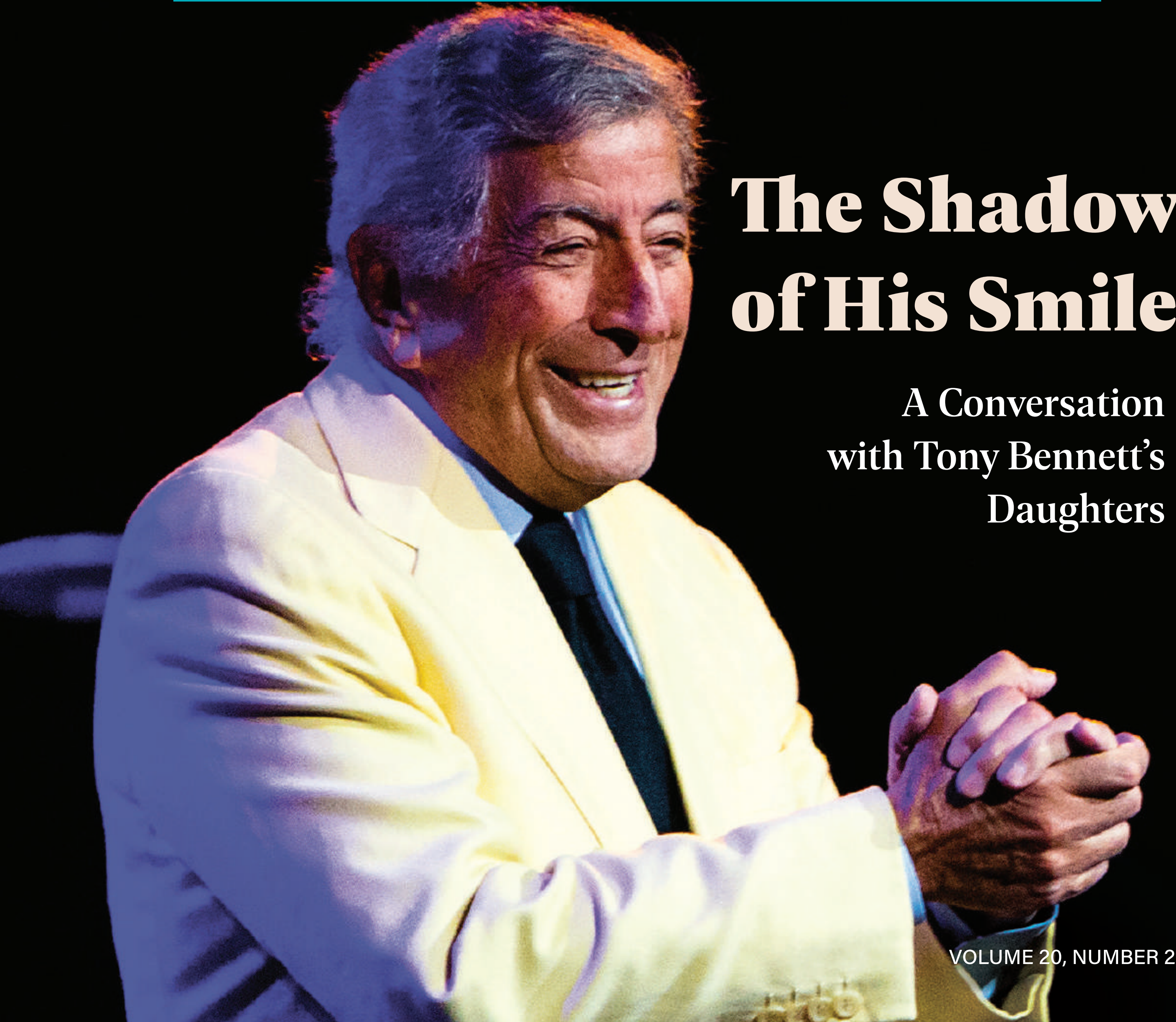
Alzheimer's TODAY®

The Official Magazine of the Alzheimer's Foundation of America



The Shadow of His Smile

A Conversation with Tony Bennett's Daughters

VOLUME 20, NUMBER 2

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New Message

To: Friends of Alzheimer's Foundation of America

From: AFA President & CEO Charles J. Fuschillo, Jr.

Subject: Sign Up for Your Fall '25 Digital Issue

Dear *Alzheimer's TODAY* Readers:

To be more environmentally friendly, we will publish the Fall '25 issue digitally.

We know how valuable this publication is to you and your families, and we don't want you to miss a single one.

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And if you know friends or family who may be interested in our content, please pass this information on to them, too.

Our best to you and your families,

CHARLES J. FUSCHILLO, JR.
President & CEO

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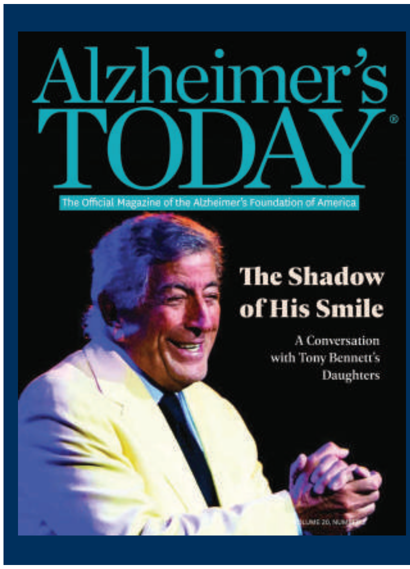

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A Message from Our President & CEO

CHARLES J. FUSCHILLO, JR.

Welcome. I hope this new issue of *Alzheimer's TODAY* offers solutions, respite and inspiration for your life as a family caregiver, dementia-care professional or person living with dementia. We are here for you.

Some highlights of this new issue include:

- Tony Bennett's daughters Johanna and Antonia talk with us about the challenges and joys of their famous father's life with Alzheimer's. Even after his diagnosis, he continued a lifelong habit of "leaning toward the positive." You won't want to miss our cover story, ***"The Shadow of His Smile," pp. 11-12.***
- What should you do when your loved one no longer recognizes you? Dementia care expert Teepa Snow, MS, OTR/L, FAOTA, gracefully takes on this common caregiver challenge in ***"You Are Not the Wife I'm Looking For," p. 10.***
- Recreational therapist Erianne Stewart has never seen residents come more alive with joy than when a child walks into the room. She provides a multitude of activities to foster that relationship in ***"Play Time: Activities for Children and Adults Living with Dementia," pp. 15–16.***
- Have you ever wondered if you should continue practicing religious traditions with your loved one living with dementia? Two chaplains serving senior communities address this important topic in ***"Keeping the Faith," p. 13.***
- Learn about the important gut-brain connection. Researchers are learning that the gut microbiome — the bacteria and other microorganisms that live within the intestines and help digest our food — can influence certain physiological processes of the brain. Check out ***"The Gut-Brain Connection," pp. 21-22.***

The mission of AFA, founded by a caregiver, is to be a source of ongoing support and resources for you. Please don't hesitate to reach out to our **free AFA Helpline (866-232-8484)**, staffed by licensed social workers, when you are in need of assistance of any kind.

We all know someone impacted by a memory loss condition. Please pass it on.

All my best,

Chuck

Remember that our next issue of *Alzheimer's TODAY* (Fall '25) will be digital only. Please provide your email address by filling out and mailing the postage-free enclosed Business Reply Envelope or calling us at 866-232-8484, Ext. 171.

We want to make sure you don't miss a single issue.

Personal Essay

A GAME-CHANGING MATCH

By NANCY MELTZOFF

I AM A 72-YEAR-OLD WOMAN, AND MY PING-PONG PARTNER, JOE, IS 83. I've known Joe for about 40 years; I was, and still am, good friends with his ex-wife. I was present at the birth of one of their children, and our kids dated for a minute in high school.

Joe has dementia with high levels of both anxiety and fear. He is angry about not being able to drive and feels deep dismay about how he could end up in this condition after living a full life as a husband, father and successful professional. For the past five years, I've visited with him regularly. As he needed more assistance in his everyday life, I helped organize five of us into a "Friends of Joe" group and did research about local resources.

I also focused on keeping him moving with regular walks around his block. But after he'd lost his strength and balance, he became mostly sedentary. In the interest of standing side by side with him, I suggested ways to engage his lifelong interests, which included playing ping pong. The community center and the YMCA had tables, but they were available only at certain times on certain days. So, against my better judgment, we took a short ride over to the bar where he'd played hours and hours of ping pong with friends over the years. I, however, had never been one of those friends. I didn't really know how to play ping pong. I rarely go to bars, and never had I been to a bar at three in the afternoon.

Joe stood at the end of the ping-pong table, expertly holding the paddle, and delivered a smoking-fast serve. I chased the ball as it rolled on the floor and tucked it into my pocket. He served again and again, skillfully, his body memory clear and precise. He could snatch the ball out of the air when I hit it too high. When the ball hit the floor, he could slap the ball with his paddle and catch it when it bounced higher. He could bend over to pick up a ball off the floor. I'd been trying in vain to convince him to go to a physical therapist, take gentle yoga, stretch and get a massage, and he'd refused, but the twisting, bending and reaching during ping pong came naturally to him, plus it took place in a social setting where he felt comfortable. We were out of the house, surrounded by people, and we were having fun!

An expert player, he gave me tips, encouragement and even said I was learning quickly. The focus of our visits moved from his health situation to him teaching me how to enjoy an activity he still loves. I was playing ping pong with a friend, one whom I had thought lost, as his wonderful mind was lost to him. Orienting to his reality by sharing a physical activity he loved was, by far, the most successful of all the strategies I tried. Now, I just have to learn how to return one of Joe's smoking-hot serves.

ABOUT THE AUTHOR

Nancy Meltzoff, Ph.D., lives in Eugene, OR, with her husband. She is a retired professor of education at Pacific University and the author of one novel.

Nomadsoul1/Dreamstime

AFA News

MONICA PARKER, M.D.,
NAMED NEW AFA ADVISORY BOARD CHAIR

For **Dr. Monica W. Parker,** caregiving is a family affair. Parker's mother, who had both Alzheimer's and vascular dementia, lived with her while she also had custodial care decision-making responsibility for her mother's younger sister, who lived with mixed dementia.

"My mother spent two decades caring for my grandmother, and I spent 11 years caring for my mother. That's a long time. To know that there is guidance and research that makes this less likely for myself and for my children is important to me," Parker said.

Parker was recently appointed chair of AFA's Medical, Scientific & Memory Screening Advisory Board. She is an associate professor of neurology and leads the Outreach, Recruitment, and Engagement Core (OREC) at the Goizueta Alzheimer's Disease Research Center (ADRC) as part of the Goizueta Brain Health Institute of Emory University in Atlanta. AFA has been funding her outreach and educational programs for African American men.

"Men of color are the least likely to partake in clinical research but are the most likely to suffer disproportionately from all chronic illness," she says. "In the course of educating the public, it was observed that more women consistently came to public educational events on ADRC, so to get male representation, we needed to put more energy into that area. We recognized that an intentional effort to recruit African American men to Alzheimer's research was needed, a tailored cultural approach with a level of trust to engage this population. That's what we've spent years doing."

Parker and her team have been meeting monthly with men who may be open to clinical research volunteering.

"We created a safe space, one without their wives and packed with people of similar backgrounds where they can talk to each other about their health, ask their questions of physicians collectively and engage in activities and education that they can benefit from and take with them into their home communities. Men who have been through research delight in becoming Research Ambassadors, and they speak to newer guests to give firsthand accounts of what participation looks like."

As a result, the team has noticed an increase in men across all research and educational activities.

Dr. Monica Parker's mom, Allenstine Druscilla Willis, with her granddaughter, Lauren Parker

"We now have representation in research that mirrors the demographics of Atlanta."

Her goals: more men participating in research of interest to them, better preventive healthcare strategy implementation and regularly scheduled visits to their PCP for health surveillance and chronic disease management.

"That's what we hope will happen, but we show them that participation in research makes them better consumers of medicine — and they are."

Photos courtesy of Monica Parker, M.D.

Even a Single Person Can Empower Science

BY ELIZABETH HEAD, PH.D., AND JR-JIUN LIOU, PH.D.

Research often progresses slowly, building on studies of large groups to answer critical questions with high precision. However, sometimes a single research volunteer can significantly accelerate science, changing our understanding of disease mechanisms or treatment opportunities.

Alzheimer's research offers many examples. For instance, people with early-onset Alzheimer's have helped us understand the disease's genetic causes, as well as the biology behind beta-amyloid processing and disease progression. Other cases have shown remarkable protection from this genetic fate due to specific gene mutations.

At UCI MIND, part of the NIH-funded Alzheimer's Disease Research Center and the Alzheimer Biomarker Consortium — Down Syndrome study, we recently studied an extraordinary case of a woman in her 60s with Down syndrome who defied expectations. People with Down syndrome have an extra copy of chromosome 21, which includes the APP gene responsible for producing amyloid precursor proteins linked to early-onset Alzheimer's. This extra gene copy typically leads to Alzheimer's plaques and tangles by age 40, with cognitive decline beginning soon after.

However, our study person defied this norm. Despite carrying the extra gene copy, she remained cognitively stable into her 60s, well beyond the age most individuals with Down syndrome begin showing signs of dementia. We call this resilience. Her brain also showed fewer Alzheimer's-related changes than expected. This volunteer had a better-than-average education, carried the protective e2 allele of the APOE gene, and had a larger-than-average brain. These factors, along with others yet to be fully understood, may have contributed to her unusual clinical outcome.

Our research continues to explore these factors in hopes of identifying ways to promote resilience and resistance to Alzheimer's for everyone at risk, whether or not they have Down syndrome. Volunteers like this person, alongside funding from the NIH, are critical to advancing our understanding and potential solutions.

If you or someone you know is interested in participating in a clinical trial, consult your doctor and visit **alzheimers.gov** for more information. The Alzheimer's Foundation of America also offers clinical trial resources at **alzfdn.org/clinical-research-trials.**

ABOUT THE AUTHORS

Elizabeth Head, Ph.D., is a professor of pathology & laboratory medicine and neurology at the University of California, Irvine. UCI Mind is UC Irvine's Institute for Memory Impairments and Neurological Disorders. **Jr-Jiun Liou, Ph.D.**, is a postdoctoral associate of bioengineering at the University of Pittsburgh.

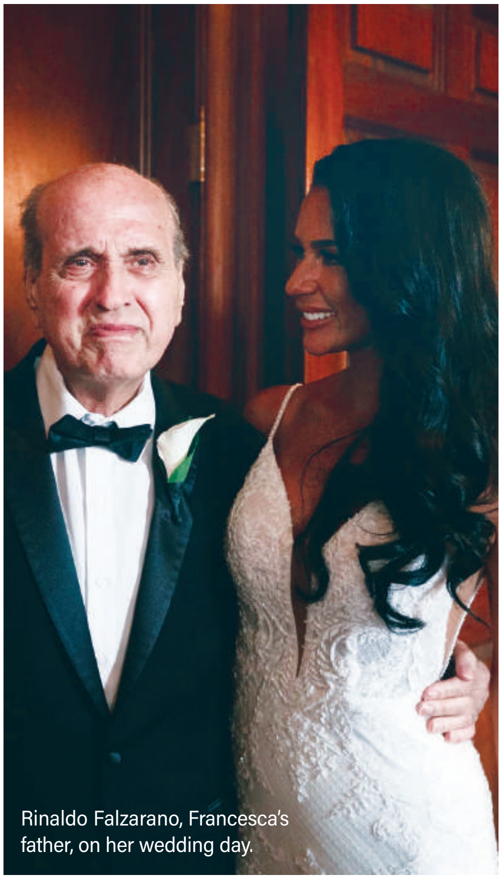
Photos: Cardstock Images

Caregiver Voice

Speaking Truth

BY FRANCESCA B. FALZARANO, PH.D.


Angelina Falzarano (Francesca's mother), center, with Francesca and brothers Michael and Jerry.


Rinaldo Falzarano, Francesca's father, on her wedding day.

Dementia entered our lives when I was 14. From then on, my mother was there — but not really. She missed my prom, my graduations, my wedding and, eventually, her own husband's funeral. I can't even remember the last time I heard her voice. My childhood abruptly gave way to caregiving, and no one explained what was happening or how to survive it. I only knew the words "corticobasal ganglionic degeneration" – a diagnosis no one had heard of or could help us navigate.

My father, my superhero, dedicated his life to caring for her while also shouldering the burden of raising a (slightly rebellious) teenage daughter. I watched the stress wreak havoc on his health. Stage IV cancer reduced this once fortuitous, tough man — aptly nicknamed "*The Bull*" — to a frail shadow of his former self as he endured the debilitating effects of brain surgery, chemotherapy and radiation. And as the only girl in a traditional immigrant household, I knew the weight of responsibility was mine. Suddenly, I was the nurse, the advocate, the social worker and the soldier for both parents.

We received a hospice referral for him just minutes before he died. He took his last breath as his hospital bed was being delivered. But I didn't have time to grieve him. As soon as he was gone, the weight of my mother's life — and her death — shifted onto me.

Despite the terminal nature of dementia, end-of-life conversations were nonexistent. I was in high school when the feeding tube was placed. No one warned us that one day, it might be up to us to remove it. We had no roadmap for what that decision would look like. My father, deeply rooted in his Italian faith, believed only God could decide when it was her time.

The decision to withdraw artificial nutrition came after another brutal ER visit prompted by my mother's stage IV pressure wound. Her feeding tube had been removed, and then hospice was denied — three times. "Death isn't imminent," they told us.

What they didn't know was that I wasn't just a grieving daughter — I was a researcher in dementia caregiving with credentials in geriatrics and palliative care. After years of silence, I pursued a Ph.D. in psychology to try to make sense of and cope with this monster that had plagued my life since I was a child.

I relied on my training to feel heard by the providers. I memorized medical jargon to speak their language and sported my medical badge. Credentials were my bargaining chip. And finally, they listened. Only then did we get hospice.

When my mother died, I requested a brain and spinal autopsy to confirm her diagnosis and give our family closure. These requests were repeatedly rejected for more than 24 hours. Her death wasn't suspicious, they told me.

I called on every contact I had and connected with a neuropathology team willing to take the case. Her official diagnosis: Alzheimer's disease.

I'm Not Staying Quiet

More than 7 million people are living with dementia in the U.S. — and behind almost every one of them is a family fighting quietly, needing support. More than 11 million Americans now provide an estimated 19.2 billion hours of care valued at $413 billion each year.

I've made it my life's work to build a legacy in my parents' honor — amplifying the voices of families like mine, conducting research that meets their real needs, and advocating for policies that reflect their reality. My grief didn't end with their deaths — it became my purpose.

Dementia is a collective problem — a burden that, directly or indirectly, touches everyone. We need to stop treating caregiving like an invisible burden. We need to prepare families before they're in crisis. We need healthcare systems that listen to caregivers, not dismiss them. And we need to treat dementia for what it is: a terminal illness that demands early, honest conversations and real support.

This fight isn't just mine. It's all of ours.

Photos courtesy of Francesa B. Falzarano, Ph.D.

THE CHALLENGING LAYERS OF CAREGIVING, AND HOW TO HANDLE THEM

Caregivers are often called the "sandwich generation," but to me, it's more like a 7-layer dip—complex, unique, and comprised of parts that have to work together. You're a nurse, case manager, tech support, emotional anchor, financial planner and family mediator, when all the while, you need to take care of yourself as well.

The upside? There *is* strength in this role. You learn who you are, what matters, and how much you can handle. And even among the ongoing challenges, you learn, thankfully, that you're not alone.

1. **Medical maze.** Keep a binder or shared digital file of meds, appointments, diagnoses, healthcare proxy and questions.
2. **Emotional rollercoaster.** It's okay to grieve while caregiving. Joy, resentment, guilt — they can all exist at once. Don't judge your feelings. Just don't carry them alone.
3. **Information overload.** Call AFA's Helpline (866-232-8484), staffed by licensed social workers, trained in dementia care. Ask, "What questions should I be asking?" Be proactive, not reactive.
4. **Family drama.** Set boundaries early. Not everyone will show up, and not everyone will agree, but transparency can reduce conflict and help you protect your peace.
5. **Financial pressures.** Track expenses, big and small. Explore programs like respite grants, Medicaid waivers and Veterans benefits. You might be eligible for more than you think.
6. **Social isolation.** Stay connected—even one text thread or caregiver group makes a difference. Caregiving is lonely; connection is medicine. You need people who see you, not just the caregiver.
7. **Identity Loss.** Make time for something that's yours. A podcast, a walk, journaling. You're still a whole person. Don't forget that.

ABOUT THE AUTHOR

Francesca B. Falzarano, Ph.D., is a development psychologist and assistant professor at the University of Southern California Leonard Davis School of Gerontology. She is the director of the Falzarano Family Caregiving Lab, which conducts research focused on the intersection of technology and dementia care, with a particular emphasis on enhancing the mental health and well-being of family caregivers.

AFA Membership Close-Up

GURWIN IMMERSION

The mother put on her favorite driving hat as she slipped behind the steering wheel. She admonished the children in the backseat to stop talking and buckle up. As she rolled along the two-lane road, foot on the gas, she pointed out familiar and favorite sights as they passed.

But the sights she recalled were not there, nor were the children. This woman was in the Immersion Room at Gurwin Healthcare System's memory care unit, reliving through this virtual world an experience she loved decades ago, taking her children on road trips.

"We saw the Immersion Room as a natural evolution to what our memory care unit does," said Stuart B. Almer, FACHE, president and CEO. "A magical environment is created."

Through the use of videos, the paneled room in New York's Long Island facility can become a zoo, a beach, an Italian restaurant (soon to be enhanced with aroma therapy), a workplace-type setting from a resident's past or their home country. Many memory loss residents miss these experiences, even everyday ones like driving. Having props like a steering wheel in their hand and the feeling of going forward past rolling hills gives them the sense of independence they have lost. Brave residents who hop aboard the simulated rollercoaster throw up their hands and scream happily with the thrill of the virtual ride.

Without traditional virtual reality goggles, which are cumbersome and somewhat difficult to wear, memory care residents inside the Immersion Room can become fully immersed in their experience. Opened two years ago under the guidance of dementia care specialists, the Immersion Room was created by Besser Rooms, also on Long Island. Almer said the room can offer calmness to the anxious and stimulation to the restless who are prone to wandering.

Art therapy also allows residents to create freely and see their masterpieces on floor-to-ceiling panels on three of the walls surrounding them. Family members are invited to join their loved ones for any activity or daily movies. With aroma therapy, viewers can even smell popcorn while they watch.

The Immersion Room was lauded for its ingenuity by senior living industry media outlet McKnight's with the 2024 Excellence in Technology Best of Show award and a gold medal in the Resident Engagement and Recreation category.

Photo courtesy of Gurwin Healthcare

TIME WITH TEEPA

You Are Not the Wife I'm Looking For

Many individuals find that one of the most challenging experiences of supporting someone living with dementia is when they no longer recognize us. Teepa Snow, MS, OTR/L, FAOTA, one of the country's leading experts on dementia care, helps us more fully understand this situation in *Time with Teepa*, her social media series where she addresses follower questions.

"I Want to Go Home to My Wife"

As an example, when a husband doesn't recognize his wife and repeats, "I want to go home to my wife" when she is actually standing right in front of him, Snow recommends pausing to recognize what is going on: *OK, so I'm not the person you were expecting, but I'm going to take that and put it aside....I do want to deal with it, but not right now. Right now, I want to deal with what's happening in front of me.*

Then Snow recommends that the care partner get curious about the situation. Try asking the individual: "Do you need your wife for something, or are you just wanting to be with her?" Do your best to determine what they are seeking. Could something be making them uncomfortable? Could they be wanting to move to a new space or have a new experience? You may also wish to validate feelings by saying something like, "It's really hard not having her, when you are wanting her."

"That's a start. It isn't the only answer or possibility," Snow says, "but it's certainly a start."

What Causes This Phenomenon?

First, Snow explains, one of the things that dementia does is "unweave the timeline of life....It takes away the ability to recognize where I am in life and yet allows me to keep emphasized memories or episodes that may not be in the correct sequence." In this situation, the husband could be remembering his wife as how she looked when they were newly married, 50 years earlier. Or, he could be remembering his first wife, while speaking with his second wife.

Another factor is that dementia can cause the shifting of roles, and the brain is trying to make sense of that. From the husband's point of view, the wife is turning into someone who doesn't really treat him like his wife would (she's helping him find things, get dressed, telling him what to do). The husband is looking for the wife who treats him like a husband, not a mother. "It's a desire to have back that which I have lost, but I no longer may have the language to explain."

Snow encourages care partners to "take care with our care" and "get curious" when you encounter these types of challenging situations. For more information, please visit **TeepaSnow.com**

Yuri Arcurs/Dreamstime

Mathayard/Dreamstime

The Shadow of His Smile

A Conversation with Tony Bennett's Daughters

Tony Bennett could become confused as he waited backstage, continuing to perform even after his Alzheimer's had been diagnosed in 2016. But the moment the announcer said, "Ladies and gentlemen, Tony Bennett," he was the smooth-voiced singer who had spent his life in the only way he considered possible.

"He had a serious purpose in life," Johanna Bennett, his elder daughter, said. "He really did feel his talent was divine."

Johanna and her sister, Antonia Bennett, reached out to AFA to talk about their father's experience with Alzheimer's because the number of people with memory loss conditions is growing. They want people to know their loved ones "may still be able to contribute to society."

Tony Bennett died July 21, 2023 in New York City, a few weeks shy of his 97th birthday. His last full public performance was March 11, 2020, at the Count Basie Center for the Performing Arts in Red Bank, NJ. The family made his diagnosis public in 2021.

He also took the stage of Radio City Music Hall to perform with Lady Gaga in celebration of his 95th birthday on what was designated as Tony Bennett Day in New York, the city of his birth on August 3, 1926.

"He really delivered," Antonia says. "He really was shining in that moment."

Antonia says she is "100 percent" certain that he would have continued performing if the COVID pandemic hadn't occurred.

"And maybe we'd even still have him here," Johanna says.

Antonia attributes their father's resilience to his decades as a traveling performer, able to go with the flow.

"Dad was kind of an extraordinary person," she said. "He got energy from the audience. That was a very, very big part of why he took so long to decline and to perform the way he did."

It took time for the family to recognize that their energetic performer might be suffering from a memory loss condition for other reasons as well. Johanna said their father had received head injuries as a foot soldier during World War II, resulting in post-traumatic stress and attention deficit disorder.

"He always had stuff, and also the recreational drug use for a good amount of his life."

It took his family until 2015 to notice the symptoms that would be diagnosed as Alzheimer's a year later. Johanna wondered if what she was observing was a normal part of aging, while Antonia felt the changes personally.

"I went through an array of emotions. I thought maybe he's mad at me. Then I realized it's the disease."

His daughters remember his reaction when they brought up the idea that his memory loss was becoming more serious.

He reproved Johanna for mentioning it and told Antonia, "I feel just fine. The only medicine I ever take is aspirin."

But when he started forgetting the names of his musicians, he could no longer excuse away what was happening. After he was diagnosed, he continued his lifelong habit of "leaning toward the positive."

Antonia said this was the blessing he gave them.

"He didn't complain a lot. He was, as always, straight ahead, always looking toward the future."

Of the two sisters, Antonia was the one who followed in their father's career. After singing alongside him as a child, she pursued her own career and was his opening act for many years. Johanna is an actress.

Tony Bennett with daughter Antonia

They attribute his endurance to his strong performer's discipline.

"He would rehearse his entire 90-minute show in the living room every day," Johanna says.

Antonia said he "could be at death's door," but he held to those standards.

The sisters say their father always knew them even though he forgot their names. Once, though, when Johanna was talking with him, he unexpectedly said her name. He looked delighted that it had finally surfaced. She treasures this memory.

Unlike many people whose condition can make them lash out, their father never displayed anger, they say. Antonia said if they gave him his meal and told him to eat, "He'd say, 'OK' very amicably." She once again attributes his behavior to his career; he was used to being told when to go on, where to stand, what time rehearsals were, and all the other details that go into putting on the show. Irving Berlin got it right when he wrote, *There's no people like show people. They smile when they are low.*

In his memoir *Just Getting Started*, Tony Bennett wrote about the impact of the drug overdose death of his friend and fellow performer, the jazz great Bill Evans. Bennett's manager said, "The man sinned against his talent." That quote resonated with Bennett. His daughters don't remember him discussing the quote with them, but understood why he embraced it. It was a reflection of a man who was not going to waste his talent.

Bennett with daughter Johanna

"He was very disciplined about the things he liked to do, like painting and singing, because he felt he had to do them," Antonia says. "He'd say, 'People say you're not your job, but I am.' He really felt that way."

Photos © Peter Mellekas

Keeping the Faith

The Rev. Christopher Wolf, M.Div., staff chaplain at Christian Health, Wycoff, NJ, reading scripture with a resident

Music and its power to connect to persons with memory loss have long been recognized. Chaplains who minister to those living with this condition have another strong way to connect. People can be brought back to spiritual awareness when presented with prayers and rituals of their past.

"Faith is about connection to God and others, so it's very important to keep them connected to faith," the Rev. Christopher Wolf, M.Div., says. "It serves as an anchor."

Wolf is the staff chaplain at Christian Health in Wyckoff, NJ. On the other side of the country, Rabbi Daniel Isaacson, director of spiritual care services at Jewish Family and Children's Services (JFCS) in the San Francisco Bay Area, agrees.

"It's important for people living with memory loss to connect to themselves on a soul level, that deep level of self that is still familiar, to support whatever in religious ritual is still in them. Being Jewish is as much a part of being a family and a people as a religion."

Connection to God can be many different things in the Jewish religion, Isaacson says, adding that the articles of faith, like rituals, are still an element within the person.

THE POWER OF TRADITION

"Rituals ignite that early familiar memory that is part of them and seep down to the soul of the Jewish person. It invokes a connection to God if they've lived their life that way. God is relational, very relational in Judaism. This suggests we are still in relationship with God. The holidays gave them a spark early on, so hearing the shofar is a sensory experience," Isaacson says. A shofar is a ram's horn trumpet sounded at Rosh Hashanah and Yom Kippur.

On Friday night, he says the blessing on the dementia floor at JFCS' assisted living community. "It kind of lights up a recognition." The *Shema* — Listen, Israel, the Lord is one God — connects them to their Jewish religion. "Few prayers are as universal."

Study on Saturday morning involves use of the Torah scroll, an object people recognize, he says, and on some level feel *I know God is in the room*. "It's picked up with everything, *I'm in a Jewish place and in a safe place and part of a group. God is watching over this place* — even if it's not conscious thought."

Continued on following page

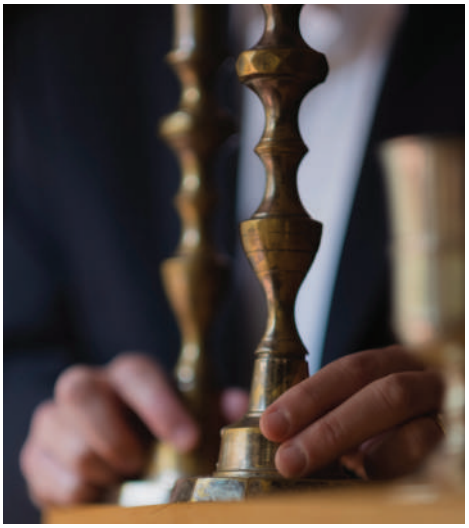
Andrea Korsunsky, director of JFCS's Center for Dementia Care and Care Management, says performing the rituals of Friday night Shabbat sparks the connection.

"When you light a candle and give them challah (braided bread eaten on the Sabbath and holidays), you're helping a person who's feeling lost to ground themselves. They feel, *I know this. This has meaning to me*. We're connecting even if they might not know us all the time."

She suggests that caregivers make any day Friday night if it calms the person and awakens comforting feelings from the past.

"Use symbols and gestures to make them feel safe."

Wolf has similar experiences.



"So often during Bible studies and worship services, many of our residents may not know or remember the Scripture we are reading, but suddenly you will see them singing every word of a hymn."

Each week he leads interactive Bible studies and worship services accompanied by music. He calls the response amazing.

"Residents tell stories, share insights, answer questions, laugh, sing and more. Sometimes they are quiet and listen. Often after these events, they express gratitude and appreciation."

BRINGING SPIRITUALITY HOME

Wolf offers advice for caregivers to connect spiritually at home.

"They can do three key things. First, pray for them and then pray with them. It can be simple — it's the act — sacred and connecting. Second, from time to time, read familiar Bible passages (Psalm 23; "The Lord's Prayer"; Luke 15, "The Prodigal Son"; John 3:16) and leave some space for their loved ones to speak about them. Finally, play familiar hymns and invite them to listen or sing along. It's a beautiful way to connect to God, and it seems to be something residents remember well."

Wolf says taking your person to a church service to connect them to God may not be as helpful.

"While well-intended, I would recommend caution. Some things to consider would be their comfort with new activities, being around groups, and their ability to sit for an hour or so. In our experience here at Christian Health, the services are predictable, in the same space and there's assistance. These important factors may be challenging to find at a typical church."

TRAUMA AND RELIGION

Isaacson suggests that caregivers for Jewish memory loss persons be mindful that rituals can trigger trauma for some, like Holocaust survivors.

"It's a sensitive thing to bring up, being Jewish, if being Jewish was mortally dangerous. It's terrifying to witness that and go through the experience with them. It requires a lot of sensitivity to know someone's past or they can be retraumatized."

Korsunsky said if she and other staff members are aware of past trauma, she will observe and adapt the environment to foster feelings of safety and familiarity with Jewish symbols and objects to demonstrate it's safe to be open about Jewish identity." She also educates the caregivers, most of whom are not Jewish, to be sensitive to possible triggers.

Trauma can also be a consideration for other religions.

Rabbi Daniel Isaacson, director of spiritual services, Jewish Family and Children's Services (JFCS), San Francisco, CA

A PRECIOUS GIFT

Mark S., a nephew of one of Korsunsky's memory loss patients, appreciates having people who care about the spiritual life of his aunt.

"We aren't very observant, but JFCS has brought us together for Jewish rituals that provide us a way to connect with Ellen in these late stages of her disease, where connection feels impossible."

Photos courtesy of Christian Health and Levi Meir Clancy for Jewish Family and Children Services

Pojoslaw/Dreamstime

Play Time

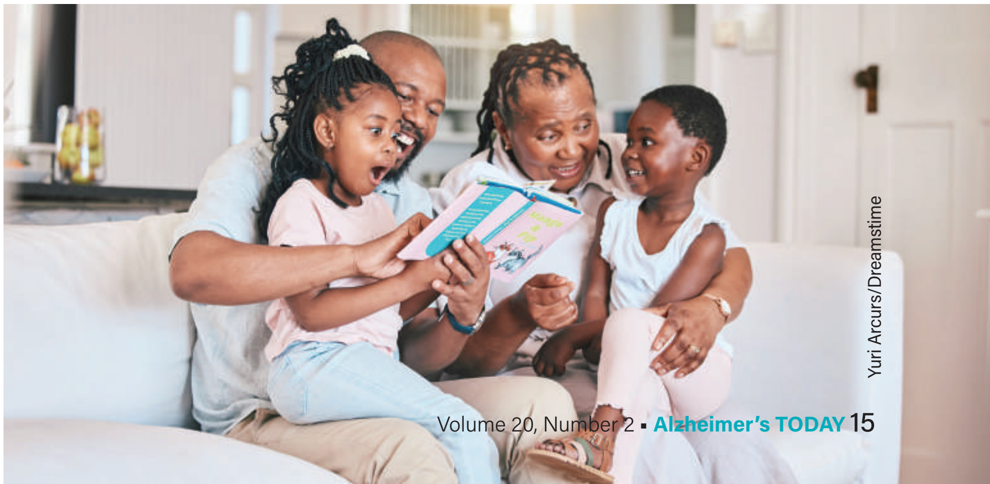
ACTIVITIES FOR CHILDREN & ADULTS LIVING WITH DEMENTIA

Erianne Stewart works hard to change the perception that it's not appropriate to bring children around people with dementia. "It's beneficial to both," she says. "It fosters a connection. I'm very passionate about this."

Stewart, an activity specialist, gerontologist and recreational therapist, says, "It gives the person living with dementia a sense of purpose. Adults love to connect with children. Feeling they can connect with young people doesn't have to change with a diagnosis."

The children also benefit by experiencing a sense of connection with the person struggling with an illness. "They feel they can help take care of them and love them."

> *"In my 10-plus years of working in various care settings, I have never seen someone come more alive or experience more joy and a sense of purpose than when a child walks into the room. It truly does help them feel true happiness again."*



Yuri Arcurs/Dreamstime

CHILDREN ACTIVITIES FOR EACH STAGE

EARLY STAGES:

- "In this stage, the activities children can do with the person are almost limitless." Some of Stewart's favorites are planting flowers, watering plants, baking and cooking simple recipes.
- Music is her number one choice at all levels of memory loss. She suggests having the child pick a favorite song. "Music loosens the person and can unlock memories. Let the child encourage stories. Children usually enjoy hearing stories from an adult's past."
- "I love to incorporate sports if the person is able." One of her favorites is cornhole, in which players try to throw a beanbag into a hole in an inclined board. "It's simple and can be done from a wheelchair or sitting in front of it." A beanbag can also be used for "toss and catch." "Sit on a couch together and toss it back and forth."
- A more sedentary activity Stewart favors is making a scrapbook together. "Look at family photos and have the child pick a favorite, then have the child ask the person for their favorite."

MIDDLE STAGES:

- A dependable favorite for this stage is any type of sorting activity. Collect seashells from the beach or a dollar store and let the two of them sort them by size, color and texture. When Stewart took her daughter to a memory care unit and had her engage with a resident over sorting shells, "She literally sat there for hours." Socks are another good sorting item, as are buttons by size or color.
- Fingerpainting and coloring work well at this stage. "Usually, kids love to color."
- For a physical activity, try tossing a balloon, which can be done while sitting.
- Stewart discovered another effective activity when a preschool class came to a memory care center where she worked to provide their own show and tell. "They brought their favorite items and shared why they were meaningful. There was such a connection between those generations."

LATE STAGES:

- "Lots of individuals living with dementia are not able to communicate. That's tricky for children," Stewart says. She suggested a gentle hand massage if the person is comfortable with being touched.
- The child can also pick out some comforting music, and they can hum together, or the child can bring a doll or stuffed dog or soft blanket to share. "The person with dementia can find comfort with these items, which they may be familiar with."


Shao-chun Wang/Dreamstime


Andrey Popov/Dreamstime

BEFORE A VISIT

"It's important to prepare a child, especially if they're not used to being around someone with dementia," Stewart says. "It can scare them. You don't want them to feel nervous or shy. Explain to them that the person's brain is changing a little bit, and they may ask the same questions over and over. Remind them that it's our job to help that person feel loved."

Tell them the person might not act like the adults they know. At any stage, but especially in advanced stages where a person with memory loss can become verbally or physically abusive, "stay close to the child so you can take them out."

Stewart took her 3-year-old daughter to visit a memory care unit, and a man spoke crossly to her. The little girl looked up at Stewart as if she expected to be in trouble.

"I hadn't prepared her. I took her to a different room and explained that he didn't understand he was being unkind. You don't want to turn off their thoughts about all older adults. If you know someone can be aggressive, be right there with the child."

When the visit is over, "debrief" the child by asking if they have any questions and get them to talk about what the experience was like for them.

"One last thing I want to share about individuals living with dementia is that in my 10-plus years of working in various care settings, I have never seen someone come more alive or experience more joy and a sense of purpose than when a child walks into the room. It truly does help them feel true happiness again."

Erianne Stewart lives in Upland, CA. Find her on Instagram **@activities_for_dementia.**

SUMMERTIME and the Living is Watchful

Extreme heat is especially dangerous for people living with dementia-related conditions as they are more susceptible to heat stroke, hyperthermia and dehydration because of the way these conditions impact the brain. Caregivers can take these steps to ensure their safety.

Prevent wandering

The danger of this common behavior for individuals with dementia is heightened in extreme heat when hyperthermia can develop quickly. Support the benefits of walking outdoors, a feeling of purposefulness or pleasure, in an indoor environment. Create walking paths around the home with visual cues, engaging the person in simple tasks and providing enjoyable activities like exercise, music and crafts.

Help the person stay hydrated

Alzheimer's and other dementia-related conditions can diminish a person's ability to know when they are thirsty, making it critically important for caregivers to monitor them and encourage them to drink frequently. Avoid alcohol and caffeinated beverages, as these may contribute to dehydration.

Watch for warning signs of heat-related illnesses

Dementia can impair a person's ability to detect changes in temperature and decrease their skin sensitivity, making them more susceptible to heat stroke. Watch for warning signs: excessive sweating, exhaustion, flushed red or hot skin, muscle cramps, a fast pulse, headaches, dizziness, nausea or sudden changes in mental status. Resting in an air-conditioned room, removing clothing, applying cold compresses and drinking fluids help cool the body. If the person faints, shows excessive confusion or becomes unconscious call 911 immediately.


Rido/Dreamstime

Know where to cool down. If the person doesn't have air conditioning, take them to a senior center, library or other public building.

Use sunscreen

Dermatologists recommend one with broad-spectrum protection against both UVA and UVB rays with an SPF of 30 or higher. Choose a water-resistant formula if your loved one tends to sweat a lot or enjoys water activities. Apply generously at least 15 minutes before heading outdoors. Focus on easily overlooked spots like the tops of the ears, the back of the neck and the tops of the feet. Reapply every two hours or after swimming or excessive sweating.

Protective clothing

Choose a wide-brimmed hat, sunglasses with UV protection and tops with long sleeves and long pants.

Meeting resistance

Encourage sunscreen use by making it part of the daily routine, offering choices of products or involving the person in the process, such as asking them to hold the bottle. Distracting them or redirecting their attention may also help.

AFA's Helpline is staffed by licensed social workers who are specifically trained in dementia care and can provide additional information and support for families. The **Helpline** is available seven days a week by phone (**866-232-8484**), text message (**646-586-5283**), and web chat (**alzfdn.org**).

IMPORTANT FACTS

(Pronounced: new-DEX-tuh)

NUEDEXTA®

(dextromethorphan HBr and quinidine sulfate) capsules 20 mg/10 mg

ABOUT NUEDEXTA

- NUEDEXTA® is approved for the treatment of Pseudobulbar Affect (PBA). PBA is a medical condition that causes involuntary, sudden, and frequent episodes of crying and/or laughing in people living with certain neurologic conditions or brain injury. PBA episodes are typically exaggerated or don't match how the person feels. PBA is distinct and different from other types of emotional changes caused by neurologic disease or injury.
- NUEDEXTA is only available by prescription.

DO NOT TAKE NUEDEXTA IF YOU

- Are taking other drugs that contain quinidine, quinine, or mefloquine.
- Have a history of allergic reactions or intolerance (including hepatitis, low blood cell count, or lupus-like syndrome) to quinidine, quinine, or mefloquine.
- Have ever been allergic to dextromethorphan (commonly found in some cough medicines).
- Are taking, or have taken, drugs called monoamine oxidase inhibitors (MAOIs). MAOIs cannot be taken within 14 days before or after taking NUEDEXTA.
- Have had heart disease or have a family history of heart rhythm problems.
- Are taking drugs such as thioridazine and pimozide that interact with NUEDEXTA and cause changes in heart rhythm.
- If you have certain heart conditions or are taking certain medicines, your doctor may test your heart rhythm (heartbeats) before you start NUEDEXTA.

NUEDEXTA MAY CAUSE SERIOUS SIDE EFFECTS

- Stop NUEDEXTA if these side effects occur:
  - Symptoms including lightheadedness, chills, fever, nausea,or vomiting may be a sign of an allergic reaction, or thrombocytopenia which if left untreated can be fatal.
  - Hepatitis has been seen in patients taking quinidine, an ingredient in NUEDEXTA.
  - Abnormal heart rhythm. Stop NUEDEXTA and tell your doctor immediately as it may be a sign of Torsades de Pointes.
- In some cases NUEDEXTA can interact with antidepressants causing confusion, high blood pressure, fever, restlessness,sweating, and shivering. Tell your doctor if you experience any of these side effects.
- Tell your doctor if you've ever been diagnosed with myasthenia gravis. If so, NUEDEXTA may not be right for you.

POSSIBLE COMMON SIDE EFFECTS OF NUEDEXTA

The most common side effects in patients taking NUEDEXTA were diarrhea, dizziness, cough, vomiting, weakness and swelling of feet and ankles.

- If you are unsteady on your feet or if you have fallen before, be careful while taking NUEDEXTA to avoid falling.
- **This is not a complete list of side effects.**
- **Tell your doctor if you have any side effect that bothers you or does not go away.**

TAKING NUEDEXTA ALONG WITH OTHER MEDICATIONS

- Tell your doctor about all medicines, supplements, and vitamins you take before starting NUEDEXTA.
- NUEDEXTA may interact with other medications causing potentially serious side-effects, and may affect the way NUEDEXTA or these other medicines work. Your doctor may adjust the dose of these medicines if used together with NUEDEXTA:
  - Antidepressants.
  - Certain heart or blood pressure medications. Your doctor may test your heart rhythm before you start NUEDEXTA.
  - Digoxin.
  - Alcohol. Limit alcohol intake while taking NUEDEXTA.
  - **These are not the only medicines that may cause problems when you take NUEDEXTA.**
- Before starting a new medicine, remind your doctor if you are taking NUEDEXTA.

ADDITIONAL IMPORTANT INFORMATION

- **If your PBA symptoms do not improve or if they get worse, contact your healthcare provider.**
- NUEDEXTA has not been studied in patients less than age 18 or in pregnant women. Tell your doctor if you may be pregnant.
- Nursing mothers: Because many drugs are excreted in human milk, discuss with your healthcare provider if you are nursing.
- Take NUEDEXTA exactly as your doctor prescribes it.
- You and your healthcare provider should talk regularly about whether you still need treatment with NUEDEXTA.
- NUEDEXTA may be taken with or without food.
- Keep NUEDEXTA and all medicines out of reach of children.
- The need for continued treatment should be reassessed periodically, as spontaneous improvement of PBA occurs in some patients.

NEED MORE INFORMATION?

This information about NUEDEXTA is important but is not complete. To learn more:

- Talk to your healthcare provider or pharmacist
- Visit www.Nuedexta.com for FDA-approved Prescribing Information or call 1-855-4NUEDEX (1-855-468-3339).

NEED PRESCRIPTION ASSISTANCE?

- Call 1-855-4NUEDEX (1-855-468-3339) to speak with a member of our support team for tips, tools and co-pay information.

Is your loved one experiencing uncontrollable crying or laughing episodes?

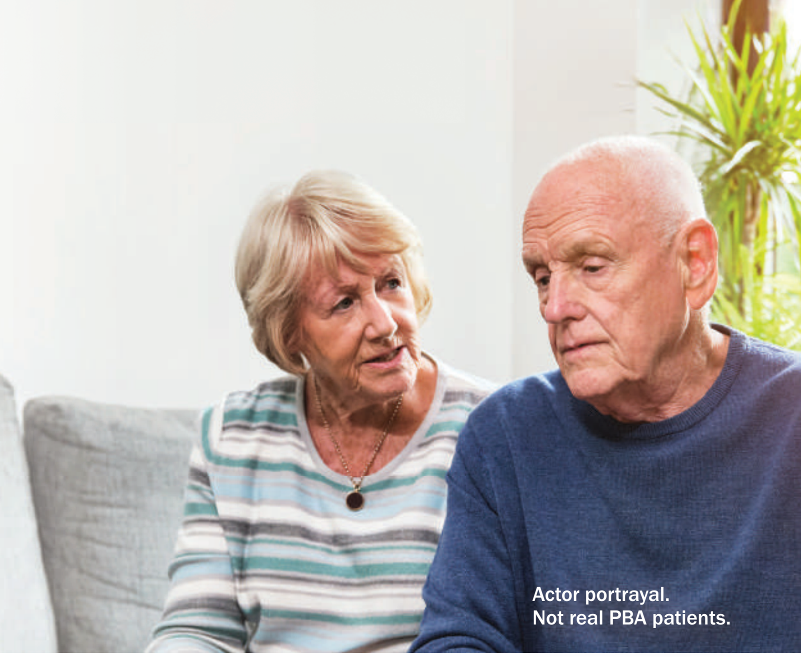
NUEDEXTA®
(dextromethorphan HBr and quinidine sulfate) capsules 20 mg / 10 mg

It could be Pseudobulbar Affect (PBA) symptoms. **29%* of patients who have Alzheimer disease may also suffer from PBA symptoms.** It is underrecognized and commonly misdiagnosed.

PBA is a neurological condition that may occur secondary to Alzheimer's disease that causes laughing and/or crying episodes that don't match how the person feels and are:

- **Involuntary**
- **Frequent**
- **Sudden**
- **Exaggerated**

*Based on the PRISM Registry, which included 1799 patients with Alzheimer disease selected by their provider for participation. Patients with PBA symptoms were defined as having a Center for Neurologic Study-Lability Scale score of >13.



Actor portrayal.
Not real PBA patients.

PBA is treatable. NUEDEXTA is the only FDA-approved treatment for PBA.

SCAN THE QR CODE OR VISIT
WWW.NUEDEXTA.COM/PBA-QUIZ

INDICATION and IMPORTANT SAFETY INFORMATION for NUEDEXTA®

INDICATION:

NUEDEXTA is approved for the treatment of Pseudobulbar Affect (PBA).

PBA is a medical condition that causes involuntary, sudden, and frequent episodes of crying and/or laughing in people living with certain neurologic conditions or brain injury. PBA episodes are typically exaggerated or don't match how the person feels. PBA is distinct and different from other types of emotional changes caused by neurologic disease or injury.

NUEDEXTA is only available by prescription.

IMPORTANT SAFETY INFORMATION

Before you take NUEDEXTA, tell your doctor:

- If you are taking monoamine oxidase inhibitors (MAOIs), quinidine, or quinidine-related drugs. These can interact with NUEDEXTA causing serious side effects. MAOIs cannot be taken within 14 days before or after taking NUEDEXTA.
- If you have previously had an allergic reaction to dextromethorphan, quinidine or quinidine-like drugs.
- About all medicines, herbal supplements, and vitamins you take as NUEDEXTA and certain other medicines can interact causing side effects.
- If you have had heart disease or have a family history of heart rhythm problems. NUEDEXTA may cause serious side effects, including changes in heart rhythm. If you have certain heart problems, NUEDEXTA may not be right for you. Your doctor may test your heart rhythm (heartbeats) before you start NUEDEXTA.
- If you have myasthenia gravis.

While taking NUEDEXTA, call your doctor right away:

- If you feel faint or lose consciousness.
- If you experience lightheadedness, chills, fever, nausea, or vomiting as these may be signs of an allergic reaction to NUEDEXTA. Hepatitis has been seen in patients taking quinidine, an ingredient in NUEDEXTA.
- If you have unexplained bleeding or bruising. Quinidine, an ingredient in NUEDEXTA, can cause a reduction in the number of platelets in your blood which can be severe and, if left untreated, can be fatal.
- If you feel dizzy, since it may increase your risk of falling.
- If you have muscle twitching, confusion, high blood pressure, fever, restlessness, sweating, or shivering, as these may be signs of a potential drug interaction called serotonin syndrome.

The most common side effects of NUEDEXTA include: diarrhea, dizziness, cough, vomiting, weakness, and swelling of feet and ankles. This is not a complete list of side effects. Tell your doctor about any side effect that bothers you or does not go away.

You are encouraged to report side effects of NUEDEXTA® (dextromethorphan HBr and quinidine sulfate). Please contact Otsuka America Pharmaceutical, Inc. at 1-800-438-9927 or FDA at 1-800-FDA-1088 (www.fda.gov/medwatch).

Please see Important Facts to the left.

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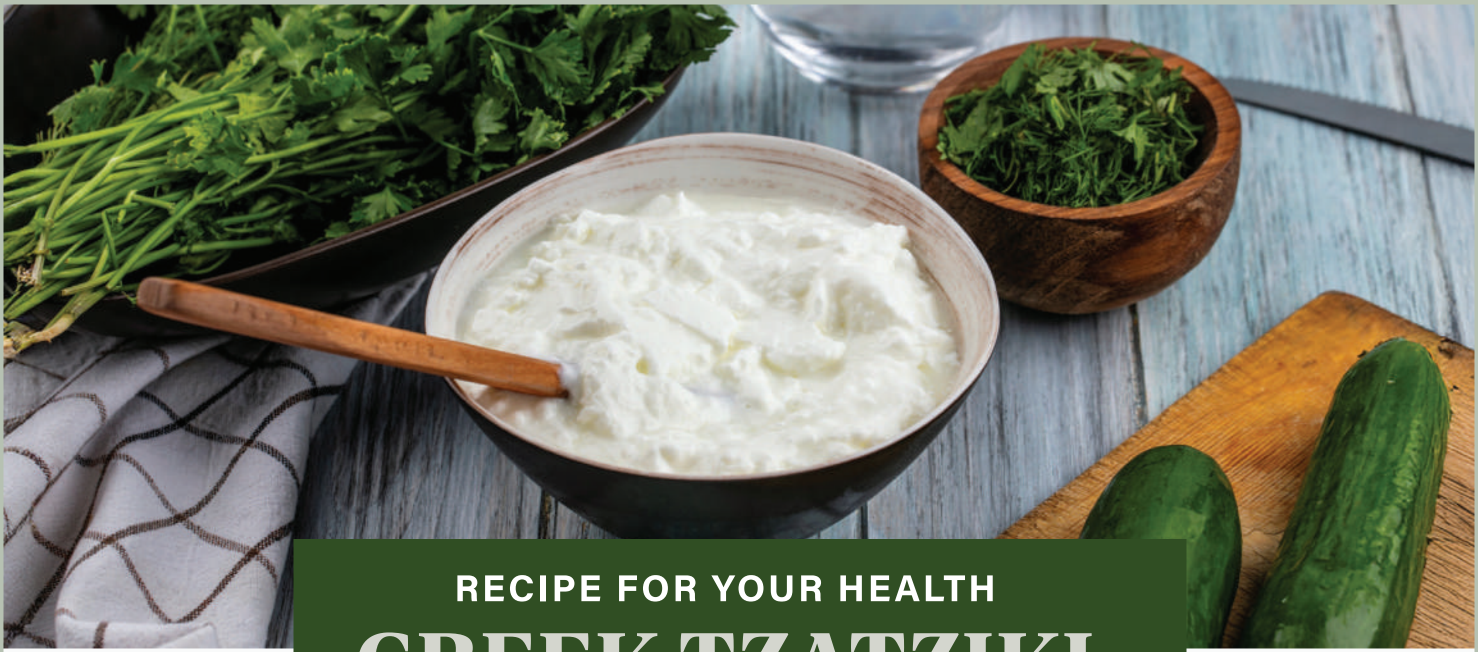
March 2025 18US25EBC0002



RECIPE FOR YOUR HEALTH

GREEK TZATZIKI

Tzatziki is a dip, sauce or soup (when diluted), and originates in the cuisines of Southeastern Europe and West Asia. It is made of strained yogurt mixed with cucumbers, garlic, salt, olive oil, sometimes with lemon juice or red wine vinegar and herbs such as dill, mint, parsley and thyme.

Tzatziki is often served as part of a mezze platter alongside raw vegetables, toasted pita wedges, feta, olives, roasted eggplant dip, stuffed grape leaves (dolmas) and more. It is also served as a sauce for lamb, fish, chicken or vegetables.

It is a low-calorie yogurt-based dip that averages about 25 calories and 2 grams of fat per two tablespoons. It is low in carbs, sodium and sugars, and contains protein, calcium and probiotics. It is a healthy alternative to other dips that tend to be high in sodium and fat.

While you may find packaged tzatziki in the grocery store, homemade tzatziki is always fresher and better tasting. Store-bought brands tend to add gums and preservatives.

INGREDIENTS

1 cup Greek-style plain yogurt

1 medium (12 oz.) English* cucumber, chopped into ½-inch pieces

1 garlic clove, finely grated

2 Tablespoons freshly squeezed lemon juice

1 ½ Tablespoons chopped fresh dill, plus extra for garnish

¼ teaspoon coarse salt, or to taste

⅛ teaspoon freshly ground black pepper, or to taste

Toasted pita wedges and sliced vegetables, for serving

*English cucumbers are sweet, seedless and have a thin skin, so you don't have to fully peel them. Opt for organically grown ones if you are planning to leave the skin on. If you use regular cucumbers with the waxy skin, be sure to peel them completely, and discard the large seeds, which would make the dip too runny.

DIRECTIONS

Stir together the Greek yogurt, cucumber, garlic, lemon juice and dill in a medium-sized bowl. Season with the salt and pepper. Taste and adjust the seasonings. Before serving, garnish with fresh dill or paprika and drizzle with a bit of EVOO. Makes 2 cups.

Recipe by Layne Lieberman. M.S., R.D., CDN, a culinary nutritionist and award-winning author of *Beyond the Mediterranean Diet: European Secrets of the Super-Healthy*. For more information and recipes, visit WorldRD.com

THE GUT-BRAIN CONNECTION

Pizza is an atomic weapon launched straight to the gut.

Really? That favorite food of people of all ages?

Yep, says Partha Nandi, M.D. Pizza and a great number of the foods we love speed through a superhighway from our stomachs to our brains and can be contributing factors in developing Alzheimer's and other forms of dementia.

What is in our stomach influences our health "as much as or more than the genes we inherit from our parents," Nandi writes in his book *Heal Your Gut, Save Your Brain*. "Most neurologists are not treating neurodegeneration by considering the gut. Although many gastroenterologists find the research interesting, few are applying it in their everyday practices."

Nandi says the brain and gut are neurologically and biochemically connected by millions of nerves and the trillions of microbes that populate the intestines.

"Known as the gut-brain axis, this communication network between the two systems is vast and complex. Although scientists have known about this axis for some time, the assumption was that the brain controlled how the digestive tract functioned. Only recently has science given the gut its due credit in this relationship."

He said researchers are learning that the gut microbiome — the bacteria and other microorganisms that naturally live within the intestines and help us digest our food — can influence certain physiological processes in the brain.

"Our microbiome can have significant impact on how we think and function — cognition, memory, motor control — for better or worse."

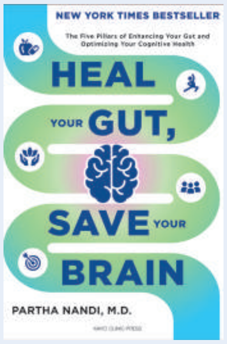
To improve your gut health, Nandi recommends prebiotics, the often-nondigestible fiber found in fruits and whole grains. "We cannot digest fiber, but the gut uses it to form feces and help move waste products, including 'bad' bacteria, out of the intestines."

Microbes in the gut known as probiotics ferment fiber to break it down so it can pass through the final portion of the intestinal tract. Nandi says probiotics can be taken in supplement forms or in fermented foods or drinks like yogurt, kefir, sauerkraut, kimchi, kombucha, tempeh, cottage cheese and even wine.

Sonyakamoz/Dreamstime

Partha Nandi, M.D., says *Heal Your Gut, Save Your Brain* is the first book on gut health published by a gastroenterologist to offer a holistic solution that combines healing traditions from the East and the West and that often goes well beyond nutrition.

"This is because every aspect of how we live our lives plays an immense role in how well or poorly our gut functions. The medicines and surgical techniques of Western medicine are critical to adequately addressing gut health, but the science supports the idea that we need to look at additional factors: movement, purpose, community and spirituality. While every individual will likely find they need to address one factor more than others, the research shows that in tandem with nutrition, each of these factors is directly connected to gut health and, therefore, . . . brain health."


NEW YORK TIMES BESTSELLER
The Five Pillars of Enhancing Your Gut and Optimizing Your Cognitive Health
HEAL YOUR GUT, SAVE YOUR BRAIN
PARTHA NANDI, M.D.

FIVE PILLARS OF GUT HEALTH
(AND BRAIN HEALTH)
From *Heal Your Gut, Save Your Brain*

NUTRITION: "Too much of anything — especially sugar, refined flour and fat — is bound to cause a problem." Advanced research and diagnostic tools can detect and measure gut health problems such as irritable bowel syndrome, reflux disease, lactose intolerance and digestive disorders. "Physicians are now better able to pinpoint specific gut issues and prescribe medications along with diet changes and supplements to create balance."

MOVEMENT: "The more we exercise, the healthier we are." It doesn't have to be a 10K run; it can be a daily 20-minute walk. It doesn't have to be power lifting; it can be carrying our groceries from the car instead of having them delivered. "What is especially interesting to me is that our ancestors and even our great-grandparents did not set aside time for fitness; instead, it was incorporated into their daily life. They had fewer conveniences like cars, power tools and megastores, and so they did things like walk or ride a bike to get where they needed to go. That's why I like to think of movement as part of our whole lives, not something separate we do at the gym," Nandi says.

PURPOSE: "What your purpose is does not matter as much as the fact that you have one because not living a purposeful life affects our brains. A recent study at Rush University in Chicago has shown that elderly people with a positive sense of purpose can possibly reduce their cognitive decline by as much as 50 percent."

COMMUNITY: "Research shows that the people with the strongest social bonds live the longest. Numerous studies have found a clear connection between social relationships and four markers of health: blood pressure, waist circumference, body mass index and even gut inflammation. Each relates to our gut and consequently to our brains."

SPIRITUALITY: "Spirituality is purpose and community turned inward. When we have a spiritual life, we are never alone. We often do not think of physical well-being as a direct consequence of our spiritual lives, and so we rarely utter sentences like, 'If I take time to meditate, pray or practice yoga every day, my microbiome culture will be healthier and that will make my brain healthier.' We can change a person's diet and see measurable cause and effect but what science has shown us is that having a spiritual practice diminishes the impact of stressful events in our lives, and when we are less stressed out our 'fight-or-flight' response is less likely to be triggered — something that is indeed correlated with optimized gut health."

Nandi calls people who frame their lives using the Five Pillars "health heroes." They put health first, focusing on prevention and a commitment to the well-being of themselves and others.

"A dedication to living as a health hero and strengthening the Five Pillars can have a direct impact on our well-being when it comes to our gut and our brain."

Brain Health IN THE NEWS

Nuns Contribute 30 Years of Critical Insight into Dementia Disorders

Sr. Maura Eichner, Nun Study participant
(Photo courtesy of Notre Dame of Maryland University)

Catholic nuns don't make a habit of participating in long-term studies on aging and dementia, but one notable exception has yielded critical insights into aging-related disorders. Researchers at UT Health San Antonio published a study analyzing more than 30 years of aging and dementia patterns of 678 nuns from the School Sisters of Notre Dame enrolled in the aptly named Nun Study, conceived by epidemiologist and neurology professor David A. Snowdon, Ph.D., in 1986.

Among takeaways from this latest analysis: Some individuals showed resilience to cognitive decline despite an Alzheimer's diagnosis, indicating unknown protective mechanisms at work, and that early-life linguistic ability and grammatical complexity correlated with a lower risk of impairment in later life.

Cloistered and homogenous, the cohort of American nuns 75 years of age or older proved ideal for the study, minimizing variables like smoking or differences in access to health care that may have confounded similar research.

While all 678 participants now have passed away, the study remains alive and vibrant at UT Health San Antonio's Glenn Biggs Institute for Alzheimer's and Neurodegenerative Diseases, under the direction of Margaret Flanagan, M.D., tenured associate professor of pathology and laboratory medicine.

The participants consented to undergoing annual neuropsychological assessments, allowing researchers access to convent archives and medical records, plus the post-mortem brain donation. The new study investigated the associations between epidemiological factors, cognitive function and brain pathology.

"The findings from the Nun Study have significantly advanced our understanding of Alzheimer's disease and related disorder neuropathologies," Flanagan said.

— ScienceDaily

Balancing B12 for Brain Health

The National Institutes of Health (NIH) recommend people over the age of 14 get 2.4 micrograms of B12 per day. However, a new study in healthy older adults has found that, even within the normal range of vitamin B12, lower and higher levels may have effects on cognition. The study, which is published in *Annals of Neurology*, found that those with lower B12 levels had slower processing speed, and that higher levels were associated with more biomarkers of neurodegeneration, including increased levels of T-Tau protein.

The authors suggest that the effect of low B12 on cognitive processes may be caused by changes in the integrity of the myelin surrounding nerve cells. However, they emphasize that their study did not look into how these changes might occur.

Nevertheless, they suggest that the guidelines for healthy B12 levels may need to be revised for the older adult population.

— Medical News Today

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High-Fat Diets and Cognitive Health


Marazem/Dreamstime

A recent study from Ohio State University suggests that a diet high in saturated fat could affect memory and cause brain inflammation in older adults. Scientists utilized a group of young and old rats, feeding them either a diet high in saturated fats or their standard diet for three days or three months.

The groups that ate the high-fat diet for three months had metabolic problems, gut inflammation and dramatic shifts in gut bacteria. Most notably, only the older rats, whether they were on a high-fat diet for three months or three days, didn't perform well during memory tests and had inflammatory changes in the brain.

Senior study author Ruth Barrientos, Ph.D., investigator in the Institute for Behavioral Medicine Research at Ohio State University, said that there's no way to tell what exactly was causing the memory impairment in just the older rats just by looking at what's happening in the body, as both groups had an increase in glucose, insulin and inflammation. The research was published in the journal *Immunity & Ageing*.

— Ohio State University

The Age When Thinking Declines

Researchers have identified the specific point in middle age when our brain cells show the first signs of decline. In a new study out of Stony Brook University of New York that analyzed 19,300 individuals, noticeable degeneration begins at age 44 before hitting its most rapid rate at age 67 and leveling off at 90.

Stony Brook University neuroscientist Lilianne Mujica-Parodi, Ph.D., said, "We've identified a critical mid-life window where the brain begins to experience declining access to energy but before irreversible damage occurs, essentially the 'bend' before the 'break.'"

The team was also able to identify a potential main driver of this decay: neuronal insulin resistance. The results suggest that as our brains age, insulin has a reduced effect on neurons, meaning less glucose is taken up as energy — which then starts to break brain signaling.

The research has been published in *PNAS*.

— Stonybrook University


Fizkes/Dreamstime

AI Detects Brain Aging

A new artificial intelligence tool can now non-invasively track the pace of brain changes by analyzing magnetic resonance imaging (MRI) scans. Faster brain aging closely correlates with a higher risk of cognitive impairment, said Andrei Irimia, Ph.D., associate professor at the USC Leonard Davis School of Gerontology and visiting associate professor of psychological medicine at King's College London.


Vgattita/Dreamstime

"This is a novel measurement that could change the way we track brain health both in the research lab and in the clinic," he said. "Knowing how fast one's brain is aging can be powerful."

Biological age is distinct from an individual's chronological age, Irimia said. Two people who are the same age based on their birthdate can have very different biological ages due to how well their body is functioning and how "old" the body's tissues appear to be at a cellular level.

— Science News

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