

# AFA Care Quarterly™

FREE

For caregivers of individuals living with *Alzheimer's Disease* and related illnesses  
A publication of the *Alzheimer's Foundation of America*

## The Evolution and Future of Memory Screenings

## Landmarks Show Support for Alzheimer's

## A Golden Opportunity to Raise Awareness – Olympic Gold Medal Winner Jeff Henderson Shares His Story

## Helpful Hints for Holiday Celebrations



Fall  
2016

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*Send your questions, feedback and comments to [info@alzfdn.org](mailto:info@alzfdn.org).*

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*"A tiny change today brings a dramatically different tomorrow." – Richard Bach*

And just like that, November is here. As we kick off this year's Alzheimer's Awareness Month, change is on our doorstep. Soon, we will have a new president, other new leaders, and a new opportunity to plant seeds of change that will dramatically change the lives of individuals with Alzheimer's disease and their families. In recent years, the government has made significant progress in appropriating additional funding for Alzheimer's research and caregiver supports, but as you are all too familiar, collectively, we have a long way to go.



Here at the Alzheimer's Foundation of America (AFA), we are continually making changes to better fulfill our mission of providing optimal care and services to individuals living with dementia and their families. On November, 3, we will once again be lighting many of the nation's best-known landmarks in teal to raise awareness of Alzheimer's disease. I am thrilled to report that we have expanded exponentially from last year's list of 28 buildings to nearly 200 buildings throughout the United States and around the globe. View just some of the landmarks confirmed as of press time on Page 15.

In addition, we are continuing to encourage people to be proactive about brain health—to get rid of the stigma that so often prevents people from talking about concerns regarding memory—and to provide educational information and free memory screenings nationwide. This year, we have expanded National Memory Screening Week to a full month. We are proud to be teaming up with Kmart Pharmacy to make screenings even more accessible to people nationwide. All 528 Kmart pharmacies will be offering free, confidential memory screenings throughout the entire month of November. In addition, hundreds of other sites from coast to coast will offer free screenings. Learn more about the evolution of cognitive screening and the benefits of early detection of memory issues on Page 7.

For Jeff Henderson, a switch from football to track and field, at the age of 15, truly brought a dramatically different tomorrow. The 27-year-old recently brought home a gold medal for long jump at this summer's Olympic Games in Rio. Sadly, around the same time he switched his focus from football to track, his mother was diagnosed with Alzheimer's disease. Henderson dedicated his gold medal to his mom, for all the love, dedication and support she provided him. Read more about his journey and why he has become an Alzheimer's advocate on Page 13.

Of course, November's arrival also signals that the holidays are upon us. Traditions can be a wonderful way to stir memories and feelings of nostalgia in our loved ones who are living with Alzheimer's disease; however, it is important to keep in mind that certain aspects of the revelry now may cause that person to become disoriented or upset. On Page 17, we offer tips for adapting celebrations to help ensure they are enjoyable for everyone. I'd like to thank you for reading and wish you and your loved ones a warm and wonderful holiday season.

Take good care,

A handwritten signature in black ink, reading "Charles J. Fuschillo, Jr." The signature is written in a cursive, flowing style.

Charles J. Fuschillo, Jr.  
President & CEO  
Alzheimer's Foundation of America

SHARE YOUR STORY

We're  
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ALZHEIMER'S FOUNDATION OF AMERICA (AFA)**  
*will celebrate the*

**15<sup>TH</sup> ANNIVERSARY OF ITS FOUNDING**

We'd love to hear from you, our loyal readers and care partners, about your caregiving journeys. Feel free to send us stories, poems, essays, anecdotes and photos, and you may just see them in a future issue of this publication as we celebrate the triumphs and challenges, laughter and tears of caregiving.

**SEND YOUR STORIES TO:**

**Amanda Secor  
Alzheimer's Foundation of America**

322 Eighth Avenue, 7th Floor  
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## ASK AN AFA SOCIAL WORKER

A Q&A WITH **SAMANTHA MUZZULIN, L.M.S.W.**, A MEMBER OF AFA'S SOCIAL SERVICES TEAM



**QUESTION:** *I am moving my mom into a nursing home what are some tips you can provide to make a smooth transition?*



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**ANSWER:** Transitioning a loved one to a nursing home can be a difficult task, but there are ways to make the experience more comfortable for you and your mother.

Prior to the move-in date, it is important to determine how the facility itself will meet your mother's needs. Introduce yourself and your mother to the care staff, and inquire about what strategies they employ to assist new residents with this transition. Additional things to consider and ask are:

- Are there specific regulations for moving in (e.g., a certain day of the week or time of day)?
- What items are allowed and what items are restricted?
- Are there any restrictions on visiting (e.g., set visiting hours)?
- Can they accommodate any language, cultural or dietary needs specific to your mother's care?

When move-in day arrives, it is important to keep a calm demeanor, providing reassurance and comfort to your mother, and empathizing with and validating any feelings that may come up. Things that can be helpful for easing your mother's transition include:

- bringing familiar items to resemble her previous bedroom. These can include favorite possessions such as blankets, photos and books.
- discussing with the staff the importance of these items, such as who is in the photos and indicating your mom's favorite items.

- informing the staff ahead of time of your mom's routines or schedules so they can prepare to accommodate, where possible.

Following these tips can help both the staff and your mother during the transition period.

During the first few weeks after moving in, assess your mother's visitation needs. She may need you to visit more frequently to ease the adjustment or, initially, it may be beneficial to provide space by limiting the amount of time you visit. You know your mother best, therefore it is important to respond to her needs by paying attention to her verbal and non-verbal communication.

The adjustment process takes time, and each individual reacts differently to change. Trust that, eventually, your mother will begin to feel more at ease, and be mindful that there is no predetermined length for the adjustment period. Remain calm, patient, and reassuring. Also, remember to take care of yourself during this time. It is not uncommon to feel anxious and/or depressed as a result of the move, and you may even feel a sense of loss. Do not hesitate to reach out to your doctor to discuss any symptoms you may be experiencing, or call AFA's national toll-free helpline (866-232-8484) to share your emotions and feelings with a licensed social worker.

Additionally, it is important for you to be aware of, and adjust to, your new role as care partner and advocate, as opposed to primary caregiver.

Familiarize yourself with the facility staff, routine, and available programs. Communicate with staff about your mother's plan of care, and involve close relatives in these conversations as well. Discuss any questions or concerns as soon as they come up, and keep lines of communication open, honest, and realistic.

Transitioning to a long term care facility can feel like a daunting task, but with patience and trust it will become easier as time passes. Take care of yourself during this time, seek support from loved ones, and reassure yourself and your mother that she will soon find herself feeling right at home.



**QUESTION:** *I just had a baby and my mother has Alzheimer's. Do you think it is ok for her to babysit?*



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**ANSWER:** Allowing an individual with Alzheimer's to babysit a child is a decision that requires very careful and ongoing consideration and evaluation. Alzheimer's disease affects a person's memory, problem-solving skills, attention, and coordination, the severity of which can fluctuate from day to day. Further, Alzheimer's disease is progressive, meaning that symptoms worsen as time goes on, and each individual progresses at a different rate.

Babysitting can be a lot of work for anyone, even without a diagnosis of Alzheimer's. There are many things that you will want to assess about your mother's level of functioning and independence prior to determining your next steps. You will want to consider her personal safety, as well as your baby's safety, if they are left alone. Consider these questions:

- Is your mother easily confused or agitated?
- Are her mobility and physical coordination intact?
- Is she sensitive to loud stimuli, for example, a crying baby?
- Does she have the motor skills to perform tasks like changing a diaper or feeding the baby a bottle?

These factors can all impact the safety and well-being of both your mother and the baby, and will change as the disease progresses. It is important to continually

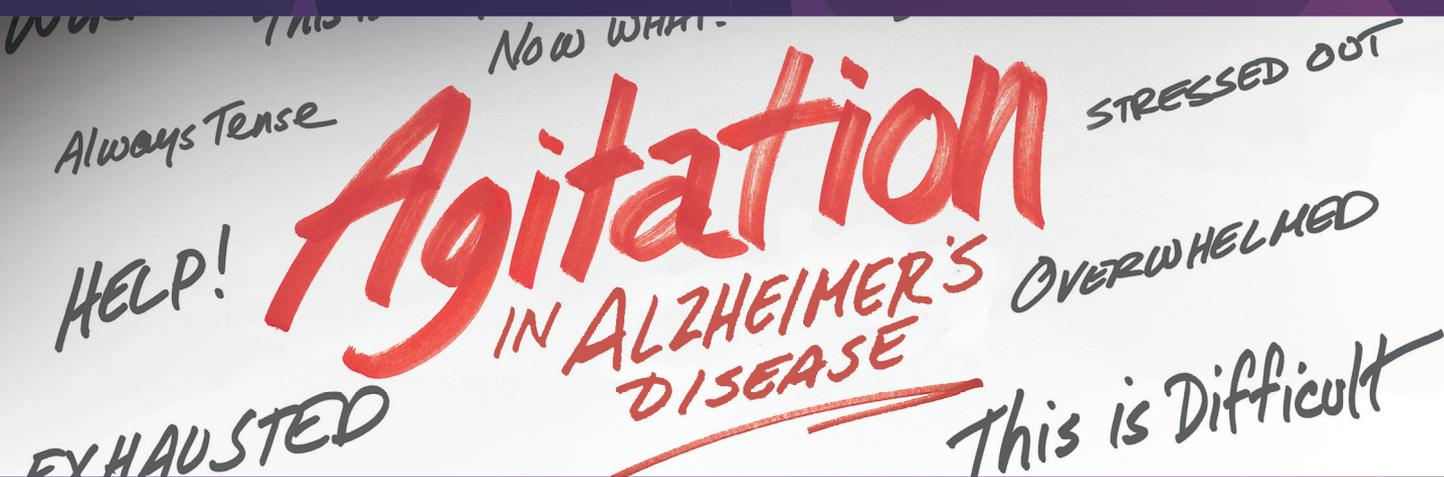
evaluate any changes and risk factors, and consider your own level of comfort with respect to leaving your baby alone with your mother.

Ultimately, there is no easy response to this question, and the answer will be determined on an individual basis. I would suggest you consult your mother's primary care physician, who will be able to give you insight into the health and safety risks that may arise. Remember that even if your mother cannot care for your baby independently, it doesn't mean that she won't be able to help you and enjoy the baby's company. She likely can still assist you with the care of your newborn, but may need to be monitored a bit more closely. You may also wish to enlist the help of another family member to stay with your mother and your baby. That way, they won't be fully alone and there is another person to assist as needed.

## HAVE A QUESTION?

Please feel free to call AFA's national toll-free helpline at 866-232-8484 if you have additional questions or need further support, information, clarification or referrals to local resources.

## A clinical research study for agitation in Alzheimer's disease



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\*Agitation can be defined as the presence of one or more of the following behaviors: excessive motor activity (eg, pacing or wandering), verbal aggression (eg, screaming or cursing), or physical aggression (eg, hitting or kicking).

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- Potential compensation for time and travel

*Certain qualified participants may have an opportunity to receive the investigational medication for an additional year, as part of an extension study.*

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[www.TRIADstudy.com](http://www.TRIADstudy.com)



# Memory Screening – The Development of an Important Concept, a Critical Direction for the Future

By J. Wesson Ashford, M.D., Ph.D.

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## A Mystery with Little Information

*When I was in medical school in the early 1970s, Alzheimer's disease, first described in literature by Alois Alzheimer in 1907, was discussed on a half-page in the main neurology textbook (Houston Merrit). Think about that for a moment: half a page.*

*As a student on the neurosurgery service at the University of California, Los Angeles (UCLA), I assisted in performing a brain biopsy for an elderly individual, who by today's standards had moderate dementia, to diagnose Alzheimer's disease. However, the epidemiology of dementia and Alzheimer's disease was beginning to be understood as a much more serious problem.*

*A paper by Blessed, Tomlinson, and Roth (1968) found that most cases of dementia in the elderly were associated with Alzheimer pathology, specifically, just the neurofibrillary tangles, and the age-specific incidence of Alzheimer's disease and dementia doubled every 5 years from age 60 to 95, with dementia affecting more than half of the population over the age of 85 (Jorm & Jolley, 1998).*

*At that time, it was projected that as many as 10 million people in the United States would have Alzheimer's disease by the year 2050.*

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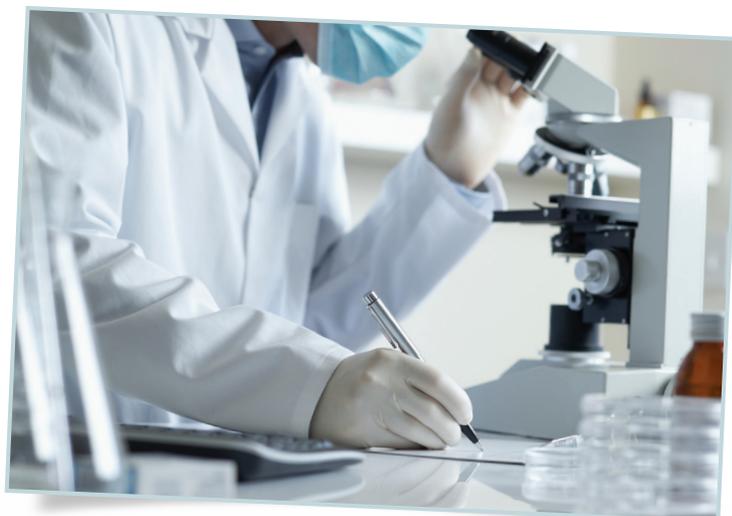
Between 1980 and 1985, I managed the UCLA Geriatric Psychiatry Outpatient Clinic, where I diagnosed nearly half of the individuals we served as probably having Alzheimer's disease. Our clinic used the Mini-Mental State Exam (Folstein, Folstein, & McCugh, 1975), and

this test took too long and asked too many easy questions for most of the individuals we served. We found that only a few items on this test were relevant for indicating that someone had cognitive impairment suggestive of Alzheimer's disease—most importantly, the three memory

items and the date (Ashford et al., 1989). This finding supported the earlier hypothesis that Alzheimer's disease acts through attacking the fundamental memory and learning mechanism of the brain referred to as neuroplasticity (Ashford & Jarvik, 1985). Further, based on following all of the clinic's patients over time, we estimated that these four items actually began deteriorating about 10 years *before* individuals would reach the criteria for diagnosing dementia (Ashford et al., 1995).

In 1981, I published the first double-blind study of a cholinesterase inhibitor (physotigmine) to treat Alzheimer's disease, but this drug initially showed little benefit. Cholinesterase is an enzyme that breaks down the neurotransmitter, acetylcholine, which plays many roles in the central and peripheral nervous systems, and a major role in memory in the brain. Its levels are greatly decreased in Alzheimer's disease. There was little interest when the U.S. Food and Drug Administration (FDA) later, in 1993, approved another cholinesterase inhibitor, tacrine (Cognex), for the treatment of Alzheimer's disease, partly due to its novelty, but also due to its effect on the liver. When the FDA approved a second cholinesterase inhibitor for treating Alzheimer's disease, donepezil (Aricept), in 1996, there was considerably greater attention, likely related to its single daily dosing and apparent benefit for cognition and daily function for many months.

However, for several years, donepezil was only prescribed by a limited number of physicians, and usually for individuals whose symptoms were more moderate. Once these treatments were available, there was a specific reason to diagnose people with Alzheimer's. Since then, two additional cholinesterase inhibitors—galantamine (Razadyne ER) and rivastigmine (Exelon patch)—have been approved by the FDA, and anti-cholinesterase medication is the standard for treating Alzheimer's disease from mild to severe impairment.



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## The Evolution of Cognitive Screening

In the late 1990s several groups began working on mental-tests to screen for Alzheimer's disease, including the Mini-Cog (Borson et al., 2000), the MIS (Memory Impairment Screen, Buschke et al., 1999), and the BAS (Brief Alzheimer Screen, Mendiondo et al., 2003). In 2003, the Alzheimer's Foundation of America, initiated National Memory Screening Day ([www.nationalmemoryscreening.org](http://www.nationalmemoryscreening.org)). Since that time, awareness of screening for cognitive impairment has increased significantly. In fact, in 2010, as part of the Affordable Care Act, cognitive screening became a mandatory part of the Medicare Annual Wellness Visit.

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***But, a continual question was raised: why should anyone want to diagnose Alzheimer's disease if there was no treatment?***

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Today, it is widely recognized that there are many reasons to screen for cognitive impairment, dementia and Alzheimer's disease, beginning at age 65, and that such screening is clearly cost-effective (Ashford et al., 2005, 2006, *Alzheimer's & Dementia*. 2:76-85; 3:75-80; Ashford, 2008, *Aging Health* 4(4):399-432). Consider the following:

- Cognitive impairment is disruptive to human well-being and psychosocial function.
  - New cognitive impairment in an elderly individual is potentially a precursor to dementia and Alzheimer's disease (AD).
  - The costs of dementia are tremendous both to individuals and society.
  - With the aging of the population, there will be a progressive increase in the proportion of elderly individuals in the world. Currently, age (65+) is the greatest known risk factor for Alzheimer's disease.
  - Screening may lead to better care.
  - Undiagnosed individuals with Alzheimer's disease face avoidable problems, both social and financial.
  - Early detection can inform caregiver education and help caregivers better understand the symptoms and behaviors of individuals in their care.
  - Early diagnosis allows for advanced planning while an individual's cognitive abilities are still relatively intact. Such planning may include establishing a will, proxy, power of attorney, and advance directives.
  - Early preparation can reduce family stress and misunderstanding, caregiver burden, blame, and denial.
  - Early recognition may promote safety in driving, medication compliance, cooking, etc.
  - In principle, it is the individual's right to know the best estimation of the future course of his own life, and it is the family's right to know the expected future condition of a loved one, especially when there is such great concern about genetic risks.
  - Early awareness of the problem of dementia may help those most involved to promote advocacy for research for a treatment and cure.
  - From a medical perspective, it is vital for the treating clinician to know the reliability of an individual's memory, for establishing the medical history and making any treatment recommendation that the patient needs to understand and remember.
- Screening should be considered the 7th vital sign obtained along with blood pressure, heart-rate, and temperature before every routine and specialty clinic visit.***

#### **Additional considerations include:**

- Early dementia—especially Alzheimer's disease—is easily missed. Early dementia, including mild cognitive impairment (MCI) is a subtle problem. Family members often avoid the problem and compensate for the individual.
- Physicians tend to miss the initial signs and symptoms, so about 90 percent of Alzheimer's cases are missed early, and many individuals who have Alzheimer's are never recognized as having the disease.
- Diagnoses are still missed at moderate and severe levels, and estimates are that 25 to 50 percent of cases remain undiagnosed.
- There are no definitive laboratory tests for diagnosing Alzheimer's disease. A definite diagnosis of Alzheimer's disease can only be made by looking at tissue from the brain, now rarely done until after death (after which, it is extremely valuable for family members to know what conditions caused the dementia).
- In spite of many efforts to develop biomarkers (such as blood or spinal fluid tests or brain scans), there are none that are currently accepted.
- Since there is no specific change that is associated with Alzheimer's disease on brain scans and the brain changes associated with Alzheimer's disease can be seen in many other conditions, early recognition by brain scan is confusing, and cannot completely rule out Alzheimer's disease.



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## Putting it into Practice

Given the critical nature of memory problems in the elderly, the question is what should be done at a practical level. First, it is important from a young age to live as healthy a life as possible—“what is good for the body is good for the brain,” including avoiding tobacco and nicotine, getting plenty of exercise and sleep, eating right, and keeping up with regular medical visits and recommendations, particularly after 50 years of age. There is no specific approach currently recommended for prevention or early detection of Alzheimer’s disease. Further, the first impairments, usually memory, but sometimes other symptoms including depression, and personality change, can only be linked to early Alzheimer’s disease by a professional assessment. Regular memory screening—just like screening for high blood pressure, skin changes that may indicate melanoma, mammography, prostate and colon evaluations, and depression—can help to detect a possible problem early so as much can be done for it as possible.

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***Early diagnosis and appropriate intervention and treatment may help improve the overall course of dementia substantially and lessen disease burden on caregivers and society.***

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Further, specific available treatments (anti-cholinesterases, memantine) can modestly improve cognition and function, such as personal care. Medications may also delay the progression of symptoms from mild dementia to moderate dementia, as well as having a modulatory benefit on the underlying disease process. Additional possible benefits include decreased development of behavior changes, such as agitation, wandering, un-cooperativeness, and significant delay of costly nursing home placement.

Given the issues associated with Alzheimer’s disease and the tidal wave of Baby Boomers entering the at-risk age range for developing dementia, there is a growing need to increase awareness of cognitive screening and develop better tests to identify mild cognitive impairment and early-stage dementia to moderate dementia. We also need tools to better measure the effects of both experimental and clinically-established treatments as well as preventive measures.

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***If a family member or other caregiver believes there is a memory or other cognitive problem, that person is often responsible for addressing the issue.***

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Sometimes the person about whom there is a memory concern may already be worried about the problem and be willing to discuss further evaluation. However, in many cases, the individual of concern will avoid the issue, and the individual in the caring role must determine how to manage the situation and express their concerns to a medical professional. There are intermediate steps such as participating in a community memory-screening event, like the ones organized by the AFA, or trying an online memory test, like Memtrax. If such screenings suggest there may be a problem, the individual should see a clinician for a thorough assessment to help determine the cause of the problem. Unfortunately, many times the person with a memory problem is not aware of their problem or denies openly that they have a

memory problem, requiring the individual's social network to be mobilized to get professional assistance. This difficulty is one of the main reasons AFA encourages people to be proactive about brain health, through screenings and education. Screenings are a way for people to keep track of changes in their memory, as well as address any decline in function as appropriately as possible and as soon as possible if and when such changes begin.

## Looking Ahead

The preferred direction for the future is to understand what mechanisms in the brain lead to dementia and stop the responsible processes before they start. To do this, it is important to examine genetic links, specifically the Apolipoprotein E (APOE) genotype, which may account for 95 percent of Alzheimer's cases. We now know that this gene initiates chemical changes in the brain that are associated with Alzheimer's disease at least 20 years before dementia develops.

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***Understanding exactly how this gene, and some other related genes, actually lead the brain down the path to dementia could lead to the discovery of therapies which will prevent the development of dementia even into very old age.***

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Large-scale research projects studying many individuals are needed to achieve the broad international goal of entirely preventing Alzheimer's disease. However, until that success, our attention needs to remain fixed on how to recognize individuals who may have significant cognitive problems or early Alzheimer-type dementia and help them to live the best lives that they can.

***J. Wesson Ashford, M.D., Ph.D., is a clinical professor (affiliated) at the Stanford / VA Aging Clinical Research Center and director of the War Related Illness and Injury Study Center the VA Palo Alto Health Care System, and chairman of AFA's Memory Screening Advisory Board.***

## GET A FREE MEMORY SCREENING

In honor of Alzheimer's Awareness Month, AFA has teamed up with thousands of sites nationwide, including all Kmart pharmacies, to offer free, confidential memory screenings throughout the month of November.

**For more information or to find a nearby site, visit [www.nationalmemoryscreening.org](http://www.nationalmemoryscreening.org).**

## GIVING CORNER

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**Thankful.** At this time each year, no matter what our situation, we often take stock of our lives and reflect, with gratitude, on them. We at the Alzheimer's Foundation of America (AFA) are thankful that we have been able to expand our programs and services, year after year, to help impact the lives of families living with dementia. None of that would be possible without the generosity of our community of donors and supporters.

*As people consider their year-end charitable gifts, we are often asked: "how can I help?" We have tried to make the process as turnkey as possible. Following are just some ways to help support AFA's programs and services and research toward a cure.*

**Donate while you shop:** A recent study suggests that nearly half of holiday shopping is done online. Amazon Smile makes it possible for people to contribute to AFA while they're checking items off their holiday shopping lists. Visit <https://smile.amazon.com/ch/91-1792864> and Amazon will donate .5 percent of eligible purchases to AFA.

**Adopt a "Can"-Do Attitude:** It's amazing how spare pocket change can add up! AFA's new coin banks can help transform that spare change into a meaningful donation. Simply request a coin bank can from AFA by calling Tracy Cramer, director of development, at 866-232-8484 x105. Then fill it, and return the money collected to AFA. Our coin banks are great for community-based fundraisers as well.

**Make it personal:** Has Alzheimer's touched your life or the life of someone you care about? In lieu of a holiday fruit cake, cookies or other run-of-the-mill gift, consider making a donation that shows your care and concern for individuals living with Alzheimer's disease and their families. Gifts may be made in honor or in memory of individuals or families.

**Become an AFA Care Partner:** Our Care Partners are philanthropic leaders dedicated to addressing the crisis of Alzheimer's disease head on. By making generous annual gifts of \$1,000 or more, AFA's Care Partners make a significant contribution to the financial resources that fuel our programs and services across the country.

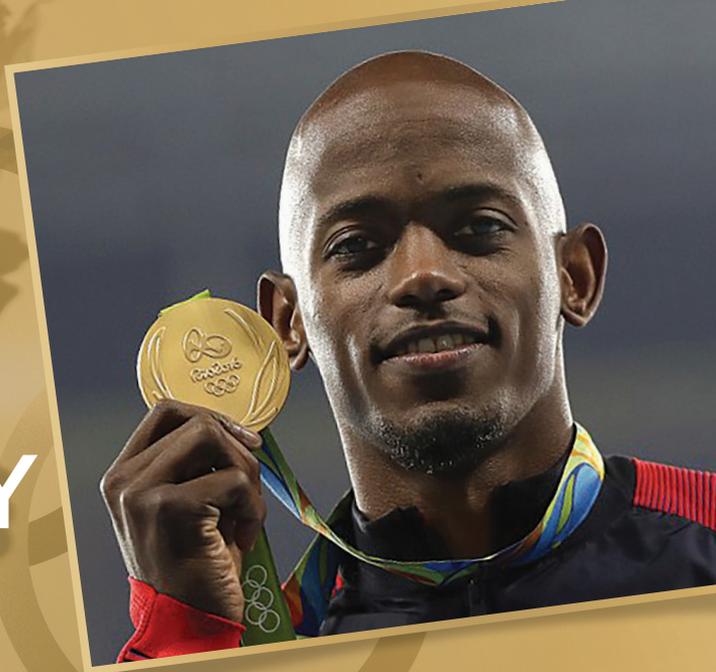
**Create a legacy:** A planned gift is a special way to help ensure that individuals with Alzheimer's disease and related illnesses and their families have access to optimal care and support services for years to come. Bequests, insurance and pension plans, and charitable trusts are creative ways to facilitate charitable giving, while also offering potential estate tax benefits.

**Join our Sustainers Circle:** Our sustainers generously contribute monthly gifts that help us provide care for individuals and their families who are living with dementia, while saving time, banking fees and paper. When you become a sustainer, we never need to send you a reminder about contributing to our cause. Your pledge renews annually and you may cancel at any time.

*For more information on these and other ways you can give to AFA, please contact us at 866-232-8484 or visit [www.alzfdn.org](http://www.alzfdn.org).*

# A GOLDEN OPPORTUNITY TO RAISE AWARENESS

## Five Questions with Jeff Henderson



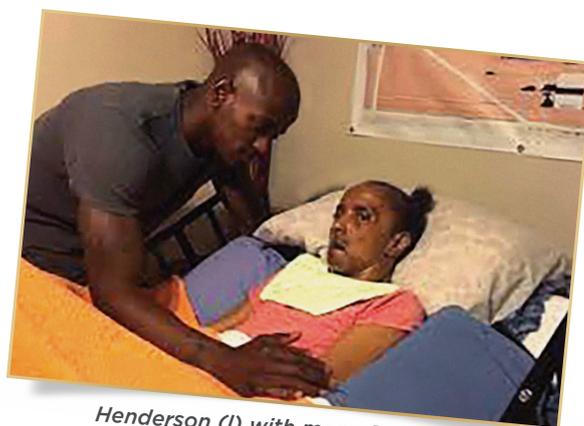
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When 27-year-old Jeff Henderson touched down in Rio de Janeiro for the Summer Olympics, he had one goal in mind: bringing home the gold.

*“I just knew. I put in too much work and prayed too hard not to win. I came in motivated and confident and no one was going to beat me,” Henderson recalls.*

Behind his determination is one special woman. Henderson’s mom, Debra, age 59, has been living with Alzheimer’s disease for the past 10 years, and has been bedridden for the past four.

AFA Care Quarterly recently caught up with Henderson to learn more about his journey.



*Henderson (l) with mom, Debra*

### **AFA Care Quarterly: How did you get started in track and field?**

**Jeff Henderson:** I actually didn’t really start track and field until I was about 16 or 17. Before that, I played football. Once I started track and field, I got better and better. In high school, I would practice until 8 or 9 at night. My mom was always there—she took me to track meets, practices—anywhere I needed to go.

## ***AFA CQ: When did you first notice something had changed in your mom?***

**JH:** There were early signs—she started to repeat herself a lot and would drive and get lost. My dad (Laverne Henderson) told me it was Alzheimer's.

## ***AFA CQ: How did you cope with your mom's illness? Did you talk with people about how you were feeling?***

**JH:** I'm the baby of the family—I have four sisters and one brother. My mom is still living at home with just our family caring for her.

When she was diagnosed, I didn't want to talk about it—no kid wants to. But, looking back now, I realize it's so important to find someone to talk to. I didn't have anyone to show me how to cope.

## ***AFA CQ: How did it feel to win the gold medal in long jump?***

**JH:** I felt like an angel was behind me—that I could finally sit down and relax. I dedicated my medal to my mom and brought it over to show her as soon as I got back to Arkansas.

## ***AFA CQ: What do you hope people will learn through your advocacy?***

**JH:** This disease affects everyone—not just my family, not just your family. It changes everything. People need to learn about Alzheimer's and how it affects everyone. People are dying from this disease and yet, there is no cure and we still don't even really know how people get it. We have to know. We have to raise awareness and get people talking.

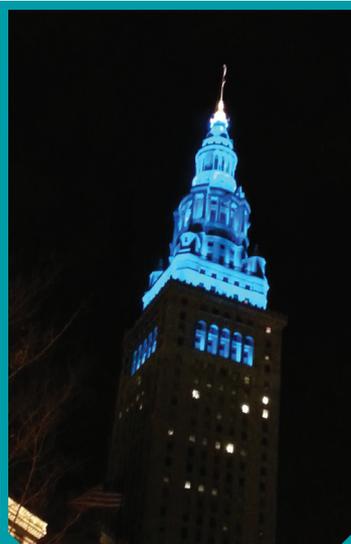


## 'LANDMARK' SUPPORT *for* ALZHEIMER'S AWARENESS

*In 2014, the Alzheimer's Foundation of America (AFA) introduced its Light the Nation initiative, designed to shine a literal spotlight on Alzheimer's disease during November, which is Alzheimer's Awareness Month. The concept was simple: on a given day, landmarks would show their support for the more than 5 million Americans living with Alzheimer's disease and their families and caregivers, by lighting their structures in teal, the international color of Alzheimer's disease.*



**Skydance Bridge**  
Oklahoma City



**Terminal Tower**  
Cleveland, Ohio



**Sichuan Tower**  
China



Photo by  
Anthony Collins

**Empire State Building**  
New York City

**The initiative has grown tremendously in just two short years—from eight sites, in 2014, to nearly 200 sites this year. On November 3, structures from Alaska to Australia and Hawaii to the United Kingdom will light up teal.**

**Among this year's participants are:** Los Angeles International Airport (LAX), Los Angeles, Calif.; the John Hancock Building, Chicago, Ill.; the Mercedes-Benz Superdome, New Orleans, La.; TD Garden, Boston, Mass.; the Empire State Building, New York, N.Y.; One Liberty Place, Philadelphia, Pa.; Country Music Hall of Fame, Nashville, Tenn.; Bank of America Plaza, Dallas, Texas.

A number of international sites will also participate, including Bell Tower, Perth, Australia; Calgary Tower, Calgary, Alberta, Canada; Skylon Tower, Niagara Falls, Ontario, Canada; Sails of Light at Canada Place, Vancouver, British Columbia, Canada; Shanghai Tower, Shanghai, China; Mansion House, Dublin, Ireland; Torch Doha, Doha, Qatar; and the fountains at Trafalgar Square, London, United Kingdom.

### Get Involved

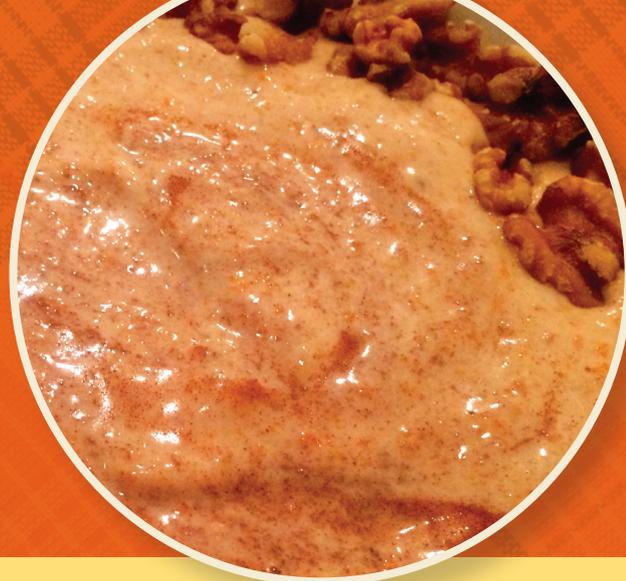
Want to participate in AFA's November Alzheimer's awareness activities? Here are a few suggestions:

- Replace porch or exterior lighting with teal LEDs for November 3 or the whole month
- Wear teal to help raise awareness and start a discussion
- Get a free, confidential memory screening or bring someone you love to get screened

**For more information, call AFA's national toll-free helpline at 866-232-8484 or visit [www.alzfdn.org](http://www.alzfdn.org).**

## TO YOUR HEALTH

Who says tasty treats can't be healthful too? This easy frozen dessert has a creamy consistency, but contains no dairy. It is packed with dietary fiber, vitamins, minerals and antioxidants, yet low in calories. Kissed by some of fall's favorite flavors—cinnamon, nutmeg and ginger—it is a great way of sneaking some extra veggies into your family's foods.



# Carrot Cake "Soft Serve"

SERVES 6

### INGREDIENTS:

- 4 overripe bananas, peeled and frozen, thawed for 15 minutes
- 2 ounces milk of your choice (plant-based or cow), **if needed**
- 1 teaspoon vanilla extract
- 1 teaspoon ground cinnamon
- 1/4 teaspoon ground nutmeg
- 1/4 teaspoon freshly grated ginger, (or 1/8<sup>th</sup> teaspoon ground ginger)
- 1/2 cup frozen carrots, partially thawed for 15 minutes
- 1/3 cup walnuts

### METHOD:

- Place the thawed bananas into a food processor or blender and pulse until smoothly blended. If needed, add milk. (If you have no time to thaw the bananas, microwave them for ten seconds.)
- Add vanilla, cinnamon, nutmeg, ginger, carrots, walnuts and process until blended. Sample the batter and add extra spices, carrots or nuts to taste.
- Enjoy immediately as a custardy soft serve. Store leftovers in the freezer in an airtight container for up to two weeks. If the soft serve becomes too hard to scoop, microwave for 10 seconds.

**Nutrition Facts per serving (105 grams):** 124 calories, 4.4 grams fat, 13 mg sodium, 366 mg potassium, 20.5 grams carbohydrates, 3 grams dietary fiber, 10.7 grams sugar, 3 grams protein, 32 percent daily value vitamin A, 13 percent daily value vitamin C.



*Recipe and photo by Layne Lieberman, M.S., R.D., C.D.N., 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](http://www.WorldRD.com).*

# KEEPING THE HAPPY IN ‘HAPPY HOLIDAYS!’

For all the joy the holidays bring, the season can also deliver a hefty helping of stress—only to be magnified when families have a loved one with Alzheimer’s disease or a related illness. Many of the elements people look most forward to—large gatherings of people, twinkling holiday lights, piles of presents, a break from everyday routines—can be over-stimulating for people with the illness and overwhelming for caregivers.

**BUT TAKE HEART! THERE ARE SOME SIMPLE WAYS TO ADAPT THE CELEBRATIONS SO THEY ARE CALM AND ENJOYABLE FOR EVERYONE.**

**Be open.** Inform family and friends of your loved one’s condition so they know what to expect, as well as recognize that get-togethers might need to change or be more flexible to accommodate the situation. Include younger children in the discussion—to an appropriate degree—so they better understand why a loved way may be acting differently.

**Celebrate in small doses.** Since changes in routine, noise and crowds can increase confusion and upset individuals with dementia, opt for several smaller gatherings instead of having one huge one. These “small dose” parties can extend the celebration, offering more opportunities for socialization—a key factor in improving quality of life for people with the disease.

**Be realistic about traveling.** With excess traffic on the road and large crowds at transportation hubs this time of year, as well as your loved one’s mental and possibly physical decline, traveling to holiday gatherings may no longer be possible. Ask the doctor what is doable and make arrangements accordingly (e.g., bringing a companion)

**Bring the party to the person.** For families with loved ones living in long-term care residences, coordinate social calls to help ensure the holiday season is filled with visits from special guests. Find out whether visitors can attend the facility’s holiday events. Also ask whether talented family members—a grandchild who sings, for example—can spread some holiday cheer. In addition, some settings have private dining rooms where residents’ families can gather.

**Unlock memories.** Plan holiday-related activities in which your loved one can participate and that may help recall memories. Was your mom the “Queen of Cookies” in her prime? Invite her to help cut and decorate cookies or roll out pie crusts, for example. Other activities that can stir up happy memories and appeal to family members of all ages include listening to music, looking through photo albums and giving handmade, personal gifts.





**Try a twist on tradition.** Consider your loved one's fondest traditions and adjust as necessary. If religious services are the most important, head to an early service that might be less crowded, or ask if a clergy member can make a house call. If the big meal is the main event, think about dining earlier in the day, to reduce the potential of "sundowning" behaviors—increased confusion that typically occurs in late afternoon or early evening in the middle stages of dementia.

**Downsize the decorating.** While a festive home is often one of the most anticipated elements of the holidays, too many decorations can cause increased confusion and safety issues. Limit the amount of decorations. Consider a plastic tree and battery-operated LED candles to avoid fire hazards. Keep walkways clear of clutter to reduce the risk of falls.

**Give yourself the gift of support.** Consider enrolling your loved one in an adult day program or enlist a friend or family member to keep your loved one company so you can simply breathe, tackle that gift list, prep the holiday feast or visit a café to savor the season with an eggnog latte. Joining a support group can be helpful, especially this time of year, to share feelings and stories with others who understand what you're going through. For assistance in locating a support group or to learn more about AFA's telephone-based groups, call our national toll-free helpline at 866-232-8484.



## **PREPARE IN ADVANCE**

Arrange a family meeting, conference, call, Skype, etc. to coordinate calendars, divide responsibilities and map out your holiday plan. This will help make holiday crunch time a little less stressful.

# HELP YOUR STAFF BECOME BETTER PARTNERS IN CARE

As our aging population continues to grow, companies and community organizations alike can benefit from getting a better understanding of how to address their needs.



**THE ALZHEIMER'S FOUNDATION OF AMERICA (AFA)** can customize dementia-specific training for your company, organization or community.



*Training topics range from understanding dementia to professional self-care.*



**FOR MORE INFORMATION,**  
visit [www.careprofessionals.org](http://www.careprofessionals.org)  
or call 866-232-8484.

# TALL TALES

## From American Acrostics Volume 3: Puzzling Tales from the White House,

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**Instructions:** Fill in the words based on the clues, then transfer the letters to the grid. Work back and forth between the grid and the clue list.

When complete, the grid will contain a quote, reading across. The first letters of the clue words, reading down, will spell out the author's name and the title of the book the quote is taken from.

*Cynthia (Cyn) Morris has worked as a writer and editor for 35 years. She has published several nonfiction books—including Micronesia Blues, which is currently in development as a TV series—and written thousands of news and feature articles on topics ranging from camel farming in the desert to negative wormholes in outer space.*

*A lifelong cruciverbalist, Cyn has been solving acrostic puzzles since she was 8 years old, and constructing them since 2005. Her puzzle series include American Acrostics, CynAcrostics, and AnimaCrossics. More information at [www.acrosticsbycyn.com](http://www.acrosticsbycyn.com).*

### Clues

### Words

- |  |  |
|--|--|
| A. Apt adjective for the most insincere candidate's grin on the campaign trail in Wisconsin? | 74 124 91 57 155 108 163 29 144            |
| B. Beats in a debate, perhaps  | 151 25 66 49 121 82 93 15                  |
| C. Capitol Hill hiatus   | 77 148 177 123 24 30                       |
| D. Tale  | 76 53 135 46 161 150 42 122 99             |
| E. Dynamism, flair   | 168 114 48 79 120                          |
| F. Cachinnates   | 109 137 45 116 22 169 33                   |
| G. A candidate who's low on this proverbial pole isn't likely to win at the polls            | 127 159 85 89 70                           |
| H. White House nickname (2 wds.)   | 67 154 43 176 90 97 75 81 181              |
| I. Hortatory   | 170 182 64 178 103 141 5                   |
| J. Well-versed person?   | 12 35 28 179                               |
| K. Vanilla source  | 145 72 26 86 117 17                        |
| L. Hems and haws, like a candidate in the hot seat, perhaps                                  | 157 138 11 115 132 142 63                  |
| M. 1998 Drew Barrymore film based on a well-known fairy tale (2 wds.)                        | 174 162 92 146 125 65 59 3 13              |
| N. "Rise and fall of a nation ____ with every one of its citizens." (Chinese proverb)        | 36 14 136 172 143                          |
| O. Idiomatic weakness that may lead to a candidate's downfall (2 wds.)                       | 101 27 50 73 175 41 8 106 158 18<br>130 23 |
| P. "Diplomacy is to do and say the nastiest things in the ____ way." (Isaac Goldberg)        | 105 140 6 71 32 113                        |
| Q. Plan for downsizing?  | 60 83 119 20                               |
| R. Meryl Streep won an Oscar for her role in this 2011 biopic (3 wds.)                       | 1 180 52 21 171 10 100 131 61 126 37       |
| S. Unexpected obstacles  | 98 31 164 118 107 156 58                   |
| T. Grant, ordinally speaking   | 166 56 96 153 129 68 134 19 102 2          |
| U. Word after law or reform  | 149 84 110 128 47 40                       |
| V. Scotland's national emblem  | 38 165 16 4 152 55 111                     |
| W. Antipodes   | 104 133 167 87 112 147 9 78 139            |
| X. Squeaky-clean   | 7 94 44 160 34 51 173 80 88                |
| Y. "One is never too old to ____." (Italian proverb)   | 62 39 69 54 95                             |

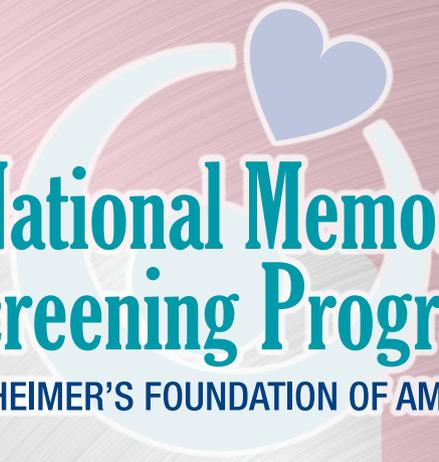
|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1 R   | 2 T   | 3 M   |       | 4 V   | 5 I   | 6 P   | 7 X   | 8 O   | 9 W   |
|       | 10 R  | 11 L  |       | 12 J  | 13 M  | 14 N  | 15 B  | 16 V  | 17 K  |
| 18 O  | 19 T  | 20 Q  | 21 R  | 22 F  | 23 O  |       | 24 C  | 25 B  | 26 K  |
| 27 O  | 28 J  | 29 A  | 30 C  |       | 31 S  | 32 P  |       | 33 F  | 34 X  |
| 35 J  | 36 N  | 37 R  | 38 V  | 39 Y  | 40 U  | 41 O  | 42 D  | 43 H  | 44 X  |
|       | 45 F  | 46 D  | 47 U  | 48 E  |       | 49 B  | 50 O  | 51 X  |       |
| 52 R  | 53 D  | 54 Y  | 55 V  | 56 T  | 57 A  | 58 S  | 59 M  |       | 60 Q  |
| 61 R  | 62 Y  | 63 L  |       | 64 I  | 65 M  |       | 66 B  | 67 H  | 68 T  |
|       | 69 Y  | 70 G  | 71 P  | 72 K  | 73 O  | 74 A  | 75 H  | 76 D  |       |
| 77 C  | 78 W  | 79 E  | 80 X  | 81 H  | 82 B  | 83 Q  | 84 U  |       | 85 G  |
| 86 K  | 87 W  | 88 X  | 89 G  |       | 90 H  | 91 A  | 92 M  | 93 B  | 94 X  |
| 95 Y  | 96 T  |       | 97 H  | 98 S  | 99 D  |       | 100 R | 101 O | 102 T |
| 103 I | 104 W | 105 P | 106 O |       | 107 S | 108 A | 109 F | 110 U | 111 V |
| 112 W | 113 P |       | 114 E | 115 L | 116 F | 117 K | 118 S | 119 Q |       |
| 120 E | 121 B | 122 D | 123 C |       | 124 A | 125 M | 126 R |       | 127 G |
| 128 U |       | 129 T | 130 O | 131 R | 132 L |       | 133 W | 134 T | 135 D |
| 136 N | 137 F | 138 L | 139 W | 140 P | 141 I | 142 L |       | 143 N | 144 A |
| 145 K | 146 M | 147 W | 148 C | 149 U |       | 150 D | 151 B |       | 152 V |
| 153 T | 154 H | 155 A | 156 S |       | 157 L | 158 O | 159 G |       | 160 X |
| 161 D | 162 M | 163 A |       | 164 S | 165 V | 166 T |       | 167 W | 168 E |
| 169 F | 170 I | 171 R |       | 172 N | 173 X |       | 174 M | 175 O | 176 H |
| 177 C | 178 I |       | 179 J | 180 R | 181 H | 182 I |       |       |       |

**SOLUTION**  
Tall Tales  
(Evan) Cornog,  
The Power and  
the Story  
The secret  
of presidential  
success is  
storytelling.  
From the  
earliest days  
of the  
American  
republic...  
those seeking  
the nation's  
highest  
office have  
had to tell  
persuasive  
stories...to  
those who  
have the  
power to  
elect them.

A: Cheesiest  
B: Outtalks  
C: Recess  
D: Narrative  
E: Oomph  
F: Guffaws  
G: Totem  
H: Honest Abe  
I: Emotive  
J: Poet  
K: Orchid  
L: Waffles  
M: Ever After  
N: Rests  
O: Achilles' heel  
P: Nicest  
Q: Diet  
R: The Iron Lady  
S: Hitches  
T: Eighteenth  
U: School  
V: Thistle  
W: Opposites  
X: Righteous  
Y: Yearn

23

37



**National Memory  
Screening Program™**

ALZHEIMER'S FOUNDATION OF AMERICA

National Toll-Free Helpline  
866-232-8484



**pharmacy**

# **This November**

**All Kmart pharmacies are conducting  
free, confidential memory screenings  
every day during normal business hours.**

**To find a location near you visit:**

**[www.nationalmemoryscreening.org](http://www.nationalmemoryscreening.org)**