An Ounce of Prevention
HEADING OFF FALLS

Grief and Alzheimer’s:
Finding Your Way Through

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Announce New Project

Planning for the Cost
OF ALZHEIMER’S CARE

Chef Art Smith
LIVING LIFE TO THE FULLEST
Explain Alzheimer’s to Your Kids, and Add Warmth to Your Home.

Written by Kent L. Karosen and co-author Chana Stiefel, Why Can’t Grandma Remember My Name is a children’s book that uses artwork (displayed in illustration) by children and seniors with Alzheimer’s to explain the disease in a meaningful and creative way.

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Together, we can end Alzheimer’s!

All royalties go to Fisher Center’s quest to find a cure.
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Season of Gratitude: 
Find, Remind, & Bind

Warm greetings to you as we approach longer, chilly days and holidays cloaked in gratitude. The entire Fisher Center Foundation team will forever be eternally grateful for all your support. Turning our words of appreciation into action, we’d like you to sign up one person you care about before the end of this year to receive a free PYM subscription and e-newsletter.

We’re reminded through gratitude that the world is bigger than our own. It’s the glue that binds us together and improves our physical health—it’s a natural euphoria. Speaking of euphoria, check out our cover story on Chef Art Smith on page 18 and this mouthwatering fried chicken recipe on page 21. Chef Smith witnessed the toll of Alzheimer’s first-hand with his grandmother, his great aunt and his mother. Although tough to witness at times, he says he always lived in the moment with them.

This month is also a reflective time. Remembering those who have passed calls to mind something Stephen Colbert said: “If you’re grateful for your life, then you have to be grateful for all of it. You can’t pick and choose what you’re grateful for. It’s a gift to exist and with existence comes suffering. There’s no escaping that.” His philosophical perspective can be applied to how we deal with Alzheimer’s. In this fall issue, you’re not only going to get the usual tips on healthy eating and staying fit, but you’re going to learn financial planning for long term care and how to keep your loved ones safe. Most importantly, you’ll learn how to explain Alzheimer’s to the children in your family.

This holiday season as you find a place at the table to share a meal with those you care about, take a moment to reflect on how they have had a lasting impact on your life and tell them. “Tomorrow is not promised to any of us.” (Kirby Puckett)

Wishing you a holiday season full of love, peace and gratitude.

Cheers,

Lucretia Holden, SHRM-CP
Senior Vice President

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. Our internationally renowned scientists have 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 for eight consecutive years for fiscal management and commitment to accountability and transparency. We are now in the top 1% of all charities rated. For more information or to make a donation, go to ALZinfo.org/donate.
Common Drugs May Increase Alzheimer’s Risk

Some medications commonly prescribed to treat depression, incontinence, bladder problems, epilepsy and pain may increase the risk of developing Alzheimer’s disease, according to a new report. The medications, known as anticholinergic drugs, block acetylcholine, an important chemical for the nervous system.

Anticholinergic drugs include the antipsychotic clozapine; the bladder drug darifenacin (Enablex); the anti-nausea drug scopolamine; the muscle relaxant tizanidine; and antidepressants such as paroxetine (Paxil).

These drugs are known to cause problems with thinking skills in the short term. But researchers found a significant increase in the risk of Alzheimer’s disease in those who had been taking anticholinergic drugs long-term, up to 20 years.

Experts say it’s a good idea to do a regular “medication check” to assess the cognitive effects of any medicines you are taking. While many of these drugs are medically necessary, finding alternatives could be helpful.
Caring for a loved one with Alzheimer’s disease is highly stressful and can lead to depression, anxiety and other potentially life-threatening ills. Cultivating positive emotional skills in caregivers may have lasting benefits for physical and emotional health, according to a new study.

Researchers at Northwestern Medicine reported on a program that taught caregivers the following “happiness” skills:

• Recognizing a positive event each day
• Savoring that positive event and logging it in a journal or telling someone about it
• Starting a daily gratitude journal
• Listing a personal strength each day and noting how you used this strength recently
• Setting an attainable goal each day and noting your progress
• Reporting a relatively minor stressor each day, then listing ways in which the event can be positively reappraised or reframed
• Understanding small acts of kindness can have a big impact on positive emotions, and practicing a small act of kindness each day
• Practicing mindfulness by paying attention to daily experiences and with a daily 10-minute breathing exercise, concentrating on the breath

The trial looked at 170 caregivers, mostly women, who were caring for a loved one with dementia. Compared with those who got standard care, those who went through the happiness program had a 7 percent greater drop in depression levels and a 9 percent greater drop in anxiety levels compared with a control group that got standard care. That put them in a normal range for depression and anxiety levels compared with the general population.

At Genetic Risk for Alzheimer’s? A Healthy Lifestyle May Help

Living a healthy lifestyle may reduce the risk for Alzheimer’s, even if you carry genes that put you at risk of developing the disease, an analysis of nearly 200,000 older men and women found. Those who engaged in the following lifestyle habits were least likely to develop Alzheimer’s disease in old age:

• Regular physical activity: either 150 minutes a week of moderate activity like walking or 75 minutes of more vigorous activity like jogging or cycling, or engaging in moderate physical activity at least five days a week or vigorous activity at least once a week
• A healthful diet, defined as eating at least four of the seven following food groups regularly: three or more servings of fruit a day; three or more servings of vegetables a day; two or more servings of fish a week; one or fewer servings of processed meats like deli meats or hot dogs a week; fewer than one-and-a-half servings of red meat a week; eating three or more servings of whole grains a day; and eating fewer than one-and-a-half servings of refined grains, like cereal or white bread, a day
• Limiting alcohol: one or fewer drinks a day for women, and two or fewer drinks a day for men
• Not smoking
In childhood, a simple slip and fall may be the source of little more than a skinned knee and bruised ego. A youthful body often recovers well, even from a bad fall. With age, though, falling tends to become more serious. Severe bruising, fractures and broken bones are more likely. Injuries take longer to heal. And even a seemingly minor fall may lead to lasting health consequences, including permanent physical limitations.

Not only do the consequences of falling become more dire with age, but older people are more likely to fall due to a shift in their normal balancing functions. Add Alzheimer’s disease to the mix, and the fall risk increases exponentially. In fact, a person with any type of dementia is two to three times more likely to fall than someone without it. In addition, nerves and muscles stop coordinating the way they’re supposed to. And
impairment in judgment and decision-making may prevent a person from recognizing a hazard that might lead to a fall.

More subtly, Alzheimer’s often throws off a person’s response to visual inputs. It may lead to problems moving through areas with busy patterns, strong light-dark contrast or monochrome palettes. Navigating stairways often becomes troublesome. Issues like these can create fall risks for people with Alzheimer’s disease that others might not even notice.

The good news: There are many steps you can take to help keep your loved one safe.

LOOK AT LIVING SPACES
At least half of all falls occur in the home. When looking to help prevent falls, living areas are a great place to start.

Walk around the home, taking a fresh, careful look for hazards you may not have noticed before. Is that lovely side table blocking a walkway? Could the throw rug that pulls the room together catch on a shoe and cause a trip? Is one corner of a room glaringly lit and a nearby area in shadow, leading to confusion? As you progress, make a list of potential problems you see. You can then turn that list into to-dos for things that need to be adjusted, moved or removed.

Here are some ideas to get you started.

CLEAR PATHWAYS
• Remove loose wires and cords from the floor. Tuck them behind or under furniture. Use tape to keep them in place.
• Take up throw rugs or use double-sided rug tape to keep them firmly in place.
• Don’t store things in hallways or on stairs. Remove boxes, piles of paper and clutter.
• Look for anything that might catch on clothing or a cane or walker.

ADJUST LIGHTING
• Make sure walkways are well-lit.
• Reduce both shadows and glare.
• Replace burned-out light bulbs.
• Add night lights where needed.

MAKE BATHROOMS SAFER
• Add a non-slip mat to the inside of the shower or bathtub.
• Get a shower or bath chair.
• Install grab bars in the shower.
• Use a raised toilet seat.

CHOOSE THE RIGHT SHOES
• Avoid slip-on or backless shoes. Provide sturdy footwear that fits well and has rubber or non-skid soles. If laces are a problem, Velcro closures are a good choice.
• Low or no heels are best.
• Don’t let your loved one walk around in stocking feet. Shoes are the best bet, even indoors.

ADDITIONAL TIPS TO KEEP IN MIND
• Alzheimer’s increases sensitivity to noise, and too much noise may lead to agitation and confusion. Try to reduce noise levels in rooms where your loved one spends time.
• Many medications, including those for blood pressure and mood disorders, can cause dizziness and other effects that may lead to falls. If your loved one takes medications, ask a healthcare provider for advice on possible side effects.
• Regular activity is important to help preserve balance and strength. Getting up and moving several times a day is best. Help your loved one go for walks, or you might even put on some music and dance together.

PRIORITIZE CHANGES
Your loved one is your top priority, and at times things may seem overwhelming. It’s best to tackle things one step at a time. The bathroom is a common place for falls, so maybe start there. Keep in mind that your loved one may have a hard time adjusting to changes. So don’t change everything around all at once. This may only add to confusion.

Falls and Urinary Tract Infections
You may not know that, in older people, having a urinary tract infection (UTI) increases the risk for a fall. UTIs are common in people with Alzheimer’s disease, but it’s not easy to know when one is present. Ask a healthcare provider to check for a UTI if your loved one has sudden changes in behavior or function that can’t be explained. These include changes in appetite or sleep, or an increase in confusion, aggression or agitation.
Grief and Alzheimer’s: Finding Your Way Through

When you ask people about grief, you’ll often hear it linked to one event, a person’s death. Most tend to view it as a short-term thing. In reality, grief occurs when you suffer any type of loss. It is a normal process that can last a long time with frequent ups and downs along the way. One thing is true: Grief is a universal experience. But the way you experience it is truly your own.

When your loved one has Alzheimer’s disease, loss is everywhere. You lose the person you once knew, little by little over time. They become more like a stranger to you. And you become more of a stranger to them, too. You may also suffer losses from being a caregiver, such as time with friends or doing your favorite activities. Eventually you suffer loss even more when your loved one dies.

By Maryann Foley
Over time the weight of loss can add up. You’re left feeling different emotions, such as anger, guilt, anxiety and sadness. These feelings can change from one moment to the next. You may have trouble sleeping or eating. Your risk for health problems can also increase from the stress of caregiving.

With loss comes grief. You grieve about the unknown as the disease progresses. This may be called anticipatory grief. You also grieve for the person they once were even though the person is still here. This is often called ambiguous grief. And you grieve for the losses experienced from caregiving. So how do you handle this grief?

TIPS FOR HANDLING GRIEF

There is no magical formula for handling grief, be it while caring for your loved one as their disease progresses or after their death. But, there are steps you can take to help you get through it.

• **Give yourself permission to grieve.**
  Feel the emotions you are having. It’s OK to feel sad, angry, guilty or frustrated. You may even feel several emotions at the same time. And some of these emotions may be direct opposites of one another, like love and anger.
  Again, it’s normal and it’s OK. Cry, laugh or scream when you need to.
  There is no right or wrong way to grieve. And remember, your emotions may come and go. If they come back, they may be more intense than at first.

• **Share your feelings.** Talk with others about what you are going through. Community or Alzheimer’s support groups can help. Here, you can share your thoughts and feelings with others going through a similar experience. Also, consider writing down your thoughts and feelings in a journal. You can write down anything in a journal without being judged or interrupted. Talk and reminisce about your loved one. After your loved one passes away, keeping a few of their treasured items may help you keep a connection to them.

• **Take care of yourself physically and emotionally.** This is important while your loved one is alive and after their death. Be sure to get enough sleep, eat healthy and get some exercise. Take some time each day to do something for yourself, like listen to your favorite music, go for a walk, work in the garden, meditate or practice relaxation, or do anything that gives you pleasure. Keep in touch with others to avoid isolating yourself. Continue to do activities you enjoy. You may even want to try new things. If you find yourself needing a break or some relief, speak with someone, such as a social worker or counselor. When relief is offered, accept it. And after your loved one passes away, avoid making any major decisions for several months.

• **Be realistic.** Look at what you expect from yourself. Remember, you cannot control everything. Learn to accept the things that are out of your control.

Unfortunately, grief can sometimes get the upper hand even when you try to do your best to handle it. If this happens, seek out professional help to deal with your grief.
Talking to Children About Alzheimer’s Disease

By Dana Dinerman

When a loved one is diagnosed with Alzheimer’s disease, it can be hard to know how to handle the news with the children who hold that person dear. One thing that’s certain: Every child and every conversation will be different. Their maturity level and the closeness of the relationship, for instance, will impact your talk. So where does one begin?

Unfortunately, Alzheimer’s is not a disease that can be sugarcoated. Your loved one may still have good days, but until a cure is found, all Alzheimer’s patients eventually change in ways that are upsetting for the children in their lives. If your loved one lives in your home, your family will also experience new upheavals in their daily routines.

With that in mind, it’s clear why it’s best to be open and honest about what Alzheimer’s means for your loved one and your family. These tips may help.

SEE WITH YOUR CHILD’S EYE

A person with Alzheimer’s often appears the same but acts very differently. This can be confusing, so help your child “see” what’s happening. Experts at the Mayo Clinic suggest simply saying, “Older adults sometimes get an illness that causes them to act differently and to forget things. They might look the same on the outside, but their brain is changing on the inside.” Give examples, like “when Grandma...”
forgets your name or how to play a game you’ve played a lot before, this is because of Alzheimer’s.”

OFFER REASSURANCE
It’s natural for children to worry that they somehow caused their loved one to get sick. They may be scared you’ll get sick too. Reassure them that nothing they did caused Alzheimer’s and that it’s not contagious.

If a loved one has been forgetting who your child is, your child may also worry that the person stopped loving them. Offer comfort by letting them know that even if a person’s memory isn’t working well, all of the love shared before still matters. And that even if the loved one has a hard time expressing emotions, they still can feel love that comes from your child.

BE READY FOR UNEXPECTED REACTIONS
Children handle difficult news in many ways, including not reacting outwardly at all. Try to anticipate what your child’s concerns might be—even if not expressed—and proactively address them. Tell them it’s normal to feel sad, angry and frustrated, as well.

If your child’s grades start dropping or they start avoiding the loved one with Alzheimer’s, it could be a sign they are struggling with their feelings. Reach out and offer your support.

HELP FOSTER ONGOING CONNECTIONS
Kids, like adults, need guidance on how to interact with a person with Alzheimer’s. A child might think it’s helpful to correct the person when they are confused, so let them know it’s better not to. Encourage patience, especially if the person asks questions repeatedly. And if the person with Alzheimer’s seems upset with your child for no reason, or distant, remind your child that this is because of the disease. The person with Alzheimer’s can’t help it.

The National Institute on Aging also offers this advice: “Show kids that they can still talk with the person with Alzheimer’s disease and help him or her enjoy activities … Doing fun things together can help both the child and the person with Alzheimer’s.” Simple crafts, listening to music, looking at photos and having your child read aloud to the person can all be positive ways to stay connected. Of course, encourage, but don’t force, such interactions.

Another way kids can feel connected to their loved one with Alzheimer’s is to participate in an awareness event, like an Alzheimer’s walk.

MAKE TIME FOR YOUR CHILD
If you will be a primary caregiver for your loved one with Alzheimer’s, you will be juggling many new responsibilities. Help your child understand what this means for the family. Let them know you may need to enlist other family or friends to help with homework and rides, but that you’ll still be there for them when it matters most.

KEEP THE CONVERSATION GOING
Alzheimer’s is a progressive disease. As your loved one moves into new stages, tell your child what to expect. Seek out resources so that you can learn more together. There are many books, articles and web sites specifically for kids and parents. One book to consider is Why Can’t Grandma Remember My Name?, available at ALZinfo.org/book. The National Institute on Aging also offers a comprehensive list of resources to support you and your children at nia.nih.gov/health/resources-children-and-teens-about-alzheimers-disease.
Fisher Center Scientists ANNOUNCE New Project

By Sam Gaines
A passion of the late Dr. Paul Greengard, the Fisher Center’s new DNA-Encoded Library could open the potential for more and better treatments for Alzheimer’s disease and other conditions.

PYM: WHAT IS THE NATURE OF THIS PROJECT?
Dr. Marc Flajolet: This project is about speeding up the drug discovery process. The goal is to build libraries of drug-like compounds that are much easier and much faster to screen in order to identify molecules that could positively modify the therapeutic target(s) of interest. This technology is called DNA-Encoded Library (DEL) because each molecule is tagged with a unique DNA tag sequence. The ultimate goal is that we can one day use these molecules as drugs.

Usually, when trying to identify a drug, testing a million molecules will require testing 1 million tubes (or wells). This process requires a fairly large footprint to house robots for plate handlers, freezers and other types of large-scale lab instruments. It is also an expensive and relatively slow process due to the number of molecules, tubes and results to handle.

Now, with the DEL technology, because each molecule is tagged with a piece of unique DNA, all the molecules to be tested can be mixed in one tube. We can also build libraries that are much bigger now—say, 100 million compounds. So in the end, we test these 100 million molecules in one single tube and see what binds to the target by decoding the DNA. For these reasons, each screening campaign will be much quicker and will require less lab space, and several screenings could be performed in parallel.

We initiated this project a while back, and it took some time to optimize our protocols, mostly because we had to bring together two scientific fields that are usually quite distant to each other: molecular biology and organic chemistry. We individually validated all the steps and created a couple of pilot projects, bringing all the steps together, finally validating the entire process. Currently, we are building a large library of drug-like compounds by scaling up our pilot projects 500 times.

The late Nobel laureate Dr. Paul Greengard had always been very excited about studying the brain and identifying new therapeutic targets that could be used for drug discovery. More recently, over the last 10 years, he was even more interested in finding ways to actually fix the brain and especially Alzheimer’s disease. When he saw that our novel approach to building this DEL library was working on a small scale, he was convinced we could come up with very exciting discoveries and decided to go really big on this project. The pilot experiments for this project began in 2017, about 2½ years ago.

PYM: WHAT ARE YOU EXPECTING TO FIND FROM THE RESEARCH?
MF: We are much closer to the sky in terms of limits than we were before, but there are some limitations. Some believe it is possible to test billions of molecules all at once, and even tens or hundreds of billions of compounds. The scale of this new technology is way beyond what it used to be. The limitations, which might be improved upon in the future, are coming from the fact that the chemistry involved in making new drug-like molecules is not always DNA-friendly. But because each molecule has to be attached to a piece of DNA, we have to work using chemical conditions that are compatible with DNA.

PYM: WHAT WILL BE THE FUTURE SIGNIFICANCE OF THIS DEVELOPMENT?
MF: The significance of this development is enormous. This technology can be used basically for any target, as binding is the primary readout. The library will be useful for pretty much anything. Any type of target that would be relevant for Alzheimer’s disease could be tested. So, if someone wanted to work on targets related to neurodegeneration at large, or even other diseases, that would work as well. Another direction would be to use this technology to identify disease tracers for diagnostic purposes.

To support ground-breaking Alzheimer’s research, visit ALZinfo.org/donate.
If you’re caring for a loved one with Alzheimer’s disease, the holidays can be that much more challenging. But with some planning and flexibility, the holidays can be rich and rewarding for the person with Alzheimer’s, just as they can be for anyone else.

**Plan Ahead**

One of the keys to a safe holiday celebration is to know what you’re doing and whom you’re doing it with ahead of time. Of course, it’s important to include the person with Alzheimer’s in as much of the festivities as they can manage. Here are some tips for planning ahead:

**Understand what your limits are and tell others about them.** You’re in a unique situation and do not have to meet the expectations of your friends and family.

**Keep holiday preparations simple, and involve the person with Alzheimer’s as much as is feasible.** Keeping your loved one involved in planning will help them prepare for the celebration and may stir warm reminiscences.

**It can be difficult for friends and family to visit the person with Alzheimer’s, but it’s important that they do so.** Still, limit how many visitors come at a given time. Plan that time for when the person with Alzheimer’s is typically at their best.

**If the person with Alzheimer’s becomes upset or uncomfortable, use a distraction, such as a family photo album.**

**Find a room or some space** where the person with Alzheimer’s can rest if you attend a large gathering together.

**Some aspects of holiday get-togethers can be upsetting to a person with Alzheimer’s, such as a change to a routine, a strange place or a crowd.** Try to avoid these as best you can. Noise, loud conversations and music, too much or not enough lighting, and too much food or drink (particularly alcohol) can also cause problems and are best avoided.

**Make time for yourself.** Remember, you are at your best as a caregiver when you take care of yourself, too. If you’re invited to a holiday event that the person with Alzheimer’s can’t attend, ask a family member or friend to visit with the person while you’re away.

**Prepare Guests Ahead of Time**

It’s also important to let your guests know what to expect from the person with Alzheimer’s. Behaviors that might strike them as odd, such as eating with fingers, incontinence, wandering or hallucinating, may be par for the course for your loved one. Let them know what’s possible in terms of the person’s potential behavior.

Also, inform your guests that they should focus on the present and not be alarmed if the person with Alzheimer’s doesn’t remember who they are. It’s part of the disease. The more they can stay in the moment, the more rewarding the visit will be.

**Prepare Your Loved One Ahead of Time**

Involving the person with Alzheimer’s in preparations is a good way to help the person understand what is going on. If possible, show a photo of each guest to the person with Alzheimer’s as much as a week before the event. Repeat this each day, explaining who the person is in the photo and reminding the person that this guest will be visiting, and when.

A phone call with the visitor may also help the person with Alzheimer’s prepare for the visit. This can help the person understand who’s visiting and can help the visitor understand what to expect, as well.

For more caregiver support and helpful resources, visit ALZinfo.org/treatment-care/.
Backed by 20 years of experience in working with people with dementia, Tom and Karen Brenner have written a new book exploring how the Montessori method of teaching can be used to build bridges of communication with people who live with Alzheimer’s disease. Their book, *The Montessori Method for Connecting to People With Dementia*, was published in September by Jessica Kingsley Publishers.

“We’re into the idea of helping people with dementia tell their stories,” explains Tom Brenner. “What we’ve found in the work we do is that there’s still a lot that a person with memory loss can share about their journey.”

And that’s a big part of what the Brenners do. Tom, a gerontologist who works with the Illinois Department of Aging, and Karen, a Montessori educator, work as a team to help people with dementia engage with themselves and others. “The Montessori philosophy, whether you’re working with children or with elders, is the same. We look for the strength in an individual and their abilities,” says Karen. “Sometimes the ability or strength can be something as simple as, they have a wonderful smile, or they can really sing, or they’re great around little children... We build our program on the concept of person-centered dementia care by finding the remaining strengths and spared abilities of each individual.”

The Brenners can relate many instances of people who weren’t communicating or otherwise engaging with their surroundings suddenly coming alive when presented with something they once recognized. “Just recently, we were working in a long-term care facility to help them develop a dementia program. We walked into a room where people with dementia were sitting around staring or sleeping with a TV blaring loudly,” Karen recalls. “We took out some cards that had Norman Rockwell paintings on them and began a matching exercise. When we left that room, everyone was wide awake, talking, and much more active. One of the relatives came and said, ‘Wow! What happened here?’”

That may sound miraculous, but the Brenners say it’s all part of the process. “There’s a certain amount of technique that we want people to be aware of. We’re trying to make things easy to understand, but we want people to understand that it’s a process—you have to work at it,” says Tom. “Once caregivers understand the Montessori method and philosophy, they’ll see opportunities to reconstitute life experiences and memories.”

The Brenners have already established a legacy with their work. “I told Tom the other day that if we fell off the face of the earth tomorrow, two things would be true. First, we raised some great kids,” says Karen. “Second, we helped change the conversation about dementia. It was so grim when we started this work 20 years ago, it was regarded as a hopeless pursuit. A lot of good people have been involved with this. We’re giving people some hope and joy.”

To learn more about person-centered care, and the Comprehensive, Individualized, Person-Centered Management program Fisher Center is funding, visit alzinfo.org/care-program.
Chef Art Smith: Living Life to the Fullest

By Sam Gaines
Art Smith admits he tends to rescue creatures. During our interview, as he drove to Orlando from his home in Jupiter, Florida, Chef Smith had to pull over and remove a tortoise from the roadway. “They’re endangered, so I always stop for them when I see them,” he explains. While he was doing so, a fan spotted Chef Smith on the road, stopped their car and posed for a picture with him.

He’d just left home, where a menagerie of chickens, goats and donkeys awaited his return—along with his husband and five children, all of whom were adopted from Central America.

Chef Smith was born and grew up in Jupiter, the son of hard-working parents who survived the Depression. His father worked a number of jobs, and his mother was the assistant county tax collector who also managed the family farm. And yet, as busy as they were, there was always time for creations from the Smiths’ kitchen. “I came from a household where there was always something cooking in the kitchen—always sounds, always smells,” he recalls. “Our kitchens were always animated, and there was never an excuse that no one had time, because everyone worked. We had an assistant, Lela Curry, who helped us. My mom worked all the time, but she made time.”

“Making time” is something Chef Smith has had to do throughout his overwhelmingly busy career. His path to the kitchen began at home, of course, but it was while he was a student at Florida State University that a unique opportunity emerged. The dean approached Smith, who had been interning at restaurants and turning heads with his creations, to work a dinner for the governor of Florida. From there Smith began cooking for Gov. Bob Graham, and his reputation grew as a result. He cooked for parties for the rich and famous, including stints on a luxury yacht, a train that traveled the country (both preparing Smith for a future that would incorporate global travel) and much more. He opened his first restaurant in Tallahassee, and the rest, as they say, is history. Through it all, a valued principle has sustained him: “My philosophy is food is everything. If you want people to come together, you feed them. If you want them to stay, you keep feeding them. Most angry people are just hungry people, that’s my belief.”

Feeding people wonderful food—blending his native Southern cuisine with elements from all over the world—has been Chef Smith’s calling card throughout his career. If he isn’t doing it directly, he’s doing it through his cookbooks and many TV appearances.

Embrace them. Love them, even though it can be painful, but it can also be joyful. Because the pain you suffer after they’re gone is greater than the pain you feel at the present.”

**THE TOLL OF ALZHEIMER’S**

While his career has been a stunning success, there have been setbacks—most notably due to Alzheimer’s disease. Chef Smith has lost three beloved women to the disease: his grandmother, his great aunt and his mother. All three women had a profound influence on his life. “My life wouldn’t be what it is if it weren’t for the women in my life—my mother, my Great Aunt Millie, and my grandmother,” he says.

“My mother was a very beautiful woman. I miss traveling all over the world with her. She was the third woman in my life to die from Alzheimer’s. She worked very hard, but she worked beautifully—wonderfully dressed, always made sure that we looked properly dressed in public. She had a heart of gold, and she was very sharing of it to everyone. When I traveled, there was a great deal of respect for my mother because she was an elder. Everywhere we went, they adored her. My mother took care of my father and the farm, and her job. She was just really amazing.”

The toll of Alzheimer’s on his mother began to manifest over time. “As the illness progresses, there are some times that aren’t so nice. The anger, the rage, all that,” he explains. “On her 80th birthday, she celebrated with everyone who loved her. After that, we hired people to care for her, and they saved our lives. They provided great care.”
Alzheimer’s runs in his family, so Chef Smith is even more careful with his own health. “Alzheimer’s is so frightening to people, and I think that you’re particularly scared when you have a family member who has it, because that could be you.”

For families currently living with loved ones who have the disease, Chef Smith has comforting advice. “Embrace them. Love them, even though it can be painful, but it can also be joyful. Because the pain you suffer after they’re gone is greater than the pain you feel at the present. We all want to be loved, regardless of our condition. Embrace the loved one, embrace the illness. Give them full support; don’t isolate them or treat them like a child. You live in the moment with them.”

A PASSION FOR DOING GOOD
In addition to his very busy work schedule, Chef Smith makes time for a lot of charitable work. He has two organizations that he gives his time to: Common Threads, which seeks to teach children about other cultures through cooking and art, and Reunion Center, which seeks to empower small rural communities with healthier food choices. “Our hopes are that through educational programs, we can change the populace by educating them,” he says.

Chef Smith perhaps sums it up best: “Work is one passion, and that’s your calling—I was called to be a chef and to make people happy.” And that he has done, in so many ways. Especially, of course, in the kitchen.

Support the Search to Find a Cure!
Alzheimer’s disease affects an estimated 5.8 million people nationwide. You can support the effort to find better treatments and a cure for Alzheimer’s disease at ALZInfo.org/donate.
Chef Art Smith’s Famous
Buttermilk Fried Chicken

Serves 10

Ingredients
For the brine:
1 gallon cold water
1 cup kosher salt
1 teaspoon black peppercorns
3 sprigs rosemary
5 sprigs thyme
4 cloves garlic
2 bay leaves

For the chicken:
2 whole chickens, cut into 10 pieces each
1 quart buttermilk

For the egg wash:
6 large eggs
1 tablespoon hot sauce
2 teaspoons salt
2 teaspoons ground black pepper

For the dredge:
2 2/3 cups all purpose flour
2 2/3 cups self-rising flour (I use White Lily flour)
1 tablespoon garlic powder
1 tablespoon onion powder
1 tablespoon salt
2 tablespoons paprika
½ teaspoon cayenne
2 teaspoons dried thyme
Canola oil for frying

Method
To prepare the brine:
In a large soup kettle, dissolve the salt in 2 cups of water over medium-high heat.
Add the remaining water, stirring to dissolve the salt. Add the black peppercorns, rosemary, thyme, garlic cloves and bay leaves.

To prepare the chicken:
• Place the chicken pieces in the brine for at least 12 hours in the refrigerator.
• Remove the chicken from the brine and submerge in the buttermilk. Refrigerate for 4 to 6 hours.

To prepare the egg wash:
• In a large mixing bowl, whisk together the eggs, hot sauce, salt and pepper.
• Drain the chicken from the buttermilk and put in the bowl with the egg wash.
• Turn the chicken pieces to coat them with the egg wash.

To prepare the dredge:
• Mix together the flours, garlic powder, onion powder, salt, paprika, cayenne and thyme. Add more salt if needed.
• Remove 2 pieces of chicken at a time from the egg wash, letting the excess liquid drain off. Roll in the seasoned flour. Shake off any excess flour and lay the chicken on a wire rack until ready to fry. (It is crucial that any excess flour is shaken off before frying the chicken.) Repeat with all the remaining chicken pieces.

To fry the chicken:
Pour canola oil into a large cast-iron pan to a depth of 1 inch and heat over medium-heat until it registers 325 °F on a deep-frying thermometer. Place 4 to 6 pieces of chicken into the oil. Take care to use long tongs to move the chicken and do not crowd the pan.

Turn each piece about every 2 minutes. If the chicken begins to darken, turn the flame on the stove down slightly to adjust the temperature. Cook the chicken until it reaches an internal temperature of 180 °F. Be sure to give the oil 5 minutes to reach the proper temperature before dropping in the next batch of chicken.

Place the fried chicken on a plate lined with paper towels to absorb excess oil and keep at room temperature until ready to serve.

Assembly
Place the fried chicken on two large serving platters and serve. Serves 10 people.
When we’re stressed-out and pressed for time, we often grab processed or fast food and eat more or less than we should. We may feel like we just don’t have the time or energy to plan and make healthy meals. But the truth is, a healthy diet gives us more energy, reduces our risk for health problems and helps our bodies handle stress better.

Eating healthy doesn’t mean giving up the foods we like and eating foods we don’t. It’s really about keeping meals interesting with a variety of foods and eating more basic, unprocessed foods like fruits, vegetables and whole grains. Versatile stews are a great way to get these nutrient-rich foods into our diet. For many of us, when we think of stew, we picture chunks of beef and white potatoes with some carrots and peas thrown in. But stews can be much more nutritious and still be delicious with a little know-how.

**STEWS RENEWED**

The healthy eating guide called MyPlate, created by the USDA, recommends making half our plate at meals fruits and vegetables and half our grains whole grains, as well as eating a variety of proteins and less saturated fat, sugar and salt. Following this healthy eating style is not hard to do when you’re cooking stews at home. That’s because you can control what goes into the stew and make some simple, healthy substitutions.

- Substitute some or all of the animal source of protein (which can be high in unhealthy fats) for plant protein. Try tofu and fiber-filled beans, lentils and chickpeas. If using canned items, rinse them first to cut down on any salt. If using meat, choose lean cuts (such as white vs. brown chicken meat) and trim all visible fat.
- Look for recipes or create your own that have a variety of colorful vitamin-packed vegetables. Good choices include dark green veggies such as broccoli, kale and spinach; orange/yellow sweet potatoes, squash, pumpkin and carrots; and red bell peppers and tomatoes. To save on prep time, buy frozen vegetables (which, by the way, are frozen when they’re at their nutritional peak) or fresh prewashed and precut bags of vegetables.
- For a more nutritionally balanced meal and added fiber, include some healthy whole grains, such as brown rice, quinoa and barley, in your stew. They can replace white potatoes or some of the meat. And if making dumplings to go with the stew, use whole-wheat flour instead of white flour.
- Use plant oils such as olive, canola, peanut, sunflower, soybean and safflower oils. These are healthier than coconut and palm oils, which are high in saturated fat.
- Boost flavor with spices and fresh or dried herbs instead of salt and packaged seasoning.

See the Slow-Cooker Chicken-Lentil Stew recipe on page 31.
EXERCISE Changes Your Mind
By Dana Dinerman

You know being active is good for your heart. But did you know it’s also good for your brain? We talked to Dr. Jennifer Heisz, a neurologist and exercise expert at Canada’s McMaster University, about this very subject.

PYM: In a 2017 study, you found that regular physical activity may prevent Alzheimer’s disease. Tell us more!

JH: We wanted to see how genetics and lifestyle predict dementia and Alzheimer’s risk. After five years, people with no genetic risk for dementia who didn’t exercise had a similar risk of getting dementia as those with a genetic risk (APOE e4 allele carriers). Meanwhile, those who were physically active seemed to have a lower risk.

PYM: So physical activity may be protective?

JH: Yes. For those not at a genetic risk, exercise may be an effective way to prevent Alzheimer’s. Being inactive, however, may counteract the positive effects of healthy genes.

PYM: What if someone already has Alzheimer’s?

JH: Regular physical activity may still help by promoting brain plasticity to enhance mental functioning. A review of evidence from other studies showed that being active can improve performance of daily tasks and mobility, and may improve general cognition and balance. Exercise may also slow the progression of early-stage Alzheimer’s because it fortifies the hippocampus. That’s the first part of the brain that is affected.

PYM: What’s next?

JH: We are still trying to understand two things: How does exercise change the brain to prevent Alzheimer’s, and what is the best exercise prescription for brain health? We are also studying ways to promote general mental health through physical activity, which could help caregivers experiencing stress, anxiety and depression.

PYM: It sounds like we should all go take a walk! Any final thoughts?

JH: Being more active is the greatest modifiable risk factor for Alzheimer’s disease. It may also help manage symptoms for those who have it. While the science moves forward, we can take action now to give hope and self-control to ourselves, and to the individuals who are often denied these very fundamental human needs.
More than 5 million people have Alzheimer’s today, and by 2050 that number is expected to triple. According to the Fisher Center for Alzheimer’s Research Foundation, last year millions of family and friends provided 18.5 billion hours of unpaid care—care valued at $234 billion—to loved ones with Alzheimer’s and other forms of dementia. While the vast majority of care is provided by friends and family members, what happens when those caregivers are not available? Who pays for Alzheimer’s care?

Alzheimer’s disease is the most expensive condition in the nation. Understanding how you’re going to handle the costs of care is key to planning for the future. Although difficult questions often arise, advance planning can help people with Alzheimer’s and their families clarify their wishes and make well-informed decisions about health care and financial arrangements.
GET SOME HELP FROM A WELL-QUALIFIED FINANCIAL PROFESSIONAL
A financial adviser can lessen the stress of dealing with existing challenges and planning for what’s to come. A well-thought-out financial plan can act as a “road map” for the future. Estate planning, which incorporates living wills and powers of attorney, is one of the core topics of financial planning. While financial planners don’t physically write the documents, they are critical when looking at a person’s finances, especially if the client has Alzheimer’s or another form of dementia.

LIVING WILL
A living will is a written, legal document that spells out medical treatments you would and would not want to be used to keep you alive, as well as other decisions, such as pain management or organ donation, according to the Mayo Clinic. You should address possible end-of-life care decisions in your living will, including, among others:

• Resuscitation
• Mechanical ventilation
• Tube feeding and dialysis

HEALTHCARE PROXY
A healthcare proxy assigns responsibility for making healthcare decisions to a third party, often a family member or trusted friend, should you become unable to make your own decisions about what medical treatments you will receive. While one person is typically appointed as your healthcare proxy (provided that person is willing to do it), it is also common to appoint alternate people as successors to the proxy in case that person is unavailable.

EXPLORE THE DIFFERENT TYPES OF CARE OPTIONS AVAILABLE IN YOUR AREA
Care costs, such as home care, adult day services, assisted living centers and nursing homes, depend on which type of care is needed. Some estimates range from $22 per hour for a home health aide or $70 per day for home health services and $45,000 to $98,000 annually in assisted living or nursing homes (with nursing homes being more expensive), based on the level of care. As the disease progresses, the care needs of your loved ones can change. Creating an Alzheimer’s care plan soon after diagnosis will help ensure that care requests from your loved one are still considered and incorporated into their life.

DISCUSS LONG-TERM CARE INSURANCE OPTIONS
Part of the financial planning process includes looking at options for long-term care coverage, if the loved one is insurable. One such option is long-term care insurance, which, unlike traditional health insurance, is designed to cover long-term services and supports, including personal and custodial care in a variety of settings, such as your home, a community organization or other facility. Long-term care insurance, which can be expensive, is often called a “use it or lose it policy” because if you don’t use the benefit, you lose it.

CAN THE GOVERNMENT HELP?
Medicare or Medicaid are very important, and some states may have assistance programs as well. If you’re 65 or older, Medicare covers hospital care, doctors’ fees, and some home health care and rehabilitation therapy. Medicaid pays for nursing homes or other long-term care services for people with very low income or assets. Each state has its own requirements and strict standards for eligibility.

WHO ELSE CAN HELP?
Health care providers can’t act as legal or financial advisers, but they can encourage planning discussions among families. Qualified clinicians can also guide patients, families, the care team, attorneys and judges regarding your loved one’s ability to make decisions.

PUTTING IT ALL TOGETHER
Gather everything you can about your income, property, investments, insurance and savings. Put copies of legal documents and other important papers in one place. You could set up a file, put everything in a desk or dresser drawer, or just list the information and location of papers in a notebook. If your papers are in a bank safe deposit box, keep copies in a file at home. Check regularly to see if there’s anything new to add.

Tell a trusted family member or friend where you put your important papers. Someone should know where you keep your papers in case of emergency. If you don’t have a relative or friend you trust, ask an attorney to help.

Bernard A. Krooks is a managing partner of the law firm Littman Krooks LLP (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.

Turn to an elder-law attorney: Visit the National Academy of Elder Law Attorneys (NAELA) at naela.org to find an attorney in your area.
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 DROPLINE

Complete the ’60s rock group names by matching them to the proper words that will fill in the blanks.

1. _____ The Lovin’ ___ a. Seasons
2. _____ Gary Lewis & the ___ b. Dead
3. _____ Canned ___ c. Stone
4. _____ The Four ___ d. Playboys
5. _____ Herman’s ___ e. Belmonts
6. _____ The Dave Clark ___ f. Boys
7. _____ Sly & the Family ___ g. Spoonful
8. _____ Creedence Clearwater ___ h. Invention
9. _____ Dion & the ___ i. Five
10. _____ The Grateful ___ j. Hermits
11. _____ The Mothers of ___ k. Revival
12. _____ The Beach ___ l. Heat

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 wise piece of advice. The black squares are the spaces between words. One letter has been dropped in place to start you off.

LEAPFROG

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

Example: FSPILEMED — FILM SPEED

1. DEXOPOUBSULERE _____________________
2. SBTOAPTH _____________________
3. ARSAPTIECOT _____________________
4. MLIEGTHETR _____________________
5. DETVEALONPKING _____________________
6. ISPMAILIGTE _____________________
7. TLELEENPHSOTO _____________________
8. SPROLJEIDCTEOR _____________________
9. REMOEVIEL _____________________
10. DICAGMITEARLA _____________________

•VISIT US AT KAPPAPUZZLES.COM•
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 thematic: the title “Just Don’t” is a hint. Have fun testing your knowledge while doing something that’s good for you!

**ACROSS**
1. Kitchen or major ender
5. Trade blows
9. Harness strap
10. Marty Robbins hit (2 wds.)
13. Sounded the alarm
14. Overly fond
15. Besmirched
17. Gielgud’s title
18. Berlin’s land (abbr.)
19. Ebb
20. Helium and xenon
23. Underwear name
24. Lyric poems
25. Actor Jacobi
26. Sister
27. Wilowy
31. Singer Estefan
33. NYC vehicle
34. Brook
35. Not odd
36. _mater
37. School table

**DOWN**
1. Goes astray
2. Football group
3. Prong
4. Takes on
5. Passover dinner
6. Walk heavily
7. Fitting
8. Oatmeal cookie morsel
11. Disparaging
12. Fiona and Shrek
16. Dweller (abbr.)
19. Harassed
20. Mallet instruments
21. Of legal age
22. Spanish married woman
23. Garden shed item
25. Camel’s cousin
27. “Shall We Dance?” locale
28. Humorist ___ Barry
29. Former mates
30. Hockey practice locale
32. Uncle or cousin (abbr.)

**ACROSS**
1. Wt. units
4. Morning person’s quality
7. Drama division
10. One of the Fab Four
12. Got off a horse
14. “__ Believes in Me” (Rogers)
15. Woody Guthrie’s son
16. Novelist Jaffe
17. __ trick
18. “Don’t __” (Take action!)
21. Coal unit
22. Skipper’s heading
23. Maui __
26. Expression of disapproval
28. “__ chance!”
32. “Don’t __” (Commander James Lawrence’s famous order)
36. Type of school: abbr.
37. “__ Girl Friday” (1940 film)
38. Rowing tool
42. Ronny & the Daytonas hit
44. “Don’t __” (Bobby McFerrin hit)
50. __ nit
51. What was
52. Love’s embodiment
54. Computer acronym
55. 1962 Connery film
56. Slammer segment
57. Decade components: abbr.
58. Ninth mo.
59. Masterson of “Guys and Dolls”

**DOWN**
1. Transcript stat
2. Actress Dusay
3. Kirk’s navigator
5. Effete group in “The Time Machine”
6. Ben and Jerry portions
7. “As Long — __ Needs Me”
8. Burn slightly
9. French head
11. Mislaid
13. Creates lace
19. Vegan’s chili ingredient
20. Barnyard flock
24. Bush’s business, before
25. Hail, to Caesar
27. Ordinal suffix
29. Cry of discovery
30. Juanita’s aunt
31. Diamond birthstone mo.
33. Arab chief
34. Certain sneaker
35. He is, in Iquique
40. Gotham cops’ gp.
41. Killington transports
43. Oily org.
44. Lean and strong
45. __ about (approximately)
46. Los Angeles team
47. Old worker
48. Chief exec.
49. Sunnyside-up “sun”
53. Stallone’s nickname
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 the rest of the following quotation by Edwin Way Teale: “For man, autumn is a time of harvest, of gathering together…” The words from the list are found in the diagram reading forward, backward, up, down, and diagonally, and always in a straight line.

### Hidden-Message Word-Find

- BACK-TO-SCHOOL
- PUMPKINS
- E C O S T U M E P A R T I E S
- BRISK BREEZE
- SHORTER DAYS
- F Z Y O S R N A T S U S F S
- COLUMBUS DAY
- SQUASH
- J L E R O E Q I T N I Y S A W
- CORNUCOPIA
- SUKKOT
- A O W E A M T U I I A M T L E
- COSTUME PARTIES
- SWEET POTATOES
- C O F E R O K K A D F S C L E
- FALLING LEAVES
- THANKSGIVING
- K H A H S B P I R S E O O I T
- HARVEST
- YOM KIPPUR
- O C S W A M K E P F H H L N P
- HAYRIIDE
- T K N H F O K E D S B C U A T
- JACK-O’-LANTERN
- N T O G O K B I V R O R B E A
- NEW FASHIONS
- S E C T A T T S O T E E R S V O
- OKTOBERFEST
- R A I K N T G A T B R O D E E

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

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

Dropline
Life is measured more by obstacles overcome than by goals achieved.
(Johnny Miller)

Leapfrog
1. Double exposure; 2. Stop bath;
3. Aspect ratio; 4. Light meter;
5. Developing tank; 6. Split image;
7. Telephoto lens; 8. Slide projector;

Hidden Message
...For nature, it is a time of sowing, of scattering abroad.

Crossword 1
ETTE SPAR
REIN EL PASO
RANG DOTTING
SMEARED SIR
GER TIDE
GASES HANES
ODES LOU
NUN SLENDER
GLORIA TAXI
STREAM EVEN
ALMA DESK

Crossword 2
CHS FER ACT
PAUL AILI SHE
ARLO RONA HAT
JUST SIT THERE
TON ESE
LOAF PIE NOTA
GIVE UP THE SHIP
ELEM HIS DAR
WORRY BE HAPPY
INA PASS EROS
ROM DR NO CELL
YRS SIP SKY

Word-Find
ECO STUME PARTIES
FX YORS NAT SUS ES
JL RORGIT YIYSA
AO WEANTU IAM SLE
CO FEROK KAP SICLE
KH AN SHS IPPO T
OC $WANKERFPHHLNP
LS HS UYTS RAI U G
AO RPURRUNHLET
NTGOKLY NRO BEA
TKH NOOKED BCUAT
EC SAFITTS OTEIS VO
RA KIN GAT BROYDE
NBCCORNUCOPI ASS
THANKSGIVING AD

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

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**Fisher Center Scientist Spotlight**

**Dr. Marc Flajolet** *Interim Head of the Fisher Center laboratory*

**RESEARCH DISCOVERIES:**
Marc joined the laboratory of Dr. Paul Greengard at the Rockefeller University in January 2000 as a postdoctoral fellow, and just a few months before Dr. Greengard was awarded the Nobel Prize in Medicine and Physiology in October 2000. Marc became Dr. Greengard’s right hand very quickly and has been directing a number of projects over the last 10 years. He started his work in Dr. Greengard’s lab by studying an important class of receptors, very often targeted for medical purposes, called GPCR receptors. After identifying some important regulatory proteins for one receptor, Dr. Greengard quickly asked Marc to expand his search to many more receptors. This work led to a number of high-profile publications featured in top scientific peer-reviewed journals. One of them, published in the journal *Science*, has been cited about 850 times. Another project that Marc initiated led him to discover the importance of an enzyme called CK1 for the regulation of a cellular cleaning system called autophagy, a system that turned out to be more and more important for Alzheimer's disease, to remove debris that are accumulating over time in the brain of Alzheimer's patients. Marc’s group was the first to use a clearing method to render the brain entirely transparent and look at the amyloid plaques and Tau neurofibrillary tangles in 3D in the entire brain, setting up an entirely new way to efficiently quantify Alzheimer’s disease hallmarks. They also used this methodology to demonstrate the existence of large amyloid structures (tri-dimensional patterns, or TAPs) in the brains of human patients.

His group is now tackling entirely new avenues to better understand the disease, to identify novel therapeutic targets and to identify new drugs to treat the disease. Marc has extended his horizons to study orphan GPCRs in order to identify entirely new pathways relevant for Alzheimer’s disease. The privileged directions for these pathways will be disease progression, inflammation, learning and memory, and neuronal vulnerability. Finally, Marc is building a state-of-the-art new library of drug-like compounds that will revolutionize the drug discovery process. More soon!!

**Thank you Dr. Marc Flajolet**

for your hard work every day in the quest to find a cure.

---

**HOMETOWN:**
Marc was born in Metz, France, which has a 3,000-year long history and was an important Gallo-Roman city. Among many other distinctions the city was the Merovingian capital of Austrasia, and it is also known as the birthplace of the Carolingian dynasty. It is one of the oldest republics in Europe and is famous for being a cradle of the Gregorian chant. The city has a grandiose gothic cathedral (Saint-Etienne) that is noteworthy for having largest expanse of stained-glass windows in the world. Two other historical building are the Basilica of Saint-Pierre-aux-Nonnains, the oldest church in France, or the Opera House, the oldest one working in France.

**EDUCATION:**
He holds a joint PhD from the University of Paris VI, France, and the Pasteur Institute, Paris, where he studied protein-protein interactions and cell signaling.

**FUN FACT:**
Marc is fond of orchids, especially the very fragrant cattleyas. He grows them, makes them bloom over and over, multiplies them. He recently created his own first cattleya hybrid that still is looking for a name ... It is a cross involving a red cattleya and the famous and rare purple cattleya called “Betty Ford” in honor of the first lady.

---

Thanks to the outstanding work of Fisher Center’s world-renowned scientists, we are getting closer to finding a cure!
SLOW-COOKER
Chicken-Lentil Stew

This stew is healthy, hearty, filling—and easy to freeze for a quick weeknight meal.

**INGREDIENTS**
- Cooking oil spray
- ¾ lb. boneless, skinless chicken breast (about 1 large)
- 1 small onion, diced (about 1 cup)
- 6 oz. portabella mushrooms, diced
- 1 lb. frozen spinach, thawed
- 1 cup dry lentils, rinsed in cold water to clean
- 1 jar mango chutney (9 oz.)
- 1 tbsp. fresh thyme, minced, plus more for garnish
- 1 quart no- or low-salt chicken stock
- ½ cups water
- ½ tsp. black pepper
- 1 cup brown rice
- 1 clove garlic (minced)
- ¼ teaspoon sugar
- ½ teaspoon freshly ground black pepper
- ½ teaspoon cayenne pepper
- ¼ cup olive oil

**DIRECTIONS**
1. Heat a large nonstick or cast-iron pan over high heat for 1 minute. Spray with oil, heat for 30 more seconds, then add chicken breast. Sauté until both sides are browned but not cooked through all the way, about 5 minutes.
2. Place chicken and all ingredients, except for brown rice, into slow cooker. Cook on high for 2½ hours or on low for 6 hours.
3. Add rice and cook on high for 1½ more hours.
4. If chicken breast hasn’t fallen apart, use a fork and knife to shred and mix it in with the other ingredients.
5. Garnish with fresh thyme if so desired.

Serves 10; serving size is 2 cups. Each serving provides: 234 calories, 1 g total fat (0.3 g saturated fat, 0 g trans fat), 20 mg cholesterol, 230 mg sodium, 40 g carbohydrates, 8 g fiber, 11 g sugar, 17 g protein.
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