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Alzheimer’s: The most expensive disease

Americans gained 25 years of life expectancy over the last century because of health sciences. Vaccines, antibiotics, vitamins and indoor plumbing completely changed why Americans died in the first half of this period. The last 50 years witnessed a 50 percent reduction in the risk of dying from heart disease. Many cancers that once were fatal are now largely curable. HIV/AIDS that was devastating to certain communities is now a treatable and manageable disease. Why? Because the investments in biomedical research produced a series of graded improvements in our ability to understand causes and improve treatment approaches for these disorders. This was ONLY achieved after major advocacy efforts to convince our government leaders of the need for these investments.

In this issue we highlight one of the glaring challenges in Alzheimer’s disease research: the discouragingly low level of research funding. In many ways, Alzheimer’s is a neglected disease. The Rand Corporation recently calculated that Alzheimer’s was the most expensive disease, slightly exceeding the medical costs of heart disease and costing 50 percent more than cancer. Alzheimer’s is now understood to be the third leading cause of death (500,000 annually) rivaling heart disease (590,000) and cancer (560,000). The demographic imperative of an increasingly graying America forecasts that the medical costs of heart disease and costing 30 percent more than cancer.

Increasingly, just describing anatomical changes in the brain’s response to drugs is not sufficient to be convincing. As Peter says, “A picture may be worth a thousand words, but a number is worth a thousand pictures.”

“Today we know a great deal about Alzheimer’s disease, more than we knew by 2020. Please help us by contacting your legislators, even those that you ed to prove the science right, we will have the tools to prevent Alzheimer’s... until Alzheimer’s is a memory.”

Dave Morgan, PhD
CHIEF EXECUTIVE OFFICER
What is stereology?

Stereology is a relatively new scientific method to help researchers quantify microscopic structures. Medical researchers commonly use it to identify and estimate the number of diseased or dead cells in an organ.

First developed in the 1960s, it involves the use of dyed tissue samples that highlight normal and altered cells to help scientists calculate their number, size and length using a microscope, camera and computer.

In the past 20 years, it has become the standard for certain scientific measurements in published research papers and grant proposals.

Although it can be used to help researchers grasp the number of altered cells in any part of the human body or in other living things, including laboratory mice, one of its applications in Alzheimer’s research is to estimate the bulk size of a harmful gooey substance in the brain, known as amyloid plaque, that is linked to dementia.

“Stereology shows us we don’t lose neurons,” Mouton says. “It’s their function that’s diminishing, which is good news — because the potential is there to rescue the neurons and make them function better. If they’re gone, they’re gone and there’s no way to replace them. But if they’re just not functioning well, then you can devise pharmacological approaches that might improve their function.”

Stereology-based research also gained headlines in recent years when scientists challenged the widespread belief that autism may be linked to vaccines or other environmental factors after birth. Mouton, collaborating with researchers at the University of California San Diego, found that children with autism are born with an unusually high number of brain cells, suggesting the cause is one or more genetic mutations.

Speeding up the lab work

Mouton, who has written three books on stereology, now hopes to push the boundaries of science once again by making the technology much quicker and less labor intensive.

By the mid-1990s, a prestigious neuroscience journal in the United States said that it would no longer publish research studies if stereology was not used to quantify their results. The new method quickly became the gold standard for scientific research as other medical journals followed suit.

Stereology has already helped debunk the once-prevailing scientific belief that older people suffer memory decline because of the loss of nerve cells, known as neurons, in the brain. A tally of nerve cells by stereologists proved otherwise.

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For now, scientists must examine the cells on a computer monitor to count them. With funding support from the National Institutes of Health, he’s developing computer software that would automatically recognize and tabulate them automatically using technology based on the facial recognition software developed for the Department of Homeland Security to identify terror suspects.

An automated system for collecting data from tissue samples by computer instead of relying on the human eye will not only speed up the process of gathering the information researchers need, it will also help research dollars go farther by freeing researchers up from the tedious task.

“Our challenge now is to get the computer up to the level of a human brain, so that the computer can automatically recognize cell structures as quickly and easily as the human brain,” he says.

“Within the next three years, and hopefully sooner, we hope to have these computerized systems in the hands of scientists.”

Pushing the boundaries

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Mouton, a researcher at the USF Health Byrd Alzheimer’s Institute, is one of a handful of pioneers worldwide applying the 21st-century science to the mysteries of dementia.

In doing so, the 56-year-old scientist is part-neuroscientist, part-mathematician and part-technology geek. His tools of the trade include dyed tissue samples that are placed under a camera-mounted microscope linked to a computer, so that cells can be analyzed in three dimensions.

Much of his work involves mice that have been bred at the Byrd Institute to replicate memory loss.

“He’s certainly one of the top people in the world in his field,” says research scientist Marcia Gordon, PhD, one of his colleagues at the Institute. “Having an expert in the proper technique of stereology is critical to advancing our science and having it published.”

To Denmark and back

Mouton chuckles about the fact that he’s been around longer than his field of specialty, which traces its roots to the 1960s. While working on his doctorate in neuroscience at USF in the 1980s, Mouton became frustrated with the difficulty of studying physical changes in the brain. So after completing his doctorate, he accepted an invitation for post-doctoral studies with Professor Hans J. Gundersen, “the father of stereology,” in Denmark for two years.

While Gundersen was primarily studying cellular changes in kidneys, Mouton was among the first scientists to push the boundaries and apply the same techniques to the brain and nervous system. He then became one of the first to bring those innovations back to the United States in the early 1990s, and he honed his stereology skills at Johns Hopkins Medical Institutions and National Institute on Aging in Baltimore, Maryland, for almost two decades before returning to USF in 2010.

An expert in his field, Mouton has helped train others, including scientists and graduate students at USF in stereology techniques to help them advance their research. Recognizing the growing demand for his skills at other academic institutions, in government agencies and in the pharmaceutical industry, he founded Stereology Resource Center in 1995 to market the hardware and software and provide training. Mouton is the president and chief scientific officer, his wife, a nurse and lawyer, is the chief financial officer.

Their Tampa-based corporation, not far from where he grew up in Brandon, has provided stereology-related resources to thousands of bioscientists throughout the world, from North and South America to China, Australia, Israel and Singapore.

Gordon, his colleague, describes him as the new breed of scientist/entrepreneur.

“He runs his own company and knows how to talk to the business community as well as doing scientific research,” she says. “That’s a new model that institutions are interested in having on their faculty.”

“My challenge now is to get the computer up to the level of a human brain, so that the computer can automatically recognize cell structures as quickly and easily as the human brain,” he says. “Within the next three years, and hopefully sooner, we hope to have these computerized systems in the hands of scientists.”

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Peter R. Mouton, PhD

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Gaining momentum?

It may be too early to celebrate, but advocates say Alzheimer’s research is getting some much-needed government support.

I t’s the proverbial glass half-empty, glass half-full dichotomy. At the heart of the debate, as more people live longer, is the looming Alzheimer’s crisis and the strain it will place on millions of families and our nation’s health care system.

While advocates clamoring to pump more money into scientific research to find ways to prevent or cure the disease are celebrating some recent economic victories, some characterize the gains as relatively minor but strategically important in the war against Alzheimer’s.

“This is a step - an important step - but just the beginning of what it will take” to wipe out the disease, says Dave Morgan, PhD, CEO of the USF Health Byrd Alzheimer’s Institute in Tampa, one of the largest and most comprehensive research and outreach facilities of its kind in the world. Morgan is referring to the $5 million budgeted by Florida lawmakers this year for the first time to advance research statewide into Alzheimer’s and related diseases. The Legislature also set aside an additional $2.5 million to be evenly divided for research at two of the state’s leading Alzheimer’s institutions – at USF and the University of Florida – for the second year in a row.

The USF assistant vice president for government affairs Mark Walsh, chief USF lobbyist for the past eight years, gives state lawmakers a high-five.

“I’ve been here since the Byrd Institute was transferred to USF [in 2009], and there was no funding provided for it from the state and no funding for Alzheimer’s research grants statewide, so I consider this a great year for Alzheimer’s research,” says Walsh. “Hopefully, the trajectory for research dollars will keep climbing.”

A sense of urgency

Experts say more needs to be done sooner rather than later to reverse the course of Alzheimer’s, which recent research estimates is the third-largest killer in America behind heart disease and cancer. Alzheimer’s is also the only leading cause of death for which there is no prevention, treatment or cure.

“By 2050, nearly 14 million Americans will suffer from Alzheimer’s at a cost of more than $1 trillion annually,” Morgan wrote in a Tampa Tribune op-ed piece earlier this year urging lawmakers to do more.

“In other words, we have the choice to make an investment now to prevent that from happening, or risk bankrupting Medicare and Medicaid, which shoulder the majority of the burden of the disease. Florida, with twice the national rate of dementia per capita due to our age distribution, will be hit particularly hard.”

As USF Health’s associate vice president for government affairs and chief lobbyist for USF Health, Pam Pfeifer helped persuade lawmakers to invest more this year in Alzheimer’s research to stem the tide.

“At the rate we’re going, if we don’t start to prevent this disease, we’re not going to sustain our health care system. We’ll absolutely bankrupt the resources of the state,” she says.

There’s also the economic toll it takes on patients loved ones with lost work, illness and depression, she adds.

“There’s a lot of lost productivity because of this disease.”

Advocates know that increased state dollars aren’t enough and have stepped up their efforts to convince federal lawmakers that funding for Alzheimer’s research deserves to be on a par with other leading health concerns, including cancer and AIDS.

“At the federal level, investment in cancer research is $5 billion,” Morgan points out. “Investment in AIDS research is $3 billion. Because of these investments, we have increasingly better treatments for these diseases, resulting in some being cured.

Alzheimer’s receives $80.5 billion, or $500 million. We need a similar investment if we wish to have a similar impact on this disease.”

With sufficient research dollars, Morgan believes Alzheimer’s could be prevented by the year 2020.

A passionate crusader

Helping to turn the tide in Florida is a state lawmaker who chokes up when he talks about his grandparents’ struggle with the disease.

“My grandfather was a schoolteacher for 39 years and my grandfather worked in manufacturing all of his life before they retired to Sarasota,” says state Rep Matt Hudson of Naples.

“They were married for 65 years, and at the end, my grandfather had no earthly idea who his wife was and couldn’t perform functions of daily living. That’s tragic. I don’t want other families to go through what our family went through.”

Hudson and state Sen. Garrett Richter, a fellow Republican from Naples, were coauthors in creating the state’s first Purple Ribbon Task Force to assess Alzheimer’s needs in Florida and how well they were being met. With 19 members statewide that included lawmakers, doctors, patients, caregivers, social workers, scientists and more, the task force’s “big tent” approach produced the state’s first comprehensive plan in 2013 that helped state legislators begin to tackle the most pressing needs this year.

One achievement was the $3 million set aside for competitive grants for Alzheimer’s research in Florida. The recurring budget item – meaning it will automatically be included in succeeding years’ budgets unless it’s specifically removed – was named after Hudson’s grandparents: The Ed and Ethel Moore Alzheimer’s Disease Research Program.

“We can always add to it, but it will start out at $3 million,” says Hudson, who was re-elected to a fourth term in the House this fall. “We want to make sure that we don’t let some researchers’ great ideas languish for lack of resources.”

Hudson knew the budget victory for Alzheimer’s research would be popular with lawmakers’ constituents back home, so he encouraged his 119 colleagues in the House to co-sponsor his bill. He received more co-sponsors – 90 – than any other bill voted on by the House in 2014, and many of his colleagues have since thanked him.

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"I consider this a great year for Alzheimer’s research. Hopefully, the trajectory for research dollars will keep climbing."

Mark Walsh, USF assistant vice president for government affairs

Other favorable factors

Timing is everything, and lawmakers and lobbyists agree that it was easier to find money for new projects this year because rising property values and tax collections brought in roughly a $1.5 billion revenue surplus for the state.

Also, institutions like USF and the Byrd Institute are stepping up public pressure on lawmakers to do more. USF launched its “Call to Action” website this year to publicly recognize lawmakers who helped advance their causes and to encourage the public to lobby their rep­resentatives to support those measures.

Advocates say they expect to continue gaining traction as more people understand the prevalence and staggering pro­jections of the disease.

Pfeifer admits even she wasn’t aware of the profound economic and social consequences of the disease until joining USF three years ago, even though she worked as a senior policy adviser for former Florida Governor Jeb Bush and briefly for Florida’s current Governor, Rick Scott.

"Until I was working for USF Health and its Alzheimer’s Institute, I didn’t know how prevalent Alzheimer’s was in the state of Florida and its significant impact on our economy. The more we can talk about it, like we do with cancer, I think we’ll see more and more fund­ing," says Pfeifer.

Morgan notes that state lawmakers spent $60 million on cancer research last year to help establish National Cancer Institute­designated Comprehensive Cancer Centers at three sites in Florida. "We would like to see a similar invest­ment in Alzheimer’s research within the state of Florida for National Institute on Aging­designated Alzheimer’s Disease Research Centers," he says. "Alzheimer’s costs more, and it kills almost as many as cancer does."

Getting the word out

Supporters say public education is the key.

"If you go back in the state budget 20 years," says Pfeifer, "we weren’t funding cancer research at any significant level, and obviously now it is not only a major part of our state budget in terms of research dollars, but I would argue that we are a hub for medical tourism for cancer treatment here in the state of Florida. That’s what we’re looking to build upon for Alzheimer’s." Walsh says launching the Ed and Ethel Moore Alzheimer’s Disease Research Program with $3 million this year and pledging $1.25 million to USF and an identical amount to UF for Alzheimer’s research may not be a home run but it’s probably a solid double off the fence. "I’d love to see a day where Alzheimer’s was funded for $100 million in research in Florida, but just being able to crack through and get something in the budget for the first time as a recurring item is a big victory for all of us who spend a lot of time around the legislative process," he says. "That’s probably the hardest thing to do - to get something funded on a recur­ring basis that was never there before," he adds. "Once you’re there, you can incrementally build on that, and some­times that takes time. Don’t forget you’re up against other things like roads and pris­ons and schools competing for state dollars. I think legislators were viewing these research dollars for Alzheimer’s as a smart investment, to lessen the expen­ses that may come later if we don’t do this now."

Advocates say they will press even harder in years to come to help research­ers find answers to the vexing disease.

"It really is very easy to get passionate about this, because of Dr. Morgan’s belief and optimism that we can find a way to prevent it by 2020," Pfeifer says. "I feel that he’s given everybody a deadline of 2020, so we all need to do everything we can to get the research there."_

Sobering Statistics

• One in eight Americans age 65 and older (13 percent) has Alzheimer’s disease.

• In the year 2000, the estimated number of Floridians with Alzheimer’s was 360,000. The estimated number in 2010 was 450,000, and it is expected to reach 590,000 by 2025 without new interventions.

• The risk of Alzheimer’s increases with age, so as more people live longer, the number of people with the disease and its economic toll on society could increase dramatically.

• In an aging population, especially with the tsunami of the baby boomers, Alzheimer’s disease and other related dementias will have a significant financial impact on Florida’s Medicaid, medical insurance, long-term care programs and other senior care systems.

Research continues in two key studies with volunteers

Two studies underway at the Byrd Alzheimer’s Institute aim to shed light on whether Alzheimer’s disease can be reversed or – better yet – prevented.

Both clinical trials involve volunteers, but that’s where their similarity ends. One is studying whether an experimental drug can help prevent the buildup of harmful substances in the brain linked to dementia. The so-called “A4” study involves partic­i­pants between the ages of 65 and 85 who do not show signs of memory loss but are believed to be predisposed to it, based on a PET brain scan included as part of the study.

Scientists believe that changes in the brain may occur up to 10 years before an individual begins to show signs of memory loss. If so, that gives them a substantial window of opportunity to ad­dress the problem before dementia sets in.

The Byrd Institute was one of several research institutions chosen nationwide to take part in this landmark study funded by the National Institutes of Health.

If it works, the drug “could change the future of health care,” says Dr. Amanda Smith, the Institute’s medical director. She explains that people at risk of developing Alzheimer’s could be treated at outpatient treatment centers to prevent one of the most feared diseases and leading causes of death in the United States.

Researchers also will be looking at whether the drug may help delay the onset of Alzheimer’s, even if it doesn’t prevent it.

“The financial savings of delaying a diagnosis of Alzheimer’s by even five years would be enormous, not to mention the emotional benefit it would have for individuals and their families,” says Jill Smith, the Institute’s assistant director for clinical research.

Enrollment efforts, with special emphasis on recruiting women and minorities, will continue through early 2015.

“We are getting so many inquiries about this study, it’s very ex­citing,” says Jill Smith. “We were curious about whether people would re­late to us in light of their risk. Clearly, when you offer them an opportunity that may change their future and quality of life in their much-anticipated golden years, they want to know.”

Another study involves the use of coconut oil to try to maintain brain function in people with mild to moderate dementia. This Byrd Institute pilot study is based on a Florida doctor’s claim that her home remedy helped her 84-year-old husband regain some of his memory and personality lost to Alzheimer’s in the preceding 10 years. Enrollment in the study is ongoing; it con­cludes in 2015.

Source: Florida Department of Elder Affairs “2013 People Ribbon Tour Report"
Philanthropy has its own rewards. Those rewards can include a check in the mail every few months for the donor's generosity. They're called charitable gift annuities, and in addition to providing donors with a steady income stream in retirement, they also offer several tax advantages. Fundraisers call it a win-win situation for the cutting-edge research and array of services at the USF Health Byrd Alzheimer's Institute and for individuals wishing to support its mission as Florida's most comprehensive outpatient memory care facility.

“For some people, a charitable gift annuity is a wonderful tool to use,” says Marion Yongue, director of development/gift planning with the USF Foundation. Yongue points out several appealing features:

• Donors receive a guaranteed, fixed payment for life, and they can include a spouse or other loved one to receive the same benefit for life.

• Some of the income they receive from their gift is tax-free.

• Their donation could reduce their income taxes during higher-earning years.

• A donation of stocks or other appreciated assets can reduce taxes paid on capital gains.

• Donors find satisfaction in supporting programs that mean the most to them, whether it's Alzheimer’s research or services for patients and their caregivers.

How it works
Donors who are at least 55 years old can elect to receive income the first year of their donation; or by postponing their benefits, they will receive a higher amount for each year they wait, much like drawing Social Security benefits.

For example, a 60-year-old person who donates $20,000 can immediately begin receiving $880 a year for life, or $1,400 a year if they defer payments until the age of 70. In either case, some of that income will be tax-free during the donor's lifetime.

The rate of return is slightly lower for donors who designate a spouse or other loved one to receive an identical lifetime payment.

The minimum donation is $10,000 for a single annuitant and $25,000 for two annuitants.

“If someone has any sort of question about their future income, it’s nice to know that there’s a guaranteed source of income until the end of their life and, if they so choose, the end of the life of their loved one,” Yongue says.

He encourages prospective donors to discuss their wishes with their financial adviser or attorney first, “and if philanthropy is one of the things they want to accomplish with their assets, there’s a way we can help them do so.”

If they find that they don’t need the extra income, donors can use that income to make gifts to the Byrd Institute or another cause and be eligible for an additional charitable deduction. “Planned gifts are so important to any institution,” Yongue says. “We want people to know that they’re making a difference and helping to sustain the future of something they believe in.”

A gift that keeps on giving

Some charitable gifts to the Byrd Alzheimer's Institute can also yield a steady income for the donor.

Visit the Foundation’s gift planning page: http://giving.usf.edu

For more information about charitable gift annuities, contact Marion Yongue at (813) 974-1897 or visit the USF Foundation’s website at www.unstoppable.usf.edu.
Q & A With Nancy Teten, LCSW, Director of Social Work Services

As the director of social work services at the USF Health Byrd Alzheimer’s Institute for nearly eight years, Nancy Teten makes sure that people experiencing memory loss and their families get the help they need. She brings more than 40 years of experience in social work, geriatrics and mental health to her varied duties. She also teaches courses in her field at USF and St. Petersburg College. The South Carolina native says she grew up “all over the world” while her father served in the Air Force for 27 years before retiring to Tampa, where she completed high school and then earned her bachelor’s degree in sociology and two master’s degrees – one in gerontology and one in social work – from USF. The mother of two adult children and a 2-year-old grandson expects to complete her doctorate in social work at USF by next spring, if not sooner.

Q: You’ve had a lifelong interest in gerontology and aging. How has your thinking of aging changed over time?

A: My interest has truly been lifelong. From the very first gerontology class I took with Dr. Sue Saxon here at USF when I was 17 years old and just out of high school, I was hooked! She was such an excellent role model and an inspiration to me. She taught me that we need to think outside of the box as gerontologists, that we could try new ideas while we were perfecting old ones, and that we could keep what we liked and refine the rest. Over so many years in the field of gerontology, mental health and social work, I’ve seen the field – also called Aging Studies – change in ways that I only imagined and hoped for. I’m excited about the newest opportunities in treating what were thought of as “the diseases of old age” in new and different ways. My thoughts about aging really haven’t changed much – I’ve always kept up with changes in the field and welcomed evidence-based treatment options.

Q: What’s the most common misconception of social workers? How has your field of work changed during your lifetime?

A: A common misconception is that helping people is all that we know. Helping people is a core belief in social work, but so is promoting social justice and equality, recognizing the dignity and worth of each individual and the importance of human relationships, and demonstrating and promoting professional integrity and competence. We’re also advocates (even in unpopular and seemingly impossible situations), researchers and educators, and we’re politically involved. Most of all, we’re “game changers” who change lives for the better!

It used to be that anyone who helped people could call themselves a “social worker,” but there’s been strong and much-needed progress in changing state laws about who can call themselves a social worker. We are in a highly skilled profession that requires specialized education and training, strict licensing criteria, and intensive requirements to remain current in our field. Social work is a profession!

Q: The Byrd’s clinical services division is comprised of social work services and specialists from varied disciplines who treat memory disorders. How do you feel this care model supports patients and families affected by Alzheimer’s and related disorders?

A: We have a phenomenal interdisciplinary team here that works extremely well together for the benefit of patients and caregivers. Our focus is to provide the best evaluation and clinical services, which can vary greatly from patient to patient and family to family. Patients and their families frequently report how grateful they are to have competent, capable and caring clinical staff to work with them in their caregiving journey. We take pride in building the necessary rapport and trust that everyone deserves.

Q: Do you wish more people knew about the significance of the Byrd’s Center for Memory C.A.R.E. for families dealing with a loved one’s forgetfulness?

A: My fondest wish is for people to not be afraid of finding out about the status of their memory difficulties, to understand that early intervention is the key and that there are people who really care about helping you and your loved ones. Your brain is the “major computer” controlling the rest of your body, and if it doesn’t work, the rest of you won’t work either. My other wish is that a mental status exam would be the “gold standard” for inclusion in all annual wellness exams. The exam would be given by trained geriatricians and/or gerontologists who could assess and evaluate memory disturbances and provide appropriate follow-up.
Many seniors already know that removing throw rugs and installing grab bars at home can reduce the risk of life-threatening falls. But making a home safer and less confusing for someone with Alzheimer’s or another dementia requires different precautions that caregivers are not always aware of, says Eileen Poley, who frequently lectures on the topic as director of education at the USF Health Byrd Alzheimer’s Institute in Tampa.

Power tools, mirrors and even everyday cleaning products are just some of the items around the house that caregivers need to reconsider, Poley says. “As someone loses their memory and other cognitive abilities, you want to provide them with an environment they understand, that is easy to navigate and doesn’t add to their confusion or cause agitation,” she says. “People think that Alzheimer’s only affects your memory, but there are other cognitive functions — including judgment, logical thinking, decision making and problem-solving that are affected as the disease progresses.” These changes can make it difficult for the person with Alzheimer’s to anticipate danger and make safe choices.

For example, we know the difference between Comet kitchen cleanser and a bowl of fruit next to the knife set may trigger the idea to cut a piece of fruit, but they may not have the skills and judgment to do it safely. And if they do cut themselves, they may not know what to do.

It is hard to anticipate what may cause a problem, and caregivers are often very upset and feel guilty when something bad happens. It is therefore recommended to make some of these changes early on, even if you think your loved one is still quite capable and would never do these harmful things.

Poley advises removing locks on bedroom and bathroom doors so that someone with dementia doesn’t accidentally lock themselves inside, preventing family members from getting to them. Install a bell or alarm on exterior doors and windows to alert you if your loved one tries to leave the house. This is especially important during the night when the caregiver may be asleep.

“Someone with Alzheimer’s may see the tools one day and remember how to turn them on, but they may not remember how to safely operate them,” she says. “You not only have to think about the safety of items recently used, but also items that may not have been used for 10 or 20 years. For example, an 85-year-old man with Alzheimer’s may think he is a much younger man and still responsible for doing the yard work. He may not remember that he has a lawn service. So, seeing the garden tools may trigger him to use them outside, putting him at risk of hurting himself or damaging the house or yard. There are also toxic chemicals in the garage, including cleaning products, pesticides, paint and others that should be removed, locked up or hidden in a cabinet. People with dementia are not always aware of the extent of their deficits and may not remember that he has a lawn service. So, seeing the garden tools may trigger him to use them outside, putting him at risk of hurting himself or damaging the house or yard. There are also toxic chemicals in the garage, including cleaning products, pesticides, paint and others that should be removed, locked up or hidden in a cabinet. People with dementia are not always aware of the extent of their deficits and may not remember that he has a lawn service. So, seeing the garden tools may trigger him to use them outside, putting him at risk of hurting himself or damaging the house or yard. There are also toxic chemicals in the garage, including cleaning products, pesticides, paint and others that should be removed, locked up or hidden in a cabinet.

Don’t overlook the garage

Gardens deserve attention, too, she says, especially if there are power garden tools and other power tools buried in the corner — even if they haven’t been used in years.

“Someone with Alzheimer’s may see the other one starts, putting them in the same color as the bedroom floor, and if your loved one no longer recognizes their reflection in a mirror and become afraid of the ‘stranger’ in their house, Poley explains.

“If you have a lot of mirrors, you don’t want to remove them all at once, but you should monitor the situation and if your loved one no longer recognizes their reflection, then slowly eliminate the mirrors or replace them with artwork,” she says. Abstract art, she cautions, can be misunderstood, confusing and upsetting. Artwork needs to be chosen carefully so it does not agitate or scare the person with Alzheimer’s. An abstract picture in the popular red, orange and yellow hues can appear to be fire to someone with Alzheimer’s. Images of nature are much more calming and easily understood.

Dementia can also bring about changes in depth perception. “If a chair and the floor are the same color, they may have difficulty perceiving where one stops and the other one starts, putting them at risk of falling,” Poley says. This applies for bed linens that are the same color as the bedroom floor.

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Risks at home where you least expect them
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and a white toilet against a white bathroom floor.

“And if you have stairs, you want to make sure they have handrails, good lighting and good color contrast, and markings clearly showing where each step starts. Looking down a flight of steps that is all the same color with no contrast, it can appear to be one long slide.”

Poiley admits that there’s a lot to think about when trying to make a home safe and calming for someone with Alzheimer’s, especially as the disease progresses.

“It’s very hard to say, ‘These are the 25 things you need to do,’ because everybody with Alzheimer’s or another dementia goes through the disease process quite differently,” she says. And because Alzheimer’s is a progressive disease, additional safety measures will need to be done as the disease progresses and the person loses more cognitive abilities.

“What we don’t want to see is a crisis or accident happen and the caregiver saying, ‘I didn’t think he or she would ever do that.’ Our hope is that caregivers will do as many of these suggestions as possible, before problems occur.”

The experts at the Byrd Institute have created a portfolio of educational training programs and materials designed to meet the needs of professionals and caregivers, including tips on making the home safer.

Please visit http://health.usf.edu/byrd/education.htm

Making A Difference In Our Communities

The Byrd Institute participates in community outreach activities to connect with audiences and caregivers who may be affected by Alzheimer’s disease or other memory disorders. Through these events, the Byrd Institute is able to share information on the warning signs of Alzheimer’s disease as well as on support services offered at the Institute.

According to the National Alliance for Caregiving, more than 65 million people – 29 percent of the U.S. population – provide care for a chronically ill, disabled or aged family member or friend. Education and outreach targeted to family caregivers and/or health professionals is an integral part of the Byrd Institute mission. The staff participates in health fairs, expos, conferences and seminars throughout the greater Tampa Bay area and delivers off-site presentations (upon request) at local churches, civic organizations and private groups.

Information on upcoming community outreach activities is available online on the Byrd Institute website: alz.health.usf.edu.

Caregivers of Alzheimer’s and dementia patients got a rare chance to “let loose” at an Appreciation Event hosted at the Byrd Institute. On this special day, caregivers received an inspiring piano and vocal performance by Joy Katzen-Guthrie, a lesson in meditation and relaxation, calming creative movement and stretching, and expressive art through dance and African drumming. Byrd Institute staff encouraged caregivers to seek help when needed and remember to take time for themselves as they navigate through the difficult journey of caring for someone with Alzheimer’s or related dementias.

David Morgan, PhD, CEO and executive director at the Byrd Institute, attended a health care roundtable hosted by Congressman Gus Bilirakis (FL-12) to talk about breaking down barriers to medical innovation and getting better treatments to patients more quickly. “Innovations such as a standing network of high-performing Alzheimer’s clinical trials sites, a global registry of well-characterized and willing trial participants, and centralized Institutional Review Boards (IRBs) can all help us achieve the goal of reducing the time and cost of Alzheimer’s drug development,” said Morgan.