3 Advertising industry group says We CAN!

4 Creating 21st century pharmacists

6 Alzheimer’s: After the diagnosis

10 Dementia-specific adult day centers

15 Q&A with Dr. Michelle Estevez

Special pull-out section for caregivers: Challenging behaviors & helpful approaches

Angela Hill, PharmD, BCPP
University of South Florida College of Pharmacy
Advertising Federation and USF Health join forces in Alzheimer’s awareness campaign.

by Melanie Meyer

Advertising professionals around Florida are asking citizens to “turn up the volume” on Alzheimer’s awareness and public funding in a unique public service campaign. Presented by the American Advertising Federation – Fourth District with USF Health, the We CAN Florida campaign will reach millions, presenting the bold assertion that Alzheimer’s disease is preventable. The “CAN” in “We CAN” means Cure Alzheimer’s Now. To launch the statewide campaign, AAF members from all corners of Florida were joined by state lawmakers and experts from the USF Health Byrd Alzheimer’s Institute.

Some quick facts:

- Alzheimer’s looms in the future of hundreds of thousands of Baby Boomers in Florida who are just now reaching retirement age.
- Alzheimer’s disease receives far less research funding than other major diseases.
- It could bankrupt the state’s health system over the coming years if left unaddressed.
- There is hope. Experts believe prevention of Alzheimer’s is possible by 2020.

Members of the American Advertising Federation – Fourth District, state legislators and representatives of the Byrd Institute gather at the State Capitol to kick off the We CAN Alzheimer’s awareness campaign.
Creating 21st century pharmacists.

Dr. Angela Hill is preparing a new breed of pharmacists to focus on the overall health of patients, including those with memory problems.

By Mark Zaloudek

To most people, a pharmacist is someone who simply fills prescriptions. But that role is changing. At the innovative new University of South Florida College of Pharmacy, future pharmacists are being trained to take on a broader and more patient-centered approach, and Dr. Angela Hill is helping to lead the way.

Hill, who brings two decades of diverse experience in health care as the first chairperson of USF Health Pharmacy Practice, says pharmacists need to work more closely with patients, their doctors, nurses and other healthcare providers to improve people’s lives. She also hopes her personal and professional interest in Alzheimer’s disease and her pioneering efforts in Florida to help people with brain disorders will benefit patients and researchers at the Byrd Alzheimer’s Institute.

Today’s pharmacists are gradually becoming known as pharmacy clinicians, as they become more of an advocate for the patient’s well being.

“We’re taking it to the next level in how we’re training people coming out of school,” Hill says. “The pharmacy clinician works with other disciplines to contribute to the comprehensive delivery of medical care, to maximize health care through our combined efforts.” Pharmacy clinicians are also becoming increasingly involved in Medication Therapy Management (MTM), a federal initiative that includes comprehensive medical and drug reviews for patients. Another model for pharmacy clinicians is to help bridge gaps in patient care and communication when a patient is transferred from one care setting to another because inappropriate medication use is a leading cause of hospital readmissions.

She wears many hats

The 43-year-old Wesley Chapel resident is championing those changes through a wide range of responsibilities at USF which she joined in 2011 after teaching for nearly two decades at Florida A&M University in Tallahassee. Her support of the Byrd Institute began with the facility’s creation in 2002, when she was appointed to serve on its founding board of directors while still on the faculty at Florida A&M.

In addition to her duties as a professor in USF’s four-year pharmacy degree (PharmD) program, which welcomed its first class of 53 students last fall, Hill also participates in drug-related research and community outreach. As the Byrd Institute’s pharmacy consultant, she works closely with its Memory CARE Center, collaborates with clinicians on scientific research, and often speaks to groups of medical professionals, patients and caregivers to improve the delivery of health care.

Her boss, Dr. Kevin Sneed, dean of the USF College of Pharmacy, praises her commitment to helping patients get the best possible results from their medications, and adds that her caring and collaborative approach at the Byrd Institute to develop skilled and caring clinicians “is the epitome of what our program will produce in the future.”

“Her personal interest in memory loss

The fact that two of her grandparents developed Alzheimer’s disease several years earlier while she was in undergraduate school also fueled her interest in brain diseases.

“It was like God had given me an early inside look into what life would be like for the caregiver and for the health care practitioners,” says Hill, whose career has paralleled groundbreaking research in understanding and treating memory loss. She hopes to add to that body of research by studying whether boosting certain nutrients in the body – a science known as pharmacotherapeutics – can help reverse dementia.

Through her work with the Byrd Institute, she shares new research into memory disorders with health care professionals and debunks the latest myths in treating them. She also helps dementia patients manage their drugs and supplements – sometimes 10 or more each day that control everything from high blood pressure to cholesterol – to achieve the best results.

“I’ll discuss why they should take these five pills in the morning and these six pills in the evening to minimize interactions and to maximize the benefits,” she says.

“If a patient is taking Benadryl, for example, to help them sleep, I’ll point
Alzheimer’s: After the diagnosis.

Some patients and families handle their new reality better than others. Here are several tips to help navigate the journey successfully.

By Mark Zaloudek

A diagnosis of Alzheimer’s disease seldom comes as a complete shock. There are, after all, the warning signs. But some people tend to excuse the forgetfulness, repeated stories and confusion with a shrug and say, “Well, my memory just isn’t what it used to be.”

For those who acknowledge the signs, getting the proper diagnosis can be difficult and time-consuming. Dementia is a complex syndrome and Alzheimer’s disease is just one form. Only after a person has been evaluated by an expert and the facts are clear does it become important to address the myriad issues Alzheimer’s raises: How will it affect their employment or retirement? What impact will it have on their loved ones? How will it affect them and their family financially and emotionally? Who will provide day-to-day support?

Everyone handles the news differently, some better than others.

What are some of the best strategies to deal with the illness? We’ve assembled advice from several authorities to help patients and their caregivers navigate the journey ahead as successfully as possible.

Sharing the news

For some, being told a family member has Alzheimer’s disease is akin to the experience 50 years ago of being told they had cancer. Back then, many felt frightened and helpless. But since then, cancer awareness, screenings, treatments and advocacy groups have helped bring the once-taboo illness into the mainstream and empowered those with the disease.

Alzheimer’s disease is still trying to reach that level of social acceptance, understanding and support. This is why some families unfortunately still treat memory loss with denial or a reluctance to share the news with their loved ones, according to Nancy Teten, director of social work services at the Byrd Alzheimer’s Institute in Tampa.

But Teten is also seeing a growing number of patients and families taking a more constructive approach.

“They’re saying, ‘I’ve just started to notice that there are some memory problems and I want to avail myself of any treatments that are out there. I want to be proactive about it,’” she says.

Patients can get better treatment for memory loss and their loved ones can help them prepare better for the future when they move from denial to acceptance, Teten says.

The licensed clinical social worker relates that many people facing a serious illness often go through phases similar to the five stages of grief and loss described by famed psychiatrist Elisabeth Kübler-Ross. For families touched by Alzheimer’s disease, it may resemble this:

Denial: “It can’t be Alzheimer’s disease.” Or, “This isn’t happening.”

Anger: “I wasn’t counting on this in retirement. This really throws a wrench into things.”

Bargaining: “Maybe it’s not really Alzheimer’s but something else. I can deal with it if it’s just a mild form of dementia.”

Depression: Patients and their loved ones can become temporarily or clinically depressed and less able to deal with the challenges they face.

Acceptance: “This is my new life (as a caregiver or as a patient).” And you can move back and forth between those stages,” Teten adds.

Teten tries to minimize the shock to families by explaining to them that Alzheimer’s is a disease just like hypertension or kidney disease, and the sooner it’s diagnosed, the sooner it’s possible to get medical help and access other resources in their community.

“You don’t have to take this sitting down,” she says. “I tell people that the earlier you come in, certainly the better off you are. The earlier you get an accurate diagnosis, the sooner you can get on the memory medications and the earlier you can get support for the caregivers. It’s the best investment you can have for the future.”

CONTINUED ON PAGE 8
Alzheimer’s

CONTINUED FROM PAGE 7

Teten also offers families hope by pointing out that the Byrd Institute is one of several research institutions throughout the country and the world where scientists are advancing our understanding of how to prevent and treat diseases of the brain. “There’s a huge push for new and novel treatment approaches. And there’s a huge push for cures for these diseases in our lifetime.”

Sharing a diagnosis of memory impairment with close family and friends rather than keeping it a secret makes it easier for everyone to adapt to the changing circumstances, she says. In situations where family relationships are strained, she recommends that sometimes it’s best to begin telling close friends first. “I always ask people to think about who are the most supportive of them and begin to talk with them about the diagnosis. This is a time when they need a lot of support.”

Living life to the fullest

Many of us know people with challenging medical conditions who handle it remarkably well. If you ask them how they manage seemingly undaunted by their illness or disability, many would say it’s a conscious choice of being proactive and doing the best with what they have despite their circumstances.

For people diagnosed with memory problems, experts say there are several things they can do to live life to the fullest. High on their list of tips are eating right, exercising, and socializing.

Dr. Amanda Smith, medical director of the Byrd Institute, believes the best overriding advice she can give patients is to hold on to hope. “While memory problems can be frustrating, there is so much we can do now to help. With medications and other interventions, we can slow down the process quite a bit and preserve independence as long as possible,” she says.

Other important factors include:

Nutrition: “Giving your body the proper fuel better prepares you to face life’s daily challenges,” says Teten. It’s especially important for people with memory issues because they may forget to eat or may eat too often because of false hunger cues.

Exercise: Physical activity is not only good for your joints, muscles and organs (including your heart and lungs), it also provides psychological benefits whether getting in shape or staying in shape.

Teten says walking is one of the best exercises, and those who are concerned that they may get confused or disorient-ed should walk with a buddy, which also provides them with an opportunity for socializing.

‘That old saying is true: Either use it or lose it,’ she says. ‘Sitting in front of the boob tube is the worst thing you can do.’

Teten also advises caregivers to not coddle people with mild symptoms of memory loss by doing too much for them. Instead, caregivers should encourage and assist loved ones to do as much as they reasonably can without endangering themselves or others.

Medications: Although there are no drugs yet that can reverse memory loss, some can help slow its progression, taking early detection and treatment important.

‘Though we’d like to see everyone at least try the available medications, they are not for everyone,’ Dr. Smith says. ‘Some people can’t tolerate them due to side effects or other medications.’ Others may need to overcome financial or social barriers.

Teten recommends that individuals diagnosed with memory problems should have their doctor or pharmacy clinician review all of their prescription drugs, over-the-counter medications and supplements to make sure that they are not interfering with brain function or causing other unwanted side effects.

Social interaction: Isolation is detrimental to people with memory disorders, which is why Teten encourages interaction with family, friends and at adult day centers established in many communities to serve seniors, including those with dementia.

For information about adult day centers in your community call the Elder Helpline at 1-800-965-6537. Teten advises families to visit several facilities because prices and services vary.

Dr. Smith believes one of the most common mistakes among people with declining memory function is when they refuse help. ‘Often, people don’t recognize the degree of their impairment, and they refuse to allow others to help them. I’ve seen folks make critical medication errors as a result – taking their pills twice, or not at all, or even taking a spouse’s medications. They can make similar mistakes in other areas such as paying bills or returning phone calls, but with medications it can lead to life-threatening problems.’

CONTINUED ON PAGE 14
Dementia-Specific Day Centers offer many benefits for Alzheimer’s patients and caregivers.

Under a new Florida law, families can easily identify ADCs that are specifically prepared to serve people with Alzheimer’s or a related dementia.

By Melanie Meyer

Supportive, warm and enriching, adult day centers have become integral to the care of every one living with Alzheimer’s. And the emphasis really is on everyone. “Adult day centers (ADCs) can provide a warm and enriching environment for people living with Alzheimer’s and just as crucially offer caregivers a safe respite,” says Eileen Poiley, Director of Education at the Byrd Institute.

Today’s ADCs offer a range of services, from the rehabilitative, to the therapeutic and emotionally supportive. “Family members who care for dementia patients are susceptible to experiencing high levels of stress,” explains Professor Steven Zarit, who heads up the department of human development and family studies at Penn State University. “One way of alleviating that stress is through the use of an adult day center, which allows them a predictable break from caregiving responsibilities.”

Research confirms that both caregivers and patients derive demonstrable benefits from participating in day programs. Zarit and his colleagues, for example, showed that dementia patients who attend adult day centers have fewer behavior problems and they also sleep better at night. “The changes we have seen are as large as you’d get with medication, but with no side effects,” he told the publication Science Daily. It also is true, Poiley cautions, that while ADCs can serve a variety of people, not all programs are alike and some may not be suitable for people with dementia. That’s where a new Florida law comes into play. The “Specialized Alzheimer’s Services Adult Day Care Act,” sponsored by Senator Mike Fasano and Rep. Richard Corcoran (both of whom are New Port Richey Republicans) is designed to help families identify ADCs that are specifically prepared to serve people with Alzheimer’s or a related dementia.

The new law offers facilities that want to provide dementia-specific day care the opportunity to be inspected and designated by the Agency for Health Care Administration which is in charge of health facilities. Specifically, the new law will ensure that ADCs licensed under this new category are:

- Operated by people who meet certain requirements in education or experience
- Staffed by an onsite registered or licensed practical nurse for at least 75 percent of the time the center is open
- Providing workers an orientation and additional hours of dementia-specific training
- Providing a personalized plan of care for each program participant
- Providing safeguards for patients who are discharged involuntarily

To qualify to attend a facility licensed under the act, a person must:

- Require ongoing supervision
- Demonstrate no actively aggressive behavior
- Provide certain medical documentation

“This new standard will give families a new level of comfort and assurance that their loved one is receiving the kind of specialized services and skilled care that a person with dementia needs,” says Mary Barnes, CEO of Alzheimer’s Community Care. “Patients with memory loss need an environment and staff that are right for them—then it can be therapeutic,” she continues.

The law took effect on July 1. An adult day center that chooses to serve people with related dementia must apply for special inspection and designation of the Agency for Health Care Administration as an approved Alzheimer’s provider.

For more information about Adult Day Centers and dementia-specific providers, please call 800-96-ELDER. This toll-free number will put you in touch with information experts in your community. The Department of Elder Affairs also has information available on their Web site: elderaffairs.state.fl.us.

For years, we have known that limiting calories has benefits for cardiovascular health, ” says Ardila. In mice, caloric restriction delayed the progression of amyloid plaque (the brain-destroying Alzheimer’s compound) and promoted brain cell survival, which preserves memory. “This is all due to the antioxidants and neuroprotective properties that resveratrol contains.”

Resveratrol, found in red wine and in the skin of red grapes, is what makes it so appealing to Alzheimer’s researchers. It activates enzymes known as sirtuins, which mimic the effects of caloric restriction. There are theories of aging that propose that limiting calories allow species to live significantly longer life spans. Caloric restriction is not just healthy for maintaining weight, it is thought to also change disease processes like Alzheimer’s disease. The dilemma is that most people don’t want to give up their favorite foods or live by such strict standards. “For years, we have known that limiting calories has benefits for cardiovascular health,” says Ardila. “In mice, caloric restriction delayed the progression of amyloid plaque (the brain-destroying Alzheimer’s compound) and promoted brain cell survival, which preserves memory. “This is all due to the antioxidants and neuroprotective properties that resveratrol contains.”

There are many research initiatives studying pharmacological ways to mimic the health preserving effects of caloric restriction for a variety of different diseases. USF Health has just initiated a one-year program studying resveratrol in mild to moderate Alzheimer’s disease in a placebo-controlled trial.

Can drinking red wine help keep Alzheimer’s away?

A new USF Health study will examine Resveratrol’s neuroprotective properties.

“Resveratrol, found in red wine and in the skin of red grapes, is what makes it so appealing to Alzheimer’s researchers. It activates enzymes known as sirtuins, which mimic the effects of caloric restriction. There are theories of aging that propose that limiting calories allow species to live significantly longer life spans. Caloric restriction is not just healthy for maintaining weight, it is thought to also change disease processes like Alzheimer’s disease. The dilemma is that most people don’t want to give up their favorite foods or live by such strict standards. “For years, we have known that limiting calories has benefits for cardiovascular health,” says Ardila. “In mice, caloric restriction delayed the progression of amyloid plaque (the brain-destroying Alzheimer’s compound) and promoted brain cell survival, which preserves memory. “This is all due to the antioxidants and neuroprotective properties that resveratrol contains.”

Resveratrol, found in red wine and in the skin of red grapes, is what makes it so appealing to Alzheimer’s researchers. It activates enzymes known as sirtuins, which mimic the effects of caloric restriction. There are theories of aging that propose that limiting calories allow species to live significantly longer life spans. Caloric restriction is not just healthy for maintaining weight, it is thought to also change disease processes like Alzheimer’s disease. The dilemma is that most people don’t want to give up their favorite foods or live by such strict standards. “For years, we have known that limiting calories has benefits for cardiovascular health,” says Ardila. “In mice, caloric restriction delayed the progression of amyloid plaque (the brain-destroying Alzheimer’s compound) and promoted brain cell survival, which preserves memory. “This is all due to the antioxidants and neuroprotective properties that resveratrol contains.”

There are many research initiatives studying pharmacological ways to mimic the health preserving effects of caloric restriction for a variety of different diseases. USF Health has just initiated a one-year program studying resveratrol in mild to moderate Alzheimer’s disease in a placebo-controlled trial.
Philanthropy as a love story.

By Melanie Meyer

Meet Paul and Sherrill Tomasino. They are business owners, philanthropists, leaders in their church, great-grandparents. Each of those roles represents a love story. Together, they built Tomasino & Associates, a civil engineering company, and developed Sherwood Forest Shopping Center, both in the North Tampa community of Temple Terrace. As their business grew, they took time to nurture their love of Temple Terrace by serving on a number of boards and commissions over the years. “We’ve been fortunate to have been able to build a successful business in a community that we love living in. We volunteer where we can to give something back,” says Paul, smiling. Sherrill, who is still President of Sherwood Forest Wood, was tapped to serve as a trustee for the University of South Florida in 2005 and appointed by Governor Crist to serve on the board of directors of the Byrd Alzheimer’s Institute in 2007.

“My association with USF has been wonderful,” Sherrill says. “The University is a world-class leader and I have loved being a part of it. My time with the Byrd Institute has been special because of my family,” she continues. “I have three beautiful, perfect, great-grandchildren and I want them to grow up and never hear the word Alzheimer’s.” And because of the work they are doing at Byrd, that is going to happen!

“When Sherrill’s father was first diagnosed, we knew nothing about Alzheimer’s. There weren’t many experts around and it just wasn’t talked about. We struggled caring for him and learned a lot of lessons the hard way,” Paul remembers. “Then Sherrill’s mother was diagnosed and we found USF! What a relief!”

“The Byrd Institute is a dream come true,” Sherrill continues, “to have one place where a family can get the diagnosis, treatment and even caregiver support services. It is a world of difference from Dad’s time.”

“The Byrd Institute is one of a kind,” she went on, “and now, with the new PET scanner, researchers and doctors will be able to diagnose the disease earlier and really see how new drugs are working in the brain. Early diagnosis is important – you want to start on medication as soon as possible!” she explains.

“The state of Florida did an important memory medication as soon as possible!” she went on, “and now, with the new PET scanner, researchers and doctors will be able to diagnose the disease earlier and really see how new drugs are working in the brain. Early diagnosis is important – you want to start on medication as soon as possible!” she explains.

“We plan to continue working,” they say in unison, “… until Alzheimer’s is a memory.”

Their family deeply affected by Alzheimer’s, Paul and Sherrill Tomasino find the strength – and the love – to keep working for a cure.
Creating 21st century pharmacists
CONTINUED FROM PAGE 1
out that it can also affect their cognitive function and increase their risk of falls, affect their swallowing and add to the daytime confusion they’re already experiencing. I can look at that patient and see the whole person, so I’m thinking about not only how the drugs and vitamins could be interacting, but also whether the drugs are affecting the diseases they have.’

When she’s not working, the self-described former ‘Army brat’ who grew up in Haeundae, South Korea, Monticello, a small town northeast of Tallahassee, enjoys traveling with her husband of five years (their favorite getaways is St. John in the Virgin Islands), shopping (jewelry is her weakness), and playing bass guitar. ‘My mother and I are florists and in a past life I was a wedding coordinator,’ she adds with a laugh.

She’s also a Mary Kay cosmetics consultant. It comes as no surprise when she says ‘she has a knack’ for what makes her tick. ‘I receive that from my patient care initiatives and certainly my teaching initiatives, and that’s partly why Mary Kay is such a joy, because it’s that non-pharmacist outlet where if you make people look good, they feel good and you feel good,’ she says, smiling broadly.

Alzheimer’s
CONTINUED FROM PAGE 9
Smith explains that ‘such people can expose themselves to danger with self-neglect, poor nutrition and household emergencies they can’t handle.’

Managing challenging behaviors
Dale Bruhn understands the challenges of assisting someone with a memory disorder, after 15 years of caring for his wife with Alzheimer’s. ‘It happens all too frequently. You have to get your spouse, who has Alzheimer’s or some other dementia, ready for day care, a doctor’s appointment, lunch with friends or some other event for which you have a specific time to be there,’ Bruhn writes in a recent issue of the magazine published by Alzheimer’s Community Care Inc. on Florida’s East Coast. ‘And at this stage in your spouse’s illness, he or she needs help selecting clothing to wear and getting dressed, but your spouse isn’t cooperating and you start begging with him or her and they respond by cursing you or, worse yet, hitting you with their fists or kicking you and struggling to keep you from putting their clothes on them. In the caregiving world, we call this a ‘challenging behavior’ or ‘problem behavior.’ In other words, a change in behavior due to dementia that is disturbing, unsafe or stressful for the person with dementia and/or the person’s family or caregivers.’

Bruhn, who also shares his experiences as a volunteer at Alzheimer’s Community Care to help others cope, tells caregivers that such behaviors may seem reasonable or logical to the person with dementia. He suggests caregivers adopt problem-solving strategies such as changing the way they react to such situations, using positive reinforcement in a calm and reassuring voice, and learning how to defuse the situation by simplifying tasks and redirecting inappropriate behavior. ‘There is no one, single ‘right’ answer to solve a particular problem behavior,’ he says. ‘It is helpful to learn a variety of strategies and then use the ones with which you are most comfortable and which work well for you in a particular situation. But remember that what works today may not work tomorrow. So be flexible and open to new strategies.’

For example, in the situation above where getting dressed becomes a conflict, Bruhn suggests phrases such as: ‘Honey, here’s an outfit in which you look so beautiful...’ or ‘I’d love to look at you all day long and see how pretty you look, so let’s start getting dressed...’

A special insert in this magazine offers several helpful strategies when faced with challenging behaviors. The handy two-page guide was compiled in cooperation with the West Palm Beach-based Alzheimer’s Community Care Inc. Additional copies are available by visiting our Web site: www.health.usf.edu/byrd.

Helping the caregivers
Few people are adequately prepared for caring for a person with Alzheimer’s. Most caregivers find themselves thrust into the situation and learn how to deal with its shifting demands largely through trial and error.

The challenges can be daunting. ‘Caring for a person with Alzheimer’s disease can have high physical, emotional and financial costs. The demands of day-to-day care, changing family roles and difficult decisions about placement in a care facility can be hard to handle,’ according to Byrd Institute physician Kristen Fargher.

Fortunately, researchers are not only learning more about the disease and how to treat it, they’re also shedding light on ways to support the all-important caregivers.

Q: What exactly is a geriatrician, and should people past a certain age start seeing one in addition to their primary care doctor?
A: Geriatricians are internists or family doctors who have done extra medical training to become specialists in diseases that affect older adults. Geriatricians tend to see people older than 65, although usually most people seek a geriatrician when they are in their 70s or 80s. Most people who have a geriatrician have all of their primary care managed by their geriatrician rather than their internist, although sometimes the primary care doctor and geriatrician will co-manage the care.

Q: Are there enough geriatricians to serve most communities? If not, who in particular should see one, and why?
A: There are not enough geriatricians to serve most communities. While it would be nice if everyone over the age of 65 could have a geriatrician as his/her primary care physician, we just don’t have enough trained geriatricians. And not everyone who is over the age of 65 needs a geriatrician. The people who should consider a geriatric consultation are people who have multiple medical conditions and whose doctors feel their care to a geriatrician are people with age-related conditions such as frailty, dementia, and taking multiple prescription medications.

Q: What are some of the different hats you wear at USF Health? Do you maintain a private practice as well?
A: I see patients at two clinics: the General Internal Medicine clinic in the Morsani building and the clinic at the Byrd Institute. Additionally, I am involved in medical student education at the Morsani College of Medicine, and I participate in the Internal Medicine residents’ clinical education.

Q: What impresses you about the USF Center for Memory C.A.R.E.?
A: The Center for Memory C.A.R.E. takes a multidisciplinary approach to patients with memory issues. Excellent care for memory-impaired patients requires more than ‘just’ medical treatment from a single provider. Being able to look at a patient’s other medical conditions, entire medication list, and social/family/home issues helps provide a comprehensive approach to that person’s care that hopefully improves patient outcome, safety and satisfaction.

With many Alzheimer’s patients cared for at home, adult day centers can offer valuable “time off” for their caregivers, social interaction for their loved ones and opportunities to gain new insight into the disease and coping strategies.

To learn about adult day centers in your community, call the Elder Helpline at 1-800-96-ELDER (1-800 963-5337). Prices and services vary among the centers.

CONTINUED ON PAGE 16
Q & A
CONTINUED FROM PAGE 15

Q. Do you work with Alzheimer’s patients and their caregivers? What are the most important things you do for Alzheimer’s patients and the people who care for them?

A. I work with a lot of patients with Alzheimer’s and their caregivers. The most important thing to me is to help patients and their caregivers achieve their goals of care. Maximizing patient comfort and dignity while supporting the needs of their family are my biggest priorities.

Q. What do you recommend to your patients to maximize their brain health?

A. I recommend that patients try to keep active and manage their chronic conditions aggressively when they are young. Research shows that physically active individuals delay or prevent the onset of memory issues. Additionally, keeping blood pressure well controlled reduces the risk for stroke, which can cause significant memory loss and physical disability. Finally, stop smoking! Smoking causes all sorts of vascular damage that can cause poor brain health.

Alzheimer’s
CONTINUED FROM PAGE 14

The National Institute on Aging (NIA), a division of the National Institutes of Health, offers several strategies that help caregivers cope:

1. Become well informed about the disease. Programs that teach families about the various stages of Alzheimer’s and about flexible and practical strategies for dealing with difficult caregiving situations provide vital help to those who care for people with Alzheimer’s.

2. Caregivers need to remember to take care of themselves, too. Developing good coping skills and a strong support network of family and friends are also important ways that caregivers can help themselves handle the stresses of caring for a loved one. For example, staying physically active provides physical and emotional benefits.

3. Support groups can provide a vital lifeline. These support groups allow caregivers to find respite, express concerns, share experiences, get tips and receive emotional comfort. Support networks can be especially valuable when caregivers face the difficult decision of whether and when to place a loved one in a nursing home or assisted-living facility.

In 1990, Congress created the Alzheimer’s Disease Education and Referral (ADECAR) Center as part of the NIA to help patients, their families, health professionals and the public access the latest information about the disease and how to handle its many challenges.

It also offers many publications at no cost, including “Caring for a Person with Alzheimer’s Disease: Your Easy-to-Use Guide from the National Institute on Aging.”

For more information about the guide or other free publications, visit ADECAR’s Web site at www.nia.nih.gov/alzheimers.

Information specialists at the ADECAR Center will also answer your questions about caregiving or other topics. Call 1-800-438-4380 Monday through Friday from 8:30 a.m. to 5 p.m. Eastern Time, or send an email to adear@nia.nih.gov.