

# The Caregiver

Newsletter of the Duke Family Support Program

Volume 28: No. 1 Summer 2009

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Gratitude is heaven itself.  
– William Black



**Duke Family Support Program**  
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- **Duke University Center for the Study of Aging and Human Development**

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[www.alz.org/northcarolina](http://www.alz.org/northcarolina)

**Caregiver Education Conferences**

Goldsboro – August 4  
*The First Pentacostal Holiness Church*  
Henderson – August 13  
*Vance-Granville Community College*  
Edenton – October 26  
*Edenton United Methodist Church*  
Lumberton – November 19  
*Southeastern Agricultural Center*

**Mountain Regional Office**

31 College Place, Suite D320  
Asheville, NC 28801-2644  
828.254.7363  
800.522.2451

**Fall Memory Walks**

Fayetteville – September 12  
Triangle – October 3  
Kinston – October 3  
Rocky Mount – October 3  
Sanford – October 3  
Washington – October 10  
Wilmington – November 14

**Foothills Area Office**

260 1<sup>st</sup> Avenue NW, #218  
Hickory, NC 28601-4757  
828.267.7100

**Triad Area Office**

1315 Ashleybrook Lane  
Winston-Salem, NC 27103  
336.725.3085

**New Early Stage Support Groups**

**Triad:** 336.725.3085  
**Mountain Area:** 828.254.7363

## From the Bryan ADRC 23rd Annual Conference

James R. Burke, MD, Ph.D.

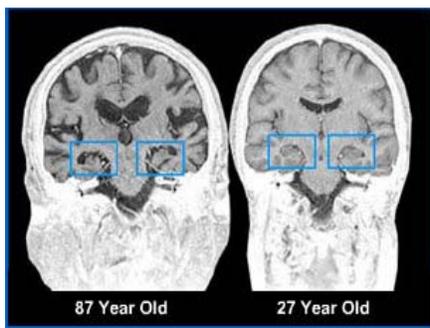
Director, Bryan ADRC Memory Disorders Clinic and Associate Director, Bryan ADRC

### “What Can and Cannot Be Done About Brain Aging?”



At the Bryan ADRC Conference in February 2009, my presentation “What Can and Cannot Be Done About Brain Aging” focused on the progress that has been made in understanding how the brain works and how it is affected by aging. The brain is a 3 pound organ encased in a bony vault where our memories reside. Unlike computers the brain never has the opportunity to reboot and rarely, if ever, freezes during a task. Its function is so reliable that we become irritated when a lapse in memory occurs. Unfortunately, as we age neurons may die making everyday tasks difficult or impossible. Much progress has been made in understanding how the brain works and how it is affected by aging.

The adult brain contains about 100 billion neurons and most of those neurons have been present from early childhood. Unlike most other organs there is little or no replacement in response to aging or injury. We recently discovered that the adult brain has stem cells, but their ability to replace lost neurons is limited. Fortunately, the brain has an excess capacity of most neurons so that symptoms and signs of disease do not develop until a majority of neurons are lost. In Parkinson’s disease, for example, clinical symptoms of slowness and tremor do not appear until approximately 80% of the 200,000 neurons in the substantia nigra degenerate.



Normal aging is associated with atrophy (shrinkage) of the brain due to cell loss. Imaging studies, such as magnetic resonance imaging (MRI), can detect atrophy during life. One of the reasons doctors order an MRI in the evaluation of Alzheimer’s disease is to look for excessive brain shrinkage. At present, clinical MRI scans do not precisely quantify the amount and location of atrophy, but MRIs are judged by radiologists using a qualitative assessment. Much progress has been made in developing quantitative MRI and it is hoped that in

the future accurate measurement of brain volume will be useful in determining the effectiveness of experimental drugs in modifying the rate of brain loss. Brain aging is also associated with the occurrence of strokes due to occlusion of small blood vessels. These small vessel strokes are often clinically silent because there is no associated weakness, change in sensation or problems with balance or coordination. As these strokes accumulate, however, they lead to mental slowing and difficulty with multi-tasking. The risk of having a small vessel stroke is increased in people with hypertension, high cholesterol, smoking, and diabetes mellitus. The notable common feature about these risk factors is that they can be controlled with medication and changes in lifestyle.

Neurons are highly metabolically active cells that require a continuous supply of blood and nutrients. In the brains of people with Alzheimer’s disease neurofibrillary tangles

form as a result of cross-linking a protein named tau that normally functions as a support network and transport system inside neurons. The other pathologic hallmark of Alzheimer's disease is the formation of clumps of aggregated amyloid protein (plaques) that accumulate outside cells. Amyloid is cleaved from a larger protein named amyloid precursor protein that is excreted from neurons to form the plaques. Amyloid plaques occur in most older people, but not in the quantity seen in Alzheimer's disease. Cells must also dispose of metabolic waste products and neurons accumulate waste products called lipofuscin.

Not all people age at the same rate. It is not surprising that people who are in good physical shape can walk faster and for a longer time than people who are out of shape. The same is true with brain aging. But, there are steps we can take to help maintain our brains. Studies have shown that people with poorly controlled high blood pressure, cholesterol and diabetes mellitus have an increased risk of dementia. Adding to the problem, the presence of more than one factor significantly further increases the risk that an individual will experience cognitive problems. It is important to aggressively treat these risk factors as early in life as possible because their presence in mid-life is associated with Alzheimer's disease decades later. The association of mid-life risk factors with later Alzheimer's disease is consistent with our belief that the pathology of Alzheimer's begins long before symptom development.

Although we do not have any medications that are proven to reduce the occurrence of Alzheimer's disease, there is increasing support for exercise, mental activity and social engagement as modifying factors. Numerous studies have also shown that people who exercise in their 30's and 40's have a lower rate of developing Alzheimer's disease. There is even evidence to support exercise beginning at the age of 60 as a modifying factor. So it is time to get off the couch and do some form of exercise (walking, swimming, aerobics, stretching) for 30 to 45 minutes at least 5 days per week. It will



help with controlling weight, blood pressure, diabetes, hyperlipidemia and maybe even improve your mood. Regular exercise also causes production of neuronal health promoting hormones, such as Brain Derived Neurotrophic Factor (BDNF). Regular exercise is also beneficial in mice that have been genetically modified to produce amyloid plaques similar to those seen in Alzheimer's disease. University of Chicago scientists found that mice that exercise had 50% fewer plaques than genetically identical mice that did not exercise.

Diet also appears to be important in determining your risk of Alzheimer's disease. Regular consumption of the Mediterranean diet, which is rich in fruits, vegetables, cereals and olive oil, may decrease your risk of Alzheimer's disease. People who stay

intellectually active and involved in social groups also have a lower risk of Alzheimer's disease. The type of activities one is engaged in is probably not as important as regular participation. Join a community group, church or charitable organization. Get involved in clubs, dancing, or volunteering. It is inexpensive, good for you, can help others, and may even be fun. If a medication had the beneficial effects of diet, exercise and lifestyle changes, we would be touting it as a miracle and the price would certainly be higher. While it is certainly true that no activity can completely protect you from Alzheimer's disease, why not do what you can to delay its onset?



Dr. James R. Burke in dialogue with a research participant at the 2009 Bryan ADRC Conference.



## **SAVE THE DATE!**

**Bryan ADRC 24<sup>th</sup> Annual Conference**

**Alzheimer's 2010: Pathways to Disease  
Treatment and Prevention**

**February 11-12, 2010**

**Sheraton Imperial Hotel and Conference Center  
Research Triangle Park, NC**

From The AGS Foundation for  
Health in Aging's

## You Must Remember This: Advice for Improving YOUR MEMORY

**If you can't seem to remember things as well as you used to, "conquering the planet" may help.** In the first study of its kind, researchers found that older adults can improve their memories and other mental abilities by playing a video game in which players use planning and strategy to take over the world.

As we grow older we all tend to find it *somewhat* harder to remember and carry out other mental tasks. Looking for a way to help older adults boost these abilities, the researchers trained volunteers in their 60s and 70s to play "Rise of Nations," a video game that rewards you for successfully managing, building and expanding empires. Compared with 20 older people who hadn't played the game, 20 who had showed improvement in working memory (the ability to "hold on to" small bits of information for a short period of time), visual memory (the ability to recall information from pictures and lists, for example), and other thinking abilities, the researchers report in the journal *Psychology and Aging*.

Dominating the world isn't the only way to improve your memory and other thinking abilities, of course. Seeing your healthcare professional regularly is a crucial part of maintaining your "mental vitality."

Getting enough sleep – at least 7 or 8 hours a night – can help you concentrate and remember better. Eating a good diet – lots of fruits and vegetables, along with whole grains, and fish like salmon, tuna, and sardines, which are rich in heart- and brain-healthy omega-3 fatty acids – is essential. And don't forget activities – like yoga, meditation, and prayer – take the edge off stress, which can make it harder to learn and recall. Activities that involve solving problems and other mental "work" – like reading, learning an instrument or language, playing bridge, or participating in a discussion group – also keep your mind find-tuned, as does socializing regularly. (For more about these strategies, see the FHA's "cognitive vitality tip sheet" at [http://www.healthinaging.org/public\\_education/thinking\\_vitality.php](http://www.healthinaging.org/public_education/thinking_vitality.php)).

In addition to the above strategies for keeping your mind in shape, consider these tips, specifically for maximizing memory.

See your healthcare provider if you snore at night and feel sleepy by day. Snoring while sleeping and feeling drowsy the next day can be signs of sleep apnea. People with untreated sleep apnea stop breathing briefly, but repeatedly, while sleeping. This interrupted breathing can deprive the brain of oxygen.

**Eat your carbohydrates.** Diets that are very low in carbohydrates - such as fruits, vegetables, bread, and pasta - can interfere with memory. That's because your body breaks down carbohydrates or "carbs" into a form of sugar called glucose, and your brain runs on glucose.

**Minimize multitasking.** Doing two or more things at once - like reading this tip sheet and listening to the news at the same time - will make it harder for you to recall either later. That's because multitasking makes it harder for you to process detailed information. Multitasking overloads your working memory circuits. According to researchers at UCLA, you usually process

new information in the part of your brain called the cerebral cortex. But multitasking forces your brain to process some information in an area called the striatum, which can handle fewer details than the cortex.

**Double-check your meds with your healthcare provider.** Certain antidepressants, anti-anxiety drugs, blood pressure and cholesterol medications, sleeping pills, ulcer drugs, painkillers and allergy meds can affect your memory -- especially if you take more than one of these drugs. Talk to your healthcare provider if you start having trouble remembering things after starting a new drug. Adjusting the dose of your medications, or switching from one drug to another may well solve the problem. If you're being treated for diabetes, making sure the treatment is just right is particularly important, since blood sugar levels that are too high or too low can cause the memory to fail.

**Trust your memory.** Worrying about forgetting can make it harder to remember things. In a recent study published in the journal *Psychology and Aging*, a group of healthy older adults who were told that "aging causes forgetfulness" did worse on memory tests than a group that wasn't told anything about aging and memory. Older adults in a third group who were told that memory declined only somewhat -- but not that much -- with age, scored the highest of all.

The following time-tested strategies can also make it easier to remember when your flight is leaving, where you put your gloves, and what you need at the grocery store:

**Write it down.** Keeping some sort of diary in which you write down your appointments, and carrying it with you, can help you keep track of what you need to do, when, and where.

**Give everything a place.** Designate a specific place for your glasses - say, on your nightstand. Every time you take them off, put your glasses in that spot. Designate other places for your keys, your medications, your wallet, your checkbook, and the remote control.

**Try these memory tricks.** For thousands of years, these simple strategies have been helping people remember:

- *To remember several items if you don't have pen and paper on hand to make a list:* Come up with a word or phrase using the first letter in the name of each item. Let's say you need to get lettuce, salmon, coffee, eggs, milk, and apples from the store. Create a sentence with words that start with the first letter of each item -L, S, C, E, M, and A. You might try: "Lucy Saw Camels Eating Milk and Apples." Repeat that phrase to yourself a few times, or visualize (imagine) a girl (Lucy) watching camels eat a mixture of milk and apples.
- *To learn and remember someone's name:* Try visualizing the name and connecting the image with a noticeable feature of the person you've just met. Let's say you were just introduced to a Mr. Douglas, who happens to have very large feet. Imagine him having dug ("Doug") the last ("las") of a series of holes, and standing with his big feet in that final hole.

Finally, your brain works like a computer, but think of it as a muscle. Keep it healthy, happy and well worked out. Find something that really stimulates your mind and an exercise, like walking, that you really enjoy. Then find a partner to share the fun. With a companion you will be much more likely to enjoy the effort and more likely to keep going.

## More on Memory Loss and Prevention

“Can Alzheimer’s Be Prevented?” (2009) from the National Institute on Aging:  
[www.nia.nih.gov/Alzheimers](http://www.nia.nih.gov/Alzheimers)

“Brain Games: Do they Really Work?” by PM Doraiswamy and MC Agronin:  
[www.scientificamerican.com](http://www.scientificamerican.com) Mind Matters, April 28, 2009.

“New Research Illuminates Memory Loss and Early Dementia” [www.nia.nih.gov/Alzheimers](http://www.nia.nih.gov/Alzheimers)  
See Spring 2009 Newsletter Features.

*The Alzheimer’s Action Plan* by PM Doraiswamy and LP Gwyther (2009 Paperback from St Martins Press).

“Six Ways to Boost Brainpower” by Emily Anthes. [www.scientificamerican.com](http://www.scientificamerican.com) (February, 2009).

And just for fun and musical sensory stimulation:

[http://www.youtube.com/watch?v=OUE3Nv\\_rtY](http://www.youtube.com/watch?v=OUE3Nv_rtY) The sound of Music.

## Keep Prevention Research in Perspective

You may delay, but time will not.

– Benjamin Franklin



If we knew what we were doing, it would not be called research, would it?

– Albert Einstein

Be careful about reading health books  
You could die of a misprint.

– Mark Twain

## **ARTHUR (A Step-Daughter's Perspective)**

Gwendolyn Neal  
Greenville, NC

So gentle and strong, who strives to belong, met Virginia a little longer than eight years ago and thought he had found love that would help conquer his fears. But for some reason we do not understand, their happiness and fun didn't last long until he realized his new love had a great problem trying to cope. But he kept fighting all odds and tried not to give up hope.

There were many happy times when Arthur and Virginia went swimming, walking, and traveling. They had great moments of laughing and giggling and loving each other. After not too many years, it was plain to see that Virginia was having problems with her memory. Arthur had much stress because he had his worse fears confirmed. Virginia has Alzheimer's disease and sadly, this is not a new situation for Arthur.

Burdell, his first love, who gave him three beautiful children and the love he needed, died from Alzheimer's disease. Arthur was left alone and did his best. He goes to the nursing home most every day and does all he can to show Mother love in every way.

Thank you, Arthur, for keeping the faith and showing us all, in your own quiet way, that we can survive.

### **TIME**

Kathryn Matthews Adams  
New Hill, NC

Time rushes past with no rewind,  
Whirlwinds of fluttering butterflies,  
Opalescent pearls of years entwine,  
As we reach for elusive dreams,  
Midst our twilight of hope and fear.



## **The Lady in the Old Blue Chair – A Son-In-Law's View**

Gary Furlough  
Ayden, NC



In the past few years I have watched this sweet Lady's memory wither away like the leaves in the autumn air. Through the glass door she watches the birds feed; when they are gone, she can't recall they were even there. She just sits and nods most of the day for when she goes to talk, sometimes her mind won't give her the words she wants to say. And the doctors give her 32 pills a day just to keep her this way?

She now lives in the distant past, all of life's long memories are gone like broken glass. It would be nice if all of these memories with grandchildren she could share, but her mind is just too bare. She has a son and three daughters, with love and compassion for their Mother they share. With monitors, alarms and live-in-care, whatever their Mother needs, it's all provided there.

There are the moans and groans that wake me in the night, but to my wife, it's a sign from God that her Mom is all right. Then through the monitor comes this little voice: "Someone come help me, please." I wake her daughter, because I know she's got to relieve herself and the help she needs ain't going to come from me!

Things have really changed since the first time that the Lady and I met. I think sometimes if it was me, I might ask God to end this nightmare. But then I stop and think...I wonder if I would feel that way if it was my mother in that Old Blue Chair.

A lot of changes have taken place since the last words I shared about the Lady in the Old Blue Chair... We don't put the chains on the doors because she passes through them no more. We took the alarm off the Blue Chair – now it is empty and bare, and a dull gray has covered the pretty white hair of The Lady who sat in this chair.

We no longer need rails around the bed as she can barely raise her head. Through the monitors at night her moans and groans still fill the night air. Her wants and needs she can no longer share... When she tries to speak, the words are just not there.

Through all of these changes and despair, the Lord has blessed her children to be able to provide her with the very best care, until He sends His angels to get the Lady in the Old Blue Chair.

**S A V E T H E D A T E**

*Candlelight Reflections*



*to honor, hope and remember...*

**November 5, 2009 at 6:00 p.m.  
Doris Duke Center, Duke Gardens  
Durham, NC**

**Please join the Bryan ADRC in honoring people with  
Alzheimer's disease and family caregivers.**

## Grief Matters: The Painful Journey of Losing Someone to Alzheimer's Disease

Edna L. Ballard, MSW

Workshop Highlights, Bryan ADRC 23<sup>rd</sup> Annual Conference, February 2009



We recognize losses early in life – they begin with the loss of the pacifier, the security blanket that has seen a hundred washings, the best friend whose family moves to a different city, or the beloved grandparent with whom we went fishing in the summer. The child who goes away to college or marries is a reminder of the loss of an old relationship and the advent of a new and different relationship. There are things we hope for, work for, and are grateful for, yet the changes bring anxiety along with exhilaration, sadness and a sense of loss along with pride, a loss of being needed and a sense of relief with no longer being needed. We experience losses throughout our lives, expected and unexpected, welcomed and unwelcome.

Loss has different meanings for every individual. The “big” losses – the death of a family member or friend, disability, loss of one’s job, watching a loved one succumb to Alzheimer’s disease can rock the very core of one’s sense of stability. The pain can last a long time, affecting every aspect of our lives. Families report feelings of helplessness, hopelessness and often isolation and misunderstanding of their grief from others.

How do you manage? Grief has its own timetable. Each person’s journey is his own. Feelings of sadness, fear, indecision, anxiety, guilt, shame, depression, even anger may come and go with little or no warning and varying degrees of intensity. Ask for help and accept it on whatever terms the person offers it; it may not be up to your standards but it is valuable if it offers some solace or comfort. Take good care of yourself physically, i.e. eating when you don’t feel like it; getting sleep when that may be difficult; being attentive to health problems, and spending time with family, friends and neighbors who offer an emotionally healthy environment. Be careful to limit time with individuals in your circle who create stress, including family members. A simple statement such as “I am sorry but this is too much for me to handle or think about right now,” may be enough to excuse you from the situation. You do not owe the person an apology or further explanation. Seek professional help from clergy, your physician, counselor or support group if this is helpful to you. Many communities offer Grief and Bereavement Support Groups (call your Alzheimer’s Association, Hospice, or your local hospital for resources near you.)

Unfinished business: Alzheimer’s disease can be a special kind of loss because the person is beyond understanding your need for closure of a past injury – your need to receive an explanation or apology or your need to offer one. Forgiving the person or forgiving yourself, according to the mental health experts, can be uniquely healing. It also helps to lessen the pain of grief. The simple act of writing a letter, even though it may have no meaning to the person with Alzheimer’s, saying “I love you” can be helpful to you. Do this especially when the person has been difficult – hitting, cursing, refusing care, or having no appreciation or sense of what you have had to give up to give good care.

Recovery from loss may take a while. There is nothing amiss if you recover in what seems a short time. There is no roadmap. We often measure ourselves and others to a humanly impossible standard when it comes to reaching “the new normal.” The new normal is what is normal for you. No one can replace or undo the loss. To heal, the individual must endure the grief process, to go through the pain, and acknowledge it. You don’t need to forget. Resolution in coming to terms is different for everyone. When the person dies, in the end you will have a *different* relationship with him or her, but s/he will always be a part of your life experience.

Patti Davis wrote about her father, former president Ronald Reagan, and his Alzheimer’s disease: “I’m discovering for myself now the sweeter side of grief...The brighter memories eventually bubble to the surface and stay there, and my sadness has taken on a quiet calm.”

(Taken from: *Angels Don’t Die: My Father’s Gift of Faith* by Patti Davis, HarperCollins Publisher: 1990).

Cordelia Holloway-Davis, who has taught so many of us through her writings and presentations about how to deal with loss, shares this: The heart can still ache when we think of the person, yet, there can be peace, acceptance, and resolution.

*“Though the storms keep on raging in my life, and sometimes it’s hard to tell the night from day, still that hope that lies within is reassured. As I keep my eyes upon the distant shore, I know He’ll lead me safely to that blessed place He has prepared. But if the storms don’t cease, and the wind keeps on blowing in my life, **my soul has been anchored in the Lord.**”*



These are some of the words to a song that my mother loved before she died. Even after she could no longer walk or talk, she seemed to get comfort from the tape that I made for her of the songs she used to sing. It has been twelve years since she died, but to me it was just like yesterday. My heart still aches when I think of her. A few months ago I came across the tape and played it. I listened to the words and realized why Mom loved it. Alzheimer’s was her storm, and the wind and waves beat up on her. Although she wanted to get better, she knew that if she didn’t, she had an anchor in God. She had something to look forward to after this terrible disease had taken over her mind and body. I understand now why my mom, who after months of not being able to talk, looked at my sister and myself and said, “no” when we tried to force feed her. She was ready to go to that blessed place that God had for her. She died three days later. I know that it is now time for me to let go of all the bad memories of Alzheimer’s, and rejoice because Mom’s storm is over.

He that gives good advice builds with one hand;  
he that gives good counsel and example  
builds with both.  
– Francis Bacon

In listening quietly  
to the troubles of another,  
our own burdens  
are sometimes lightened.  
– Jiddhu Krisnamurti



Courage is like love  
It must have hope for  
nourishment.  
– Napoleon Bonaparte

Love is the beauty of the soul.  
– St. Augustine



## “Beyond Visits: Church Responses to Alzheimer’s Families in the Community”

Excerpted from: *You are one of us:* (1995) by Lisa Gwyther\*

Prayer partners for people with Alzheimer’s or caregivers. Relevant Bible passages can be comforting to the caregiver if they are not presented glibly or as clichés.

- Cards or notes from church members on an occasional basis are the most spontaneous, welcome, least intrusive form of church response.
- Special Sunday services each month or year honoring family caregivers and frail elders. Consider special accommodations, prayers, escort, transportation, or lunch. Worship services may be adapted with fewer words, using rhythmic hymns, verses, poetry, prayers, benediction, pardons, pictures, symbols, old religious objects, or rituals. Sometimes just walking in to a familiar church environment will calm a scared church member with Alzheimer’s.
- Church-sponsored retreats for family caregivers with respite care provided to members with Alzheimer’s in their own homes.
- Featuring one caring family a month in the church bulletin to remind members of families at risk of social isolation. The feature could encourage church members to be in touch or list specific preferences or needs of each family.
- Matching each Alzheimer’s family in the community with one church visitor who commits to check in weekly or monthly. The church visitor might take the caregiver out, drive the caregiver to visit the person with Alzheimer’s in a nursing home, take them both out, or just bring a special gift like a rose from the church garden.
- Some isolated family caregivers may appreciate new volunteer roles for themselves within the church. Could family caregivers be given telephone responsibilities for welcoming new church members?
- Church men’s clubs, youth groups, circles may choose to “adopt” individual families. Service teams could be set up to provide periodic home help, errands, or companionship, or to coordinate refreshments, space, or reminders for a support group.

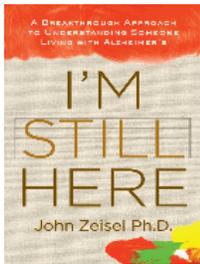
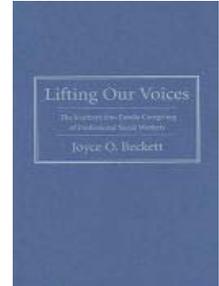
\*Book available for \$5.00 from Duke Family Support Program.



## Have You Heard About?

This is what learning is. You suddenly understand something you've understood all your life, but in a new way.  
– Doris Lessing

Beckett, Joyce O. (2008). *Lifting Our Voices: The Journeys into Family Caregiving of Professional Social Workers*. (African-American social workers' experience.) Lifting Our Voices is the only book to explore the dual roles of professional social workers who are also family caregivers and the only collection on caregiving in which the majority of contributors are African-American.



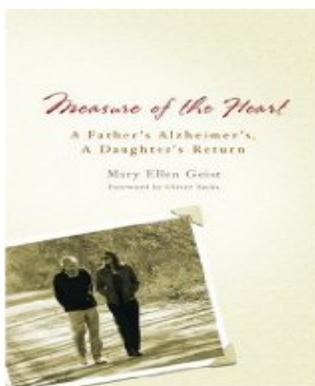
Zeisel, John (Penguin 2008). *I'm Still Here: A Breakthrough Approach to Understanding Someone Living with Alzheimer's*. This book focuses on connecting with individuals with Alzheimer's through their abilities that don't diminish with time, such as understanding music, art, facial expressions, and touch.

Duffy, Rick (2008). *Waiting for Rick: A Caregiver's Dilemma*. This story of Rick Duffy's experiences in caring for his mother, who suffered from dementia and cancer. He wrote to reveal strategies and resources for better end-of-life care and intends the book to serve as both a tribute to her life and a how-to manual for families experiencing the unique challenges of saying goodbye to an older person in failing health.

Brody, Jane (2008). *Jane Brody's Guide to the Great Beyond*. From the start to the finish, Brody leads you from diagnosis to grief, even while putting you at ease by saying, "Don't be afraid to face the inevitable, which I hope will be as distant from the present as possible".

*Beyond Forgetting: Poetry and Prose about Alzheimer's Disease* (2009). Kent State University Press, Kent, OH. Written by 100 contemporary writers - doctors, nurses, social workers, hospice staff, and families whose lives have been touched by Alzheimer's disease.

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



Geist, Mary Ellen (2008). *Measure of the Heart: A Father's Alzheimer's, A Daughter's Return*. One chapter includes the family's favorite recipe for "Alzheimer's Chicken," a metaphor for all activities. Another chapter offers nine practical suggestions for when a person with dementia must stay in the hospital. Geist discusses the real issues of guilt, grief and loss, chronic fatigue, sorrow and isolation. Geist discovered that dementia helped her find a new peace, a relationship more profound than she had known.

## New Online Help



[www.osher.net/lifestorycenter](http://www.osher.net/lifestorycenter). An easy-to-use format guides users through the steps of telling their own life stories – or helping others do the same. The site also makes it simple to contribute a life story to the online archive.

[www.aftershingles.com](http://www.aftershingles.com). AfterShingles offers tools and information for consumers about shingles and provides steps to take to help manage this condition.

[www.sharpbrains.com](http://www.sharpbrains.com). Provides high-quality information and guidance to navigate the brain fitness and cognitive health market.

[www.ncea.aoa.gov/ncearoot/main](http://www.ncea.aoa.gov/ncearoot/main). The National Center on Elder Abuse (NCEA) is a resource to ensure that older Americans live with dignity, integrity, independence, and without abuse, neglect and exploitation.

[www.alzheimers.org/adlib/](http://www.alzheimers.org/adlib/). Search AD Library database for fact sheets, textbook chapters, journal articles, brochures, teaching manuals not found in other libraries or databases.

[www.seniordiscounts.com](http://www.seniordiscounts.com). A website that lists more than 160,000 price breaks in categories ranging from auto parts to eye care. Visit the site and enter your zip code to find discounts from 10-20 percent.

<http://www.wiserwomen.org/portal/index>. The information is designed to help you identify financial decisions you may face as a caregiver, affecting both short-term and long-term financial security.

[www.guidetocaregiving.com](http://www.guidetocaregiving.com). Guide to Caregiving in the Final Months of Life by Betsy Murphy RN (2007). This is a 63 pp. booklet by an experienced nurse family caregiver.

<http://nihseniorhealth.gov/medicare/>. Medicare May 2009 Update and Explanation for Family Caregivers. Understandable, complete and helpful.

[www.mayoclinic.com/health/lewy-body-dementia/](http://www.mayoclinic.com/health/lewy-body-dementia/). A September 2008 downloadable introduction to Lewy Body Dementia.

[www.pawpawmail.com](http://www.pawpawmail.com). Simple email system for those new-to-computers to stay in touch with family.

[www.ahrq.gov/questionsaretheanswer/questionBuilder.aspx](http://www.ahrq.gov/questionsaretheanswer/questionBuilder.aspx). The Agency for Healthcare Research and Quality (AHRQ) provides a personalized list of questions that you can take with you to visit your health care clinician or pharmacist.

[www.disabilityinfo.gov](http://www.disabilityinfo.gov). Provides quick and easy access to comprehensive information about disability programs, services, laws and benefits. To find disability resources in your state, just click on the Find State and Local Resources map located in each of the subject areas.

[www.prweb.com/releases/senior-care/health-education/](http://www.prweb.com/releases/senior-care/health-education/). The purpose of this health education resource roadmap is to guide visitors through the process of caring for mom or dad by offering insightful answers, tips, tools, and resources in a concise format as well as access to local care and senior supply providers.

[www.creativityandaging.blogspot.com](http://www.creativityandaging.blogspot.com). Sponsored by the National Center for Creative Aging, this blog shows ways to continue to manage your life creatively and successfully.

[www.cdc.gov/aging](http://www.cdc.gov/aging). Center for Disease Control has new reliable aging information and swine flu updates for older persons.

[www.nlm.nih.gov/medlineplus/seniorhealth.html](http://www.nlm.nih.gov/medlineplus/seniorhealth.html). Latest published medical research affecting older adults.

[www.nextstepincare.org](http://www.nextstepincare.org) Information to help families plan smooth transitions from one care setting to another.

[www.nia.gov/Alzheimers/Publications/caregiverguide](http://www.nia.gov/Alzheimers/Publications/caregiverguide). See New expanded Alzheimer's caregiver guide for 2009.

[www.infoaging.org](http://www.infoaging.org). Excellent current evidence-based information from the American Federation for Aging Research.

[www.healthwise.net/preferredcare](http://www.healthwise.net/preferredcare). See decision aid for moving a relative with dementia to residential or nursing home care.

[www.alz.org/living\\_with\\_alzheimers\\_african\\_americans](http://www.alz.org/living_with_alzheimers_african_americans) 2009 Update on African Americans and Alzheimer's disease.

[www.alz.org](http://www.alz.org) See 2009 Alzheimer's Disease Facts and Figures.

<http://stroke.nih.gov> New "Know Stroke" website

<http://weboflife.ksc.nasa.gov/exerciseandaging> 2009 New and expanded NIA guide to exercise and diet for older persons.

<http://wisernowblog.blogspot.com> Aging, Alzheimer's & Dementia tips

Truth only reveals itself

when one gives up

all preconceived ideas.

– Shoseki

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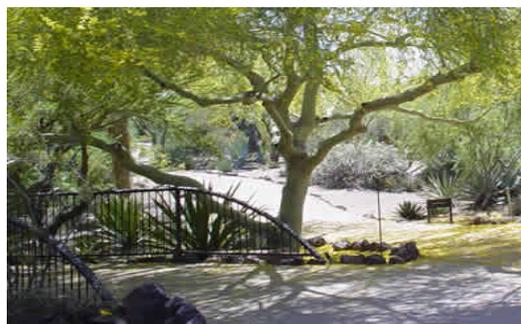
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– John F. Kennedy

Character, in great and little things,  
 means carrying through what you feel able to do.

– Johann Wolfgang von Goethe

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– Anonymous

**Summer 2009**

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