Lost and Found
The Falzon family’s experience with wandering
Healthy lifestyle becomes even more important for better aging. Here are 10 steps for successful aging:

1. **GET ENOUGH SLEEP** – Lack of sleep can affect brain function and mood. Try to get 7-9 hours of sleep per night.
2. **EAT WELL** – A diet rich in fruits, vegetables, and whole grains can support brain health.
3. **TAKE DAILY VITAMINS** – steak can help protect your brain.
4. **LIMIT INTAKE OF RED MEATS, FRIED AND PROCESSED FOODS, SALT, AND SUGAR** – These can contribute to chronic conditions like cardiovascular disease.
5. **VEGGIES, LIKE STRAWBERRIES, BLUEBERRIES, AND BROCCOLI** – These are high in antioxidants.
6. **STAY ACTIVE** – Exercise benefits brain health. Brisk walking, for example, can boost your mood.
7. **LEARN NEW THINGS** – Keep your mind active by learning new things like speaking a foreign language, picking up a new hobby, or attending a cooking class.
8. **KNOW YOUR BLOOD PRESSURE** – If your blood pressure is high, get it under control under the supervision of a healthcare professional.
9. **SEE YOUR DOCTOR** – Managing chronic illnesses, such as diabetes, cardiovascular disease, and obesity can affect your overall health.
10. **MAINTAIN an active social life** – Social engagement is important for mental health and brain function. Keeping a positive attitude.

The content of this magazine is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of a physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this magazine. The Alzheimer's Foundation of America makes no representations as to the accuracy, completeness, suitability or validity of any of the content included in this magazine, which is provided on an "as is" basis. The Alzheimer's Foundation of America does not investigate the reliability of any of the content of the advertisements in this magazine.
“Alone we can do so little; together we can do so much.”

–Helen Keller

It’s amazing the progress that can be made when a strong team comes together. Whether it’s in sports, business or daily life, great things can happen when people support one another and work toward a common goal.

Dealing with the challenges of Alzheimer’s disease is no different. No matter how you’re affected by Alzheimer’s, whether you have it personally or are caring for someone who does, it’s far easier and more effective to handle these challenges when you have teammates alongside you. That’s the very reason AFA was founded; to ensure that no one has to face Alzheimer’s alone.

This AFA Care Quarterly issue spotlights examples of individuals joining together for the purpose of helping others with Alzheimer’s disease.

Our cover story describes the incredible account of Fred Falzon, who was lost for 36 hours after wandering away from safety, but was miraculously found alive, rescued and reunited with his family. Total strangers who had never met Fred before banded together to help his loved ones and friends find him and bring him back to safety.

AFA’s Capitol Report discusses the progress that came from Republicans and Democrats in Congress and the President uniting to advance the fight against Alzheimer’s disease. As a result, we now have increased federal funding for Alzheimer’s research, caregiver support programs and public safety initiatives aimed at protecting individuals with Alzheimer’s disease. In this hyper-partisan climate, it is heartening to see the progress that can be made when lawmakers put politics aside and unify for the greater good.

Humans are not the only ones who can make a positive impact. As our special feature on pet therapy shows, loving, compassionate animals work with individuals who have Alzheimer’s disease and caregivers to improve their lives, bring them joy and provide support in their time of need.

Enjoy reading these heartwarming stories and the rest of the Spring 2018 issue. If you have an article idea, a topic you’d like to see highlighted or a story of your own that you would like to submit for possible publication, please share it with us. Reach AFA by email at info@alzfdn.org or through the mail at 322 Eighth Avenue, 7th Floor, New York, NY 10001.

Take good care,

Charles J. Fuschillo, Jr.
President & CEO
Alzheimer’s Foundation of America
Congress’ work in getting to a budget deal paid real dividends for those living with dementia and their family caregivers. The spending package for Fiscal Year (FY) 2018 included historic increases for both Alzheimer’s disease clinical research at the National Institutes of Health (NIH) and caregiver services and support programs. In addition, a number of AFA’s policy priorities were included in the various legislative packages that led up to the final bill.

The following is a breakdown of provisions, passed by Congress and signed into law by the President, that impact Alzheimer’s disease stakeholders:

**National Institutes of Health (NIH)**

- Alzheimer’s disease research funding within NIH increased by $414 million (33 percent), for a total investment of $1.828 billion in FY 2018.

- Funding for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) initiative totaled $400 million, an increase of $140 million (53.9 percent) from FY 2017.
• Overall NIH funding grew by $3 billion (8.8 percent), bringing the total FY 2018 funding level to over $37 billion.

Administration on Community Living (ACL)

• The National Family Caregiver Support Program received a total of $180.6 million, an increase of $30 million (19.9 percent).

• Funding for the Lifespan Respite Care program increased by over 20 percent ($700,000), with a total program investment of $4.1 million.

• Spending for the Meals on Wheels program rose by $19 million (8.4 percent increase) for a total of $246.3 million.

• The Alzheimer’s Disease Demonstration Program and the Alzheimer’s Disease Initiative (ADI) were consolidated into one program, which is receiving a total of $23.5 million, 20.5 percent (over $4 million) more than last year’s programs combined.

Department of Justice (DoJ)

• The Missing Americans Alert Program Act of 2018 (also known as “Kevin and Avonte’s Law”) was established to provide grants for training and technologies that help first responders locate individuals with Alzheimer’s disease or autism who wander and go missing. $10 million was appropriated to fund the program from FY 2018 through FY 2022.

AFA extends a huge “thank you” to Congressional representatives, coalition partners and Alzheimer’s stakeholders who joined us in fighting for these historic increases.

AFA is currently working with Congress on developing a spending package for FY 2019. AFA hopes to build upon progress made in the last several budget cycles and is calling on Congressional appropriators to increase Alzheimer’s disease research spending at NIH by $425 million - bringing total federal dollars for Alzheimer’s disease research to over $2.2 billion in FY 2019. On the caregiving side, AFA is calling for an additional $50 million for Alzheimer’s caregiving programs administered by ACL.

In order to continue seeing progress in the fight against Alzheimer’s disease, AFA encourages you to reach out to your federal representatives and urge them to make greater funding for Alzheimer’s disease research and caregiver supports a national priority. You can find out who your Congressperson and Senators are by visiting www.house.gov and www.senate.gov or contacting the Capitol Hill switchboard at 202-225-3121.

“It’s heartening to see progress being made, but our work is not done. The deadline to achieve the primary goal of the national Alzheimer’s plan—to find a cure or more efficacious treatment by 2025—is fast approaching. We need to aggressively pursue funding that will put us on a viable path to material progress.”

— Charles J. Fuschillo, Jr., AFA’s President & CEO.
The 2018 Alzheimer’s Foundation of America Educating America Tour features free educational conferences that enable participants to learn about topics such as caregiving strategies and support, communication and safety tips, and research and public policy. Free memory screenings will also be provided at each conference, along with a display of the AFA Quilt to Remember, which pays tribute to all those who have been affected by Alzheimer’s.

**2018 Educating America Tour Dates**

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<tr>
<th>Date</th>
<th>City, State</th>
<th>Hotel/Location</th>
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<tr>
<td>✔ February 20</td>
<td>San Diego, CA</td>
<td>Sheraton San Diego Hotel &amp; Marina</td>
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<tr>
<td>✔ March 19</td>
<td>Boston, MA</td>
<td>Hotel Langham</td>
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<td>✔ April 13</td>
<td>Nashville, TN</td>
<td>Country Music Hall of Fame-Ford Theatre</td>
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<tr>
<td>✔ April 23</td>
<td>Charleston, SC</td>
<td>The Mills House - Wyndham Grand Hotel</td>
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<td>✔ May 1</td>
<td>Birmingham, AL</td>
<td>UAB-Alys Stephens Center</td>
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<td>✔ May 18</td>
<td>New York, NY</td>
<td>Crowne Plaza Times Square Hotel</td>
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<td>Cleveland, OH</td>
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<td>September 21</td>
<td>Fairfax, VA</td>
<td>Waterford at Fair Oaks</td>
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<td>September 27</td>
<td>Atlanta, GA</td>
<td>The Carter Center</td>
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<td>October 2</td>
<td>Minneapolis, MN</td>
<td>Loews Minneapolis Hotel</td>
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<td>October 19</td>
<td>New Orleans, LA</td>
<td>Loews New Orleans Hotel</td>
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<td>October 24</td>
<td>Milwaukee, WI</td>
<td>Milwaukee Athletic Club - Grand Ballroom</td>
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<td>November 1</td>
<td>Austin, TX</td>
<td>The Driskill</td>
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Visit [www.alzfdn.org](http://www.alzfdn.org) or call AFA at **866-232-8484** for more information or to register.
Piperade, a sautéed mixture of onion, peppers, and tomatoes typically paired with eggs, originates from the Basque region of France. In this lightened version, the colorful bell peppers provide a healthy dose of the antioxidant vitamin C. And because eggs are high in protein, inexpensive and versatile, this dish is perfect for any meal!

**INGREDIENTS** (choose organic when available):

- 2 teaspoons extra-virgin olive oil
- 1 white onion, coarsely chopped, (about 1 1/4 cups)
- 1 cup mix of red, yellow, and orange bell peppers, coarsely chopped
- 1 clove garlic, minced
- 3 large plum tomatoes, seeded and coarsely chopped
- 4 large eggs
- 1/4 cup crumbled feta cheese
- Ground Espelette pepper of hot paprika to taste

**DIRECTIONS:**

1. Heat oil in a large skillet on medium heat. Add onion, peppers, and garlic and sauté until soft, about 5 minutes. Add tomatoes and sauté until soft, about 3 minutes. Spread mixture evenly in skillet.

2. Break eggs over vegetable mixture, spacing evenly. Cover skillet and reduce heat to low. Cook for about 5 minutes; yolk will still be soft.

3. Use a wide spatula and transfer 2 eggs with veggies underneath to each plate. Sprinkle with feta cheese and spoon remaining veggies around egg and season with pepper (or hot paprika). Serve with crusty whole-grain or sourdough bread.

Serves two.

Alternatively, this dish can also be prepared without feta cheese.

**NUTRITIONAL INFORMATION:** per serving with feta cheese (499 grams): 334 calories, 19.3 grams fat, 387 milligrams sodium, 23.7 grams carbohydrates, 5.1 grams dietary fiber, 19.6 grams protein.

Recipe and photo by Layne Lieberman, MS, RD, CDN, culinary nutritionist and award-winning author of “Beyond the Mediterranean Diet: European Secrets of the Super-Healthy.” For more information and recipes, visit www.WorldRD.com
We’ve all experienced it—or witnessed it at one time or another. The unconditional love, nonjudgmental gaze, and physical warmth. Pets truly are part of the family.

And just like family members, these furry friends can aid in providing care to those living with dementia, as well as their caregivers.

The benefits of companionship that animals provide are well known and long-established. Extending those benefits by bringing trained animals into a therapeutic setting is becoming more and more common.

Pet therapy is designed to provide individuals with a relaxing, comforting experience with an animal in a controlled, safe setting. Participants are able to pet, brush, hold or talk to the animal and experience the joys of companionship.

These encounters are more than just for fun; they have a health benefit. Pet therapy interactions are a way to help
decrease stress and anxiety, lower blood pressure, promote communication, increase motivation and provide calm.

“Scientists have confirmed what we all already knew—that pets are enormously effective in aiding those with mental, emotional, behavioral, or physical challenges,” says AFA President & Chief Executive Officer, Charles J. Fuschillo, Jr. “The ability of pets to break through the isolating loneliness of Alzheimer’s is clear and unmistakable.”

Earlier this year, AFA began offering pet therapy as one of many programs in its Education and Resource Center. These programs enabled individuals living with Alzheimer’s, caregivers and care professionals to experience the benefits of pet therapy first hand. Participants literally embraced it; each one had the chance to pet and hold the dogs, as well as chat with each of the animals’ handlers. The program is quickly becoming one of the more popular services offered at the center.

Dogs bring companionship when out for a walk, unconditional love when alone at home, and can even assist in aiding in the safety of the individual with dementia. In Israel, impressive progress has been made in training therapy dogs to guide those with Alzheimer’s back home in the event they forget where they live—effectively avoiding the life-threatening dangers of wandering. Family members or caregivers also have the ability to activate a GPS navigation device installed on the dog’s collar, sending a signal to reveal the location of their loved one.

In addition, the technology could emit a tone recognized by the dog as a command to start heading home, with his or her owner holding the other end of the leash. The Israelis have taken this option even further. If the individual with dementia has dropped the leash, the dog has been trained to stay with that person until a caregiver arrives.

Research suggests that dogs are not the exclusive pet support provider. According to clinicians—a cat, a bird or even a fish aquarium can offer benefits for someone with Alzheimer’s or other forms of dementia.

“At a time when a cure for Alzheimer’s, sadly, continues to remain elusive, care remains essential. We must continue addressing the here and now of Alzheimer’s and improving the quality of life of our families who are impacted in any way we can,” Fuschillo added. “Sometimes the best and most practical therapies of the time are simple and right in front of us and can be found in a life force that asks for little but love.”
Alfred “Fred” Falzon of Queens, New York has been on many journeys over the last 78 years. One led him to become a member of the Maltese National Soccer Team, as well as a professional playing in leagues in Holland, the United Kingdom and Australia. In the early 1970s, another brought him from his native Malta to a new life in the United States.

But last July, Fred, who lives with frontotemporal dementia, went on a journey which nearly resulted in tragedy; he wandered away from his assisted living facility in Westbury, New York and went missing for a day and a half.

Wandering is a very common behavior among individuals with dementia-related illnesses. It is also very dangerous; someone with dementia often lacks the ability to communicate effectively and doesn’t know how, or who, to call for help. In some cases, they may not even remember their own name.

Fred was diagnosed with frontotemporal dementia in 2014. Frontotemporal dementia (FTD) shrinks the frontal lobes in the brain, areas most often associated with personality, behavior, language and decision making. As Fred’s son, Andrew Falzon, describes it, the disease causes Fred to often be very confused and unable to verbalize his thoughts clearly.

“Since my father’s diagnosis, we’ve seen the FTD progress slowly, but still it has progressed,” said Andrew. “So when he went missing, we immediately thought ‘is he able to say his name or his address?’ Luckily, he remembered his name.”

In the predawn hours of July 24th, Fred awoke from his bed, walked down the hallway, descended a flight of stairs and walked right out the door of the facility. It was hours before anyone realized he was gone.

Then Andrew got the call that no family member ever wants to
receive; that his father had gone missing.

“Getting a phone call saying ‘we don’t know where your father is’ was an absolute shock,” Andrew said. “Obviously we were very concerned, knowing that he was cognitively impaired and alone, trying to figure out his way around what, to him, was a very strange world.”

First responders mobilized and put out a missing persons bulletin to enlist the public’s help. Andrew began a search for his missing father; a social media post he did sharing the bulletin was shared over 2,500 times in 12 hours. After seeing Andrew’s Facebook post, Fred’s friends, family and even total strangers mobilized, and volunteered to search wherever and whenever they could. They hit the streets, passed out flyers and broke off into search teams to comb the nearby areas.

Glimmers of hope arose when people reported seeing Fred. First it was at a nearby fast food restaurant. Then someone on Facebook said they had seen him walking along a nearby highway, and the New York State Police told the family they received multiple 911 calls and dispatched troopers. But when they arrived, Fred was gone. No one was able to find him.

The worry began to mount; according to experts, up to half of individuals who wander away for more than 24 hours suffer a serious injury or death. The Nassau County Police Department had already dispatched their aviation unit and scanned the area where Fred was last seen with an infrared camera, but according to the camera, there was no Fred.

The family prayed for a miracle. On the evening of July 25th they got one.

Two volunteers drove 30 minutes from their home to search near where Fred had been seen. They pulled over to examine the area next to the highway on foot, and about 200 feet into the wooded brush, at the intersection of two major highways, there was Fred, laying face-up on a bed of leaves and a pile of branches.

First responders from the Nassau County Police Department were already on scene, as the K-9 unit was preparing
to dispatch the dogs in the area. An ambulance raced to the site and then rushed Fred and Andrew to Nassau University Medical Center (NUMC), where Fred spent two weeks recovering, one of which in the intensive care unit. However, none of the injuries were permanent.

“When he showed up at NUMC, his fingers were so swollen from his poison ivy exposure, he couldn't feed himself and his dehydration was so severe his symptoms mimicked that of a heart attack. But thankfully we got him back. Alive,” Andrew said.

Today, Fred is happy and doing well. He now lives at home with Andrew, who is his primary care coordinator and oversees the four aides who provide Fred with 24 hour care to prevent future wandering incidents.

Andrew, a journalist by profession, wanted to share his family’s story to help raise awareness about the dangers of wandering. He also got involved in advocacy; he worked with AFA to get Congress to approve an extension and expansion of a federal grant program aimed at combatting wandering. The program provides funding to emergency personnel across the country to purchase location technology and undergo training that will help them recover someone who wanders away safely and more quickly.

“You cannot imagine the terror that we felt until my father was found. Passing this law will make sure that police departments provide their officers with the training needed to address a crisis of this nature, and that the technology that can assist families like mine is made available. It was truly a matter of life and death,” Andrew added.

Steps caregivers can take to prevent wandering:

- Pay attention to the individual’s patterns—frequency, duration, time of day, etc., and prepare activities that can be used to redirect their attention, as needed.

- Provide opportunities for socialization and engagement for the individual. Keeping busy can help reduce boredom and the desire to wander. Consider recreational or other therapeutic activities such as art or music.

- Know the individual’s past and present favorite spots in the neighborhood. In the event he or she wanders from home, this will help when looking for them.

- Ensure the person’s basic needs (food, beverages, utilizing the restroom, etc.) are met.

- Utilize medical identification bracelets, necklaces, and tracking devices for monitoring.

- Install electronic chimes or doorbells on doors so someone is alerted if the individual tries to exit, but be mindful of how this can impact the individual.

- Reduce environmental stimuli, such as loud noises or crowds, which can be disorienting.

- Ensure current photographs of the individual and their medical information are available, if needed.

- Familiarize yourself with your state’s public alert (Silver Alert) service and your local police department or call 911.

- Keep a list of local hospitals in case the individual is admitted to one.

- Know the individual’s phone carrier and number to track by phone.
Included in this issue of AFA Care Quarterly is a story about Congress increasing funding for Alzheimer’s disease research. While it’s a very positive step, we still have much work ahead.

Further investment is needed to make progress toward a cure or more effective treatment. AFA is doing its part.

Over the last four years, AFA has provided grants to support a number of research projects, including:

- Exploring ways to detect Alzheimer’s disease earlier, when patients may be more responsive to treatment.

- Investigating treatments with fewer side effects for hallucinations, psychosis and aggression, all of which are leading reasons why families will transition someone with Alzheimer’s disease from a home to a professional care setting.

- Working toward biomarker development and diagnosing early on who is at risk for Alzheimer’s and potentially developing drug therapies to treat it.

- Reducing and preventing seizures, which are fairly common in individuals with Alzheimer’s, to help slow progression of Alzheimer’s and improve quality of life.

The generous support of people just like you has enabled AFA to make these meaningful investments toward finding the breakthrough in the fight against Alzheimer’s that millions of families are longing for.

We hope you can help us further invest in the search for a cure. Every dollar from your donation will have an impact; 100 percent of all contributions designated for research go directly to funding research.

Make your contribution online today at www.alzfdn.org/donate, or complete and return the form below by mail to AFA.

Support AFA!

Make a donation online at www.alzfdn.org/donate, call AFA at 866-232-8484 or clip this card and mail it to AFA at 322 8th Avenue, 7th Floor, New York, NY 10001 with your contribution enclosed.

Enclosed is my gift of ____________
Please designate my contribution towards □ Research □ Programs & services

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PLEASE MAKE ALL CHECKS PAYABLE TO: ALZHEIMER’S FOUNDATION OF AMERICA

The Alzheimer’s Foundation of America is a tax-exempt 501(c)(3) organization. Your contribution is tax deductible to the fullest extent of the law. AFA DOES NOT SHARE DONOR INFORMATION.
10 STEPS FOR Healthy

Living a healthy lifestyle becomes even more important for better aging. The things we do to keep body and heart healthy—nutritious diet, physical activity, and social connections—also can help promote brain health and wellness. Here are 10 steps for successful aging:

1. EAT WELL – Adopt a low-fat diet high on fruits and veggies, like strawberries, blueberries and broccoli. Take daily vitamins. Limit intake of red meats, fried and processed foods, salt and sugar.

2. STAY ACTIVE – Brisk walking benefits brain health, while aerobics can boost your heart rate, and weight training builds strength and flexibility.

3. LEARN NEW THINGS – Pick up a new hobby like playing tennis, learn to speak a foreign language, try a cooking class, or something you haven’t done before.

4. GET ENOUGH SLEEP – At least 7 to 9 hours is a good night’s rest. Insomnia or sleep apnea can have serious physical effects and negatively affect memory and thinking.

5. MIND YOUR MEDS – Medication can affect everyone differently, especially as you age. A medication that didn’t trigger side effects in the past can suddenly cause an abnormal reaction. Talk to your doctor about all medications, whether over-the-counter or prescriptions.

6. KNOW YOUR BLOOD PRESSURE – If your blood pressure is high, get it under control under the supervision of a healthcare professional.

7. STAY CONNECTED – Invite friends and family over for a meal, board games, or just to hang out. Maintaining an active social life is important for mental health and keeping a positive attitude.

8. STOP SMOKING AND LIMIT ALCOHOL – Smoking can increase the risk of other serious illnesses, while too much alcohol can impair judgment and cause accidents, including falls, broken bones, and car crashes.

9. SEE YOUR DOCTOR – Maintain checkups. Health screenings are key to managing chronic illnesses, such as diabetes, cardiovascular disease, and obesity. Speak with your physician about any concerns or questions you have about your health.

10. LEARN NEW THINGS – Pick up a new hobby like playing tennis, learn to speak a foreign language, try a cooking class, or something you haven’t done before.

SPRING 2018 • AFA Care Quarterly
GET A MEMORY SCREENING – Our brains need regular checkups, just as other parts of our bodies do. A memory screening is a quick, easy, non-invasive exam for our brains. Talk to your doctor about getting a screening as part of your annual wellness exam or call AFA at 866-232-8484.

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KNOW YOUR BLOOD PRESSURE – If your blood pressure is high, get it under control under the supervision of a healthcare professional.
Once-daily NAMZARIC [nam-ZAIR-ick] is a prescription medicine approved to treat moderate to severe Alzheimer’s disease in patients who are taking donepezil HCl 10 mg, the active ingredient in Aricept®.

There is no evidence that NAMZARIC prevents or slows the underlying disease process in patients with Alzheimer’s disease.

IMPORTANT RISK INFORMATION

NAMZARIC should not be taken by anyone who:

- has an allergy to memantine HCl, donepezil HCl, medicines that contain piperidines, or any of the ingredients in NAMZARIC.

Before taking NAMZARIC, tell the doctor about all of the patient’s medical conditions, including:

- heart problems including an irregular, slow, or fast heartbeat
- asthma or lung problems
- seizures
- stomach ulcers
- bladder, kidney, or liver problems
- any surgical, dental, or other medical procedures scheduled when anesthesia may be used

Tell the doctor about all the medicines the patient takes, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Please see Brief Summary of Patient Information for NAMZARIC on adjacent page.

Aricept® is a trademark used by Eisai Inc. under license from Eisai R&D Management Co., Ltd.

What are the possible side effects of NAMZARIC?

NAMZARIC may cause serious side effects, including:

- muscle problems in patients given anesthesia
- slow heartbeat and fainting. This happens more often in people with heart problems. Call the doctor right away if the patient faints while taking NAMZARIC.
- more stomach acid. This raises the chance of ulcers and bleeding especially when taking NAMZARIC. The risk is higher for patients who have had ulcers, or take aspirin or other NSAIDs.
- nausea and vomiting
- difficulty passing urine
- seizures
- worsening of lung problems in people with asthma or other lung disease

The most common side effects of memantine HCl include: headache, diarrhea, and dizziness.

The most common side effects of donepezil HCl include: diarrhea, not wanting to eat (anorexia), and bruising.

These are not all the possible side effects of NAMZARIC.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1.800.FDA.1088.
What is NAMZARIC?
NAMZARIC is a prescription medicine used to treat patients with moderate to severe Alzheimer’s disease. NAMZARIC contains 2 medicines, memantine hydrochloride (HCl), an NMDA receptor antagonist, and donepezil HCl, an acetylcholinesterase inhibitor. NAMZARIC is for people who are taking donepezil HCl 10 mg.

Who should not take NAMZARIC?
Do not take NAMZARIC if you are allergic to memantine HCl, donepezil HCl, medicines that contain piperidines, or any of the ingredients in NAMZARIC.

What should I tell my doctor before taking NAMZARIC?
Before taking NAMZARIC, tell your doctor about all of your past and present medical conditions, including if you have:
• heart problems including an irregular, slow, or fast heartbeat
• asthma or lung problems
• seizures
• stomach ulcers
• liver, kidney, or bladder problems
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• difficulty passing urine
• seizures
• worsening of lung problems in people with asthma or other lung disease

The most common side effects of memantine HCl include: headache, diarrhea, and dizziness. The most common side effects of donepezil HCl include: diarrhea, not wanting to eat (anorexia), and bruising. These are not all the possible side effects of NAMZARIC.

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

How should I take NAMZARIC?
• Take NAMZARIC exactly as your doctor tells you to take it
• Do not change your dose or stop taking NAMZARIC without talking to your doctor
• Take NAMZARIC by mouth 1 time each evening before going to bed, with or without food
• NAMZARIC capsules may be opened and sprinkled on applesauce before swallowing. Sprinkle all of the medicine in the capsule on the applesauce. Do not divide the dose
• If you do not open and sprinkle NAMZARIC capsules on applesauce, the NAMZARIC capsules must be swallowed whole. Do not divide, chew, or crush NAMZARIC capsules
• If you miss a dose take NAMZARIC at your next scheduled dose. Do not take 2 doses of NAMZARIC at the same time
• Do not use any NAMZARIC capsules that are damaged or show signs of tampering

What if I take more NAMZARIC capsules than I should?
If you take too much NAMZARIC, call Poison Control at 1-800-222-1222, or go to the nearest hospital emergency room right away.

What other information should I be aware of?
• The use of NAMZARIC in children is not recommended
• You should not breast-feed during treatment with NAMZARIC
• Tell your healthcare provider if you are pregnant or planning to become pregnant

Need more information?
The risk information provided here is not complete. It summarizes the most important information about NAMZARIC. If you would like more information, talk to your doctor.

For the FDA approved product labeling or for more information go to NAMZARIC.com or call 1-800-678-1605.

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NMZ92529 09/16
Question 1:
My mother is living with dementia and I’m her caregiver. I try my best to make sure she’s cared for, but I work full-time and can’t always be with her. My siblings choose not to be involved in my mother’s care, and my mother refuses to allow an attendant in the home. I’m afraid that she will hurt herself because she is unsupervised during the day and don’t know what to do at this point. Any suggestions?

When a loved one is diagnosed with a dementia-related illness, the impact on the family can be overwhelming. The reality that someone you care for has this illness may trigger a range of emotions — including anger, fear, frustration and sadness. Conflicts can happen when beginning to deal with the changes.

Everyone copes differently. Having a family meeting may allow individual family members to express how they feel about the disease and the caregiving role, in the hopes that everyone can get on the same page, or gain insight into where everyone may be coming from.

Perhaps try speaking with your siblings again about the stress you are experiencing with caring solely for your mother in a way that welcomes them to contribute support that can help you at this time. For example, exploring home care agencies you can connect with. This can provide you with some help in accessing support in the home, as it sounds like you are interested in, and allow your siblings to participate within their own comfort level. If you are interested in gathering your own resources for respite or relief care, your local agency on aging most likely has resources available for older adults in the community and for caregivers as well.

It can be difficult for someone to accept help in the home, such as a home health care worker. For some individuals living with dementia, a home health care worker could be seen as a stranger, and perhaps as someone they do not believe they need help from. In thinking about your mother’s response to having someone in the home, consider ways that she could potentially be involved in the hiring process or perhaps in other ways. If you find or suspect that your mother is not open to the idea of someone coming to the home, maybe you can use what is often referred to as a “therapeutic fib”, by saying this person is a friend and she has come to help her out for a few hours per day. Consider other information you can share with your mother that would help her to feel comfortable and accepting of this new support. Adult day programs are another type of respite or relief care where your mother may enjoy being around other people and participating in different activities in a safe, supervised environment.

In addition to respite care, it may also be beneficial to consider other safety precautions, like preparing all foods in advance or removing all stove knobs if you feel this would be appropriate.

Wandering devices or an identification bracelet may also be beneficial to explore. Door alarms are another option if you feel the sound would not be too impactful for your mother.

It’s also very important for the caregiver to practice self-care,
(exercise, meditation, walks, and outings). Often times the caregiver becomes extremely overwhelmed and stressed and they tend to get ill, preventing them from continuing to care for the person living with the disease. I would also suggest a support group for you and your siblings; it affords caregivers the opportunity to reflect, learn and share ideas and concerns with other individuals that are caregivers as well. Support groups allow you to exhale in a non-judgmental environment with other individuals experiencing the same issues. It helps to know you’re not alone and that others completely understand.

**Question 2:**

My husband of 30 years has recently been diagnosed with Alzheimer’s. He is having a very hard time accepting this diagnosis. The loving, patient man I once knew has now turned into this angry individual. I understand that he is frustrated at what has now become his new life. Is there any suggestion on how I can help him feel valued and needed?

**When a family member** is diagnosed with a life-altering disease such as Alzheimer’s, you may not know what comes next or where to turn, especially if you will be serving as the primary caregiver. One way to support your husband and yourself at this time is to educate yourself as much as possible about this disease.

Your husband’s anger about his recent diagnosis is understandable; hearing such news can be very overwhelming and make the person feel vulnerable and unsure of what the future holds. Continue to offer your husband support and recognize that his responses are valid despite them being challenging to experience. Think about things that could potentially soothe him during difficult times, such as reassurance, soft music, or involvement in activities that may bring him joy.

If your husband is a social person, help him to remain engaged with family and friends; social interaction is beneficial to improving mood and may help him feel more involved or connected. An Alzheimer’s diagnosis doesn’t mean that he can’t have fun doing things he enjoys.

There are many people and resources that may be helpful to you at this time. They include family and friends, support groups, in-home nursing care, day centers, health care providers, and residential facilities. Consider creating a support team to help your family. Become an advocate for your husband’s health care. Support groups are also helpful for individuals that have recently been diagnosed as well as family members. It helps to be able to relate to someone who understands exactly what is happening. A support group will also allow your husband to be able to vent his feelings and release his frustration in an empathetic setting.

Being a caregiver for someone living with Alzheimer’s can be very overwhelming at times. It is important to connect yourself with support and to offer your husband support. Understand that his behavior is caused by the impact of the disease.

If you are in need of additional support, we encourage you to call AFA’s National Toll-Free Helpline at 866-232-8484. The helpline is open from 9:00 am-9:00 pm (et) Monday through Friday and 9:00 am- 1:00 pm (et) Saturday and Sunday. The other AFA social workers and I are here to help you!

**Have a question for an AFA social worker? Call our National Toll-Free Helpline at 866-232-8484.**
Traveling can help caregivers relax and recharge, as well as provide a chance to connect or reconnect with their loved one living with dementia. No matter how long or short the trip, there are things caregivers should consider when traveling with someone who has dementia to make sure they are safe, happy and comfortable.

Before setting out on a trip, be sure to first consult with the individual’s physician to make sure it’s advisable. Travel experiences can still be enjoyable throughout the course of the illness, but adaptations may need to be made as the disease progresses.

Take the person and their needs into account when making plans. Plan your mode of travel, destination and timing of your trip in a manner that causes the least amount of anxiety and stress.
Preserve the person’s routine as best as possible, including their eating and sleeping schedules. If possible, stick to destinations that were familiar and a favorite before the onset of dementia. Small or unfamiliar changes can often feel overwhelming and stressful to someone living with dementia.

After finalizing your itinerary, inform airlines, hotels, tour operators, and other places that you plan to visit that you are traveling with a person with memory impairment. Let them know about safety concerns and special needs so that they can plan accordingly and make the necessary accommodations.

If traveling by plane, contact the airport or the Transportation Security Administration (TSA) ahead of time so that you know the security screening procedures. This way, you can familiarize your loved one about what will happen at the security checkpoint to reduce potential anxiety. Think through all of the details of your trip and try to address potential hazards in advance. What if your family member has to go to the bathroom or can’t make the long walk through the airport terminal? How will they react if there is a flight delay? Plan as best you can and don’t be afraid to ask staff for assistance. Some transportation facilities also have additional, specialized services that can accommodate special needs during travel. Inquire about these services in advance of your trip.

Prepare identification items and take all important health and legal-related information with you (doctors’ contacts, lists of current medications and allergies, insurance cards, and emergency contacts). Consider utilizing an identification bracelet and clothing tags with your loved one’s full name and yours.

Timing is essential as well. If the person with dementia travels better at a specific time of day, plan your travel accordingly. Take breaks along the way for snacks, bathroom visits or rest, and allow extra time instead of rushing to do everything on your itinerary and cramming several activities in one day. It might be wiser to plan one activity each day and to have alternatives in case you have extra time.

For the trip itself, having an extra, comfortable change of clothing to adapt to climate changes is extremely beneficial. Also, bring snacks, water, activities and other comfort items such as a blanket, neck pillow or their favorite slippers.

Finally, if the person with dementia is unable to take a long trip or even an overnight stay, consider a day activity that they would enjoy, or bring a trip to them. For instance, instead of going to Italy, have an Italian-themed night with Italian food, music, and perhaps, an Italian film.

Families who have any questions about traveling can get assistance from one of AFA’s licensed social workers by calling AFA’s National Toll-Free Helpline at 866-232-8484 or through AFA’s website at www.alzfdn.org.
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Call AFA at 866-232-8484 for more information!
The Alzheimer’s Foundation of America (AFA) believes that when Alzheimer’s disease or a related illness enters someone’s life, they should have access to professionals who are specifically-trained in dementia care. That is why when you call AFA’s National Toll-Free Helpline, you will speak with a dementia care-trained licensed social worker, who will provide answers to your questions, offer caregiving tips and strategies, and provide referrals to services and supports in your area. If someone in your life is living with Alzheimer’s disease or a related illness, call AFA today. We are here as your partner in care.

www.alzfdn.org