

MEMORY

PRESERVING YOUR

FALL 2020

COVID-19: What Caregivers Can Do

ALZHEIMER'S and Firearm Safety

Be Your Own **Advocate**

New Book and Film Shed Light on **LOVE AND CAREGIVING**



T.D. JAKES

A SON RECALLS THE HEARTBREAK AND REWARDS OF CAREGIVING



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ON THE COVER

T.D. JAKES

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Preserving Your Memory
is a product of
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Yardley, PA 19067
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Cover photo courtesy of The Potter's House

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What Impact Do I Want to Make While LIVING MY BEST FULL LIFE?

Photo by Jodi Jones

Season's greetings! As we continue settling into our "new normal," the Fisher Center Foundation has been busy revamping our Information Program with a dynamic website, an expanded Resource Locator and breakthrough research news busting at the seams. We've also revitalized our Alzheimer's disease pamphlets and booklets and created new ones based on recent discoveries—available online and in print. We've even brought back our 2-for-1 magazine subscription so you can "gift" the news!

Understanding your needs, and how our work can improve your life, inspires us to stay the 25-year course of our mission and vision. Such connection is especially important in a year of traumatic losses—more than 227,000 family and friends to COVID-19 as of this writing, influential civil servants, leaders, entertainers and even a superhero—that have shaken us to the core. These events have triggered us to evaluate how we're living and what impact we're making.

One person whose life work has made a tremendous impact is Bishop T.D. Jakes. As we mark both Alzheimer's Awareness Month and National Family Caregivers Month this November, we're excited to share his story (page 16). While Bishop Jakes is well-known for his ministering and television program, many may not be aware of his less public role as caregiver to his parents, Ernest

and Odith. Bishop graciously shared his experience, including seeing the vulnerable side of his mother—his role model—as her Alzheimer's disease progressed. Bishop embraced the painful lessons of caretaking and created as many memorable moments as he could for his mother. I think you'll find much of his narrative relatable.

We're also spotlighting Fisher Center lab researcher Dr. Maria Pulina (page 27). Check out the healthy holiday food swaps and a mouthwatering recipe (pages 22–23), illustrated at-home exercises (page 21) and guidance on firearm safety (page 10), COVID-19 (page 8) and being your own advocate (page 12).

We hope these resources are valuable to you. And we hope that as you reflect on the end of 2020, you'll ask yourself: What impact do I want to make while living my best full life?

You can start by taking a moment to express gratitude to those you encounter. Wishing you unity, peace, love and optimism this holiday season.

Warmest regards,



Lucretia Holden, SHRM-CP
Executive Director



About the Fisher Center for Alzheimer's Research Foundation

Since 1995, the Fisher Center Foundation, a 501(c)(3) nonprofit organization, has provided hope and help to the public by funding research into the **cause**, **care** and **cure** of Alzheimer's disease and creating much-needed information programs. Our internationally renowned scientists are at the forefront of research that provides 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 nine consecutive years for fiscal management and commitment to accountability and transparency.

To read back issues of this magazine, go to ALZinfo.org/pym-archive/.

We want to hear from you.

What additional Alzheimer's topics could we cover?

Do you have any questions for the experts?

Send us an email at info@ALZinfo.org.



Influenza remains a top 10 cause of death, particularly in older people, and experts caution that hospitals, already overburdened with COVID-19 cases, may be overwhelmed when the flu season hits this winter. Adults ages 65 and older are also advised to get vaccinated against pneumonia.

Two studies presented this summer suggest that the flu and pneumonia vaccines may have an added benefit: Vaccination may lower your risk for developing Alzheimer's disease.

One study of more than 9,000 men and women found that flu vaccination was associated with a 17% reduction in the incidence of Alzheimer's. Getting frequent and regular yearly flu vaccinations was associated with another 13% reduction in Alzheimer's incidence. The protective association appeared to be strongest for those who received their first vaccine at a younger age, for example, at age 60 versus 70.

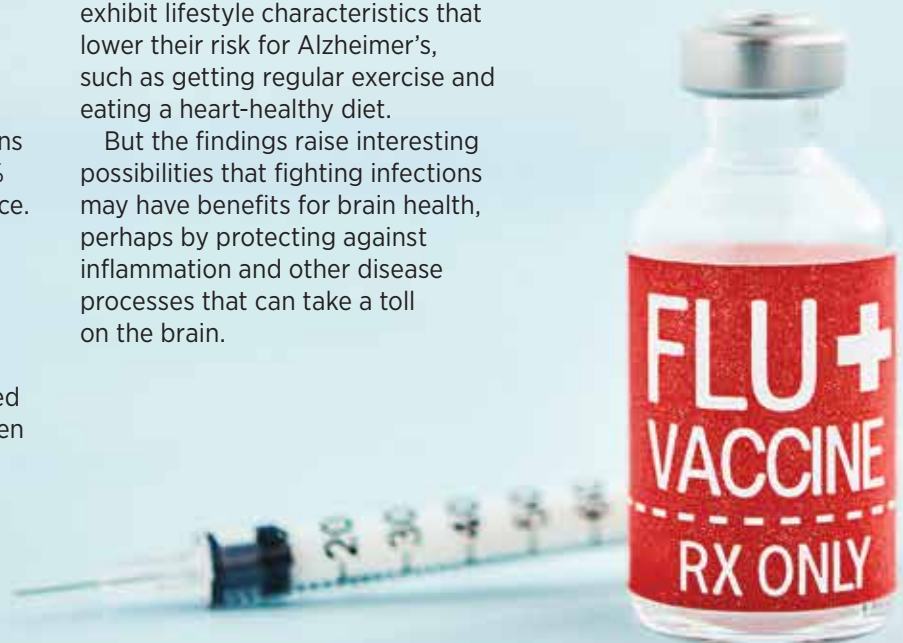
The other study, which included more than 5,000 men and women who were part of a heart study,

found that getting a pneumonia vaccination between ages 65 and 75 was associated with a 40% reduction in the risk for Alzheimer's.

The studies do not prove cause and effect. People who regularly get vaccinations, for example, may exhibit lifestyle characteristics that lower their risk for Alzheimer's, such as getting regular exercise and eating a heart-healthy diet.

But the findings raise interesting possibilities that fighting infections may have benefits for brain health, perhaps by protecting against inflammation and other disease processes that can take a toll on the brain.

Flu and pneumonia shots can also be lifesaving for people who already have Alzheimer's since those with dementia are at increased risk of dying of these infections.





Fish as Brain Food

Air pollution, linked to an increased risk for heart attacks, lung disease and early death, has also been tied to detrimental brain changes typical of Alzheimer's disease. Now a study in *Neurology* reports that eating fish may help protect the brain against these damaging effects.

Researchers measured red blood cell levels of omega-3 fatty acids (the healthy fats found in fish) in 1,315 women ages 65 to 80. They also looked at air pollution levels in each woman's ZIP code.

Among women who lived in areas of the country with high levels of air pollution, those with the highest

levels of omega-3s—equivalent to eating more than one or two servings of baked or broiled fish or shellfish a week—had the greatest volumes of white matter in their brains, an indicator of overall brain health. Even a single 8-ounce serving of fish a week was tied to greater white matter volume.

“Our findings suggest that fish consumption may preserve brain volume as women age and possibly protect against the potential toxic effects of air pollution,” says Dr. Ka He of Columbia University, lead author of the study.

KEEP TAKING YOUR BLOOD PRESSURE DRUGS

Many people have postponed doctor visits or prescription refills because of fears about visiting the doctor's office or pharmacy. But in a large analysis of more than 90,000 older men and women with hypertension, published in *JAMA*, researchers found that maintaining a healthy blood pressure with antihypertensive medication can help reduce your risk for dementia and cognitive impairment.

Hypertension might be easy to overlook because it often produces no symptoms. But uncontrolled hypertension can lead to heart

attacks, strokes, heart failure and other life-threatening complications.

While the first-line treatment for hypertension is regular exercise and a heart-healthy diet, blood pressure medications also are needed often and may be especially important for maintaining memory and thinking skills as we age.



WHY MORE WOMEN THAN MEN GET ALZHEIMER'S

Scientists have long thought more women than men get Alzheimer's disease mainly because women tend to live longer, and advancing age is the primary risk factor for the disease. But a study of middle-aged women and men (ages 40 to 65) suggests that fluctuations in hormones that occur with menopause may help explain the gender disparity.

The study, authored by Lisa Mosconi of Weill Cornell Medicine in New York and others, was published in *Neurology*. The research found that middle-aged women are far more likely than their male peers to have brain changes that are a precursor to developing Alzheimer's, even though symptoms like impairments in memory and thinking skills are not yet apparent.

Mosconi and her coauthors note that menopause is often accompanied by neurologic symptoms like poor sleep, stress and depression, which are also risk factors for Alzheimer's. But hormonal changes, especially of the female sex hormone estrogen, had the strongest link to the Alzheimer's brain changes.

Better understanding of the links between Alzheimer's disease and gender may be an “important step in developing new treatments,” the authors added.

CONFRONTING A CRISIS:

What Caregivers Can Do About **COVID-19**

By Cindy Kuzma

The COVID-19 pandemic has left few untouched. But people with Alzheimer's disease bear a larger burden—from both coronavirus itself and measures taken to contain it.



Some impacts, such as lockdowns and disrupted routines, have likely been obvious to you and your loved one. Others may not have crossed your radar. Knowing the challenges means you can take steps to prevent or cope with them.

DETAILING THE DANGERS

People with Alzheimer's disease may be at greater risk of catching COVID-19, getting sicker and even dying. Why? Age is one factor. About 80% of U.S. COVID-19 deaths have occurred in people ages 65 and older. The same group has higher rates of dementia.

Many assisted care facilities that house individuals with Alzheimer's disease have seen severe outbreaks. And depending on symptoms and stage, dementia may prevent people from following public health guidance, such as maintaining physical distance.

Alzheimer's disease may also weaken the immune system, boosting the odds of illness. It often goes hand in hand with other conditions, such as heart disease and diabetes. These increase the chances for COVID-19 complications.

Of course, COVID-19 affects more than the respiratory system. In the brain, the disease may trigger inflammation, cognitive impairment and stroke. People with existing neurological issues appear more prone to these problems.

Plus, those with the APOE gene variant linked to Alzheimer's may face even greater danger. They're more likely to develop severe cases and to die, British researchers found.

Even those who avoid the virus feel its impact. Shifting routines, less physical activity

and reduced human contact may worsen fear, anxiety and anger. Safety measures also interfere with effective treatments like support groups and pet therapy. As a result, symptoms like agitation and memory impairment may increase.

PROTECTING YOUR LOVED ONE—AND YOURSELF

Despite the obstacles, caregivers can reduce the pandemic's impact. Whether you're together or caring from afar, stay in touch with your loved one's medical team. Collaborating can help ensure proper whole-person care.

To reduce the risk for COVID-19, discuss the virus with your loved one as appropriate. Use simple, straightforward language. Explain how easily the virus spreads and that there is no cure—but reassure them you can work to protect each other.

If you give care in your home, model good hygiene. Add hygiene reminders, such as a sign in the bathroom with hand-washing instructions. Then, stay alert for symptoms.

Common signs of COVID-19 include shortness of breath, fever and cough. But older adults in general—and those with Alzheimer's disease specifically—might not have these typical symptoms. Watch for:

- Extra agitation or confusion
- Shaking with chills
- Muscle pain
- Sore throat
- Sudden sadness
- Loss of taste or smell

Get help fast (within 24 hours) if you spot any of these symptoms. And do what you can to stay on top of other medical needs. For example, keep at least a 30-day supply of medications on hand and make sure your loved one takes them as prescribed.

When a medical visit is required, ask if it can be done via telemedicine. Many services, including dementia care, can be effectively provided via a phone call or video call.

For those that can't, including hospital visits, make sure everyone knows about your loved one's dementia. Some hospitals have banned visitors, but if yours hasn't, be prepared to don protective equipment.

Finally, make a backup plan for caregiving in case you get sick. Create and distribute a care plan. Include a summary of current conditions and treatments, along with doctors, insurance information and end-of-life wishes. Add personal details, such as favorite activities and TV shows.

Doing so can reduce your stress level—which is also important. After all, you can't support your loved one without taking care of yourself, too. Make exercise, good sleep and relaxation key parts of your own routine as well.

The challenges and strain of this pandemic are real. However, experts also see silver linings. New sources of support may rise to the surface. And caregivers are finding creative ways—through technologies like FaceTime—to keep in touch with and comfort loved ones with dementia.

Keep Up

Stay informed about the latest developments on COVID-19 by visiting [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus).

SOUNDING THE ALARM ON

Driving to a desired destination. Using tools in the garage or appliances in the kitchen. Owning a firearm, whether it's for defense, hunting or collection.

They're all basic freedoms—ones that hold serious emotional weight for many people. But they're also activities that pose risks for those with Alzheimer's disease, especially in its later stages.

It's not easy for people with dementia and their caregivers to know when it's time to give up the keys to the gun safe—or to take extra protective steps if the guns belong to someone else in the household.

It's best to have an open discussion about the issue. Then, take a patient-centered approach to solutions. This protects you, your loved one and your family while preserving dignity and promoting effective agency.

IN THE CROSSHAIRS

As many as half of older adults live in a household with guns. And in one recent study, one-third of people with dementia who lived with caregivers had access to firearms in the home.

A diagnosis of Alzheimer's disease or dementia doesn't necessarily mean a person can't own, or live with, a gun. However, as cognitive decline worsens, the risks of the combination rise.

When people with dementia have symptoms like delusions and memory loss, they might confront family members, home health workers or others. Combined with access to guns, these incidents can turn deadly.

The greatest risk of all may be to the individuals themselves. Nine in 10 firearm deaths in older adults are suicides. Dementia may increase the risk for suicide, and firearms rank as the most common method.

Sadly, they're also the most effective. About 85% of those who attempt suicide with a gun die. Meanwhile, 95% survive other methods.

PLANNING A SAFE FUTURE

Many caregivers report receiving reliable information online about dementia and driving. Yet they've found little about firearms. Plus, few health care providers raise the topic with patients and their families.

There's good reason to break the silence. The earlier you discuss firearm safety with your loved one, the better the talk may go. Assure them that your greatest concern is for their

safety. Involve your loved one's provider and map out a plan together.

One option: setting a "firearm retirement date." Draw it into a family agreement. This document can also assign a trusted relative to make decisions about guns later.

During mild cognitive impairment—in which a person has only mild memory loss and can continue to do their daily activities—it may still be safe to handle guns, although supervision should be considered. Or, consult a firearms specialist for additional training.

As dementia progresses, the risks rise. Signs your loved one may not be able to safely handle or have access to guns include:

- Moderate to severe memory loss that interferes with daily activities
- A lack of awareness about these changes
- Drug or alcohol abuse
- Changes in personality and behavior
- Symptoms of depression
- Inability to recognize friends and family

LAYING DOWN ARMS

When it's time to lay down firearms, you and your loved one have options.

FIREARM SAFETY

By Cindy Kuzma

For tips on communicating with someone who has Alzheimer's, check out [ALZinfo.org/communicate](https://alzinfo.org/communicate).

Here are a few things you can do.

- Securely lock all guns to restrict access. You can use trigger or cable locks, or a case, safe or lockbox.
- Reduce the risk by storing guns unloaded, locking the guns and ammunition in separate containers. Or, temporarily disable triggers.
- Deactivate guns completely. A gunsmith or similar professional can make these changes.
- Remove guns from the home altogether.

In some states, family members can temporarily store guns at their homes without background checks. Gun ranges, bonded warehouses and other secure locations may also offer storage.

If you want to transfer ownership for good, sell firearms to a legally licensed buyer, research buyback programs or surrender them to law enforcement.

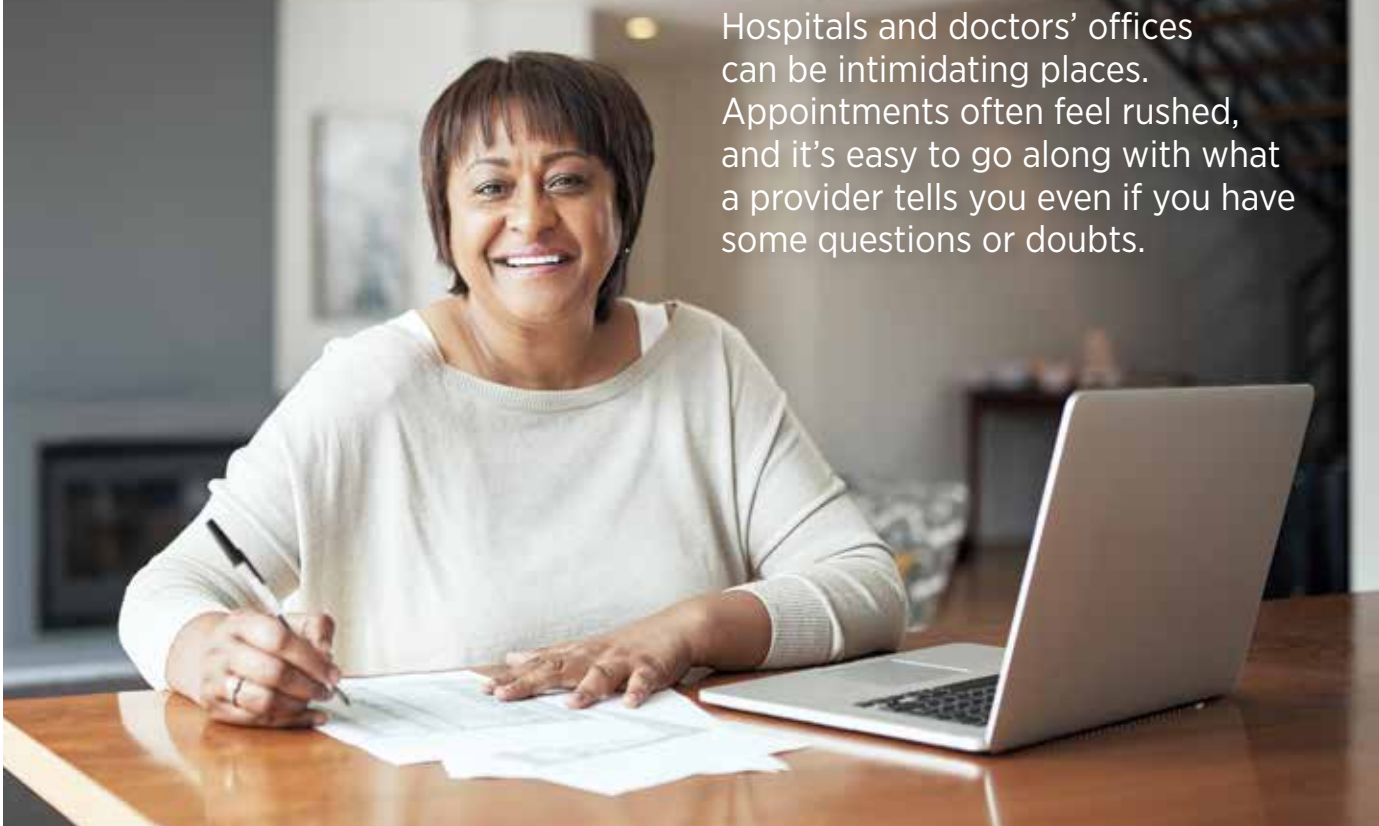
If your loved one refuses to relinquish their guns, or you're worried for your family's safety, involve the provider again or contact the local police if necessary.

Some areas offer tools like extreme risk protection orders or gun

violence restraining orders. These allow law enforcement to remove firearms from a person who poses significant danger.

How to Become *Your Own Best* **ADVOCATE**

By Haley Shapley



Hospitals and doctors' offices can be intimidating places. Appointments often feel rushed, and it's easy to go along with what a provider tells you even if you have some questions or doubts.

Why is it important to play an active role in your health care? After all, providers are much more experienced in such matters. But consider this: 93% of seniors expect that their providers will recommend Alzheimer's testing if needed. But less than half of primary care physicians say it is standard for them to assess seniors for cognitive impairment—they only do so if the patients or their family members mention it first. This is just one example of how it's up to you to bring up issues with your provider to make sure you're getting the care you need.

While self-advocacy is important for everyone, evidence suggests that African Americans are less likely to receive

treatment for Alzheimer's than whites, although the disease is more common among African Americans. African Americans are also less likely to be represented in research studies, so less is known about how Alzheimer's presents and progresses in this population. These factors make it even more crucial for African American patients to make sure their voices are heard.

6 STRATEGIES TO KNOW

Remember, providers know medicine, but no one knows you better than yourself. Don't be afraid to speak up on your own behalf.

HERE'S HOW TO ADVOCATE FOR YOURSELF:

1

Prepare for appointments beforehand.

Before you see a provider, put some thought into what you'd like to discuss. Once the appointment gets started, it can feel like it's over before it even began, so a written list will help you express everything on your mind. Here's some information that is helpful to have:

- Questions you want to ask
- Changes to your physical, mental or emotional health since your last appointment
- A current list of prescribed medications you're taking (including dosages), along with any over-the-counter supplements, vitamins and medicines

2

Be honest.

Part of being a self-advocate is giving complete information about your health history and daily habits—this is how you will get the best care. Don't worry about what your medical team might think about your answers to their questions. They are simply trying to provide you with individualized care to support a better quality of life for you—reducing the odds of hospitalization and improving your medical outcomes.

3

Ask for clarification.

If you don't understand what a provider is telling you, don't be afraid to ask them to explain it again. It's their job to find a way to share information that makes sense to you.

4

Get a second opinion.

After any serious diagnosis or treatment recommendation, it's a good idea to get a second opinion. Don't worry about hurting your provider's feelings—most medical professionals understand that patients need to have confidence in their health care plan. Plus, the providers may be able to put their heads together to come up with the best options for you.

5

Make your goals clear.

What do you hope to get from treatment? If you're taking medication, which side effects are acceptable, and which are not? How much are certain symptoms affecting your daily life? Some may be difficult to deal with, while others may not bother you at all. Everyone has different priorities, so make sure your health care team knows what matters to you.

6

Understand the plan.

At the end of each appointment, you should know what is going to happen next. Write down anything required on your end for follow-up. That way, you can remember to do things like schedule your next appointment or make changes to your current routine.

CAREGIVERS AS ADVOCATES

In the early stage of Alzheimer's disease, patients should be involved in all conversations about their diagnosis and treatment. As the disease progresses, a caregiver may need to play a bigger role in advocating on behalf of the patient. Help make sure your loved one is

comfortable at the provider's office—try to schedule appointments at the time of day when they are most lucid.

It's reassuring for someone with Alzheimer's to know that if they can no longer communicate effectively, you will be there to make sure their well-being is always front and center.

FINDINGS ABOUT BETA-AMYLOID

Advance Our Understanding of Alzheimer's Disease

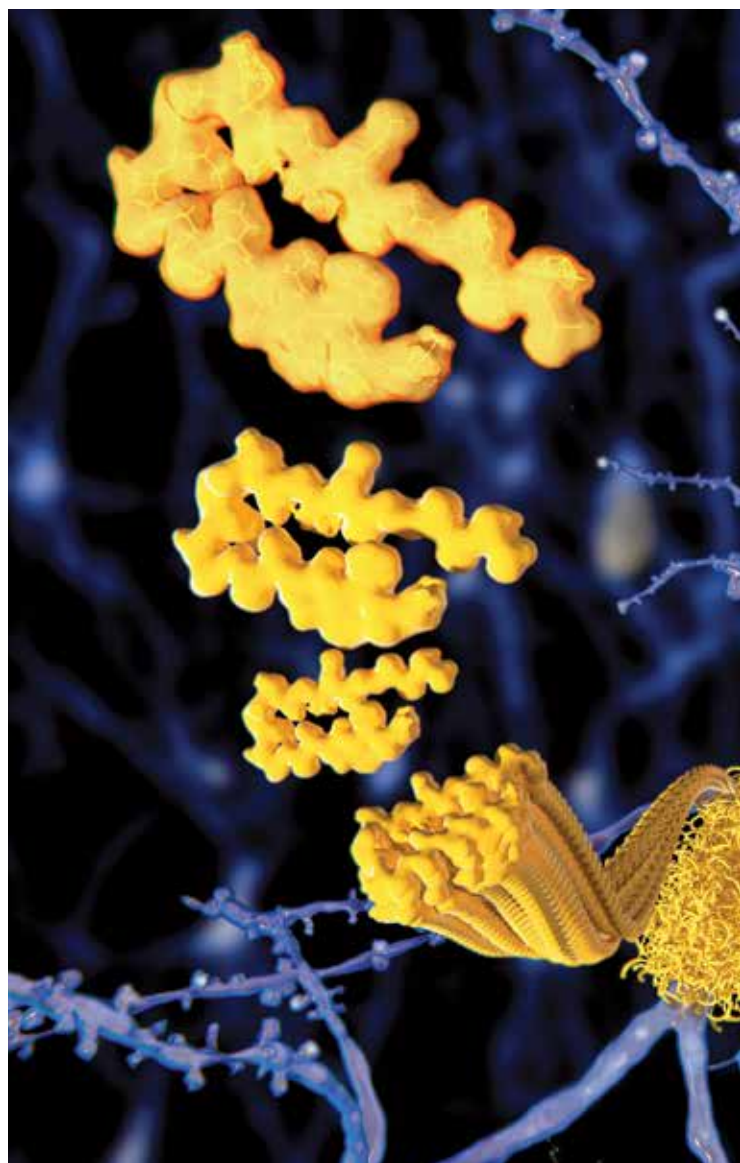
By Lauren Arcuri

Current scientific thinking places the beta-amyloid peptide at the center of the neurodegenerative process in Alzheimer's disease. In the healthy brain, beta-amyloid levels are maintained by a careful interplay of production and breakdown of the peptide, while in Alzheimer's there appears to be an accumulation of beta-amyloid. But so far, therapeutic strategies aimed at curbing beta-amyloid production have not been successful.

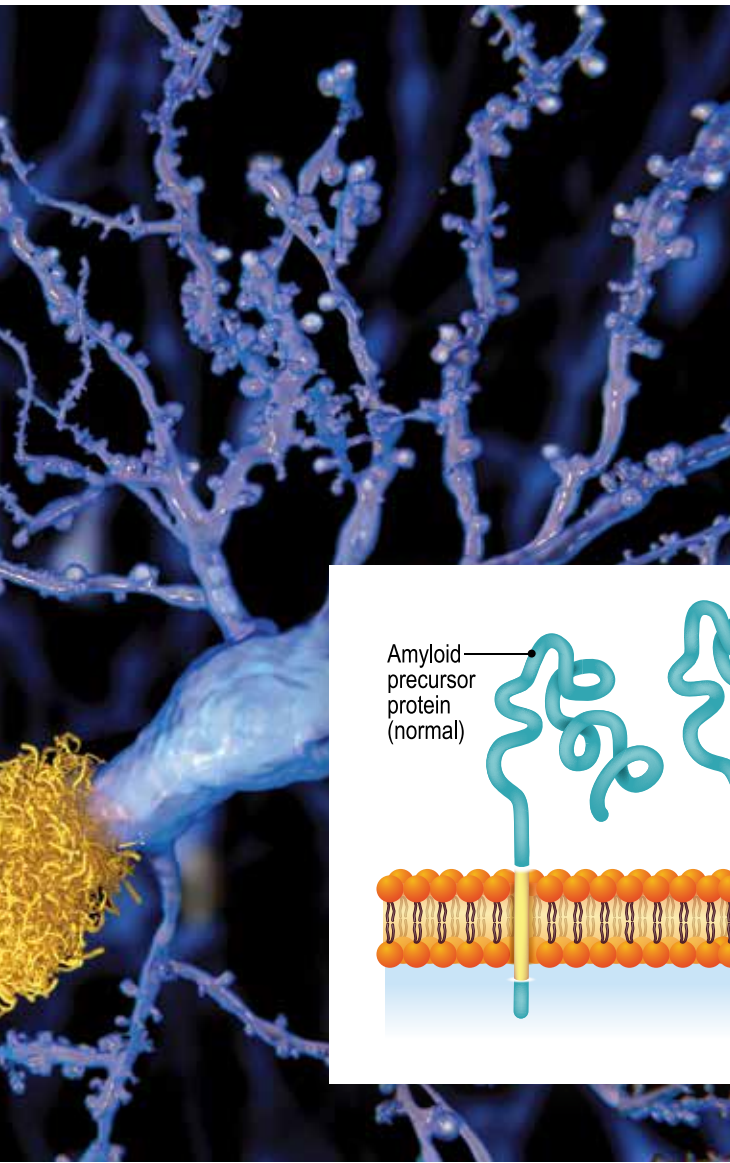
PRESENILIN-1 AND MICROGLIA: A NEW CONNECTION

In recent years, evidence has begun to mount that brain immune cells called microglia play a central role in the development of Alzheimer's disease, but research has not yielded many clues as to the mechanism involved. Now, research by Dr. José Ledo and other scientists at the Fisher Center laboratory at The Rockefeller University has begun to answer some critical questions about the relationship between microglia, beta-amyloid levels in the brain and a protein called presenilin-1 (PS-1).

PS-1 is a key protein involved in beta-amyloid production that has been studied in the context of Alzheimer's because mutations in the PS-1 gene are known to cause early onset of familial Alzheimer's disease. In neurons, PS-1 cleaves the amyloid precursor protein, an integral protein in the cell membrane, into beta-amyloid. Until recently, PS-1 was studied almost exclusively in neurons. However, PS-1 is highly expressed in the microglia, not only in the adult brain, but throughout development.

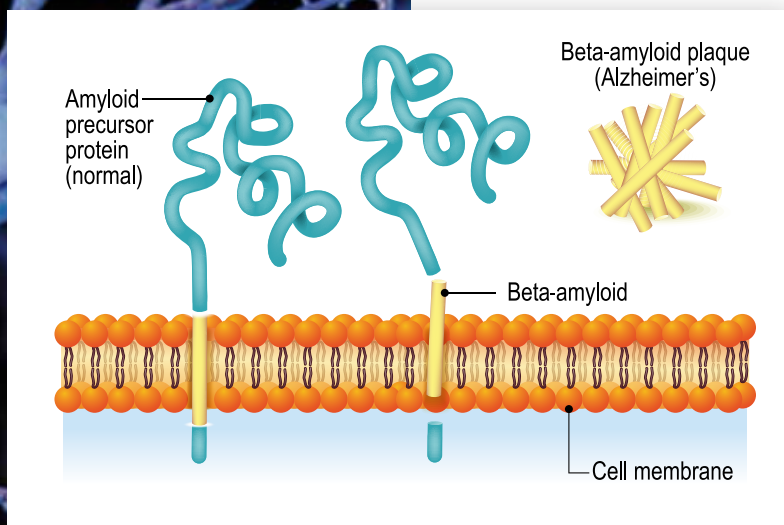


In a recent study, Dr. Ledo and his colleagues looked at the role of PS-1 in embryonic development. After PS-1 is formed, it goes through a process called phosphorylation, a key step for proper function of the protein. Dr. Ledo and his team looked at a specific phosphorylation residue or location on PS-1, called serine 367. Previous work showed that when PS-1 is phosphorylated at this specific place, the protein can decrease beta-amyloid levels by acting upon both neurons and microglia, but through different pathways in each cell type. Researchers have also learned that microglia containing unphosphorylated PS-1 do not function as well as the phosphorylated type of PS-1.



MICROGLIA PLAY ROLE IN BETA-AMYLOID BREAKDOWN

Next, Dr. Ledo and his colleagues looked at phosphorylated PS-1's actions in the microglia of the adult brain. They found that PS-1 is key for beta-amyloid production in neurons and key for beta-amyloid degradation in microglia, both of which are essential to keep amyloid-beta at physiological levels. Previous data from Dr. Victor Bustos at the Fisher Center laboratory showed that PS-1 is key for beta-amyloid production in neurons. Dr. Ledo's study confirmed and expanded on this. The team also discovered that PS-1 controls beta-amyloid degradation in microglia. As both production and degradation are integral parts of the process that keeps beta-amyloid at healthy levels in the brain, the results taken together show that PS-1 plays a



critical role in maintaining these levels. Using a mouse model that contained unphosphorylated PS-1, Dr. Ledo saw large accumulation of beta-amyloid in microglia. This process accelerates the loss of synapses that is a hallmark of Alzheimer's disease.

Knowing this gives researchers a new potential target for Alzheimer's disease treatment. Dr. Ledo and his team are trying to

Their new study looked at whether this specific type of phosphorylated PS-1 is involved in microglial development in the embryo. Using bioinformatics and detailed analysis of cellular processes, the researchers discovered that PS-1 does play an unpredicted role in microglial development. The results suggest that defects in microglia in Alzheimer's disease could begin as early as embryonic development, a surprising discovery since Alzheimer's is usually associated with the aging process. This discovery might open new avenues of investigation for the field.

develop molecules that can increase phosphorylation of PS-1 in the hope that these would help lower the levels of beta-amyloid in the brain. Currently this is being tested in a mouse model, but the team also plans to continue their study of phosphorylated PS-1 in the human brain. They are conducting additional detailed studies to further clarify the specific function of PS-1 in microglia. Deepening our understanding of these molecular pathways is crucial to developing new targeted treatments for Alzheimer's, and these two new studies advance our understanding.

To support the Fisher Center's groundbreaking Alzheimer's research, make a donation using the envelope inside this issue.

A Son's Love

What caregiving taught T.D. Jakes about love, faith and the importance of little moments

By Charlotte Robinson

To call Bishop T.D. Jakes a minister might be misleading, since he's inhabited so many different roles. In 1996, he founded The Potter's House (TPH), a nondenominational, multicultural church with 30,000 members, and since 2016 he's hosted an eponymous daytime talk show. He's also an author, award-winning recording artist and film producer.

Odith's passion for education and her gift for oratory made an indelible impression on the youngest of her three children. And as Jakes' career as a pastor

took off and his congregation grew, she was always his greatest supporter.

But another, less public role—caregiver to his parents—has helped define his character and his life's work. His father, Ernest, battled kidney disease for several years and passed away when Jakes was 16, while his mother, Odith, died in 1999, having been diagnosed with Alzheimer's disease a few years earlier.

A SPECIAL BOND

Their close bond was sealed during the ordeal of Ernest Jakes' illness. The only child remaining in the household at the time, Bishop Jakes helped Odith with his father's care, including dialysis. "I think that escalated and enriched our relationship because we went through that together," he says.

By all accounts, Odith Jakes was a force of nature. A dual-degree graduate of Tuskegee University, she worked as a home economics teacher and the equal employment opportunities representative for the State of West Virginia. She also participated in speaking engagements as an alumna of the Delta Sigma Theta sorority, often with her young son in tow. "I guess it was cheaper to take me than to get a babysitter," Jakes laughs.

Dealing with traumatic situations, such as rushing his father to the hospital when the dialysis machine malfunctioned, forced Jakes to grow up early. "It made me a lot more serious about life. It certainly made me inordinately compassionate," he says.

Odith's no-nonsense way of handling such situations also made an impact on her son, whose life has largely focused on ministering to people in crisis or trauma. "That disciplined approach to responding to crisis, with a systemic, practical,



“[Dealing with traumatic situations] made me a lot more serious about life. It certainly made me inordinately compassionate.”



Bishop Jakes remembers his late mother, Odith, as “my biggest supporter.”

pragmatic view of what needs to be done here really built the foundation of my life and has a lot to do with sustaining myself as an adult,” Jakes says.

SIGNS OF SOMETHING WRONG

Jakes was a pastor in his home state of West Virginia for about 20 years before deciding to relocate to Dallas, Texas, where he founded TPH. Not only his wife and children but his mother, brother and sister joined him. “You get one of us, you get all of us,” he laughs.

Initially, Odith lived independently. But reflecting on it now, Jakes believes the early signs of Alzheimer’s were there even before she moved. “One day when we were in West Virginia, some of our members told me that she came out of a store and they saw her walking down the street looking for her car,” he remembers. “And she got so angry when they told me because my mother would hide things. But I could see traces of that.”

Being away from her familiar environment, he believes, escalated her symptoms. Yet the path to a diagnosis was circuitous. “I came into church one Wednesday night to teach Bible class and her face was twisted. I thought she’d had a stroke,” Jakes recalls. “When they did an MRI on her, they discovered she had a small tumor in her brain. Later, we realized it was just Bell’s palsy that was causing the twisting of her mouth, but it led to discovering the tumor.”

Odith underwent surgery to remove the tumor and was outfitted with a shunt in her head. For a time, she

improved. But this incident, Jakes says, led to swelling of the brain and a series of surgeries that “probably expedited what would have been an inevitability anyway”—each of Odith’s six sisters had Alzheimer’s disease. In a short time, Odith also received the diagnosis.

A SON GIVES BACK

Odith had indicated that Bishop Jakes should make her medical decisions if she was unable to act for herself after her initial surgery. So, it was a given that after her Alzheimer’s diagnosis he would become her caregiver, and she moved in with him.

Initially, medication helped slow down the disease’s progression but Odith soon began deteriorating rapidly. Jakes brought in 24-hour assistance while remaining steadfast in his promise to keep Odith with him.

“It was the most agonizing thing that has ever happened to me in my life, but it was also the most rewarding,” he says. “It was rewarding because I got to prove to her that if the shoe were on the other foot, I would do for her what she did for me. And that ended up being everything—bathing, bathrooms, everything. That, to me, is something I’m incredibly proud of as a person—that I had the opportunity to prove that there was reciprocity.”

FINDING THE PERSON INSIDE

While the duties of caregiving were demanding, they weren’t the most challenging aspect of his mother’s illness. “My mother was quite brilliant intellectually, articulate, and prolific and profound,” he says, “and to watch that deteriorate to the point that she couldn’t tell an apple from an orange was very emotionally taxing.”

Yet, he says, “I could always find her in the fog of it all, even when she didn’t know much else.”

Odith’s true personality occasionally shone through in ways both playful and profound. On Jakes’ last birthday during her lifetime, he was speaking at Trinity Broadcasting Network (TBN). Odith had not been doing well, but she rested up all day so she could surprise him by attending his speech. “She came in and it almost wrecked me. When they got her back in the car, I got up to the window and she looked up at me and said, ‘I got you, didn’t I?’”

Another time, Jakes brought his mother some banana pudding he’d made. “I said, ‘Is it good as yours yet, Mama?’ She was eating it and she looked up at me and she said, ‘Almost,’” he laughs. “So, we had some really good times and some really fun times.”

It's important, he says, to remember that the person receiving care is still present. "It may be way down deep inside, it may not verbalize itself, but if you look into their eyes or the way they laugh or smile, you'll see evidence that they're still there. And never tell yourself it doesn't matter that you're there, because it absolutely matters."

CARE FOR THE CAREGIVERS

To help ease the burden on caregivers, in 2010 TPH launched the Golden Days Respite Care Program, focused on autism as well as Alzheimer's. The program provides caregivers a "day out" while providing their loved ones with a safe and nurturing environment.

Besides wanting to give caregivers guilt-free time away for self-care, Jakes hoped the program would provide people with Alzheimer's a culturally relevant way to reconnect with their faith and identity. "The stats are very high amongst African Americans and particularly women in terms of Alzheimer's," he says. "So, to put those elderly people in a church and start singing a hymn—they would all remember it or know it and start chiming in. Faith is not only a part of my personal experience and my walk with Christ; it's also a part of our culture and how we survive the vicissitudes of our history."

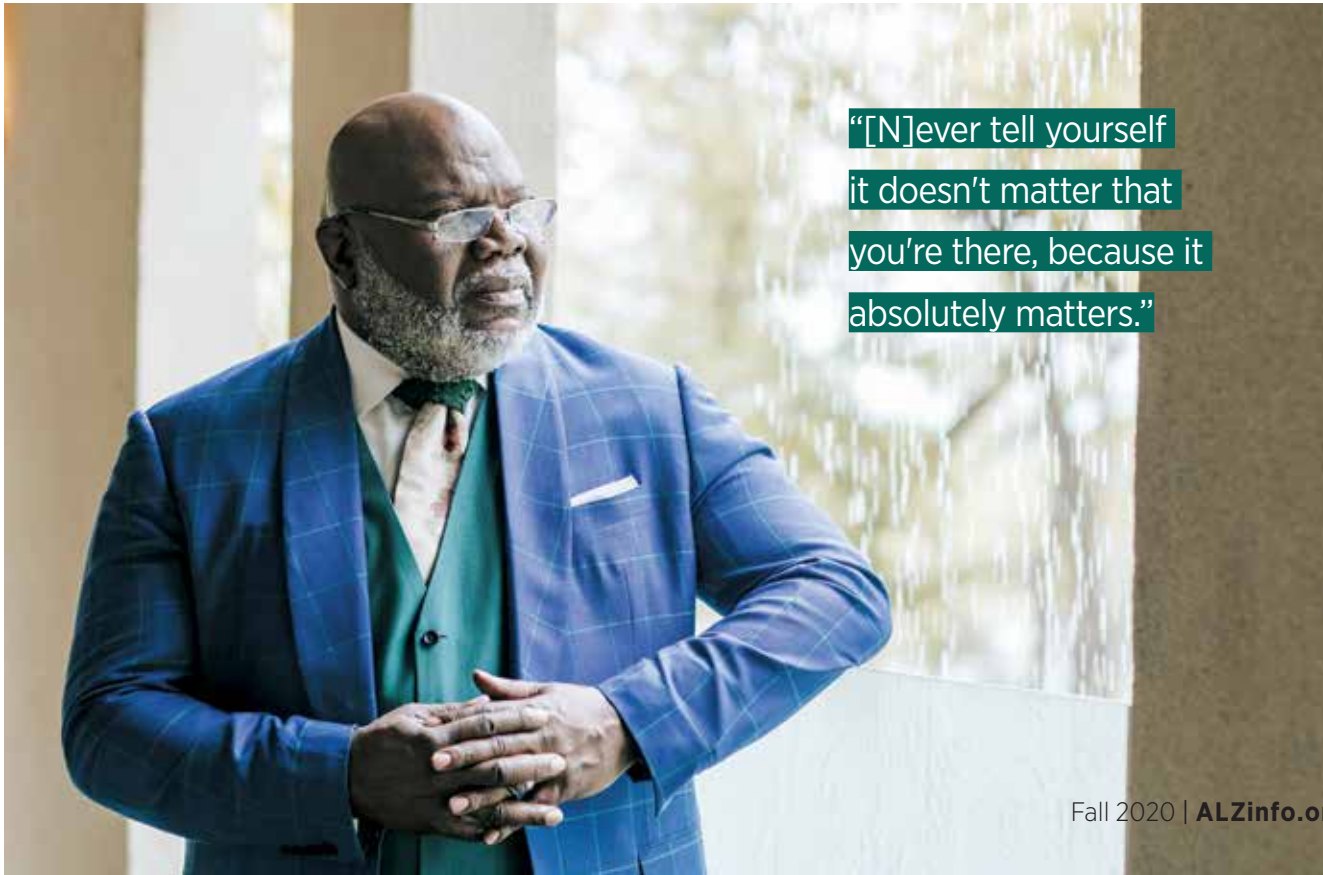
He adds, "All of us, if we believe in God, we understand

that we end up in His arms either way. So, this is an opportunity to not only give the caregivers a break but also to take the Alzheimer's person closer to the arms we all end up in anyway."

Bishop Jakes also offers caregivers the wisdom of his personal experience: Keep in mind that the disease is a camouflage and you shouldn't internalize the way a person with Alzheimer's behaves toward you. Take opportunities for self-care. Forgive yourself for not being superhuman. Don't let the fear that you'll have Alzheimer's one day interfere with appreciating the present.

Remember, too, that life is made of little moments. "As the layers peel back on my mother, it doesn't matter how old she was, all that mattered were the moments, and creating those moments for people is all we can do," he says. "I think we all have the ability to make somebody have a great moment."

For Odith, it was feeling the ocean waters run between her toes one last time. "I made sure that happened," Jakes says. Although she was in the throes of Alzheimer's and not always coherent, he took her to the Bahamas. "We walked on the beach and she got to feel the ocean splashing up against her feet again. And *that* was a moment. Little things like that, which was a big thing. It's things like that that stay with you forever."



"[N]ever tell yourself
it doesn't matter that
you're there, because it
absolutely matters."



Music Memories

By Charlotte Robinson

The Art of Loving

The Artist's Wife is the story of a once promising painter, Claire Smythson (Lena Olin), now primarily dedicated to caring for her husband, Richard (Bruce Dern), also a painter, and a lauded one at that. While Richard is a difficult man, their life is mostly quiet and comfortable until his behavior turns from eccentric to erratic, culminating in an Alzheimer's disease diagnosis.

As Richard's memory lapses, he lashes out—at his art students, at Claire and at his daughter, who has only recently and tentatively resumed a relationship with him at Claire's urging. He is cognizant enough to understand what he's losing, as we infer when he urges his students to "paint what's no longer there."

Director Tom Dolby, who also cowrote the screenplay, understands equally the existential losses that come with Alzheimer's and the traditional role of the artist's companion, which has pushed so many promising female artists, such as Elaine de Kooning and Lee Krasner, to the sidelines. This is largely Claire's story—as Richard's art descends in cohesion and quality, her creative spark is rekindled, and she begins painting again.

Ultimately though, *The Artist's Wife* is a story of love and the sacrifices we make for it—in sickness and in health.

***The Artist's Wife* is available for streaming on all On Demand platforms and will be released on DVD. Visit theartistswifefilm.com for viewing options.**



After his Alzheimer's disease diagnosis, musician Glen Campbell joked, "There are a lot of things I don't want to remember anyway." Yet the troubled star experienced years of love and stability with his wife of nearly 35 years, Kim, a former Radio City Rockette. *Gentle on My Mind*, her memoir of their final years together, is peppered with triumph and tragedy.

Instead of retreating from the spotlight after his 2011 diagnosis, Glen recorded more music and embarked on a concert tour that was documented in the 2014 film *I'll Be Me*. As his memory faded, music served as a connection to his past and his identity.

Many aspects of Kim's story will be familiar to any caregiver, such as

Glen's irrational outbursts and the guilt she felt for worrying that her own life was taking a back seat to his care. While she doesn't dwell on Glen's final years in late-stage Alzheimer's, it was difficult enough that the family joined a memory care facility in 2014—terminology Kim prefers to the more stigmatizing "put him in a home." Glen lived there until his death on August 8, 2017, leaving the world with a lot of music, and hopefully—with the help of Kim's book—less stigma about Alzheimer's.

***Gentle on My Mind* is published by Thomas Nelson and is available from major book retailers such as Amazon.**

NO GYM? NO PROBLEM

The U.S. Department of Health and Human Services recommends adults perform two muscle-strengthening sessions per week, in addition to at least 150 minutes of moderate-intensity aerobic movement. With these simple moves, you can work toward the recommendations without leaving your house!



CRUNCHES

Lie on your back with your knees bent and feet flat on the floor. Place your fingertips behind your head and open your elbows to the sides. Engage your abdominal muscles and lift your head and shoulder blades off the floor. Keep your neck relaxed—don't pull on your head. Press your back down into the floor and hold. Slowly lower down to the floor.



STANDING QUADRICEPS STRETCH

Stand with a chair for support. Hold the chair with your right hand. Bend your left knee and grasp your left ankle with your left hand. Gently pull up toward your bottom. Hold for 10 to 20 seconds. Then repeat on the other side.



BODYWEIGHT SQUAT

Stand with your feet slightly wider than hip-width apart and your weight on your heels. Inhale, push your hips back and lower yourself down toward the ground until your thighs are parallel to the floor or until your heels lift off the ground, whichever comes first. Exhale and return to standing.



BRIDGE

Lie on your back, knees bent, feet flat on the floor. Tighten your abs, exhale and squeeze your butt muscles to lift your hips up off the ground. Inhale and slowly lower.

Other standard body-weight moves include lunges, planks, heel raises, jumping jacks and pull-ups. If you have a chronic health condition or haven't had a checkup in a while, talk with your health care provider before starting a new exercise program.

Holiday Food Swap

HEALTHIER CHOICES FOR YOUR SEASONAL SNACKS

While holiday celebrations might look a bit different this year, you can bet they'll still include families gathering around the table to enjoy their favorite foods. But holiday foods can be rich in sugar, fat and carbs. This year, make some easy substitutions so your family can enjoy holiday treats that are both delicious and healthy.

HOLIDAY CLASSIC

MASHED POTATOES

This beloved side dish is loaded with flavor—and carbohydrates.



Cut the Carbs



SEASONAL SUBSTITUTION

MASHED CAULIFLOWER

Just as tasty but with fewer carbs, you can top it with chives for extra zest.

STUFFING WITH BREAD

Traditional stuffing is made with lots of carb-loaded croutons or cubed bread.



STUFFING WITH VEGETABLES

Swap bread for diced veggies for a colorful, low-carb alternative.

Forgo the Fat

CAKE

Whether it's a pound cake, chocolate cake or yellow cake, many holiday cakes are filled with eggs and butter—two high-fat ingredients.



ANGEL FOOD CAKE

Made without butter and with only egg whites, it's fluffy and light like a marshmallow without the fat. Top it with fresh fruit for yummy flair.

Fruity Wild Rice Stovetop Stuffing

Perk up an old holiday favorite with the brightness of fruit and two kinds of healthy rice.

INGREDIENTS

- Olive oil spray
- 1 medium yellow onion, finely diced
- 1 pear (such as Bartlett), cored and finely diced
- 1 apple (such as Honeycrisp), cored and finely diced
- 1 tbsp. Dijon mustard
- 1 tbsp. maple syrup
- 1 tbsp. fresh lemon juice
- 2 cups wild rice
- 1 cup brown basmati rice
- 1 quart low-sodium chicken or vegetable broth
- 2 cups water, plus 1 cup if needed
- $\frac{2}{3}$ cup dried cranberries
- $\frac{1}{2}$ tsp. freshly ground black pepper
- 2 tbsp. minced fresh parsley
- 2 tbsp. minced fresh thyme

NUTRITION INFORMATION

Serves 16; serving size is $\frac{1}{2}$ cup stuffing. Per serving: 154 calories; 1 g total fat (0 g saturated fat, 0 g trans fat); 0 mg cholesterol; 50 mg sodium; 33 g carbohydrate; 3 g fiber; 7 g sugars; 5 g protein

DIRECTIONS

Heat a large pot over high heat for one minute. Spray with olive oil spray; heat for 30 seconds. Add onions and sauté for one to two minutes, stirring frequently, then add pears and apples and sauté for two to three more minutes. Quickly whisk together mustard, maple syrup and lemon juice and pour over onions and fruit. Then add wild rice and basmati rice. Sauté for two minutes, then pour in broth and water. Bring to a boil. Add cranberries and cracked black pepper. Let boil for 10 minutes. If liquid level seems too low, add 1 more cup of water. Reduce heat to low, cover and cook for 25 minutes, checking occasionally. Add parsley and thyme five minutes before done. Serve immediately.



HOLIDAY CLASSIC

CRANBERRY SAUCE

This dish is simple and sweet, containing cranberries, an orange—and lots of sugar.

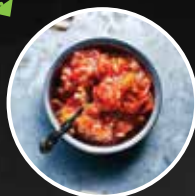


Swap the Sugar

SEASONAL SUBSTITUTION

CRANBERRY CHUTNEY

Chutney has half the sugar of a traditional sauce but all the flavor, thanks to a variety of fruits, vegetables and nuts.



BROWNIES

Most recipes for these sweet, chocolaty treats are loaded with sugar.



DARK CHOCOLATE

Satisfy your cravings with a square of dark chocolate (70% cocoa). It has much less sugar than milk chocolate and baked goods.





WHAT'S GOING TO HAPPEN TO **Your Home?**

By Linda Wasmer Andrews; Edited by Bernard A. Krooks, JD, CPA, LL.M, CELA

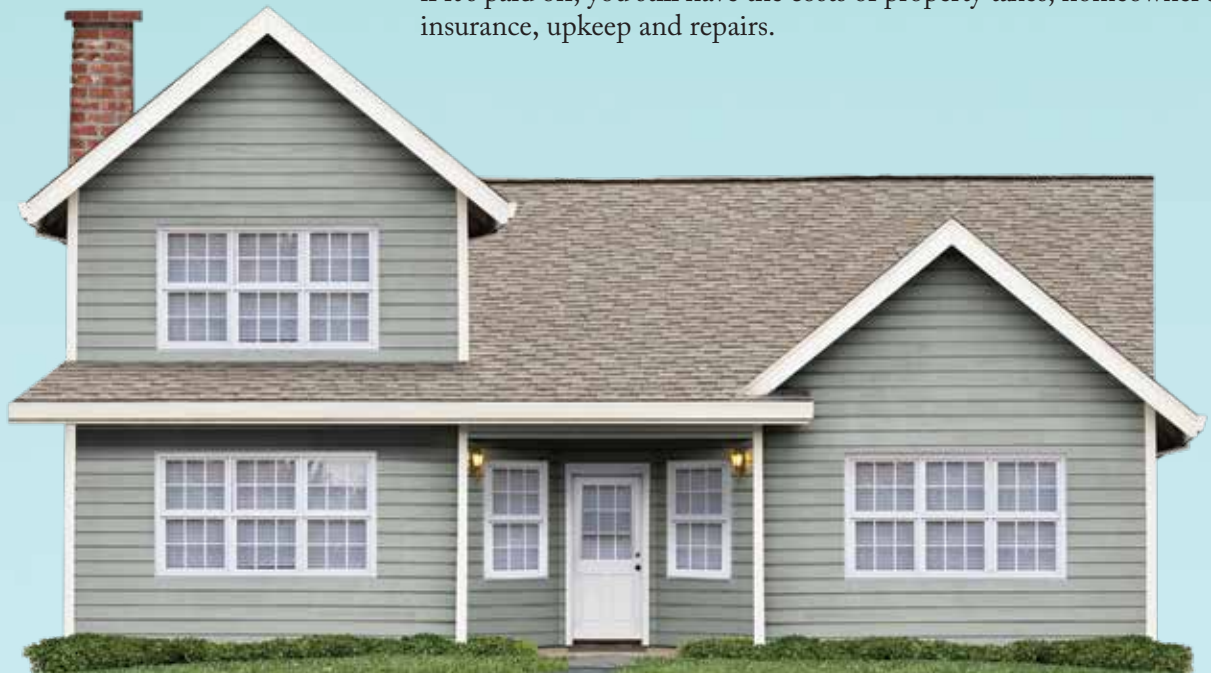
If you own a home, you may have spent years—even decades—paying for it. And now, looking ahead, you may be wondering: What will you do with your home as you get older?

There are several options to consider, each with pros and cons. Your future happiness, comfort, safety and finances ride on the choices you make. So it's never too early to start thinking about your long-term plan for your home.



OPTION 1: STAY WHERE YOU ARE

Perhaps you want to remain in your current home as long as possible. You may have family and friends nearby and cherished memories there. The downside is that owning a home can be expensive. There's the mortgage, of course. But even if it's paid off, you still have the costs of property taxes, homeowner's insurance, upkeep and repairs.



Home equity is the amount your home is worth today minus what you owe. By the time you're older, you may have built up substantial equity. You may be able to tap it for cash through a reverse mortgage or a home equity loan/home equity line of credit.

Tip: Home modifications, such as improved lighting and bathroom grab bars, can help you age in place safely and comfortably. To learn more, go to eldercare.acl.gov and click on "Housing."



OPTION 2: BUY A SMALLER PLACE

Another option is to sell your home and buy a smaller place, potentially in a more affordable neighborhood. According to the National Association of Realtors, one in three home sales today are made to baby boomers.

Downsizing reduces the costs and maintenance associated with home ownership. It also lets you choose a home suited to your present lifestyle. For example, if you're a travel-loving retiree with grown children, you might prefer a home with fewer bedrooms but more RV parking.

Tip: Think about possible future needs. For instance, if you or your partner develops Alzheimer's disease or another health condition, would you be able to find high-quality care services and facilities nearby?



OPTION 3: DOWNSIZE TO A RENTAL

Moving to a rented apartment or house is yet another possibility. Renting frees you from most upkeep and repair responsibilities. If you sell a home before renting, you may be able to use the profit to help pay future living expenses.

On the downside, you may need to rely on a landlord for timely repairs and disability-related modifications. There may be restrictions on pets and how you can use the property. Plus, affordable apartments are hard to find in some areas, and the rent may rise over time.

Tip: Educate yourself about the rights of renters in your state. Learn more at hud.gov/topics/rental_assistance/tenantrights.



OPTION 4: MOVE TO A RETIREMENT COMMUNITY

If social and recreational opportunities are a high priority, you might want to consider moving to a retirement community. This is an age-restricted community for older adults who live independently. Along with a place to live, it offers amenities, services and organized activities you can share with the other residents.

Tip: "Active adult" communities may be appealing if you enjoy a physically active lifestyle. Some have big golf courses and a resort-like atmosphere. Others offer amenities such as walking paths, biking trails and pickleball courts.

Start thinking about your future housing options now. That way, you'll be better prepared when it's time to make some major decisions.

Bernard A. Krooks is 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.



Is a Reverse Mortgage Right for You?

A reverse mortgage—also called a home equity conversion mortgage—is a specific type of home equity loan for homeowners ages 62 and older. You don't have to repay it as long as you or an eligible spouse lives in the home. But once you and the eligible spouse have moved out or died, the loan must be paid off. For most families, that means selling the home.

There are significant risks to consider. If you take out a reverse mortgage too early, you may run out of cash in your later years. If an unforeseen health problem forces you to move out sooner than expected, you may overpay for what turns out to be a short-term loan.

Before deciding on a reverse mortgage, seek advice from a federally approved housing counselor. To find one near you, go to consumerfinance.gov/find-a-housing-counselor or call 800-569-4287.

WHEN ALZHEIMER'S



URNS THE TABLES

The New Breed boutique in Harlem, 1968

By Charlotte Robinson

Jason Benning wore many hats, but to his daughter, Valarie Benning Thompson, his primary role was a pillar of strength. Jason's struggle with Alzheimer's disease changed the family dynamics, however, compelling his wife, Mabel, and their four daughters to become caregivers to the man who had taken care of them for so long.

NOTICING CHANGES

Jason, who passed away in 2009, was one of the first professors of African American studies at City University of New York; a live event promoter; a costumer for theater and film; a campaign strategist for Atlanta's first Black mayor, Maynard Jackson; and head of Atlanta's Department of Economic Development under Jackson. He was also a cofounder, along with Mabel, of New Breed—an Afrocentric clothing brand that introduced Americans to the dashiki.

Valarie and her sisters grew up surrounded by creativity. The four girls sometimes served as models for the clothing line and ended up in creative professions—Valarie as a producer of television and live events.

It was during her work on the 1996 Summer Olympics in Atlanta that she first noticed something was amiss with her dad. Usually an eloquent and knowledgeable speaker, he began to pause as he forgot words. Cognitive testing confirmed an Alzheimer's diagnosis.

"The two things he was most known for—his mind and his speech—were the things taken from him as a result," Valarie recalls.

STEPPING UP

Mabel became Jason's main caretaker, and eventually the couple sold their home and moved into an active senior community. Valarie and her sisters took their father on weekends or

whenever their mother needed to attend an event.

It was important to Valarie that Mabel have some time to herself. "I was trying to prepare my mother—who had never lived alone, who'd been dating my father since she was 16—to gain her independence."

The family hired a nurse to help a few times a week, but eventually Mabel could no longer manage caregiving on her own.

Valarie, too, was strained. "As an adult child, you already have a family, a job. You love your parent and want to take care of them but sometimes wish you could have a life for a second," she says.

DIFFICULT DECISIONS

Mabel and her daughters reluctantly moved Jason to assisted living shortly after he attended Valarie's 2006 wedding. "Once he went to that facility and my mom could be an auxiliary caretaker, we could tell it was a relief for her," Valarie says.

The family couldn't use Jason's veterans' benefits toward the cost of his care and he qualified for Medicaid only because the couple had sold their home. When Medicaid wouldn't pay for certain medications, the daughters covered the costs. Because Jason had invested in them, they were successful enough to afford to give back to the man who'd given them so much.

Eleven years after his passing, Valarie remembers the difficulties of Jason's final years, but she clings to the joyful memories. At her wedding, he joked and danced as if his old self had returned. The whole family hit the dance floor together one last time. "My dad was my best date. He went to concerts; we had a good time together. To do that again was everything to us," she says.



FISHER CENTER Scientist Spotlight

Dr. Maria Pulina

Research Associate at the Fisher Center lab

HOMETOWN:

Maria was born in Yaroslavl, Russia, which was founded in 1010 and is part of the famous Golden Ring, a group of historic cities northeast of Moscow that have played an important role in Russian history.

EDUCATION:

She holds a master's degree from Moscow State University and a PhD from the University of Padua, Italy, where she studied calcium signaling in the cell.

FUN FACTS:

Maria is a passionate yoga practitioner and spends a lot of time upside down. She speaks Russian, English, Italian and Spanish. She is the proud mother of a girl and a boy. She speaks to her children in Russian, their dad speaks to them in Spanish, and at school they learn English—all while being exposed to Italian at home. What a wonderful stimulation for the brain of the entire family!

RESEARCH DISCOVERIES:

In 2013, Maria joined the laboratory of the late Dr. Paul Greengard at The Rockefeller University, where her research focused on uncovering the mechanisms leading to increased accumulation of the neurotoxic amyloid-beta peptide in the brain. Her work led to the discovery of a novel mechanism for the selective degradation of Abeta through autophagy that requires interaction of the calcium-binding protein annexin A2 with the Abeta-producing enzyme presenilin-1.

Recently, in collaboration with Dr. Victor Bustos in the lab, she also made a major breakthrough in developing a new technique to detect low abundance proteolytic fragments of amyloid precursor protein (APP). She adapted the proximity ligation assay to detect C99 (a precursor of Abeta peptide) in the human brain and concluded that C99 levels, in contrast to Abeta, increase in an Alzheimer's-stricken brain only in vulnerable regions and do not increase in nonvulnerable regions. This novel technique will be used to study other APP metabolites to obtain a more complete understanding of APP metabolism in sporadic Alzheimer's disease.

Thank you, Dr. Maria Pulina,
for your hard work every day
in the quest to find a cure.

The exceptional work of Fisher Center's world-renowned scientists is bringing us closer to a cure for Alzheimer's disease. You can read more by visiting [ALZinfo.org/research](https://www.alzinfo.org/research).

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 31)

MATCH THESE

Can you match each literary character to his or her occupation?

- | | |
|--|----------------------|
| 1. _____ Bob Cratchit, “A Christmas Carol” | a. Phonetician |
| 2. _____ Rhett Butler, “Gone with the Wind” | b. Artist |
| 3. _____ Henry Higgins, “Pygmalion” | c. Architect |
| 4. _____ Howard Roark, “The Fountainhead” | d. Minister |
| 5. _____ Sam Spade, “The Maltese Falcon” | e. Nurse |
| 6. _____ Tom Joad, “The Grapes of Wrath” | f. Blockade runner |
| 7. _____ Meg March, “Little Women” | g. Clerk |
| 8. _____ Atticus Finch, “To Kill a Mockingbird” | h. Governess |
| 9. _____ Catherine Barkley, “A Farewell to Arms” | i. Lawyer |
| 10. _____ Basil Hallward, “The Picture of Dorian Gray” | j. Weaver |
| 11. _____ Arthur Dimmesdale, “The Scarlet Letter” | k. Farm worker |
| 12. _____ Silas Marner, “Silas Marner” | l. Private detective |

DROPLINE

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

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

LEAPFROG

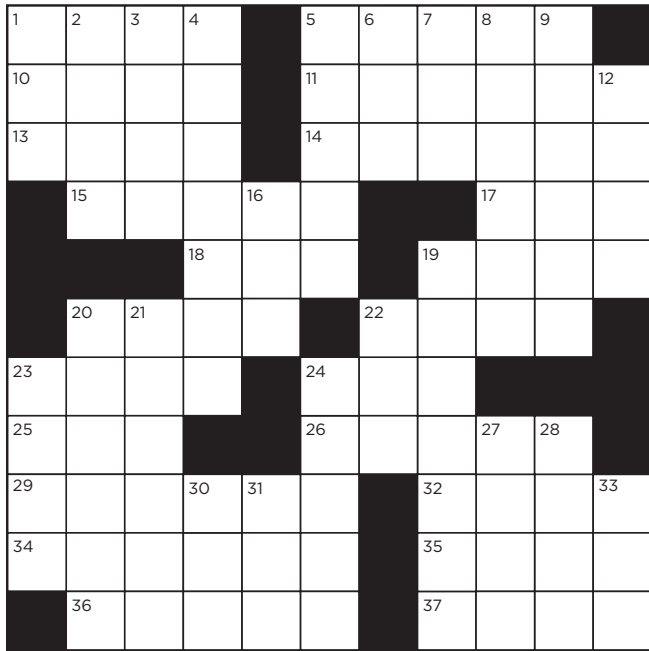
Here’s a list of two-word phrases that are all places and social events where people gather. The letters of the two halves are in the correct order, but they overlap. All you have to do to find the place names is separate the letters.

Example: SMAHOLPLPISNG — **SHOPPING MALLS**

- | | |
|------------------|-------|
| 1. BPALORCTKY | _____ |
| 2. FMLAREKEAT | _____ |
| 3. STAFATIER | _____ |
| 4. BCONACNERDT | _____ |
| 5. FSHASOHIOWN | _____ |
| 6. SDQAUNCAERE | _____ |
| 7. SOGCACEMRE | _____ |
| 8. PASGCHEAONOTL | _____ |
| 9. CRLEUANSIOSN | _____ |

BRAIN-BOOSTING CROSSWORDS

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. Have fun testing your knowledge while doing something that's good for you!



ACROSS

1. Show amazement
5. Track shapes
10. Air freshener target
11. "American _____" (Richard Gere film)
13. El _____
14. Specific item
15. HBO offering
17. SSW's opp.
18. Very long period
19. Cribbage pieces
20. Hose color
22. Jelly containers
23. Side of bacon
24. Ripken of Cooperstown
25. "_____ So Fine"
26. Make corrections
29. Avoided
32. Snapple beverages
34. Formal argument
35. Parable
36. Titles
37. Director Kazan

DOWN

1. Elephant's party (abbr.)
2. Eden dweller
3. Just okay (hyph.)
4. Adage
5. Utah city
6. Strive
7. CIA employee (abbr.)
8. Borrower's opposite
9. Arm supports
12. Spanish hurrahs
16. Debtor's letters
19. Artist's board
20. Number of pipers piping
21. Winter melon
22. Traffic snarl
23. Cast off
24. Yields
27. Patricia of "Hud"
28. Artist Salvador
30. Aswan landmark
31. Paris summer
33. Adriatic, e.g.

ACROSS

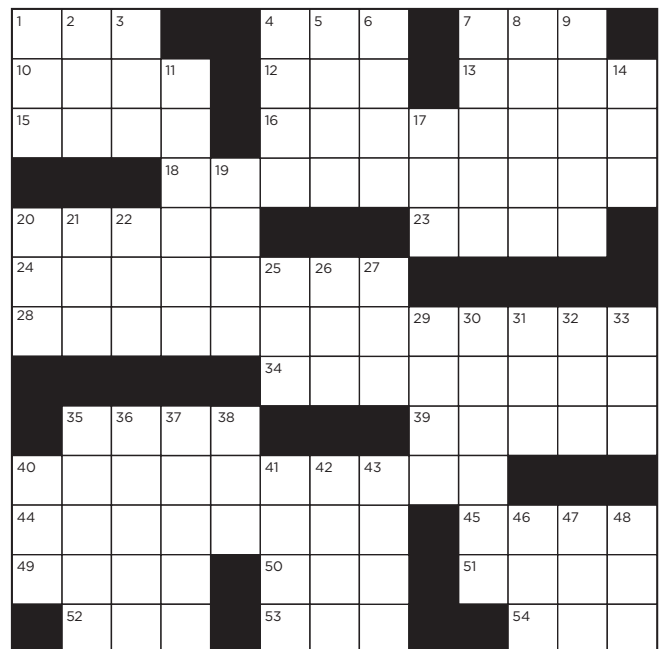
1. Frazier opponent
4. Draft letters
7. Pt. of speech
10. Incentive, informally
12. He runs the Springfield Kwik-E-Mart
13. Fir fruit
15. _____ torch (outdoor party staple)
16. Chicago Seven lawyer William
18. Intellectually provocative article, perhaps
20. It goes with tortilla chips
23. Catcher Carlton
24. Debar or prevent
28. Possessing proper opinions
34. Four-time Olympic discus champion
35. American petroleum company
39. Tom Mix two-reeler
40. Conformity
44. Ginsberg, Corso, or Ferlinghetti
45. Thessaly peak
49. "Quills" subject
50. Nintendo product popular with seniors
51. Proceed
52. Lithuania or Latvia, pre-1991: abbr.
53. Near-grads: abbr.
54. Dutch _____ disease

DOWN

3. Bug
4. Satirist Munro's pseudonym
5. Took a turn on "Wheel of Fortune"
6. Like the "Titanic"
7. Height of a drama
8. Politicians Robert and Elizabeth
9. Sweater feature
11. Tacky bric-a-brac
14. Preceding, poetically
17. No. on a Coppertone bottle
19. Sentry's order
20. Season: abbr.
21. Magnate Onassis
22. Triangle side
25. Actress Hagen
26. "The Rainbow" author's monogram
27. Between A and U
29. Sign gas
30. Site of a Polish uprising
31. "Addams Family" cousin
32. Birth name indicator
33. Guard dog's warning
35. Environs
36. Turnpikes
37. More buttonlike?
38. Against: abbr.
40. "Pygmalion" author's monogram
41. Pulls a disabled car
42. Will beneficiary
43. "How Sweet _____" (James Taylor song)
46. Visualize
47. Long-running NBC comedy show
48. Nav. chief

DOWN

1. Like a quick learner
2. Pacific neckwear



BRAIN-BOOSTING PUZZLES

HIDDEN-MESSAGE WORD-FIND

Modern politics is a contentious and unrelenting struggle. Circle the words below, and the unused letters will spell out an apt quote from Harry S. Truman.

You are looking for a 35-letter phrase.

ATTACK AD	PATRONAGE	P	N	S	S	E	G	A	N	O	R	T	A	P	I
DIRTY TRICKS	PORK BARREL	P	O	F	K	O	Y	O	U	W	L	A	U	F	N
FILIBUSTER	POWER	T	I	W	T	C	U	A	F	E	L	O	I	P	R
IMPEACHMENT	PROTEST	N	T	H	E	I	I	N	R	A	R	L	A	A	T
INFIGHTING	SCANDAL	E	C	I	S	R	N	R	D	G	I	R	E	T	A
INNUENDO	SMEAR CAMPAIGN	M	E	N	D	N	A	N	T	B	T	I	S	T	L
INTEREST GROUP	SOUND BITE	H	J	N	W	B	A	S	U	Y	I	E	A	A	K
OBJECTION	TALKING POINT	C	B	S	K	C	E	S	L	E	T	T	H	C	S
PARTISANSHIP	TALK SHOWS	A	O	R	S	R	T	I	I	O	N	R	E	K	H
PARTY LINE		E	O	I	E	E	N	N	R	T	G	D	I	A	O
		P	T	T	R	E	O	P	N	G	R	E	O	D	W
		M	N	G	I	A	P	M	A	C	R	A	E	M	S
		I	N	F	I	G	H	T	I	N	G	T	P	A	D
		T	N	I	O	P	G	N	I	K	L	A	T	O	G

SUDOKU

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

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

PUZZLES ANSWERS

Match These

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

Droplines

When you get something for a song, look out for the accompaniment.

Leapfrog

1. Block party; 2. Flea market;
3. State fair; 4. Band concert;
5. Fashion show; 6. Square dance;
7. Soccer game; 8. School pageant;
9. Class reunion

Hidden Message

If you want a friend in Washington, get a dog.

Crossword 1

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

Crossword 2

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

Word-Search

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

Sudoku

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

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