

Alzheimer's TODAY[®]

The Official Magazine of the Alzheimer's Foundation of America



PUBLIC HEALTH CRISIS

Loneliness in Older Adults

VOLUME 15, NUMBER 4

What is Dementia?

Dementia is a general term that describes a wide range of symptoms associated with a decline in memory or other thinking skills, including judgement, reasoning, and complex motor skills. Though there are different types of dementia-related illnesses, Alzheimer's disease is the most common in persons ages 65 and older, and accounts for 60 to 80 percent of cases. Other types of dementia include vascular dementia, Lewy Body dementia (LBD, an umbrella term that refers to both Parkinson's disease dementia and dementia with Lewy bodies), frontotemporal dementia, and alcohol-induced dementia. Dementia-related illnesses, such as Alzheimer's disease, are NOT part of normal aging.

Is it Dementia?

It is important to keep in mind that not all memory problems are a result of dementia. There are a number of other causes of memory issues, including vitamin deficiency, thyroid problems, urinary tract infections, medication side effects, stress, and depression. Many of these are readily treatable and, in some cases, curable.

If you have noticed memory or personality changes, in yourself or someone you know, it's important to speak with a health care professional. A comprehensive medical evaluation can help identify the cause of memory changes and point you in the right direction. Your health care provider may also refer you to a neurologist for more in-depth testing.

Currently, there is no cure for Alzheimer's disease; however, there are several medications approved by the U.S. Food and Drug Administration (FDA) that can help slow the progression of the symptoms of the disease and prolong cognitive function.

Warning Signs & Symptoms

The following are some common warning signs and symptoms of dementia. Keep in mind that each individual is unique and may not exhibit all of these symptoms. Always consult a physician to discuss changes in memory and thinking abilities.

- Difficulty finding words
- Trouble completing complex mental tasks (e.g., tasks with multiple steps, balancing a checkbook, paying bills)
- Confusion about time, place or people
- Misplacing familiar objects
- Personality changes, such as irritability or depression
- Loss of interest in important responsibilities
- Expressing false beliefs
- Changes in judgement/trouble making decisions

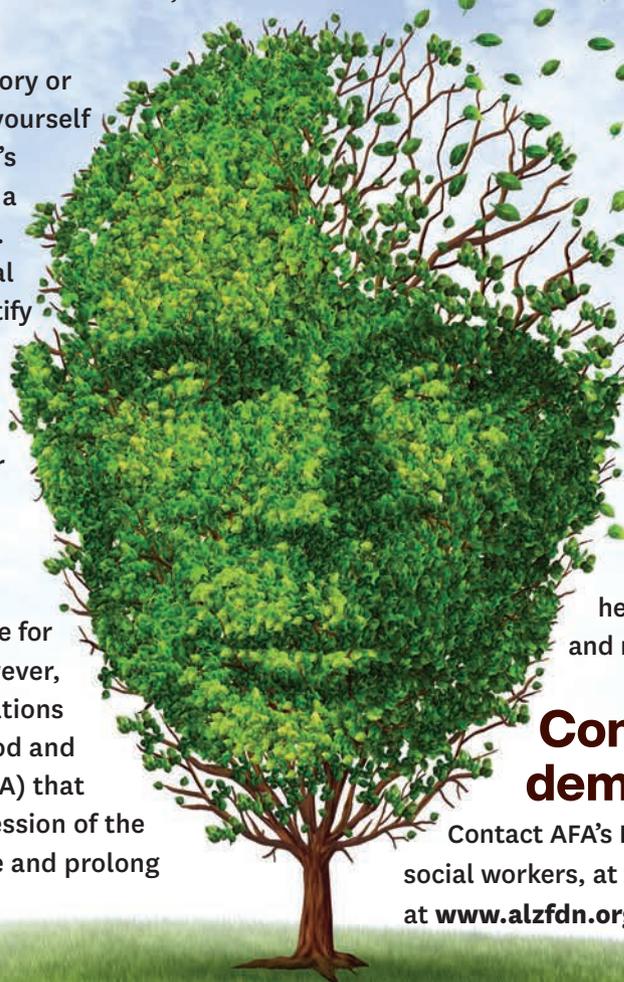
Take Action, Educate Yourself

The more you know about dementia and its warning signs, the better prepared you will be to recognize them in yourself or a loved one and to intervene early on.

Early detection of memory problems can afford a person an opportunity to participate in vital care planning discussions, including legal and financial decisions, long-term care and end-of-life wishes. It can also afford a person the opportunity to participate in a clinical trial or take advantage of medications that can help slow the progression of symptoms and maintain a positive quality of life.

Concerns about dementia?

Contact AFA's Helpline, staffed by licensed social workers, at 866-232-8484 or via online chat at www.alzfdn.org.



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Publisher

Alzheimer's Foundation of America

Editors

Chris Schneider
Karen Mazzotta

Design

The Monk Design Group

CONTACT INFORMATION

Alzheimer's Foundation of America
322 Eighth Ave., 16th Fl.
New York, NY 10001

National Toll-Free Helpline
866.232.8484
info@alzfdn.org and www.alzfdn.org

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A MESSAGE FROM
CHARLES J. FUSCHILLO, JR.
AFA PRESIDENT & CEO

In trying times, I always draw inspiration in seeing the ways people come together, helping and supporting one another. That's especially true now, as one of the many challenges created by COVID-19 is increased isolation. With every new challenge comes an opportunity to develop a new solution—and that's what many people are doing.

Our cover story **“A Public Health Crisis”** (p. 11) highlights the impact of isolation among older adults, something that has been exacerbated by COVID-19, and provides suggestions on ways to address this growing crisis.

“With a Little Help from Friends” (pp. 7-8) tells the heartwarming story of how friends are coming together during the pandemic to help a family affected by young-onset Alzheimer's disease.

Showing that you're never too young to make a difference, **“Teens Helping Seniors”** (p. 19) spotlights two high school students whose idea to have teens deliver groceries to homebound senior citizens in their Maryland community has grown into a nationwide organization.

In **“Making Us Sing”** (pp. 12-13) we share how the Minnesota-based organization Giving Voice Chorus is bringing together people around the world who are living with Alzheimer's disease and dementia with their care partners to sing in choruses that foster joy, well-being, purpose, and community understanding.

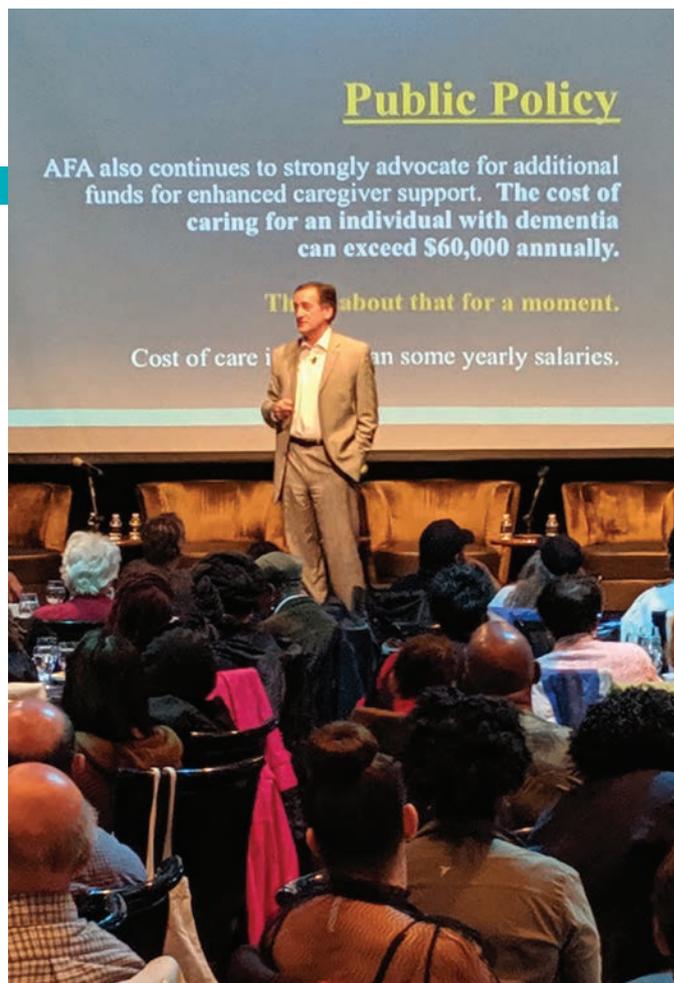
Our newest column, **“Caregiver Creativity”** (p. 17), shares tips from our readers about creative ways they're providing care to their loved ones (if you have an idea for a future issue, please share it with us at info@alzfdn.org!).

We hope these and the other stories in this issue of *Alzheimer's TODAY* connect you with helpful information that you can use. If you need help or support, you can connect with our licensed social workers, seven days a week, through the AFA Helpline at 866-232-8484 or through our website www.alzfdn.org.

All the best to you and your families,



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



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Thank You, Dr. Peter Davies

Around the world, devoted researchers are working hard to find the scientific breakthrough that all of us are hoping and praying for: a cure or disease-modifying treatment for Alzheimer’s disease. One researcher who was truly special was Peter Davies, PhD, who sadly passed away in August after a long and hard-fought battle with cancer.

AFA was fortunate to have Dr. Davies as a member of our Medical, Scientific, and Memory Screening Advisory Board. A highly respected leader in the scientific community, he published more than 250 research papers and earned numerous awards for excellence, including two MERIT awards from the National Institutes of Health and a Lifetime Achievement Award from the International Congress on Alzheimer’s Disease.

One of the major projects Dr. Davies worked on was finding new ways to treat hallucinations, agitation, and aggression in individuals with Alzheimer’s disease, some of the most insidious symptoms of Alzheimer’s and a major reason why families transition loved ones to residential care facilities. Dr. Davies’ goal was “to fill a huge gap and...give hope to families who need it most.” His colleagues at the Litwin-Zucker Center for the Study of Alzheimer’s Disease and

Memory Disorders at The Feinstein Institutes for Medical Research in New York will be continuing his work.

Dr. Davies was a great scientist, but he was an even greater person. A true gentleman and one of the warmest, nicest people you will ever meet, Dr. Davies mentored generations of students and was always eager and willing to help others from all walks of life.

We are extraordinarily grateful for Dr. Davies’ tremendous work in advancing Alzheimer’s science and his passion for helping others. He will be greatly missed, but he leaves a lasting legacy that has truly made an impact.

Dr. Davies once said, “The discovery and development of new treatments for Alzheimer’s disease will only come from dedicated, focused research. There is no other way we will ever beat this awful disease. New developments in neuroscience and molecular biology have greatly increased the pace of research, and we will arrive at the answer. It is not a question of if we will succeed, but of when. We simply won’t quit until we do.”

Thanks in part to Dr. Davies’ work, we know the answer will be found.



ASK THE AFA MEDICAL ADVISORY BOARD

Allison B. Reiss, M.D.

Q: My husband and I saw a news story that suggested getting a flu shot could reduce my risk of Alzheimer's. Could this be possible?

A: This is an interesting question and also a timely one given the COVID-19 pandemic. Firstly, you should consider getting a flu shot this 2020-21 season because the CDC recommends it. Why? To protect yourself and the people around you from the flu and to help reduce the strain on health care systems responding to the COVID-19 pandemic.

In addition, there is the possibility of getting both the flu and COVID-19 at the same time or one after the other, which would put a tremendous strain on the lungs and the whole body. Taking the flu vaccine would go a long way toward minimizing this double threat to your health.

Back to your question, whether a flu shot can reduce Alzheimer's risk does not yet have a clear answer. Two studies were released last summer with results that suggested seasonal vaccines may help, but let's have a closer look.

According to researchers at The University of Texas Health Science Center at Houston (UTHealth), at least one flu vaccination was associated with 17% reduction in Alzheimer's incidence, and more frequent vaccinations with another 13% reduction. Researchers also found the protection was strongest for those who received the vaccine at a younger age.

The findings are the result of researchers sorting through some 310,000 health records in a de-identified patient

database to see whether there were drugs that could be repurposed to reduce the risk of Alzheimer's disease.

One of the theories of how the flu vaccine may work is that some proteins in the flu virus may train the body's immune response to better protect against Alzheimer's disease.

Interestingly, a Duke University Social Science Research Institute study looked at participants age 65+ from the National Institute of Health's Cardiovascular Health Study who took the pneumococcal vaccine between ages 65-75 and also found that their risk of developing Alzheimer's was reduced by 25-30%—and up to 40% among those who did not have a genetic risk for Alzheimer's.

While this is all quite fascinating, it does not prove a direct correlation (i.e., cause and effect) between these two vaccines and Alzheimer's risk. Obviously, people who take better care of their health, which may reduce risk of Alzheimer's, may also be the same people who regularly get vaccines. More research will need to be done to prove this specific finding. For now, it's important enough to get your seasonal flu shot to help ward off getting the flu.

AFA Medical Advisory Board member Allison B. Reiss, MD, is Head of the Inflammation Laboratory at NYU Langone Hospital-Long Island in Mineola, NY, and Associate Professor of Medicine at NYU Long Island School of Medicine. An internal medicine physician and molecular biologist, she studies the causes and treatment of Alzheimer's disease. ■



Do you have a question for the AFA Medical Advisory Board? Please email it to info@alzfdn.org.



Fallen Oldenburg | Dreamstime

Combating Dementia Among Veterans

Military service is a significant commitment, and we should always honor and appreciate the men and women who served in the American armed forces.

Clearly though, it's not without its share of personal risks. Among them, veterans may have an increased risk of post-traumatic stress disorder (PTSD) as well traumatic brain injury (TBI) which may contribute to memory impairments and can increase dementia risk.

According to a University of California study with the San Francisco Veterans Affairs Medical Office, vets with PTSD were more than twice as likely to develop dementia compared to those without. Among veterans returning from Iraq and Afghanistan, the prevalence of PTSD has been estimated at 17%. Additionally,

PTSD can be a chronic condition. Vietnam veterans have been found to have a 20% to 30% lifetime prevalence of combat-related PTSD. A study of older World War II and Korean

veterans found that the PTSD prevalence remained as high as 12% even 45 years after combat.

In addition to PTSD, veterans' exposure to explosions during combat and training exercises increases their risk of traumatic brain injury (TBI), another serious risk factor for dementia. Nearly 414,000 TBIs were reported among

U.S. service members worldwide between 2000 and late 2019, according to the Defense and Veterans Brain Injury Center (DVBIC). Older veterans who had a TBI diagnosis were 60% more

Increased risk of PTSD and TBI make memory screenings even more important for vets

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Combatting Dementia Among Veterans continued from page 5

likely to develop dementia over a nine-year period, according to U.S. Department of Veteran Affairs studies. Another study concluded that veterans who had been Prisoners of War (POWs) had about a 50% greater risk of developing dementia. Those who have been POWs and developed PTSD had more than double the risk.

Obviously, this issue is of keen interest and concern to the medical community.

“PTSD and TBI are two of the most common problems affecting veterans throughout the U.S., and they frequently occur together, making it difficult to know which problem is causing what issue. Veterans with these conditions frequently have chronic complaints of memory difficulties and other cognitive problems. Such dysfunction is best discovered by memory screenings, which are objective screening tools,” said J. Wesson Ashford, MD, PhD, Chair of AFA’s Medical, Scientific, and Memory Screening Advisory Board and Director, War-Related Illness and Injury Study Center at the VA Palo Alto HealthCare System. “Afflicted veterans would be provided long-term care management to help them cope more effectively and actively pursue healthy lifestyle choices and good self-care, which may reduce dementia risk later in life.”

WHAT’S A MEMORY SCREENING?

It’s a series of simple questions to gauge memory, language, thinking skills, and other intellectual functions. Results are provided and explained at the end of the screening, which normally takes 10 to 15 minutes. Results are not a diagnosis, but can suggest if a person should see a physician for a fuller evaluation.

Many doctors’ offices provide memory screenings, and they are part of the annual Medicare Wellness Visit for those 65 and older. **AFA also offers free virtual memory screenings every Monday and Wednesday, 10 a.m. to 4 p.m. ET, and every Friday, 10 a.m. to 2 p.m. ET. Veterans can make an appointment by calling 866-232-8484.** Screenings are conducted one-on-one by a qualified professional through a secure video conference in real time. A computer, smartphone or tablet containing a webcam is all that is needed.



Brophoto | Dreamstime

With a Little Help from Friends



When Alzheimer's enters a caregiver's life, it is a completely new experience for which many of us are unprepared. As the disease progresses, caregivers will need family and friends, as well as professionals, who can help provide the best possible care for a loved one while also offering them a much-needed break. To get through this journey, one of the most important things is to feel confident that others are a resource for help and support.

One family caregiver who shares his story with friends is David German, whose wife Linda was diagnosed with young-onset Alzheimer's six years ago. Early on, he understood that this was a process that he could not handle alone. When he shared with friends the difficulties of caring for someone with the disease, he believed that many of them would limit their visits and distance themselves, not wanting to experience Linda's physical and mental decline. But some very special people stepped up. He has been overwhelmed with the selflessness and generosity of friends.



Jackie, Linda's best friend from kindergarten, and her maid of honor, retired from her part-time job so that she could spend more time with Linda. She has driven three hours from Nyack, NY, to the German's home in Sag Harbor, NY, every month for the last six years to spend several days with Linda. They talk, laugh, and go for walks. Jackie cooks for her, colors her hair, and cuts her nails, which has come in handy during the pandemic with beauty salons closed. Every visit puts a smile on Linda's face.

Visits by other friends and acquaintances became more infrequent during COVID-19, unfortunately. The lack of social stimulation was a detriment to Linda's condition. Realizing how this was impacting her, friends Alexandra and Edmonds made a conscientious effort to free up their schedules as much as possible and get together with Linda and David almost every day since the end of March. They go

With a Little Help from Friends continues on page 8



Photos courtesy of David German



With a Little Help from Friends continued from page 7

for walks and just enjoy being in each other's company. During every visit, they take a smartphone picture, which Linda always enjoys looking at after they leave.

German also gratefully acknowledges his best friend Jeff, who has been there for him "every step of the way, providing laughs and a shoulder to cry on," as well as the Alzheimer's Foundation of America as a "tremendous help," providing activities and advice.

German wants everyone to know how important friendship has been to him and Linda during this time in their lives and to encourage others to be open about the disease with their own friends. "Friends have provided me with phenomenal support. They have even shown me that Alzheimer's is something to be less afraid of. My hope is that their generosity is rewarded, in their hearts....No one should go through this journey alone. You can't. It's impossible."

4 Ways to Help Friends and Family Understand Alzheimer's

1 SHARE THE NEWS OF A DIAGNOSIS, AS SOON AS POSSIBLE.

David German wanted to make sure that he told everyone he could face to face. Other families may choose to share the news in a group email. If you can include the person diagnosed in the sharing process, that's best, but that may not be possible, for various reasons, including denial (lack of awareness may be part of the disease). The sooner that you tell others though, the sooner you'll be able to start getting support. Remember, some people have already sensed that something is wrong, so the diagnosis will create understanding.

"Explain briefly what Alzheimer's is and how it will progress over the years," says Jennifer Reeder, LCSW, AFA's Director of Educational and Social Services. "Your person will have memory loss, difficulty following through on a task, and may forget who they are over time. But you always want to focus on the strengths that your loved one *still* has and the enjoyment you all can have from spending time together."

2 BE PROACTIVE ABOUT ENCOURAGING OTHERS TO VISIT.

Social interaction improves the quality of life for individuals living with Alzheimer's and their caretakers. Share the best time of day to see others. If you can't meet in person, encourage virtual visits (Zoom or FaceTime). David German's adult daughter, Emmy, shared a care calendar for friends and family in a google doc in the early years of her mother's diagnosis when she first needed to stop driving to make sure that someone was with her mom at all times.

3 SUPPORT INTERACTION.

Remind others of the activities your person is still able to do (have coffee, play a game, listen to music, do simple crafts, sit or walk in nature). Being together is a source of comfort for everyone.

4 ASSIST WITH COMMUNICATION.

Provide suggestions on how to greet a person with Alzheimer's, which may involve introducing yourself: "Hi Mary. I'm Jim." Ask visitors to avoid correcting the person. Instead, suggest they simply respond to ideas and feelings expressed. Remind them not to take lack of recognition or anger personally. The person living with Alzheimer's is responding to confusion in their brain.

Don't Put a Hold on Health



Shao-chu Wang | Dreamstime

“COVID has been the focus of all of health care, but unfortunately, the rest of our medical problems don’t know they need to go on hold. Cognitive impairments and dementia don’t go away because we’re dealing with a pandemic.” That’s how Joyce Fogel, MD, FACP, AGSF, Associate Professor of Geriatric and Palliative Medicine at Mount Sinai Hospital’s Icahn School of Medicine, explained the importance of continuing to look after your overall health in the midst of the coronavirus at a recent AFA webinar.

Dr. Fogel also advises against neglecting other types of visits such as mammograms, colonoscopies, dental visits, checkups and even physical therapy that, if skipped, could lead to greater problems in the long run. “Older patients, especially those with cognitive impairments, may be staying home and having some gait instability or trouble walking. They became more debilitated by not leaving their homes and getting the therapy that they were getting before.”

But some good things have come out of the pandemic. One of the most significant is the use of telemedicine, which refers to practicing patient care via a digital platform instead of a provider and patient being together. Health care professionals can evaluate, diagnose, and treat patients remotely using a smartphone, computer or tablet with a webcam and internet access.

“COVID was the driving force to expanding all of telehealth,” Dr. Fogel said, noting that its potential benefits include improving care access, decreasing patient exposure to infectious diseases, and reducing medical and travel costs. Telehealth can be helpful for someone with dementia (assisted by a caregiver or family member), especially if the person has trouble complying with masking. Allergies,

cold, cough, ear issues, headaches, digestive issues, low-grade fever, and routine care are all examples of things that can potentially be dealt with through telehealth.

Telehealth does not eliminate the need for all in-person visits, of course. High fevers, broken bones, serious burns, chest pain, difficulty breathing, and stroke symptoms are emergencies that must be addressed at a hospital. “Some things you can’t deal with through telehealth and you really need to be seen in person,” Dr. Fogel said.

If you’re concerned about potential COVID exposure by going to an in-person visit, contact your doctor’s office or hospital to ask about their safety protocols to protect patients. Most importantly, continue to be vigilant about your own health despite the challenges created by COVID-19.

“If you ignore your health, it will go away,” said Dr. Fogel.

HOW TO PREP FOR A TELEHEALTH VISIT

- Make sure you have a computer, smartphone or tablet with internet
- Find a quiet space
- Be available at your scheduled time (leave time to check in)
- Have insurance information and medication bottles on hand
- Make a list of questions to ask the doctor

Adapted from an AFA Care Connection Webinar. View the recording, along with other past webinars and upcoming events, at www.alzfdn.org.

Don't Overlook Alzheimer's' Affect On Eyesight

In understanding the changes that occur for a person living with Alzheimer's disease, one that may be overlooked is what may be happening to eyesight—this is distinct to the changes in vision that occur as we age. Kendra Farrow, Research and Training Associate with the National Research and Training Center (NRTC) at Mississippi State University, discussed the vision deficits in an AFA webinar, "Understanding Vision Impairments & How to Help."

"Many individuals with Alzheimer's disease may have a critical vision impairment where there may be nothing physically wrong with their eyes, but the brain is not fully processing visual information. The brain cannot interpret what is being seen," said Farrow, who is herself legally blind. Here are visual impairments for caregivers to watch for:

PERIPHERAL FIELD LOSS: "Like looking through a tube," said Farrow, individuals are unable to see things that are on the side, top or bottom, making something as simple as moving around the home without tripping or bumping into things difficult. This deficit may contribute to an inability to detect motion as well.

HOW TO HELP: Place objects directly in front of the person. Eliminate clutter from floors and tabletops.

LOSS OF CONTRAST SENSITIVITY: Individuals may experience difficulty seeing objects of the same color (e.g., an all-white bathroom or black print on a red background).

HOW TO HELP: Use high contrast colors as much as possible (e.g., place white mashed potatoes on a dark plate on a light placemat; add a colored seat cover to a white toilet; paint the wall behind a toilet a different color).

DIFFICULTY WITH DEPTH PERCEPTION: Individuals will have a harder time judging how far an object is, understanding changes in elevations, and differentiating between three-dimensional objects and flat ones—so the person may feel and

look off-balance. Differences between flooring (e.g., a carpet that connects to a tile floor) may be perceived as a step up or down. Individuals may try to pick up the flowers in the print of a tablecloth.

HOW TO HELP: Keep areas well lit; place brightly colored tape on the edge of stairs.

A SPECIAL NOTE ON GLARE

A saying in the field of the visually impaired is, "Contrast is our friend. Glare is our enemy," said Farrow. She reminds caregivers to be mindful of reducing glare in a setting. Floors that are shiny may be painful to look at or perceived as wet by a person with Alzheimer's, so consider placing a small, non-slip mat on a tile floor. Close window blinds. Consider covering mirrors in a room. A person with Alzheimer's may perceive a person and become startled.

4 Environmental Factors
affect persons living with reduced vision

COLOR

CONTRAST

TIME OF DAY

LIGHTING
(either too much causing glare or too little reducing contrast)



Loneliness in Older Adults

A PUBLIC HEALTH CRISIS

Mark Adams | Dreamstime

Loneliness, a very common emotion, can come and go throughout our lives, but it is recognized as a health concern as well. The onset of the coronavirus pandemic and the resulting stay-at-home orders and visitation restrictions at long-term care facilities dramatically increased the prevalence of loneliness among our senior citizens.

“Even before the pandemic, loneliness and social isolation have been considered health risks for older adults, especially those in rural areas and long-term care facilities. Isolation and loneliness are associated with a 50% increased risk of developing dementia, a 32% increased risk of stroke, and a nearly fourfold increased death among heart-failure patients,” said gerontologist Anne Asman, MS, Director of Advancement and Outreach with the University of Utah’s Department of Psychiatry, during an AFA Educating America Tour virtual conference. “COVID-19 has exacerbated the risk to a public health crisis. Currently, 43% of Americans ages 60 and over report feeling lonely.”

Asman believes that symptom awareness is needed to combat this crisis. Families and professional caregivers need to be aware of loneliness symptoms that may include depression, anxiety, behavioral and physical changes, onset of new memory issues, weight gain/loss, insomnia or excessive sleeping.

We also need to accept and understand that not all older adults embrace technology. Training seniors (or their families and care staff) how to use platforms like FaceTime, Zoom,

and social media is necessary to bridge the current social divide. Ideally, training should be in person, but in the current environment, the phone can be used to walk someone through the connection process step by step and answer questions, rather than simply sending them an email list or a tutorial video. Seniors also need to have the physical tools to utilize

43% of Americans ages 60+ report feeling lonely

these platforms, such as a laptop/tablet/smartphone, data networks, and internet service.

Asman noted, “They can adapt in many instances if there is someone there, even on the phone, to help and tutor them. Once they’re in, they love it.”

Connecting seniors with online activities, such as virtual tours, music performances, and activity programming, is a helpful way for seniors to stay connected. A variety of places and organizations offer these services now, including AFA, which provides daily activity programming on its Facebook page (visit www.alzfdn.org/events to view the schedule).

“If we can get seniors trained and online to take advantage of these opportunities, they probably won’t be lonely for very long. Let’s get them connected!” Asman said.

Making Us Sing!

CHORUSES FOR PEOPLE WITH DEMENTIA

Singing has been called “the world’s most accessible stress reliever” by the BBC and “a way to access regions of the brain and reawaken autobiographical memory when language won’t” by Aniruddh D. Patel, a Tufts University researcher and self-described “neuroscientist of music.”

But to Gordon Everest, a Giving Voice Chorus singer, it’s more than that: “When my wife and I come here to practice, we have a great time and even though we may be low when we come, we’re high and more alive when we leave.”

Music and particularly singing can be magically therapeutic to everyone—and perhaps most miraculously to people who are losing their memories. Few know this with as much first-hand experience and enthusiasm as those participating in the Giving Voice Chorus.

Founded in 2014 by Mary Lenard, an Alzheimer’s nonprofit executive whose father lived with Alzheimer’s, and Marge Ostroushko, a public radio executive whose mom also lived with the disease, the pair had a calling. They wanted to nurture and explore what they were personally experiencing and the research was now showing: Musical memories are often preserved in people living with Alzheimer’s disease.

They started a new kind of choir exclusively for people living with Alzheimer’s and dementia and their care partners. What began as a 35-member pilot program in Minneapolis through a partnership with the MacPhail Center for Music has now expanded into a worldwide movement with over 45 Giving Voice inspired choruses across the United States and as far away as the United Kingdom and Australia. Their main goal: to create “communities of joy” for persons living with Alzheimer’s and their care partners. With a renewed sense of

Photo Courtesy of Giving Voice Chorus



purpose, Giving Voice Chorus participants build friendships, celebrate potential, change attitudes, learn, and unrelentingly, gloriously sing.

“When my wife and I come here to practice, we have a great time and even though we may be low when we come, we’re high and more alive when we leave.”

—GORDON EVEREST, A GIVING VOICE CHORUS SINGER

After the initial growth years that spawned the three Giving Voice “flagship” choirs in Minneapolis, the founders wanted to do more. They created a tool kit for others interested in starting their own local choirs for persons with a dementia. Found on their website at www.givingvoicechorus.org, the 36-page document details how to launch a choir, including what’s involved in planning and operating one, how much it will cost, and who will pay for it.

Today, the three flagship choirs serve as “learning labs,” says Eyleen Braaten, the Director of Community Engagement, where they seek to answer the chorus’ larger questions such as what is working well or who can they next partner with. For instance, a Giving Voice-inspired chorus in San Antonio, TX, partnered with Meals on Wheels to reach isolated older adults, and The Mayo Clinic Alzheimer’s Disease Research Center sponsored a national gathering of choir directors with a commitment to make the program stronger and serve more people.

Then the COVID-19 pandemic hit, and like many of us, the Giving Voice Chorus went virtual. “We are still singing!” joyfully exclaimed Braaten, when AFA recently checked in with them.

“We were astonished to find 58 singers and caregivers on our first March Zoom session,” said Jeanie Brindley, Giving Voice Chorus Artistic Director, in the *Twin Cities News*. “They felt connected, worked through any unexpected technology glitches, and had fun....It was a magical hour.”

Ostroushko, Co-founder and Managing Director of Production, shared, “You can feel the sense of community. As people come on line, you could see the joy in their faces....This is definitely the next best thing to being physically together....In my opinion, this is indeed a chorus for the times.”





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Alzheimer's Semipostal Stamp Raising Funds for Alzheimer's Research



Alzheimer's

2017 + FIRST-CLASS / USA

At the unveiling of the Alzheimer's stamp in November 2017, (L) Kathy Siggins and Lynda Everman. Photo courtesy of Lynda Everman.

Stamping Out Alzheimer's

Never doubt the ability of a single person to make a difference. Or in the case of the Alzheimer's semipostal stamp, two determined women.

Kathy Siggins and Lynda Everman were care partners for their late spouses, Gene Siggins and Richard Everman, both of whom had Alzheimer's. It was the painful experience of caring for their loved ones and watching them decline that motivated Siggins and Everman to take on a project that each hoped would eventually change the trajectory of Alzheimer's disease. They wanted the United States Postal Service (USPS) to create a special semipostal stamp for Alzheimer's disease that would generate additional funding for research.

Semipostal stamps, or charity stamps, are first-class mail postage stamps issued and sold by USPS to raise funds for designated causes. Stamps are sold at slightly higher prices than regular first-class stamps (65 cents rather than 55 cents), with the difference going to the designated cause.

Undertaking a strong grassroots effort on social media and among federal policy makers, advocacy organizations, and other stakeholders in the fight against Alzheimer's, the pair successfully got the USPS to create an Alzheimer's semipostal stamp. Released in November 2017, it was to be available for two years, the maximum amount allowed under federal

regulations at that time. Between November 2017 and November 2019, more than 8.2 million stamps were sold, raising over \$1.06 million for Alzheimer's research at the National Institutes of Health (NIH), according to Everman.

Seeking to build on their progress, Siggins and Everman got to work again, this time to change the rules and allow the stamp to be sold for a longer period of time to raise additional research funds. With the strong support of Alzheimer's organizations (including AFA), elected officials, and families affected by Alzheimer's disease, they succeeded in getting a rule change to the federal register. On October 5, 2020, the USPS reissued the stamp, which will now be on sale through 2027.

Siggins and Everman's ultimate goal is making sure every stamp printed is sold, which would generate an additional \$50 million for Alzheimer's research.

"Using the Alzheimer's stamp honors the memory of those whom we've lost and signals our support for those still facing the challenges of this most difficult disease," said Everman.

The Alzheimer's semipostal stamp is available for purchase at most local post offices or through the USPS online store at store.usps.com.

A TAD SWEET

Ricotta-Yogurt Cheesecake Muffins with Mango

NUTRITION FACTS

PER MUFFIN

123 calories

carbohydrates 14g

protein 7g

fat 4g

sodium 77mg

fiber 1g

sugar 11g

Did you know that fresh ricotta cheese is the main ingredient in southern Italian sweet delicacies like Italian cheesecake and cannolis? It's much healthier than the artery-clogging processed cream cheese that is typically used in American desserts. Fresh ricotta cheese (mixed with sugar and lemon zest) is also a treat served straight up with fresh fruit. Besides being delicious, this recipe is full of nutrients including calcium, vitamin C, and protein!

INGREDIENTS

(Choose organic ingredients when available.)

- 3 large eggs
- ¼ cup granulated sugar
- 1 (15-ounce) container whole or part-skim ricotta cheese (avoid brands with gum additives)
- 1 cup plain nonfat Greek yogurt
- 2 tablespoons all-purpose flour
- 2 teaspoons vanilla extract
- 2 teaspoons lemon zest
- ½ teaspoon ground cardamom
- 2 small mangoes peeled and diced
- nonstick cooking spray

DIRECTIONS

1. Preheat oven to 350°. Place muffin liners into a standard 12-cavity muffin pan. Spray liners with nonstick cooking spray. You can opt to prepare your muffin pan without liners and directly spray each cavity with nonstick cooking spray. Liners create a nicer aesthetic.
2. Place ingredients in a food processor and process until light and foamy, about 1 minute, stopping once to scrape sides with a spatula.
3. Evenly distribute batter into prepared pan. Bake until muffins are golden and set, 45–60 minutes. If muffins brown before 45 minutes, loosely cover pan with foil to prevent overbrowning.
4. Cool muffins for an hour; then remove from pan. If you are not using liners, place muffins on a paper towel to absorb extra moisture.
5. When ready to serve, top each muffin with 1½ tablespoons of mango. Muffins can be stored in a sealed container in the refrigerator 3–4 days.



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.

Caregiver Creativity: *NEWS YOU CAN USE*



Photo courtesy of Julia Nanigian

Grandma Nanigian happily reading her granddaughter's creation, *Nanigian News*.

When Julia Nanigian of Whitman, MA, started staying with her grandmother, Lillian Morgan, 99, who has Alzheimer's while her mother went to doctors' appointments, Nanigian noticed a new unending loop of questions: "Where's Maggie? Where's Julia? Who else is here? Where are all the other people? Where's Maggie?"

For her next visit, Nanigian wanted to be ready with the answers, so she pulled up an online traditional newspaper template on her computer and started replacing the pictures with her family's own including copy that cleverly provided updates on everyone's whereabouts. Articles were appropriately titled, "Where's Maggie?" and "How are the Nanigans?" She called it *Nanigian News*.

"Honestly, it wasn't too difficult," she said, "and it was fun putting all the pictures together. I made sure to put in a lot of details about where she lives, where we live, who lives with whom, how old everyone is, what relationship people have with others," said Nanigian. "Normally, Grandma reads the *Brockton Enterprise*, which can sometimes stress her out a little. She will read the same article again and again and comment, 'Two people shot at birthday party!' or 'Have you heard about this terrible virus?!'"

But for that day and a few others, her grandmother had "happy informational news about family with lots of pictures, which she read front to back, repeatedly, commenting, 'I love your writing' and 'These pictures are wonderful.'"

Attention Caregivers!

With compassion, expertise, humor, and resilience, you guide individuals living with Alzheimer's through some of life's most difficult days. Do you have an idea that has really made a difference with your care partner? We would love to hear about it, so that we can share it with others. Send us a note to info@alzfdn.org with your idea, including your phone and email, and we'll be in touch if we think we can use it in a future issue of *Alzheimer's TODAY*. We are all in this together!

Q: *We are over nine months into COVID-19, with not much of an end in sight.*

Are there any fresh activities I could try to keep my brain sharp and my spirits up?



A: It's been a long time for all of us! Here are some unique ideas that you could try to expand your horizons and stimulate your senses.

Go to virtual cooking “classes.”

Cooking may feel like a chore right now, but not if you consider expanding your culinary experiences and expertise online. There are plenty of options! Pop Sugar (www.popsugar.com/food/free-online-cooking-classes) offers a round up of chefs and lifestyle experts from around the world that are offering free online cooking and baking lessons now, from British Chef Gordon Ramsay to Milk Bar's Christina Tosi. Also, check out some of the top food websites such as Food Network, Food 52, and Delish for inspiration. On Instagram, there are even more options. One of our staffers enjoys actress @Jennifer.Garner, who offers a lighthearted #pretendcookingshow; down-to-earth vegetarian/actress @IamTabithaBrown; and French-born American chef Jacques Pepin at @JacquesPepinFoundation. WYES-TV, an affiliate of PBS, offers a 26-episode TV series on New Orleans dishes at kevinbelton.wyes.org/recipes. A loved one or family member can be your “sous chef”: chopping, pouring, rolling. Set up the materials in advance so everything is organized and the steps are clear.

Try a new dance.

The digital world is full of options for learning to dance, many of them free—Latin, tap, country line, salsa—you name it. Shake it up and out with the help of Steezy.co, LearntoDance.com, and the Pocket Salsa app.

Learn from the comfort of your home.

Open Culture (www.openculture.com) highlights free cultural and educational media available on the web, including 1,500 free online classes from top universities (art history to film

and finance). There's also movies, audio books, podcasts, language lessons and more.



Meditate.

An award-winning app whose mission is to make the world happier and healthier, the Calm app will help you meditate better, sleep better, and relax. Also there's Headspace, a wellness app designed to help with anxiety, sleep, behavior changes and more. Both provide guided meditations. Headspace is also endorsed by the Anxiety and Depression Association of America.

Check out AFA's Facebook page.

Since the pandemic, we've ramped up the virtual programming on our own Facebook page (@alzheimersfoundationofamerica) with some fun and inspirational options for both individuals living with a dementia and their caregivers. Check out the video section of the page for special series, including “Art Reflections” with the American Folk Museum; “What to Read Wednesday”; “Self-Care Sunday”; “Activity Tips”; amazing musical performances; and fitness offerings, including yoga, movement, and barre.

You got this. Hang in there!

By Linda Mockler, LMSW, AFA Social Worker

Contact our social workers seven days a week through AFA's National Toll-Free Helpline at 866-232-8484 or through our website, www.alzfdn.org.

TEENS HELPING SENIORS

The coronavirus pandemic resulted in stay-at-home orders across the country earlier this year. Among the many challenges this created was getting food and supplies to seniors who are among the most at risk of developing serious complications from COVID-19.

Two Maryland students came up with an answer: young people can help.

Matthew Casertano and Dhruv Pais devised a contactless system where teen volunteers deliver groceries, medications, and other supplies to homebound senior citizens.

"We were both helping out our families, delivering groceries to our grandparents, and we thought, 'What about the people who do not have family in the area?'" Casertano explained in an interview with CNN. "What if we started some organization to connect teens to the senior citizens and anyone who has a compromised immune system, where going outside is a substantial risk to them?"



Teens Helping Seniors co-founder Matthew Casertano.

That thought led the two to found Teens Helping Seniors in March 2020. Initially intended as a local group among their peers at Montgomery Blair High School, interest exploded, both from seniors looking for the service and students wanting to help. At the time of this writing, the group has 33 chapters in the U.S. and Canada with over 750 student volunteers who have made more than 2,300 deliveries to seniors in their communities!

The program works like this: Seniors send an email request with a list and are matched with a volunteer who shops for them. After taking precautionary sanitizing measures, the volunteer then coordinates a time to deliver everything at the senior's doorstep, where payment will be waiting. There is no charge to the senior beyond the cost of the requested items.

Teens Helping Seniors has also sought to connect seniors with other services, such as helping them to vote during the election, understand how to use Facetime or Zoom



Teens Helping Seniors volunteer Ria Garg making a delivery.



Volunteer Rohin Garg.

technology, providing information about veteran services, and programs for seniors who may be caring for a loved one with Alzheimer's disease through AFA. To address social isolation, they also now have a dedicated team who calls or emails seniors to check in.

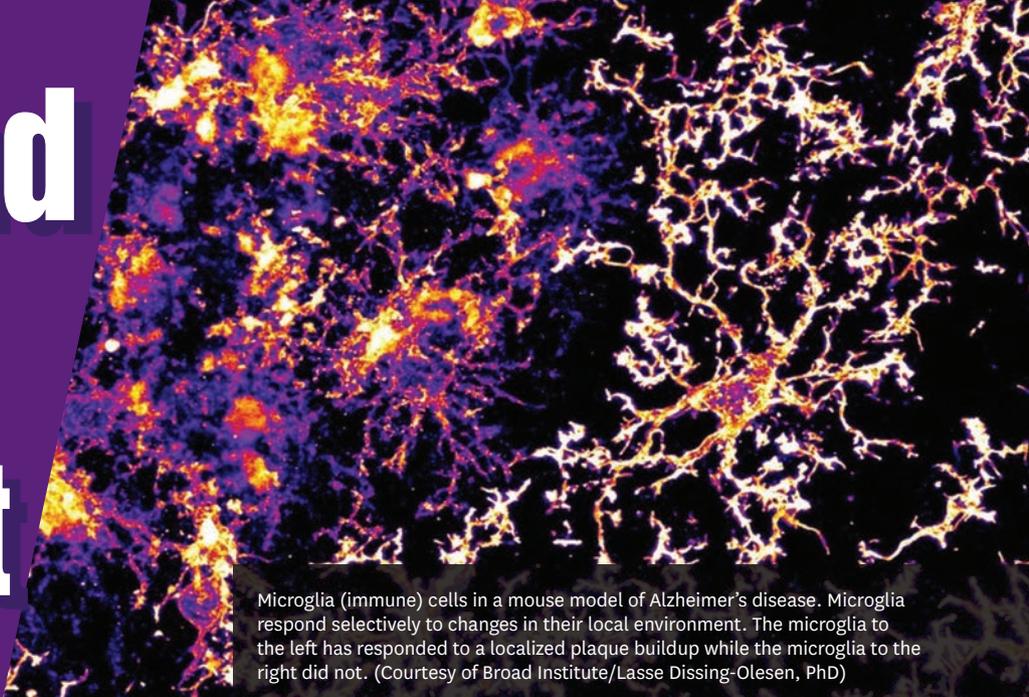
The effort is not only impacting the

seniors. As teen volunteer Ria Garg noted, it reminded her "how a small act of kindness can lead to so much comfort and gratitude."

Learn more about this wonderful service by visiting www.teenshelpingseniors.org.

Photos courtesy of Teens Helping Seniors

A Broad New Insight



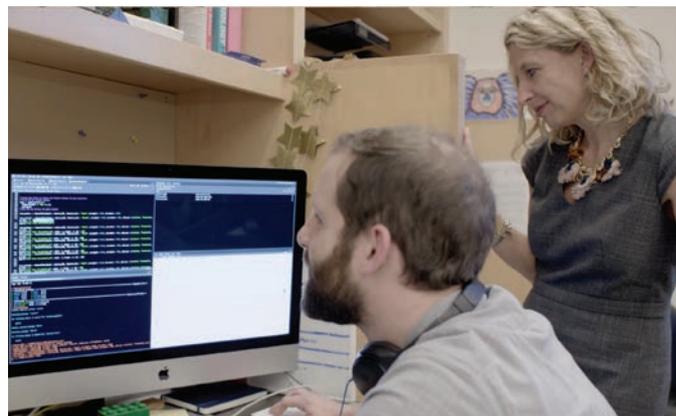
Microglia (immune) cells in a mouse model of Alzheimer's disease. Microglia respond selectively to changes in their local environment. The microglia to the left has responded to a localized plaque buildup while the microglia to the right did not. (Courtesy of Broad Institute/Lasse Dissing-Olesen, PhD)

Studies conducted by the Broad Institute of MIT and Harvard and others have identified a new insight: The onset and progression of Alzheimer's disease appears to be driven by the brain's resident immune cells, the microglia. Research is showing how, with increasing age and specific genetic influences, microglia respond to amyloid-beta peptides in a particular way that causes inflammation. In turn, researchers hypothesize that this triggers microglia to inappropriately remove synapses in the brain. The excessive loss of synapses results in dementia.

To explore this relationship further, the Alzheimer's Foundation of America has awarded \$518,391 in research grant funding to the Broad Institute of MIT and Harvard and One Mind, partners on a three-year study to examine the role of the brain's immune cells in the onset and progression of Alzheimer's disease. Scientists believe that gaining a better understanding of immune cells and inflammatory processes in the brain could be key to understanding Alzheimer's mechanisms. Despite decades of Alzheimer's research, clinical failures have persisted particularly in the context of a focus on amyloid plaques, abnormal levels of a naturally occurring protein that clump together and destroy connections between neurons.

"We already know that amyloid beta peptides deposited in amyloid plaques play an important role in Alzheimer's disease," said Beth Stevens, PhD, an Institute Member at the Broad Institute, an Associate Professor at Harvard Medical School, and a leading scientist in this new understanding of Alzheimer's. "Emerging genetic evidence from the common later-onset form of Alzheimer's disease points to failures in how the microglia handle and remove these toxic amyloid peptides. These findings suggest that therapeutic interventions targeting microglia and other immune cells could be a way to combat Alzheimer's, but this research is still in its infancy."

"We understand there is much work to be done in the area of immunity and inflammatory processes of the brain. We



Standing, study lead Beth Stevens, PhD, with a colleague. (Courtesy of Broad Institute)

are inspired by Dr. Beth Stevens and her team's game plan, which could lead to identifying biomarkers for early detection and guide treatment. Lack of progress for a cure demands new strategies to understand this devastating disease," said Charles Fuschillo, Jr., AFA President and CEO.

The key partner on this study is One Mind, a lived-experience-led brain health nonprofit which is accelerating discoveries by funding and convening scientists in collaborative research for breakthroughs that patients can use.

"The breakthrough discovery Dr. Stevens made of the connection between microglia and brain illness, including Alzheimer's and schizophrenia, is critical to the development of new approaches to prevention and early detection," said Brandon Staglin, One Mind President.

"As an organization dedicated to brain health, we are excited about the innovation and potential of the research being done by Dr. Stevens and her lab at the Broad Institute and are grateful to the Alzheimer's Foundation of America for providing this critical support."

Un Poco de Ayuda de Amigos

Cuando la enfermedad de Alzheimer entra en la vida de un cuidador, es una experiencia completamente nueva para la que muchos de nosotros no estamos preparados. A medida que la enfermedad avanza, los cuidadores necesitarán familiares y amigos, así como profesionales, que pueden ayudar a proporcionar la mejor atención posible para un ser querido, mientras que también les ofrece un descanso muy necesario. Para superar este viaje, una de las cosas más importantes es sentirse seguro de que otros son un recurso de ayuda y apoyo.

Un cuidador familiar que comparte su historia con amigos es David German, cuya esposa Linda fue diagnosticada con Alzheimer de inicio joven hace seis años. Al principio, entendió que este era un proceso que no podía manejar solo. Cuando compartía con amigos las dificultades de cuidar a alguien con la enfermedad, creía que muchos de ellos limitaban sus visitas y se distanciaban, sin querer experimentar el deterioro físico y mental de Linda. Pero algunas personas muy especiales estaban a su ayuda. Se ha sentido abrumado por la atención y la generosidad de los amigos.

La mejor amiga de Linda en el jardín de infantes, y su dama de honor, Jackie se retiró de su trabajo a tiempo parcial para poder pasar más tiempo con ella. Ha conducido tres horas desde Nyack, Nueva York, a la casa del German en Sag Harbor,

Nueva York, cada mes durante los últimos seis años para pasar varios días con Linda. Hablan, se ríen, y salen a caminar. Jackie cocina para ella, le colorea el cabello y le corta las uñas, lo que ha sido útil durante la pandemia con salones de belleza cerrados. Cada visita pone una sonrisa en la cara de Linda.



Las visitas de otros amigos y conocidos se volvieron más infrecuentes durante COVID-19, por desgracia. La falta de estimulación social fue un perjuicio para la condición de Linda. Al darse cuenta de cómo esto la estaba afectando, sus amigos Alexandra y Edmonds hicieron un esfuerzo para liberar sus horarios tanto como sea posible y reunirse con Linda y David casi todos los días desde finales de Marzo. Van a dar paseos y simplemente disfrutan de estar en compañía de los demás.

Durante cada visita, toman una foto de teléfono inteligente, que Linda siempre disfruta mirando después de irse.

German también agradece a su mejor amigo Jeff, que ha estado allí para él "en cada paso del camino, proporcionando risas y un hombro para llorar," así como la Fundación Alzheimer de América como una "tremenda ayuda" proporcionando actividades y consejos.

German quiere que todos sepan lo importante que ha sido la *Un Poco de Ayuda de Amigos* continúa en la página 22



Un Poco de Ayuda de Amigos continúa de la página 21

amistad para él y Linda durante el tiempo en sus vidas y que animen a otros a ser abiertos sobre la enfermedad con sus propios amigos. "Los amigos me han proporcionado un apoyo fenomenal. Incluso me han demostrado que la enfermedad de Alzheimer es algo a lo que hay que temer menos. Mi esperanza es que su generosidad sea recompensada, en sus corazones....Nadie debe pasar por este viaje solo. No puedes. Es imposible."

4 Maneras de Ayudar a los Amigos y a la Familia a Entender la Enfermedad de Alzheimer

1 COMPARTE LAS NOTICIAS DE UN DIAGNÓSTICO, TAN PRONTO COMO SEA POSIBLE.

David German quería asegurarse de que le dijera a todos que podía cara a cara. Otras familias pueden optar por compartir las noticias en un correo electrónico de grupo. Si puedes incluir a la persona diagnosticada en el proceso de compartir, eso es mejor, pero eso puede no ser posible, por varias razones, incluyendo la negación (la falta de conciencia puede ser parte de la enfermedad). Cuanto antes se lo digas a los demás, más pronto podrás empezar a recibir apoyo. Recuerde, algunas personas ya han sentido que algo está mal, por lo que el diagnóstico creará comprensión.

"Explica brevemente qué es el Alzheimer y cómo progresará a lo largo de los años," dice Jennifer Reeder, LCSW, Directora de Servicios Educativos y Sociales de AFA. "Su persona tendrá pérdida de memoria, dificultad para seguir una tarea y puede olvidar quién es con el tiempo. Pero siempre quieres concentrarte en las fortalezas que tu ser querido todavía tiene y el disfrute que todos pueden tener al pasar tiempo juntos."

2 SEA PROACTIVO ACERCA DE ALENTAR A OTROS A VISITAR. La interacción social mejora la calidad de vida de las personas que viven con Alzheimer y sus cuidadores. Comparte la mejor hora del día para ver a los demás. Si no

puedes reunirte en persona, fomenta las visitas virtuales (Zoom o FaceTime). La hija adulta de David German, Emmy, compartió un calendario de cuidado para amigos y familiares en un documento de Google en los primeros años del diagnóstico de su madre cuando primero tuvo que dejar de conducir para asegurarse de que alguien estaba con su mom en todo momento.

3 INTERACCIÓN DE ACTIVIDADES. Recuerde a otros de las actividades que su persona todavía es capaz de hacer (tomar café, jugar un juego, escuchar música, hacer artesanías simples, sentarse o caminar en la naturaleza). Estando juntos es una fuente de consuelo para todos.

4 AYUDAR CON LA COMUNICACIÓN. Proporcione sugerencias sobre cómo saludar a una persona con Alzheimer, lo que puede implicar presentarse: "Hola María. Yo soy Jim." Pida a los visitantes que eviten corregir a la persona. En su lugar, sugiera que simplemente respondan a las ideas y sentimientos expresados. Recuérdeles que no tomen la falta de reconocimiento o de ira personalmente. La persona que vive con Alzheimer está respondiendo a la confusión en su cerebro.

lejos está un objeto, comprender los cambios en las elevaciones y diferenciar entre objetos tridimensionales y planos, por lo que la persona puede sentir y parecer desequilibrada. Las diferencias entre los pisos (por ejemplo, una alfombra que se conecta a un piso de baldosas) pueden percibirse como un paso hacia arriba o hacia abajo. Las personas pueden intentar recoger las flores en el estampado de un mantel.

No Pase por Alto el Efecto del Alzheimer en la Vista

Al comprender los cambios que ocurren en una persona que vive con la enfermedad de Alzheimer, uno que puede pasarse por alto es lo que puede estar sucediendo con la vista; esto es distinto a los cambios en la visión que ocurren a medida que envejecemos. Kendra Farrow, Asociada de Investigación y Capacitación del Centro Nacional de Investigación y Capacitación (NRTC) de la Universidad Estatal de Mississippi, habló sobre los déficits de visión en un seminario web de la AFA, "Comprensión de las Deficiencias Visuales y Cómo Ayudar."

Muchas personas con la enfermedad de Alzheimer pueden tener una "discapacidad visual crítica en la que puede que no haya nada físicamente malo en sus ojos, pero el cerebro no procesa completamente la información visual." El cerebro no puede interpretar lo que se ve," dijo Farrow, que es legalmente ciega. Aquí hay discapacidades visuales que los cuidadores deben vigilar:

PÉRDIDA DE CAMPO PERIFÉRICO: "Como mirar a través de un tubo," dijo Farrow, las personas no pueden ver las cosas que están a los lados, arriba o abajo, lo que hace que algo tan simple como moverse por la casa, sin tropezar o chocar con cosas, sea difícil. Este déficit también puede contribuir a la incapacidad de detectar movimiento.

CÓMO AYUDAR: Coloque objetos directamente frente a la persona. Elimina el desorden de pisos y mesas

PÉRDIDA DE SENSIBILIDAD AL CONTRASTE: Las personas pueden experimentar dificultades para ver objetos del mismo color (por ejemplo, un baño completamente blanco o una impresión negra sobre un fondo rojo).

CÓMO AYUDAR: Use colores de alto contraste tanto como sea posible (por ejemplo, coloque el puré de papas blanco en un plato oscuro sobre un mantel claro; agregue una funda de color para el asiento de un inodoro blanco; pinte la pared detrás de un inodoro de un color diferente).

DIFICULTAD CON LA PERCEPCIÓN DE LA PROFUNDIDAD: Las personas tendrán más dificultades para juzgar qué tan

CÓMO AYUDAR: Mantenga las áreas bien iluminadas; coloque cinta de colores brillantes en el borde de las escaleras.

UNA NOTA ESPECIAL SOBRE EL DESLUMBRAMIENTO

Un dicho en el campo de las personas con discapacidad visual es: "El contraste es nuestro amigo. El resplandor es nuestro enemigo," dijo Farrow. Ella les recuerda a los cuidadores que sean conscientes de reducir el deslumbramiento en un entorno. Los pisos que son brillantes pueden ser dolorosos a la vista o percibidos como húmedos por una persona con Alzheimer, así que considere colocar un tapete pequeño antideslizante en un piso de baldosas. Cierre las persianas de las ventanas. Considere cubrir los espejos en una habitación. Una persona con Alzheimer puede percibir a una persona en la habitación y asustarse.

4 Factores Ambientales
*afectando la función de las personas
vivir con visión reducida*

 <p>COLOR</p>	 <p>CONTRASTE</p>
 <p>HORA DEL DÍA</p>	 <p>ENCENDIENDO <i>(demasiado que causa deslumbramiento o muy poco que reduce el contraste)</i></p>



La Soledad en los Adultos Mayores

ANA CRISIS DE SALUD PÚBLICA

La soledad puede aparecer y desaparecer a lo largo de nuestra vida y es una emoción muy común, pero también se reconoce como un problema de salud. El inicio de la pandemia de coronavirus y las órdenes de quedarse en casa y las restricciones de visitas resultantes en los centros de atención a largo plazo aumentaron drásticamente la prevalencia de la soledad entre nuestros adultos mayores.

“Incluso antes de la pandemia, la soledad y el aislamiento social se consideraban riesgos para la salud de los adultos mayores, especialmente aquellos en áreas rurales y centros de atención a largo plazo. El aislamiento y la soledad están asociados con un 50% más de riesgo de desarrollar demencia, un 32% más de riesgo de accidente cerebrovascular y casi cuatro veces más muertes entre los pacientes con insuficiencia cardíaca,” dijo la gerontóloga Anne Asman, MS, Directora de Avance y Difusión de la Departamento de Psiquiatría de la Universidad de Utah, durante una conferencia virtual AFA Educating America Tour. “COVID-19 ha exacerbado el riesgo de una crisis de salud pública. Actualmente, el 43% de los estadounidenses de 60 años o más informa que se siente solo.”

Asman cree que se necesita conciencia de los síntomas para combatir esta crisis. Las familias y los cuidadores profesionales deben estar conscientes de los síntomas de la soledad que pueden incluir depresión, ansiedad, cambios físicos y de comportamiento, aparición de nuevos problemas de memoria, aumento/pérdida de peso, insomnio o sueño excesivo.

También debemos aceptar y comprender que no todos los adultos mayores adoptan la tecnología. Es necesario capacitar a las personas mayores (o sus familias y personal

de atención) sobre cómo usar plataformas como FaceTime, Zoom y las redes sociales para cerrar la brecha social actual. Idealmente, la capacitación debe ser en persona, pero en el entorno actual, el teléfono se puede usar para guiar a alguien a través del proceso de conexión paso a paso y responder preguntas, en lugar de simplemente enviarle una lista de

43% de los estadounidenses mayores de 60 años informan sentirse solos

correo electrónico o un video tutorial. Las personas mayores también necesitan tener las herramientas físicas para utilizar estas plataformas, como una computadora portátil/tableta/ teléfono inteligente, redes de datos y servicio de internet.

Asman señaló, “Pueden adaptarse en muchos casos si hay alguien allí, incluso al teléfono, para ayudarlos y darles tutoría. Una vez que están adentro, les encanta.”

Conectar a las personas mayores con actividades en línea, como recorridos virtuales, actuaciones musicales y programación de actividades, es una forma útil para que las personas mayores se mantengan conectadas. Una variedad de lugares y organizaciones ofrecen estos servicios ahora, incluida AFA, que ofrece programación de actividades diarias en su página de Facebook (visite www.alzfdn.org/events para ver el calendario).

“Si podemos capacitar a las personas mayores y en línea para aprovechar estas oportunidades, probablemente no se sentirán solas por mucho tiempo. ¡Vamos a conectarlos!” dijo Asman.



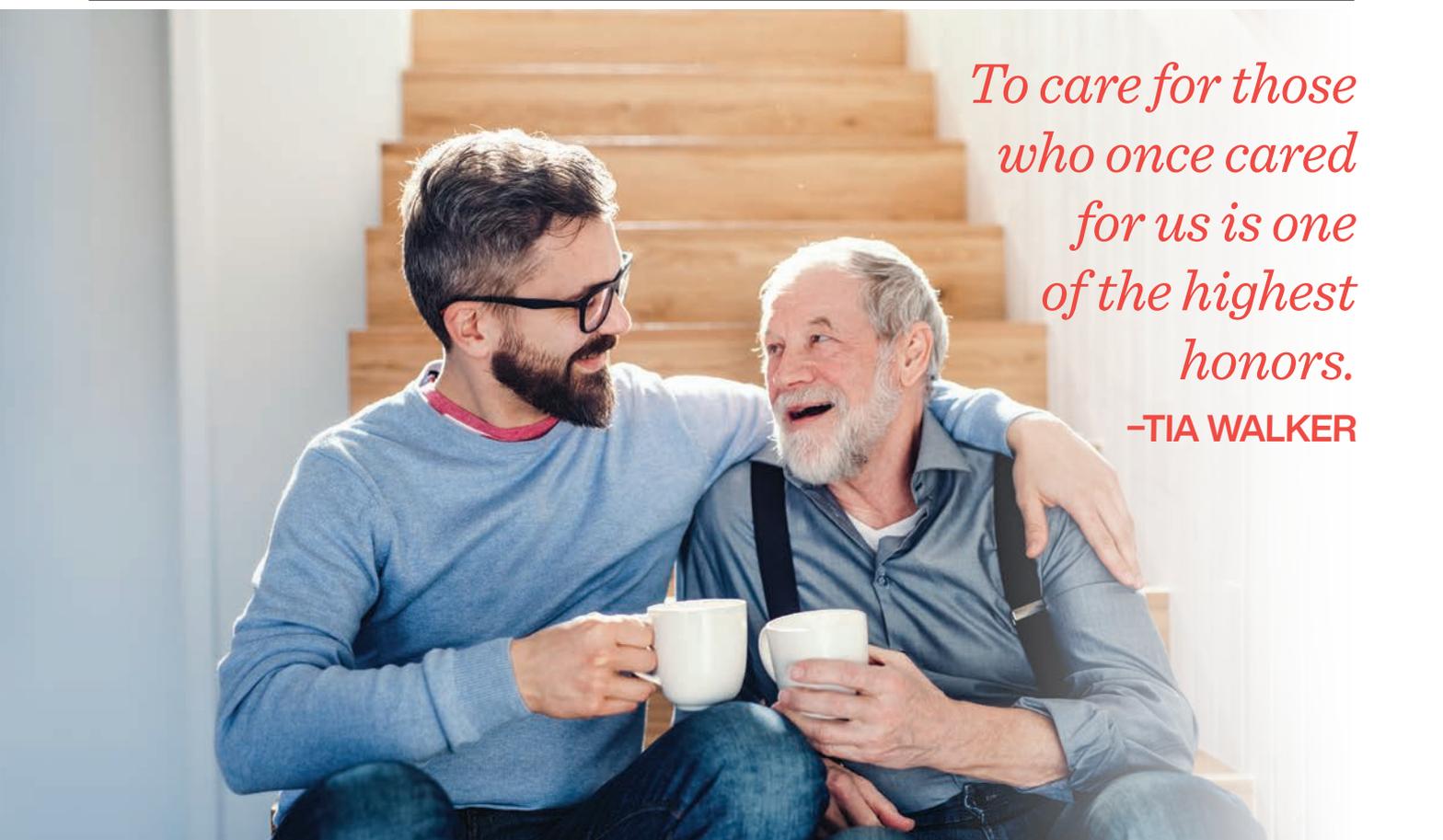
Tiny Gifts That Are TREMENDOUS

- APPROACH** me from the front and avoid startling me.
- BEND DOWN** or sit down near me if I am in a wheelchair.
- CALL** my name gently and with a smile.
- DO** mention your name, looking at me.
- ENJOY** quiet times with me like reading to me.
- FEAR NOT** if I take a break from commotion.
- GO WITH ME** and others on slow quiet nature walks.
- HEAR** my stories from long ago attentively.
- INVITE** me along on community and church gatherings.
- JUST** redirect me pleasantly if I keep repeating myself.
- KNOW** that closing my eyes may be me trying to find my words.
- LISTEN** with me to music and dance tunes.
- MAKE** new ways I can still be of service to others.
- NOTE** that I take your words literally so avoid teasing and sarcasm.
- PLEASE** affirm what I have contributed and still do contribute.
- QUIT** quizzing me with Who, What, When, and Where questions.
- REPEAT** gently, looking toward me if I miss hearing something.
- STAND UP** for the environment. A healthy land is good for me.
- TEACH** me your songs, stories or moments of awe & wonder.
- UNDERSTAND** my moods may change quickly.
- VALIDATE** my feelings like, “It looks like you might be sad (or glad or mad).”
- WORDS** of clear suggestion help like, “Now is a good time for us to....”
- X-CHANGE** negative for positive like, “Let's step over here” for “Don't fall.”
- YOU ARE A TRUE FRIEND** when you remind me of what I can do, not so much what I can't do.
- ZANY HUMOR** is great. Let's laugh and enjoy the moment together.

Courtesy of the Alzheimer's & Dementia Alliance of Wisconsin. Compiled by Mary Kay Baum, Time for Us Camp in Dodgeville, WI, with the help of young and old. Time for Us Camp is a camping opportunity for teens, 10- to 18-years-old, who have a loved one with Alzheimer's disease, Parkinson's disease, post-traumatic stress disorder (PTSD) or other memory/cognitive challenges.



322 Eighth Avenue, 16th Fl.
New York, NY 10001



*To care for those
who once cared
for us is one
of the highest
honors.*

-TIA WALKER

Caregiver support available at www.alzfdn.org or by calling 866-232-8484.