities. But not everyone knows about these indispensable services.

“The public really doesn’t know about the value that these programs can provide to them,” says Rick Greene, executive advisor for the National Alliance for Caregiving. “It’s sort of like the best-kept secret.”

Once aware, caregivers face another issue—namely, what to look for when choosing a place for a person with Alzheimer’s to spend daytime hours. Finding an appropriate program calls for research and know-how.

Once referred to as “adult day care”—a term that can be viewed as pejorative—adult day services provide an array of services and activities. Many provide social activities, meals and recreation for participants, while others may also provide more intensive medical or dementia-specific care. They offer a safe way to delay or prevent admission to long-term residential care while giving caregivers rejuvenating respite. More than 4,600 U.S. programs exist, charging a median daily rate of $69, according to the Genworth 2015 Cost of Care Survey.

When to Choose
Caregivers may want to consider an adult day services program when the person they’re caring for cannot be safely left alone. Other signs may be that he or she can no longer initiate or focus on an activity, or that he or she requires such attention that it’s compromising the caregiver’s health.

How to Choose
After identifying potential programs—the local Area Agency on Aging or the National Adult Day Services Association (NADSA) are good places to start—caregivers should visit several, armed with questions and watchful eyes. If possible, the prospective enrollee should accompany the caregiver. “Ideally, it’s a very homelike environment,” says Lisa Peters-Beumer, who chairs NADSA’s board of directors.

NADSA’s website offers detailed checklists of what to ask and observe during those first visits. Caregivers should not be afraid to ask for specifics about each program and its staff, including accreditations, qualifications and training (e.g., Alzheimer’s-specific education). They should watch how staff members treat participants. What assistance do they provided, if needed, with eating and toileting? Do enrollees appear to enjoy the activities?

“They should ask, ‘How is the program licensed? Are they accredited?’” says NAC’s Greene. “If the state does license them, many states publish the results of their inspection visits online.”

Caregivers may also want to ask about staffing ratios, which may be regulated depending on a program’s location. A 2010 MetLife report found that, on average, such programs had one direct care worker for every six participants. “When I was in New Jersey, we required them to have a more intensive staffing ratio for clients with dementia,” says Greene, who worked at that state’s Department of Health and Senior Services before becoming the first director of the National Family Caregivers Support Program.

Peters-Beumer, who’s also assistant vice president of adult and senior services for Easter Seals, says a quality adult day services program should indicate that it’s interested in getting to know the potential enrollee and honoring his or her preferences. “Are they interested in building a relationship with your loved one?” she says.

Such relationships can be shown in everything from the food served to the activities offered, she added. What meals and snacks are offered, and how nutritious are they? Will program participants have options to choose from? Does the environment promote safety?

After observing programs in person, caregivers should check references. Facility leadership should be able to provide contact information for two or three people who have used its services. The local Area Agency on Aging also may be able to provide leads.

Making a choice
Once a caregiver has found a potential program, experts recommend that the prospective participant
try the program out for a few days. Remember that several visits may be required for an enrollee to feel comfortable. “Usually, the biggest barrier is getting someone comfortable in walking in the door,” says Peters-Beumer. “Once they walk in, they usually see the value of the programs and the social aspect of adult day services.”

Don’t be afraid to reach out to staff for suggestions on making the transition easier. “Based on my experience in New Jersey, the best way really was to ensure that the person attended two days a week so that he or she was familiar with the routine,” Greene says.

As a participant settles into a program, remember to consider how his or her needs may change as their health status changes. Find out how the facility will assess participants’ needs. How often will staff reassess those needs? At what point will a person no longer be able to receive care at the center?

A Caring Choice
Some caregivers struggle with guilt over enrolling the person with Alzheimer’s in adult day services, but studies have found benefits for both caregiver and participant. According to the MetLife report, about 90 percent of centers offer cognitive-stimulation programs and almost 80 percent provide memory-training programs. Many offer support groups and education programs for caregivers. Don’t hesitate to seek out those resources, secure in the knowledge that adult day services can be a caring choice.

Funding
While many programs rely on private-pay clients, some facilities offer sliding scales. The U.S. Department of Veterans Affairs may have resources for ex-military members, and the National Family Caregivers Support Program may offer aid. Check with your local Area Agency on Aging for other resources (http://www.n4a.org/).

Finding adult day services
These organizations offer locators as well as guidance on selecting a program.
- The National Adult Day Services Association (http://www.nadsa.org/locator/)
- U.S. Administration on Aging (http://www.eldercare.gov or 800-677-1116)
- Commission on Accreditation of Rehabilitation Facilities (http://www.carf.org/providerSearch.aspx)
In our experience as estate planning attorneys, we find that nearly all of our clients have a deep and caring desire to protect the future of their loved ones. At the same time, they appreciate the opportunity to make a substantial and positive impact upon society by helping others through a charitable bequest in their last will and testament or living trust. By recognizing and addressing these important concerns, individuals act in a manner that imparts their lifetime values and send a lasting message of love and compassion.

Certainly, most clients decide to leave the bulk of their assets to their family members. But we find that when they also remember a worthy charity in their will, such news is generally greeted with even more admiration and respect from their family and friends. Their loved ones understand and are proud of the donor’s charitable estate contribution. In a society where we highly value the virtue of helping others who are less fortunate or disabled, such an act of kindness teaches the next generation that they need to give back.

Our clients generally understand that through the preparation of a validly drafted will or trust document, they have complete freedom of choice over the manner and extent to which they can leave the bulk of their assets to the beneficiaries that they choose. Without such properly prepared documents, it is likely that the laws of the state will determine how and to whom your estate assets are distributed. In such a situation, the surrogate’s court will appoint an estate administrator to carry out the state mandates, rather than you having the opportunity to appoint an executor to carry out your own decisions. Our experience shows that more of your hard-earned assets will be diminished by additional costs to your estate if it is handled by a court-appointed
administrator. It is also less likely that some of your chosen beneficiaries will receive your property in the amounts that you would wish them to. Thus, having a will or a living trust prepared is something that you should not put off. It’s as important as taking care of your personal health and your general financial well-being. It’s up to you to protect and preserve your hard-earned assets and possessions, and leave a legacy in a manner that conforms to your express wishes. This can be accomplished by careful estate planning, and by doing so, you can also minimize any potential estate tax consequences and other estate-related expenses.

In order to carry out your desires, you simply need to consult an attorney who is experienced in estate-planning matters. The attorney will ask you basic questions about your assets, your heirs and your ultimate desires, and then work with you to develop and draft the necessary documents that reflect your wishes. The process is not a difficult one, and while it is understandable that individuals do not wish to dwell on their final wishes, it is responsible and kind to those whom you wish to be beneficiaries that you do so.

The idea that you are protecting your loved ones and making an everlasting mark on society by helping those in need through a charitable bequest provides a true feeling of autonomy and satisfaction. It gives you the opportunity to fully exercise authority and give firm direction about the disposition of your property as an act of love to those individuals that you cherish and to those charities that you recognize for their extraordinary work.

For this reason, clients are so willing to direct their charitable donations to the Fisher Center for Alzheimer’s Research Foundation, in recognition of the work of their incredible teams of researchers, who tirelessly aim to find a cure for Alzheimer’s disease. With Alzheimer’s disease on the rise—the number of people diagnosed with it is likely to double worldwide by 2030—research in this area must continue to advance now more than ever.

Certainly, an experienced attorney can guide you through the process of preparing a last will and testament that includes an outright charitable bequest, or one that creates a charitable trust. In your will, you name all of your beneficiaries and direct the property that you wish to leave to them, whether outright or through a trust under which they will receive income or payments of principal in installments. Likewise, you can make a bequest to a worthy charity and direct that a specific sum or other property be distributed either outright or over time.

You can even set up a charitable trust in your will through which you can earmark a set amount of money from your estate into a trust account. It will then be held and invested by a trustee that you select, with the interest income then paid to the charity for a set number of years. Thereafter, the principal sum of money will vest to your selected beneficiaries. This arrangement, known as a charitable lead trust, allows you to retain an asset in your family while effectively minimizing estate taxes.

You can also set up a charitable remainder trust in which your beneficiaries receive the interest income under a fixed schedule, and then after a term of years, the principal amount remaining vests to your preferred charity. A donation in your will to a charity through this trust provides your loved ones with a stream of income, irrespective of their other personal financial sources of earning. Both of these types of charitable trusts are excellent estate-planning tools and create stability for beneficiaries as well as potential estate tax savings, and at the same time can further your ability to help others in need.

Mr. Jaffe is an associate attorney at the law firm of Jaffe & Koumourdas, LLP, located at 40 Wall Street in New York City. He can be reached at sjaffe@jkattorneys.com, or at (212) 809-7800 ext. 5084.
Through Thick and Thin

Dan Gasby, husband of B. Smith, the famed restaurateur and lifestyle maven, gets candid about her condition, their relationship and his life as a caregiver

By Tamekia Reece
Barbara Smith, best known as B. Smith, is a woman of many titles. Model, restaurateur, celebrity chef, author, magazine publisher, designer, decorator and lifestyle guru are only some that she’s worn over the years. She was the first African-American woman to appear on the cover of Mademoiselle magazine, and the first to have a line of home goods sold at a national retailer (Bed Bath & Beyond). Smith also hosted the nationally syndicated daytime television show, B. Smith with Style.

By her side through much of her career has been her husband of 23 years, Dan Gasby, whose expertise in television marketing and production proved very beneficial when he took on the role of business manager of Smith’s career. Together, the two worked diligently to build the B. Smith empire, venturing successfully into one area after another. They seemed unstoppable. However, in 2013, their plans came to a standstill. B. Smith, who was only 64 at the time, was diagnosed with early-onset Alzheimer’s, and Gasby took on a new role: caregiver. Gasby and Smith took on an additional role, as well: research advocates.

**Little Signs of Difference**

Smith’s changing behavior was the first sign that something wasn’t quite right. She had always been very fastidious, cleaning up after everything—but then she would leave clothes around or not put food back in the refrigerator. She also started being late or missing appointments, something she never did previously. There were mood swings, too, with Smith being sweet one moment, and then exploding with anger the next. Gasby blamed her overloaded schedule. “I thought it was burnout, juggling too many things. She needed to take a vacation, or maybe she was having a breakdown,” he says.

The day alarm bells sounded was supposed to be like any other. Smith had a guest spot on the Today show, which she had appeared on many times before. However, this time, during the middle of the live segment, one of the hosts asked Smith a question and she froze. She stood there in silence for more than 10 seconds, an eternity on live TV, Gasby says. Watching from the green room backstage, he was horrified. “I was shocked. I couldn’t figure it out. Is she burnt out?
How could she blow this? What’s going on?” he recalls thinking. With everything else that had been happening, he knew then something was seriously wrong.

All Things Revealed

After a series of tests, the couple finally had an answer for Smith’s unusual behavior: mild (or early-stage) Alzheimer’s. When they received the diagnosis, Gasby says they were more angry than scared. And surprisingly, Smith wasn’t in denial. She knew something was wrong, and she accepted the doctor’s diagnosis. “Does it bother her that she has Alzheimer’s? Yes. Does it make her depressed? Yes. Will she cry? Yes. Will she wipe her tears and move on? Absolutely,” he says.

Soon after the diagnosis, the two agreed that they wanted to go public with Smith’s condition and raise awareness of the disease and the importance of funding to put an end to the epidemic. They began writing a book chronicling their experiences, and revealed her diagnosis on the CBS Sunday Morning show. Gasby says the decision to speak out was easy. “We have always believed in trying to make a difference. If you can’t help yourself, at least try to help somebody else so that they can understand it,” he says. Their book, Before I Forget: Love, Hope, Help, and Acceptance in Our Fight Against Alzheimer’s, published earlier this year, is one of the ways they’re trying to help.

A Time to Speak Out

Looking back at their relationship from several years before Smith began showing symptoms up to the present, Before I Forget is not only a candid look at the ups and downs during the couple’s journey with Alzheimer’s, it also provides advice for caregivers, and discusses the latest Alzheimer’s research.

The book is written mostly from Gasby’s point of view, but each part begins with a chapter from Smith herself. She writes about everything from her love for Gasby to sometimes forgetting she has Alzheimer’s. She speaks of going to visit her hometown with her parents, but then remembers they are deceased. She even shares what she was thinking the time she accidentally took a neighbor’s vehicle, drove to one of her restaurants, marched over to Gasby (who was at the bar talking to two female patrons), punched him on the arm and left.

In addition to their personal accounts, Before I Forget is also a call for action. In fact, the book is dedicated to the U.S. Congress. “Everybody dumps on Congress but our government has done major things. We put a man on the moon. We built a highway system. We split an atom. We’ve gone to the depths of the ocean. We do big things when we all get behind something. I believe if we start to really remind people of their responsibilities and what they can do, it just may happen,” Gasby says.
The Road Ahead

Gasby looks forward to the day there’s either a cure for Alzheimer’s, a way to manage it, or a way to prevent it altogether. The couple has been very vocal in their advocacy for more research into better treatments and eventually a cure. However, he’s also accepted that it likely won’t happen in time to help Smith. “It pisses me off, but what am I going to do? I’ve got Alzheimer’s challenging me every day, and if I double down on feeling bad, I’m going to feel even worse,” he says.

So the couple lives in the present, simply enjoying the time they share together. Smith, now 67, has moved on to moderate Alzheimer’s. Gasby says, “She still has a great sense of humor at times. She may not know what day, month or year it is, or be able to remember certain people by name, but she knows them by face, and she still has an adequate handle on her social skills.”

As for Smith’s physical state, she’s extremely healthy. The couple eats a healthy (mostly Mediterranean) diet, works out frequently, takes walks with their dogs, Bishop and Sansa, and makes it a priority to keep their stress levels in check.

As difficult as it has been, Alzheimer’s has brought Smith and Gasby closer together. “It’s made the bond stronger because it’s real,” Gasby says. “Wouldn’t you want to know that someone is going to be with you through thick and thin? And if you couldn’t do anything, they’d be there to hold you or feed you or make sure someone didn’t hurt you?” That’s what Gasby is doing for Smith, and he’d have it no other way. “Even as Alzheimer’s diminishes her mind, and periods of anger and depression increase, the essence of who she is, her soul, remains the same,” Gasby writes in Before I Forget. “The love I feel for B. now is even deeper than the breathless excitement I felt when we first met.”

Smith and Gasby Honored on Alzheimer’s Day

The Fisher Center for Alzheimer’s Research Foundation and the New York Yankees joined together to raise awareness of the importance of Alzheimer’s research funding to find a cure on Saturday, June 25, at Yankee Stadium. In a special ceremony at home plate, the Fisher Center Foundation and the Yankees honored Dan Gasby and B. Smith for their advocacy on behalf of the cause.

The Yankees offered a 50% discount on tickets for those who donated to the Fisher Center for Alzheimer’s Research Foundation.

Before I Forget: Love, Hope, Help, and Acceptance in Our Fight Against Alzheimer’s is available at Amazon.com, BarnesandNoble.com and everywhere books are sold.
Familiarity is comforting, and for people with Alzheimer’s, the predictability of a daily routine can give them a sense of control over their day. Without a routine, it’s easy to feel lost or confused.

As it progresses, dementia increasingly restricts how a person can structure his or her day, explains Monica Heltemes, occupational therapist and owner of MindStart, in Minneapolis, MN. “They can wake up disoriented right off the bat, not knowing what time of day it is or where they are,” she says.

While in the earlier stages of dementia, a person may remember to brush their teeth in the morning but the loss of other rituals and routines, from going to work to playing golf with the guys, can cause confusion. Heltemes says it’s up to a caregiver to help set a routine so that each day looks the same. Doing so removes the fear or anxiety of not knowing what to do next.

Caregiving for someone with Alzheimer’s is a big job, and following a routine can make the day go by more smoothly. “Having a routine can make the day more manageable for both the caregiver and the person with dementia so they’re not wondering what they’re going to do with this long day,” Heltemes says.

Seizing the Day

Starting with sleeping, waking and eating, a consistent schedule is especially helpful for keeping the Alzheimer’s patient at ease through the day, sometimes with some gentle nudging from the caregiver.

“It’s important not to let them sleep all day because they’re going to be up all night,” says Elizabeth Landsverk, M.D., a geriatrician for ElderConsult Geriatric Medicine in Burlingame, CA. Dr. Landsverk advises finding a way to combine all the sleep hours into a single bloc of time. “If they didn’t sleep the night before, then maybe let them sleep until 10 am, but then they need to get up and be active,” she says. From there, she advises keeping them up in the afternoon and maybe even a little later at night in order to re-establish the routine.

Regular mealtimes can provide markers throughout the day and prepare the caregiver for how to handle the rest of the daily routine. Oftentimes, it’s easier to stick with what the patient is used to, such as eating the same foods at the same time.

Not everything has to be structured, though, says Heltemes. “Give the person as much autonomy as you can at first and supporting that will help reduce anxiety and boredom.”

“If they get in the habit of eating similar things and exercising regularly, it’s going to help with their bowel...
function and give the caregiver a better idea of what’s going on,” says Dr. Landsverk. She notes that some people with Alzheimer’s and other forms of dementia are able to tell you when to take them to the bathroom, while others who aren’t as aware of their body can’t tell you and might have accidents. A regular bathroom routine—taking the person to the bathroom every couple of hours—can help steer the person clear of accidents.

Exercise can easily be worked into the daily routine and after breakfast is the perfect time for an outing, leaving enough time to head back home to refuel, rest and recharge.

It’s important to stay active, says Dr. Landsverk. “Exercise is one of the few things that have been shown to either decrease the risk of dementia or decrease the progression of dementia,” she explains. In an assisted living community for people with dementia Landsverk visited, the center played big band music to encourage the residents to move about. “People were getting up and dancing; things that you can do that are physical and social double the benefit.”

Make it Person-Centered

While a routine can minimize confusion and anxiety in someone with Alzheimer’s, keeping it patient-centered is imperative. That means scheduling activities when the patient is at his/her best. “If someone is used to getting up at 10 am and having black coffee and their newspaper, you better not wake them at 8 am and give them coffee with cream and sugar and turn the TV on,” says Dr. Landsverk.

For social activities or outings, such as church, a visit with a friend or a doctor’s appointment, it’s good to keep the timing consistent. Heltemes advises figuring out the time when the person you’re caring for is at his or her best, and always doing it then.

The caregiver should also note how the patient responds to a routine or activity, and modify as needed. A daily journal can be helpful in this regard. “If the caregiver wants to take them out shopping all day and isn’t aware if they’re tired, in pain or have had enough stimulation, they’re going to have more agitation and battles,” Dr. Landsverk says. Instead, she advises, go for an hour or two, or instead of the mall go to the grocery store. “It goes back to person-centered care,” she says. “You have to know what they enjoy and what works best for them.”

To know whether a routine is working, you can expect to see less agitation and even moments of joy. “There rarely is a perfect day for a person with dementia and their caregiver, but if they have some smiles, moments of enjoying each other and getting past the bumps in the day, it’s a good day and the routine is working OK,” says Heltemes.
Senior-Centered DISASTER Preparedness

By Barbara Marion Horn, M.A.
Edited by Bernard A. Krooks, JD, CPA, LL.M., CELA

This is a story about a mother and daughter misplaced by Hurricane Sandy, and how the ensuing multiple moves they had over the four-week period they were away from their home triggered irreversible dementia for the mother.

I am the primary caregiver for my now 96-year-old mother. During Hurricane Sandy, I discovered first-hand that we need leadership regarding disaster preparedness for our aging population in order to keep them safe before, during and after a disaster.

We need resources that show how to create stability, safety and reassurance for fragile elders, both those who stay in their homes and those who must leave them. We need resources for those assisting elders in evacuating to help them prepare to leave their homes, manage while they are away and determine when it is safe—mentally, physically and emotionally—for seniors to return home.

**Planning for extended displacement**

Specifically, we need to lessen the traumatic impact of fragile elders being evacuated from home by minimizing their number of moves (just one is best).

**Prioritizing admission of the elderly at designated shelters and lodging**

Hotels should welcome vulnerable populations first, then focus on maximizing their comfort and safety especially as other issues arise, such as gasoline shortages.

**Deepening our understanding of “safe to return home”**

Safety would consider more than just the restoration of a personal residence. Safety would be concerned about the state of one’s neighborhood and surrounding areas, the amount of devastation still present and the number of services operational—e.g., drugstores, supermarkets, houses of worship, etc.

Knowing what I know now, I would have waited longer before returning home. By coming back to our Long Beach apartment in the early days of storm recovery—our building’s services were restored in four weeks—we had front-row seats to the devastation visited upon our neighbors who did not fare so well. Also, many support services were unavailable—drugstores, grocery stores, post offices, churches, etc.

In spite of our intact residence, we were surrounded by mayhem and disorder. Mom’s response as we drove through all this: “I don’t want to go outside. I don’t want to go down that street ever again. Things are really terrible …”

I’ll never know how much further my mother was traumatized by seeing and smelling the havoc wreaked by Hurricane Sandy. Exposing her to this level of the storm damage could have been totally avoided. A little guidance from those overseeing evacuations and support from FEMA would have allowed us more time to stay away—and Mom might be different today.
The Impact of Frequent Moves

I wish I had known ahead of time the impact our four-week Hurricane Sandy displacement would have on my mother. When her decline became apparent after returning home, doctors, social workers, senior center personnel—anyone who worked with the elderly said, almost in unison: “But of course she’s in rough shape! Everyone knows that’s what happens when older folks are displaced from home, especially when they are moved around.”

Mom was moved six times during our displacement. Would she be as lost as she is now if she had been moved fewer times? What could have made Mom feel more safe and stable during our displacement?

Knowing what I know now, I would have moved heaven and earth to keep Mom in one place. Evacuating a fragile elder from his or her home can have a profound and irreversible negative impact; having numerous moves is a recipe for further disaster.

I believe FEMA and the hospitality industry must prioritize displaced seniors in times of disaster and help minimize their moves. According to the medical professionals who evaluated Mom, the onset of her dementia was triggered by our multiple moves.

A Senior-Centered Disaster Action Plan: Four Suggestions

Town Hall Meetings

I suggest listening sessions focusing on the challenges seniors and their families encountered during and after a disaster. Every effort should be made to ensure the participation of seniors, their loved ones and caregivers, and all who serve them, including the medical profession—doctors, nurses, social workers and senior-service organizations. Surveying the experience of fire and police departments after the disaster will add significant insight to the plight of the isolated and stranded senior during this emergency. The suffering of the past offers valuable lessons for the future.

Senior Emergency Evacuation Committees

I propose the formation of committees comprised of representatives from private, non-profit, governmental and disaster organizations and advocacy efforts serving the community’s seniors and their families. The committee would spring into action once an evacuation order was imminent and would serve as the “point person” for the senior community. The committee would liaise with local grassroots leaders, organizations and disaster-service providers before, during and after the event, communicate information and resources to seniors, and assist in problem-solving for the duration of the disaster. Special efforts would be made to reach fragile, isolated and low-income elders to ensure their protection and support before, during and following the disaster.

Seniors’ Companion Animals

Organizations devoted to assisting seniors with their companion animals would be a critical part of the committee’s evacuation and return-home plan. The bond between an older person and his or her pet can be profound; doing everything possible to keep them together, or to minimize separation time, will go a long way towards ensuring seniors’ mental and emotional well-being amid such trying circumstances.

Outreach

A top priority is the establishment of a grassroots coalition dedicated to identifying older residents who live alone and may not have family or friends. Local communities need a plan in place prior to any crisis to assist the isolated elderly who lack adequate support. What a difference it would make to reach out to them before danger arrives and establish familiarity and rapport. We need to let them know we are here, we care and we will communicate with them should evacuation be advised. We can educate them on how to find senior-centered disaster resources and support them should disaster approach.

Barbara Marion Horn, M.A., is a senior-centered disaster preparedness advocate in Long Beach, NY. She is chair of the Subcommittee on Seniors Issues and Policies for Long Beach COAD: Community Organizations Active in Disaster.

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

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

(Answers on page 29)

MATCH THESE

Can you match these American cities with their nicknames?

1. ___ New York  a. Big Easy
2. ___ Boston  b. Big D
3. ___ Chicago  c. Music City, U.S.A
4. ___ Philadelphia  d. Mile High City
5. ___ Dallas  e. Big Apple
6. ___ Denver  f. Biggest Little City in the World
7. ___ New Orleans  g. Rain City
8. ___ Atlanta  h. City of Brotherly Love
9. ___ Seattle  i. Beantown
10. ___ Nashville  j. Motor City
11. ___ Reno  k. Big Peach
12. ___ Detroit  l. Windy City

LEAPFROG

Here’s a list of famous playwrights. The letters of their names are in the correct order, but they overlap. All you have to do to find the names is separate the letters.

Example: SINMEOINL — NEIL SIMON

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

VISIT US AT KAPPAPUZZLES.COM
(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 “Make an Attempt” is a hint. Have fun testing your knowledge while doing something that’s good for you!

### Across

1. Make eyes at (2 wds.)
2. Have three desserts
3. Highlight of a Clapton concert
4. Crocodile
5. Avis's slogan
6. Feelings of regret
7. Where to find a savings account
8. TV's days of yore
10. Central rooms
11. Flatjack chain (abbr.)
13. Regular
14. In base eight
15. Comic Philips
16. TV's
17. Days of yore, in
19. Caron movie
20. Customer
21. In base eight
22. Ask for mercy
23. Requested a pardon
24. In an old hotel
25. In an old hotel
26. In an old hotel
27. Aids: abbr.
32. Aids: abbr.
33. Aids: abbr.
34. Aids: abbr.
35. Aids: abbr.
37. Aids: abbr.
38. Aids: abbr.
40. Aids: abbr.
41. Aids: abbr.
42. Aids: abbr.
43. Aids: abbr.
44. Aids: abbr.
45. Aids: abbr.
46. Aids: abbr.
47. Aids: abbr.
49. Aids: abbr.
50. Aids: abbr.
51. Aids: abbr.
52. Aids: abbr.
53. Aids: abbr.
54. Aids: abbr.
55. Aids: abbr.

### Down

1. In base eight
2. Have three desserts
3. Highlight of a Clapton concert
4. Crocodile
5. Avis's slogan
6. Feelings of regret
7. Where to find a savings account
8. TV's days of yore
10. Central rooms
11. Flatjack chain (abbr.)
13. Regular
14. In base eight
15. Comic Philips
16. TV's
17. Days of yore, in
19. Caron movie
20. Customer
21. In base eight
22. Ask for mercy
23. Requested a pardon
24. In an old hotel
25. In an old hotel
26. In an old hotel
27. Aids: abbr.
32. Aids: abbr.
33. Aids: abbr.
34. Aids: abbr.
35. Aids: abbr.
37. Aids: abbr.
38. Aids: abbr.
40. Aids: abbr.
41. Aids: abbr.
42. Aids: abbr.
43. Aids: abbr.
44. Aids: abbr.
45. Aids: abbr.
46. Aids: abbr.
47. Aids: abbr.
49. Aids: abbr.
50. Aids: abbr.
51. Aids: abbr.
52. Aids: abbr.
53. Aids: abbr.
54. Aids: abbr.
55. Aids: abbr.
After you have located and circled in the diagram all of the words in the Word List below, read the leftover (unused) letters from left to right, line by line, to reveal an appropriate message written by Tom Stoppard.

You are looking for a 35-letter phrase.

### Hidden-Message Word-Find

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.

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

Dropline
Science has finally discovered why bees hum; they don’t know the words.

Leapfrog

Hidden Message
The days of the digital watch are numbered.

YOU CAN MAKE A DIFFERENCE!

Now here is how you can do your part to support the cause to find a cure!
Subscribe to one of these magazines, and a percentage of the proceeds will go to the Fisher Center for Alzheimer’s Research Foundation.

Send this money-saving coupon and payment to:
KAPPA PUBLISHING GROUP, INC. • PO Box 433133 • Palm Coast, FL 32143-3133

BLUE RIBBON CROSSWORDS SPECIAL (BXS) $23.90 (6 ISSUES) $41.90 (12 ISSUES)
BLUE RIBBON SUDOKU PUZZLES (BRS) $38.30 (12 ISSUES) $63.00 (24 ISSUES)

NAME ____________________________
ADDRESS ____________________________ APT. ____________
CITY ____________________________ STATE ______ ZIP ________________
E-MAIL ADDRESS: ____________________________

[ ] VISA [ ] MASTERCARD # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ ____
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. Alona Barnea
Postdoctoral Associate at the Fisher Center for Alzheimer’s Research at The Rockefeller University

Hometown:
Alona was born in Israel, in a small town close to Tel Aviv. Her family moved to NY when she was young and she grew up on Roosevelt Island for the first four years of her life before moving back to live in Israel.

Education:
After completing her Bachelor’s degree in Ben-Gurion University in Israel, Alona started her Master’s degree in Neuroscience at the University of Oxford in England. She continued her education and received her PhD in Clinical Neuroscience at the University of Oxford as a Clarendon Scholar and then moved to NYC to join the Fisher Center Lab.

Fun Fact:
• Alona is a sergeant in the Israeli army; she served for two years and was a commander of over 300 soldiers. After leaving the army she embarked on a 6-month backpacking trip in India, and returned to start bachelor’s degree in Israel.
• Alona has been part of a global peace organization called CISV since she was 10 years old, she was a participant and later a leader in over 10 programs where she spent a month living in a camp with people from all over the world to promote communication and understanding between different cultures and religions.

Research Discoveries:
Dr. Barnea’s research, under the direction of Nobel Laureate Dr. Paul Greengard, is focused on the discovery of new pathways for the study and treatment of Alzheimer’s disease.

In her previous research at the University of Oxford, Dr. Barnea designed a specific treatment that combines non-viral gene therapy with stem cell research to treat neurodegenerative diseases. These therapies include transplantation of disease-specific cells in which the disease-causing genetic mutation had been corrected.

She joined the Fisher Center Lab to develop a new approach to study Alzheimer’s disease, using stem cells that are produced from patients skin cells. This technique involves taking skin cells from patients, and in a defined method in the lab, turning “old” skin cells into “young” stem cells that have the capacity to develop into any type of cell in the body. This is similar to embryonic cells. Patient-specific stem cells contain the exact same DNA that is found in the patient so they can be used to study different genetic abnormalities, as well as different treatments for Alzheimer’s disease.

Dr. Barnea uses patient-derived human stem cells to generate brain cells in the lab. She is working to produce a type of brain cell that is first affected in the disease in order to find out the difference in patient cells and what causes them to degenerate. Through this new research platform, the lab hopes to better understand the causes of Alzheimer’s in order to discover a treatment for this devastating disease.

We want to thank Dr. Barnea and all of our scientists who work hard every day in the quest to find a cure.
Fisher Center invites you to be among the first to purchase our new book about Alzheimer’s

COMING SOON

Why Can’t Grandma Remember My Name?

A book explaining Alzheimer’s disease using artwork created by children juxtaposed with art created by Alzheimer’s patients, demonstrating the power of art therapy for all ages.

The book is written by the Foundation’s President, Kent L. Karosen, and co-author Chana Stiefel.

Pre-order your copy Today by visiting

www.ALZinfo.org/book
START AN EXCITING CHALLENGE OF YOUR OWN
VISIT: WWW.ALZINFO.ORG/TEAM

Join the Fisher Team.
Create Your Own
Alzheimer’s Fundraiser.

Go viral, use Email,
Facebook, Twitter and
more, to spread the word.

Whether you are running a marathon, hosting a golf tournament or holding a raffle, we’ve made it easy for you to create an Alzheimer’s Team profile page.

You can start a campaign at any time of the year and for any type of activity to support the groundbreaking Alzheimer’s research of one of the only Alzheimer’s nonprofits to have earned a 4-star rating from Charity Navigator for the last five years in a row.

Alzheimer’s is a Challenge that affects us all. Join the team and be a part of the solution.