preserving your memory

Sebastian Maniscalco

The popular comedian talks about his grandfather and Alzheimer's

The Miracle of MUSIC
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ON THE COVER:
Sebastian Maniscalco 18
One of the hottest comedians on the planet talks with us about his career and his family’s struggle with Alzheimer’s disease.

FEATURES:
Paranoia and Memory Loss 10
Here’s what to do when your Alzheimer’s patient exhibits paranoia.

The Power of Music 12
Alzheimer’s patients respond to beloved tunes from their past.

Battling Depression 14
The good news: This formidable mental condition has very effective treatments.

Improv for Healing 16
This actress takes a hands-on approach to helping Alzheimer’s patients express themselves.

DEPARTMENTS:
From the President’s Office 5
News Briefs 6
Caregiver’s Corner 8
How to deal with the inevitable frustrations of providing care, and how art and music benefit Alzheimer’s patients and caregivers.

Food 22
Summertime means delicious berries are in season!

Fitness 23
Gardening is a healthy activity for caregivers and, with proper supervision, benefits patients as well.

Long-Term Planning 24
The new federal tax law went into effect earlier this year. What does it mean for long-term planning purposes?

Keep Your Mind Sharp 26
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Alzheimer’s Research Foundation.
Now that summer is finally here, we hope you will get out and be active to continue supporting brain health. In your downtime, take a moment to read some of the inspiring stories surrounding Alzheimer’s as well as some new research and tips in our latest edition of Preserving Your Memory.

In our cover story, you will read the heartfelt connection comedian Sebastian Maniscalco has to Alzheimer’s disease. While he has built a successful career by telling jokes, he knows that battling Alzheimer’s disease to find a cure is no laughing matter. Read more about his story on page 18.

On the caregiver’s front, we wanted to take a moment to help you understand and manage delusional and paranoid behavior. At times it can become very frustrating when your loved one is suffering from a delusion but we put together a few tips on page 10 to help you cope when the situations arise.

We also take a moment to discuss the important new tax laws that will go into effect in 2019. And although it will not be an issue for all seniors, we want you all to be aware so you can plan ahead and don’t run into any problems when you go to file your taxes. Be sure to educate yourself by reading more on page 24.

We would love to hear your stories about your connection to Alzheimer’s as well as any helpful advice you may have for caregivers. Please feel free to send your story along with a photo of you and your loved one living with Alzheimer’s disease to info@ALZinfo.org or call us at 800-259-4636, and you may end up seeing your photo in our upcoming marketing video for Caregivers Month in November.

Wishing you and your family a season of growth and vitality!

Sincerely,

Kent L. Karosen
President & CEO

About the Fisher Center for Alzheimer’s Research Foundation

Since 1995, the Fisher Center Foundation, a 501(c)(3) nonprofit organization, has been providing hope and help to the public by funding research into the cause, care, and cure of Alzheimer’s disease and creating much needed educational programs. We are one of the world’s largest research teams leading the battle against Alzheimer’s disease. Our team of internationally renowned scientists, under the direction of Nobel Laureate Dr. Paul Greengard, has been at the forefront of research that has provided a conceptual framework for modern-day investigations into Alzheimer’s disease. The Fisher Center Foundation has earned Charity Navigator’s highest 4-Star rating seven years in a row for fiscal management and commitment to accountability and transparency. For more information or to make a donation, go to www.ALZinfo.org.
The LATEST NEWS on Alzheimer’s Disease and Brain Health

A Salad a Day for Brain Health

Older men and women who ate a serving a day of green, leafy vegetables had brains that were, on average, the equivalent of 11 years younger than those who shunned these vegetables.

“Adding a daily serving of green, leafy vegetables to your diet may be a simple way to foster your brain health,” said Martha Clare Morris of Rush University Medical Center in Chicago, the study’s lead author.

For the study, in the journal Neurology, researchers looked at 960 older men and women who completed questionnaires about how often and how much they ate of three leafy greens: spinach (a serving was considered to be a half cup of cooked spinach); kale, collards or similar greens (a half cup cooked); and lettuce (one cup of raw salad).

They also underwent tests of thinking and memory skills yearly over the five-year study period.

The researchers calculated that those who regularly ate leafy greens, rich in antioxidants and other healthful nutrients, showed less decline in thinking and memory abilities over the years. Vegetables, including leafy greens, are also a key component of the heart-healthy Mediterranean diet, which also appears to provide benefits for the brain.

Fitness at Midlife Cuts Alzheimer’s Risk

Need more incentive to work out? Women who had high levels of physical fitness in middle age were almost 90 percent less likely to develop dementia years later than women who were moderately fit.

Those are the findings from researchers at the university of Gothenburg in Sweden, who followed 191 Swedish women starting at around age 50.

All the women completed a cardiovascular fitness test, in which they rode on stationary bikes until they were exhausted. Then they were followed for up to four decades to see who developed dementia.

The fittest women were far less likely to develop Alzheimer’s disease, the researchers found. And if women who were very fit did develop dementia, they were likely to get it, on average, 11 years later than those who were moderately fit, or at age 90 instead of age 79.

“These findings are exciting because it’s possible that improving people’s cardiovascular fitness in middle age could delay or even prevent them from developing dementia,” said study author Helena Horder. The findings appeared in Neurology.
Talking to a loved one with Alzheimer’s
disease in the right way can improve overall well-being for caregivers as well as their partners and help to ease the caregiving burden, according to a study from Florida Atlantic University’s College of Nursing.

For the study, researchers recruited 15 married couples, one of whom was in the moderate stages of dementia. Both members of the couple engaged in a communications course over the next 10 weeks.

Because someone with Alzheimer’s might perceive questions that require memory skills as a threat and add to anxiety, for example, caregivers were taught to avoid criticizing or quizzing their partner’s memory with questions like “Do you remember our wedding day?” or “Who is that person next to you in the picture?” At the end of 10 weeks, the caregivers tended to be more engaged with their partners.

Those with dementia were likewise encouraged to make communication more sociable. For example, those with Alzheimer’s were taught to take care to make eye contact when talking, to follow up on ongoing conversations and to verbally express their thoughts, feelings, preferences and needs.

At the end of the study period, those with dementia tended to be more interested and engaged, to stay on topic and even joke with and tease their partners. The findings were published in the International Journal of Geriatric Psychiatry.

Brain Training May Help Ward Off Dementia

A computer game designed to “train the brain” may help to ward off Alzheimer’s disease, a new study suggests.

The study, from researchers at the University of South Florida, found that when older men and women used a brain-training game regularly over 10 years, they were, on average, 29 percent less likely to develop dementia than those who didn’t use such games. It also found that the more regularly someone played such games, the lower their likelihood of developing dementia.

The game is available to the public as the “Double Decision” exercise of the BrainHQ. com brain training program, which costs about $10 a month. In the game, participants might see on their screens a cityscape, for example, and be asked to identify an object flashed on the center, such as a truck, while at the same time being asked to locate another object, such as a car, in the periphery.

The findings, published in the journal Alzheimer’s & Dementia: Translational Research & Clinical Interventions, add to a growing body of evidence that mentally stimulating games, like doing crossword puzzles, may be good for brain health. While more research is needed, the findings suggest that challenging the brain with games and puzzles may be a good strategy for helping to keep the brain sharp in old age.

For more information: Visit www.ALZinfo.org often for up-to-date and expert-reviewed scientific news.
If life has taken you in the direction of becoming a full-time caregiver for loved ones with Alzheimer’s or another dementia-related disease, be prepared to face many hardships, unlike anything you have encountered before. Sadly, not everyone who attempts to be a caregiver will be successful.

On the upside, however, you are now joining the ranks of a very unique group of individuals. Hold fast to the motto cherished by The United States Marine Corps: Semper Fi! (Always Faithful)

Let it be known that there’s no shame in admitting when you are struggling or even if you feel defeated. In fact, the sooner you realize that you’re not cut out to handle this, the better. The earlier someone steps in who can assure you that they will provide a better quality of life for the person living with dementia, the better.

Caregiving is an ordeal unequal to any other and it takes a special kind of person to handle all it truly entails. If you’re not this type of person, please don’t go through the rest of your life inflamed with guilt, for this is definitely not what these loved ones would wish upon you.

Some caregivers hang on too long due to pride. Being embarrassed to admit failure about such an important mission, by not getting your loved ones the actual care that they need, is a bigger failure.

When taking on this charge, there is no strict timeline on how long this crusade will last. Get ready as your commitment to holding out could last a couple of years or even longer than a decade!

Endeavor to develop deep compassion, not only for your loved ones but for their family members as well. This illness doesn’t only affect patients, but it strikes out at everyone close to them. Many families get torn apart, never healing their wounds. It may seem unfair but oftentimes the caregiver needs to act as a referee—sometimes becoming a sounding board for all the family members involved. They bring all their concerns and strategies to the one person who needs to vent the most. This is why support groups are such an important part of the process.

The number one complaint I hear from caregivers everywhere is, “Nobody in my family is willing to help. Everything is left up to me.”

Then, as a caregiver, you must learn to control your emotions, because the patient will tend to feed off of them. It’s a difficult task to master.

The unselfishness of a caregiver who puts his or her life on hold is matched by no other. This includes a social life, financial burdens and sometimes health. In my mind, these people can rightfully be called “heroes.” Being selfish is something a caregiver simply doesn’t have time for.

While running this campaign you need to stay true to your heart and learn to follow whatever instincts that are deep inside you.

Someday, after this arduous journey is over, you’ll be able to look back upon it and realize that this experience has developed you into a morally and ethically better person.
Art & Music Therapy for Dementia

My father, struggling with Alzheimer’s as he was, always amazed me with his ongoing ability to recall the lyrics of old songs. Music from the television or radio would often strike a happy chord for him and he would sing out the lyrics with gusto.

Dr. Oliver Sacks, Professor of Neurology & Psychiatry of Columbia University, wrote that he has worked in a hospital and several old age homes where, although many patients had Alzheimer’s or other dementia related diseases, he still discovered that, “…all of them, without exception, responded to music.”

He believes these patients have some of their personal memories “embedded in amber,” in a manner of speaking. Things such as music can draw out some of these locked whispers from the past.

There is a part of the brain called the “parietal lobe” which responds to creative activities like art and music. The visual stimulation of viewing something artistically created can promote communication. Somehow, as if the piece of art is speaking directly to them, thoughts begin to generate. They may not be completely accurate in describing what they’re seeing, but if it enhances conversation, there is something positive here.

The Museum of Modern Art in New York was one of the first to start a project for people with Alzheimer’s. They put together a small collection of art that is accessible to a group of patients one day a month. Together they view a sampling of, for instance, Frederic Remington’s work and then a different artist the following month. By keeping the collection small the event organizers keep the visitors from becoming overwhelmed. The curator then engages the group with questions such as, “What do you think of the colors?” or “What do you make of this image?” The reports have contained surprising depths of observation coming from the patients.

I believe this type of therapy is healthy for those living with dementia to attend. Unless the trip becomes too unsettling for them. Anything that promotes conversation or energizes the mind, helping to give a richer quality of life, is extremely encouraging.

My dad had a deep love for fine art throughout his life and became a certified art appraiser. He loved to show off a painting that he owned and tell the history of the artist, when the picture originated, etc.

One day, about halfway through his battle with Alzheimer’s, I heard a woman asking him what he knew about a certain oil painting he owned. He knew exactly what region the landscape was painted from; even the right era! But when it came to the artist he struggled and then told her, “Barnes and Noble painted this.” The woman stared at me quizzically. I just gave her a gentle nod, as to say, “please, just let him continue.” He may have not remembered all the correct details, but the man loved to shoot the breeze about his paintings.

Anything that promotes conversation or energizes the mind, helping to give a richer quality of life, is extremely encouraging.
Larry Washington’s car had been stolen. He was extremely upset and angry about it, particularly because he suspected the staff members at the facility where he lived were part of the ring of thieves responsible.

Larry’s care providers knew that he was exhibiting signs of paranoia sometimes seen in individuals suffering from Alzheimer’s disease (AD) and other forms of dementia. But when they gently reminded him that he no longer owned a car, he only got more agitated.

Then one of the nurses had an idea. She went to a separate section of the building and placed a call to Larry’s floor, asking a colleague to hand the phone to him. “Mr. Washington? I understand your car’s been stolen,” she said. “I’d like to take a report and submit it to the police for you.” Larry answered a few of her questions about his car but soon tired of the conversation and hung up, calmly turning his attention to something else. Most of what Larry needed during this instance of paranoia was to feel heard. Empathy and compassion were delivered in the proper dose.

Facing Paranoia Head-on

Larry’s episode is the kind of behavior Maureen Nash, M.D., sees regularly and counsels families about often. As the medical director of Providence ElderPlace in Portland, Oregon, Dr. Nash works with older adults, most of whom are dealing with cognitive impairment. And, according to studies, as many as one-third of people suffering from dementia also experience delusions and/or paranoia.

“Paranoia is a subset of and related to delusions,” explains Dr. Nash, who is board-certified in internal medicine and psychiatry. “Delusions are fixed, false beliefs while paranoia involves fearfulness that comes from misinterpreting information—such as thinking that things are dangerous to you or others even though they are not.”

According to Dr. Nash, there are numerous ways in which paranoia shows up among dementia patients. Most commonly, she says, it is secondary to something else. A person who has misplaced her keys, for example, might conclude that someone has stolen them. “Paranoia can be a response to memory impairment in a person who isn’t aware that her memory is impaired. This unawareness of impairment is present in about two-thirds of people with Alzheimer’s,” says Dr. Nash.

In other instances, a person might believe someone is trying to harm him or someone he loves. “When someone with dementia is experiencing the normal aches and pains that come with aging, he might
assume that he has been beaten up because his memory loss prevents him from forming any other logical conclusion,” notes Dr. Nash. “It’s a paranoid explanation for things that he can’t otherwise explain.”

**Predicting the Whens and the Wheres**

Some dementia patients experience paranoia on a fairly constant basis, while others (like Larry Washington) have episodes of paranoia that come and go. Some people who have been suspicious all their lives exhibit no signs of paranoia after dementia sets in. The reverse can also be true: Some people with no history of such behavior begin to develop paranoia as a component of cognitive impairment.

“It all depends on which part of the brain is impacted, in what order the brain problems develop and how the disease progresses over time,” notes Dr. Nash. “We don’t currently have a good way of predicting how, if at all, these things will occur in any one person.”

**Pursuing Pharmaceutical Solutions**

Medications that are designed for dementia patients have been shown to decrease paranoia and delusions in certain cases. Dr. Nash reports seeing moderate and even dramatic improvement in some of her patients—particularly those with AD and Lewy body dementia—after being prescribed cholinesterase inhibitors (such as Aricept®, Razadyne® and others).

Anti-psychotic medications can also be helpful for treating paranoia and delusions in the memory-impaired. “Unfortunately, dementia is defined as a cognitive illness instead of a behavioral illness,” notes Dr. Nash. “That has led some people to pay less attention to the behavioral, psychological and psychiatric improvements these medications can provide. There is a place for them, especially if the dementia medications aren’t enough and someone is suffering gravely with paranoia.”

**Coping With It**

There’s no one way to prevent delusions among the cognitively impaired, but caregivers can use these general tips to help themselves and their loved ones manage these challenging situations if and when they do arise:

**Be prepared.** Episodes of paranoia and/or delusions are unfortunate but not uncommon among people suffering from dementia. Prepare yourself emotionally for the possibility that your loved one will experience this so you can respond appropriately.

**Remain calm.** Be as non-reactive as you can be, reassuring the person that everyone is safe and everything is secure. Respond to their emotions, not their words.

**Honor the person’s reality.** Remember that the paranoia is coming from your loved one’s illness and feels very real to them. Don’t try to convince them that what they assume to be true is actually false. Your reality is not relevant.

**Recognize the fear.** Paranoia can look like anger, but almost always stems from fear. And fear can make anybody feel extremely powerless and uncomfortable. Be compassionate in the midst of your loved one’s fear and reassure them that you’ll keep them safe.

**Explain your actions.** It’s easy for a paranoid person to misinterpret the actions of the people around them, particularly when memory loss makes it difficult for them to recall who those people are. So over-explain what you’re doing, especially if you’re coming in direct personal contact with the individual—even if you’ve performed the same task many times before. *

*Name changed to protect privacy.

**Handling Doctor Visits**

It’s not surprising that visits to the doctor can trigger paranoia in the cognitively impaired, as it can be a stressful situation for anyone. “You have to leave your familiar surroundings, there is a lot of sensory information your brain has to process in this new environment, and there are strangers asking you questions and possibly even asking you to remove your clothes,” explains Dr. Nash. “Sometimes, your caregiver is answering for you with details that make no sense to you. Sometimes, people go out to the hall to talk about you. There’s a lot of room for misinterpretation, and it’s the kind of thing that lends itself to suspicion and paranoia,” she adds.

Caregivers attending medical appointments should be prepared to support their loved ones through these potentially confusing situations, even if paranoia has not yet been a component of the person’s memory loss experience.
Anyone who loves music can attest to its power to transform a mood, to bring back cherished memories, and so much more. Researchers and music therapists can attest to its power to help people living with Alzheimer’s disease in ways that are sometimes surprising and almost always inspiring.

A recent film, Alive Inside, shows Alzheimer’s patients who are in some cases almost completely withdrawn from their immediate environment suddenly “come to life” when given a portable music player (in this case, an iPod) and headphones. Hearing some of their favorite music, they begin to smile, sometimes even singing along and, if possible, dancing. (See sidebar for more information.)

Where does music get this power? From what happens in the brain when you listen to music you enjoy.

Music in the Brain

While the effects of music cannot overcome the toll of Alzheimer’s disease and other dementias, it can temporarily “lift” a patient out of the isolation and frustration of their condition, say experts. One study—one of many—proved this point. Researchers at George Mason University followed 45 people living with Alzheimer’s or other dementias who sang as part of their routine. They used a standard cognitive diagnostic test to track how they did, relative to their non-singing peers.

Over the four-month period of the study, singers showed a heightened mental acuity compared to their counterparts who didn’t sing.

Dr. Concetta Tomaino, Co-founder and Executive Director of the Institute for Music and Neurologic Function, says there is a wealth of research showing music’s therapeutic value for people living with Alzheimer’s and other dementias who sang as part of their routine. They used a standard cognitive diagnostic test to track how they did, relative to their non-singing peers.

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Putting Music to Work

Music as therapy is not a new idea, says Dr. Tomaino. It’s been studied and is now implemented at clinics and facilities nationwide. Its effects can be dramatic, she adds. “Active music making can increase time on task and improve attention,” she notes. “Melodic phrases can be paired with information to help with memory recall.”

Those improvements can even be seen later in Alzheimer’s progression, too. “In later stages, it can help with recognition memory and allow for meaningful interactions with loved ones,” says Dr. Tomaino. “Sharing familiar music of personal importance can enable reminiscences and open opportunities for connections that may be otherwise lost due to lack of verbal ability.”
Dr. Tomaino distinguishes between music therapy and music as a therapeutic tool. Music therapy, she says, is provided by board-certified music therapists. “They are trained in assessing how music and the components of music can be used to aid in multiple areas including cognition, balance and gait, communication skills, pain management, agitation and behavioral issues, social interactions and overall quality of life,” she says. “Music therapists provide advisement to clinical staff and family members on ways they can use music every day to benefit someone with dementia or AD.”

Alive Inside: Music and Memory
In the powerful film, Alive Inside, Music & Memory founder Dan Cohen distributes iPods and headphones to Alzheimer’s patients in elder care facilities. The iPods have been loaded with music beloved by each individual. The Music & Memory program has distributed thousands of these to patients all over the U.S., touching lives all over the country. You can learn more about this program at www.musicandmemory.org.

You can view Alive Inside via Netflix (DVD only), Amazon Prime, or YouTube Movies. Please note that these are paid services. You can also purchase the movie wherever DVDs are sold.
Living with Alzheimer’s disease brings a multitude of challenges. Untreated depression shouldn’t be one of them.

Prevalence rates vary in studies, but experts believe that depression in those diagnosed with Alzheimer’s disease is not uncommon. Moreover, depression is thought to be underdiagnosed and undertreated, as symptoms can overlap with those found in Alzheimer’s disease.

Spotting the Symptoms

The social withdrawal, trouble concentrating and apathy found in Alzheimer’s disease are just a few of the symptoms that are also frequent hallmarks of depression. “You’re going to see some overlap in some cognitive complaints, such as tiredness, loss of motivation,” says Guy Potter, an associate professor in the Department of Psychiatry and Behavioral Sciences at Duke University.

“Guilt and some of the more anxious kinds of symptoms, you’re not going to see as much in Alzheimer’s disease.”

While the affected person may recognize ongoing sadness, sometimes it falls on the caregiver or loved one to pick up on signs of depression. Particularly as Alzheimer’s disease becomes more advanced, an affected individual may not recognize depression. “They may not be aware of their changes in mood or their responsiveness to other people,” says Lisa Gwyther, an associate professor in the Department of Psychiatry and Behavioral Sciences at Duke University.

“The importance of intervention

Recognizing the signs, however, is important for a couple of reasons. For one, recognition can be the first step to intervention—and potential happiness. “It’s important to improve quality of life, to make sure that the person’s lived experience is as pleasant as possible,” says Gwyther.

And research also shows that depression hastens the course of Alzheimer’s disease, Potter says. “It is important because there’s research showing that individuals with mild cognitive impairment and depression at the same time are going to have a more rapid decline,” Potter says. “Evidence does show that it’s a risk factor for a steeper rate of cognitive decline. So you want to get it treated.”

So how can one best help someone showing signs of depression? For starters, don’t ignore the problem or attempt to brush it aside. “What you don’t want to do for someone who has dementia or depression is say, ‘Just snap out of it.’ Nobody can do that,” Gwyther says.

Sorting out what’s what can be difficult, and well worth an expert opinion. “Sometimes figuring out what is depression and what is dementia itself can be tricky, so it’s worth it for the family and for the person to be evaluated,” Gwyther says.

Effective Treatment

Treatment can include a variety of measures: therapy, lifestyle changes and medication. Choosing the latter correctly for someone with depression and Alzheimer’s disease can be a delicate matter, however, as possible side effects must be considered. “You want to be careful,” Potter says.

In the early stages of depression, people may benefit from group therapy to manage depression. This could take the form of a support group for people with an Alzheimer’s diagnosis or for people with depression. Individual therapy sessions also could help.

Approaches that don’t necessarily require expert assistance may also provide benefits. Exercise (particularly in the morning), increasing social interaction and engaging in pleasant activities are just a few ways that—when done in a sustained manner—could help jump-start the mood, a process Gwyther describes as “behavioral activation.”

“I think it’s important to recognize that there’s more than one way to treat depression,” Gwyther
says. “I'm a big fan of a non-drug approach to treating mild depression in people with dementia.”

One method she likes builds upon research by academics Rebecca Logsdon and Linda Teri, who developed the Pleasant Events Schedule-AD, a tool used to identify enjoyable activities for Alzheimer’s patients. With a care partner, a person with Alzheimer’s disease makes a list of entertaining activities and events. The two find ways to incorporate more of the enjoyable events over time.

“Many families are able to take that and use it with their relative and come up with a way to gradually increase the amount of time they spend doing things that are more pleasant and less frustrating, and that has an effect on their overall mood,” Gwyther says. “Getting people going and getting them engaged in things they enjoy makes a big difference. If they can feel purposeful and engaged, it makes a big difference in their mood, even without any medication treatment.”

### Sticking to the Plan

Potter recommends that caregivers should be involved in evaluations and, ideally, some treatment sessions. Encouraging their loved ones to adhere to treatment recommendations is important, too.

In all these efforts, it’s important to remain mindful of the need to care for themselves. Sometimes that can get lost amid worrying about someone dealing not only with Alzheimer’s but depression as well. When caregivers struggle, the strain can be felt by those around them, including those who depend on them most.

“People with dementia are very responsive to the mood of the people they’re spending the most time with,” Gwyther says.

That’s why it’s important to seek out respite care, call upon support systems and seek mental health treatment as needed.

“If they’re worn out by caretaking responsibilities, they’re not going to be effective as caretakers, and that’s bad for the patient in the long run,” Potter says.
Karen Stobbe isn’t your standard improv performer. Sure, she yuks it up onstage for laughs. But Stobbe and her husband, Mondy Carter, are striving for a higher purpose: to make lives better for people with Alzheimer’s disease and their caregivers.

The idea came after the couple was already well-immersed in the world of improv comedy in Milwaukee, Wisconsin. They’d written, directed and acted in numerous shows. They’d even performed a two-person collection of skits, “Sometimes Ya Gotta Laugh,” that grew out of Stobbe’s experiences of watching her father, Manfred, deal with the disease before he died in October 2000.

But the concept of using improv to actually help caregivers better understand and communicate with people who have Alzheimer’s disease and dementia came when Stobbe was sitting in a workshop for caregivers.

For years, she’d been soaking up any information she could about the disease. And on that day, she was watching the presenter go through yet another PowerPoint when the thought hit her: If everyone got up and played an improv game, the presentation would be much more interesting.

She began jotting down ideas that, more than 15 years later, lead her around the United States, conducting workshops for caregivers and professionals alike. She—sometimes solo, sometimes with Carter—urges them to embrace concepts of performance that are useful both onstage and off. Among them: “Say ‘yes, and …,’” “Agree, don’t deny,” “Listen fully,” “Go with the flow,” and “Silence can be powerful.”

Since then, she’s contributed to the Centers for Medicare and Medicaid’s Hand in Hand Training Toolkit, which was sent to U.S. nursing homes. In 2014, her work attracted the attention of producers for National Public Radio’s “This American Life,” which profiled how Stobbe and Carter used improv to help relate to Stobbe’s mother, who was diagnosed with Alzheimer’s in 2002. The next year, the couple demonstrated in a 2015 TEDMED talk how the ideas could be put into practice.

“Yes, and …”

For instance, if a person with dementia were to recall a memory incorrectly, or say something that likely isn’t true (“I knew the Beatles!” for instance), the comedy pair urges them to try not to correct the record. Instead, go with the flow. Affirm what the loved one is saying and see how the conversation goes. See what connections follow.

“Just practice saying, ‘Yes, and …,’” Stobbe said in a phone interview. “What ‘Yes, and …’ can do is basically you’re agreeing with that person, and you’re building upon what they said.”

As Stobbe has observed, many people with Alzheimer’s need to hear “yes” more often. “How often are our elders and our folks who are living with dementia hearing no? The nos in their world grow every day, whether they’re physical, mental, emotional, to where maybe people aren’t visiting them as much, to where they can’t walk without a cane, or they have to have a walker.

“It may not be the word ‘no,’” she concluded. “But they’re there.”
Stobbe’s mom lived with her and Carter in their Black Mountain, North Carolina, home for years after her diagnosis. She’s since moved into a nearby assisted living facility—a move that made sense for a number of reasons, Stobbe said.

“Her sleep schedule was just completely off,” Stobbe said. “She doesn’t recognize us anymore. She was calling me the neighbor girl. It was easier. She thinks she’s lived there for a long time.”

Many people with Alzheimer’s need to hear “yes” more often.

“How often are our elders and our folks who are living with dementia hearing no? The nos in their world grow every day, whether they’re physical, mental, emotional, to where maybe people aren’t visiting them as much, to where they can’t walk without a cane, or they have to have a walker.” —Karen Stobbe

Stobbe recognizes the struggles that families face. That’s why she’s started a nonprofit, In the Moment, and website, in-themoment.net, aimed at helping caregivers take better care of their loved ones, she said.

“I believe that if they could have more education about how to take better care, then they can keep their loved one home longer,” Stobbe said. “And that’s what they really want. Most of them really want to.”

Families sometimes struggle with guilt and deny themselves laughter, observed Carter.

“Sometimes when people take on the task of being a caregiver for somebody with dementia, they sort of focus on solemn parts and then don’t feel like they have permission to laugh when something funny is happening.”

A Stone and a Step

As Stobbe described it, her career path has mostly involved “putting down a stone and taking a step.” She began her writing about Alzheimer’s to find laughter, and it unexpectedly grew into a career.

“I never, ever thought I would be doing this,” she said. “I thought my husband and I would have a little theater company or a little improv company that we’d be doing. We do this in a different way. It’s just working in health care.”

This way, her husband observed, is particularly rewarding. “It became really gratifying for me because I’ve done performances and after you do a show, people say, ‘That was great. I really loved it.’ OK, that’s cool. But after you do one of these workshops or one of these shows, people say, ‘Wow, that’s really great! Now I can go home and things will be better for me!’ That’s not something that most shows can deliver for an audience.”
Sebastian Maniscalco: The Comedian Gets Serious About Alzheimer’s

By Tamekia Reece
For some people, it may seem that Sebastian Maniscalco’s rise to fame came quickly. In the past few years, the comedian has been everywhere. He sold out five shows at Radio City Music Hall which were filmed for Netflix; he released his third comedy special for Showtime; last year he appeared in *The House* (with Will Ferrell) and did the voice-over for character Johnny the Groundhog in *Nut Job 2*; he made *Forbes* magazine’s 2017 list of the world’s highest-paid comedians; and he even published a book, *Stay Hungry*, earlier this year.

However, Maniscalco has been chasing his comedy dreams for 20 years. During that time, he’s made major mistakes in his quest for stand-up fame, he’s been booed off stages, and he even went through the pain and loss of his grandfather as a result of Alzheimer’s.

### A Close-Knit Family

Maniscalco was born on July 8, 1973, in Arlington Heights, Illinois, to an Italian mother and a Sicilian father. The Maniscalcos were big on family. Maniscalco’s grandparents would visit every Saturday. Together, they, Maniscalco, his parents, sister and whatever other relatives or friends that happened to be around would spend lots of time at the kitchen table—eating, talking and having a good time.

**Sebastian Maniscalco performs for a sold-out crowd at Air Canada Centre in Toronto, Ontario in March 2018.**

Around the mid-1980s, Maniscalco’s grandfather, Joseph DiSanto, started forgetting small things. “I would say something like, ‘Hey, Granddad, remember …’ and he would kind of look at me dumbfounded, and my grandmother would chime in to try to help him remember,” Maniscalco says. It wasn’t an all-the-time thing, so the family just chalked it up to him getting older.

Over time, his memory lapses started getting worse. Still, the family thought it was simply part of normal aging. However, in 1999, several months after his grandmother passed, Maniscalco’s mom received a call that let the family know his grandfather’s forgetfulness was something more. “Police had picked up my grandfather because he was found lost far away from his home banging on the door of a bank,” Maniscalco recalls. Soon after, DiSanto was diagnosed with Alzheimer’s.

### A Dwindling Light

Maniscalco’s grandfather moved in with his parents and his mother took on the role of his caregiver. Family members assisted when they could, but for the most part, she handled the majority of the caregiving duties.

Looking back, Sebastian says he advises loved ones to get support. “My mother was reading books, but there’s nothing better than talking to others who are going through the same thing—discussing what
they’re doing to better assist their loved one and picking up tips and sharing experiences for help.” It’s also important for caregivers to take time for themselves and make sure they’re tending to their own health. Too often, caregivers experience burnout or the around-the-clock care takes a toll on their own health. Maniscalco’s mom remained in good health physically, but the caregiving did begin to drain her mentally.

Eventually, as DiSanto’s condition continued to deteriorate, the family made the very difficult decision to put him in an assisted living complex. “My mother did as much as she possibly could, and at the time she thought it was a better idea that he be cared for by professionals 24 hours a day because we didn’t want anything to happen to him,” Maniscalco says.

Visiting the assisted living complex was difficult because not only was it painful for Maniscalco to see his grandfather in that diminished condition, he also saw other people who were in similar or worse shape. “I remember going to visit my grandfather and there was a big bouncing ball, with about 17 people sitting in chairs kicking the ball back and forth,” he says. “To see a room full of people in their 70s and 80s taking part in an almost childlike activity was really tough.”

At some other visits, he would see only blank stares. It was saddening.

Joseph DiSanto died in 2005. As with so many other families affected by Alzheimer’s, Maniscalco was hurt but also a little relieved. “You don’t want to see anybody pass away, especially your grandfather, but there is a part of you that definitely says what kind of life is that to live when you don’t remember anything or recognize anyone, so there’s a bit of relief that the person no longer has to live that life,” he says.

Laughter as Medicine

Though Alzheimer’s is a devastating illness for families, anyone who has been affected knows there are also some funny occurrences during the experience. For instance, grandma’s attempts at flirting with a much younger repairman. Or a side-splitting comment from grandpa that happens at just the right time. Maniscalco says similar moments helped his family during his grandfather’s illness. “My family generally deals with pain through laughter and it’s kind of like our own little therapy mechanism,” he says.

And while he doesn’t tell jokes about Alzheimer’s during his stand-up routines, he knows that some of his audience members are there to laugh through difficult times, whether it’s Alzheimer’s, another health condition or other personal issues. Being able to provide them with a bit of hilarity makes him
happy. It’s been his goal all along. “I always knew I would get into stand-up comedy. I was a huge fan of it from a very early age. I didn’t know when, where and how it was going to happen, but I knew it would happen,” Maniscalco says.

After graduating from Northern Illinois University, he moved to Los Angeles as soon as he saved $10,000 from working at his many jobs. He was going to pursue a career in stand-up, despite the fact that he didn’t know anyone or anything about becoming a comedian. For seven years, he worked as a cocktail server at the Four Seasons in Beverly Hills. During that time, he would perform at open mics anywhere: bowling alleys, bars, coffee houses and so-called “bringer shows” (where the comedian had to bring in a certain number of paying guests in order to perform). Eventually, he started scoring gigs at clubs, and a chance meeting with Vince Vaughn led to Vaughn asking Maniscalco to join him on his 2005 Wild West Comedy Show. And, as it’s said, the rest is history.

Maniscalco’s success has provided him with the means and ability to form an even tighter bond with his family, something that was always important to his grandfather. This summer, Maniscalco, his wife Lana, their daughter Serafina (who just turned one), his mom, sister, brother-in-law and nieces are all going to Italy. That doesn’t mean he’s resting on his laurels. As his book title says, he knows he has to stay hungry. He will appear in the movies Green Book and Tag this year (and The Irishman in 2019). He’s writing what he describes as a father-son romantic comedy that’s loosely based on his life. He and comedian Pete Correale have a weekly podcast, The Pete and Sebastian Show, on Sirius XM Radio. And after a well-deserved break, his Stay Hungry tour will resume in September.

In addition to his many different gigs and making people laugh through tough times, Maniscalco also supports charitable causes close to his heart. He’s done charity shows to raise money for Alzheimer’s and in 2016, he launched the Tag You’re It! Foundation, which aims to raise awareness and funds for children’s education, U.S. military veterans, and Alzheimer’s research. “My grandfather was a very sweet man, and he lived an interesting life,” Maniscalco says. Getting the word out about Alzheimer’s and helping families affected by the disease is his way of continuing his grandfather’s memory.●
Behold the Berry

Berries taste great—and pack a nutritional punch

By Jason Schneider

They’re colorful, tasty and best of all ... good for you.

Alone or added to other dishes, berries are a great way to pack an extra nutritional punch into your diet.

Good for Mind and Body

“Berries are considered nutrient-dense and give you a lot of nutritional bang per serving,” says E. Susannah Southern, RDN, LDN, clinical nutrition manager at UNC Hospitals Outpatient Nutrition Clinics. “They do this while being relatively low in calories and a good source of fiber.”

In addition, berries are an excellent source of antioxidants and polyphenols—compounds that fight inflammation and cancer, and improve cholesterol, says Shelly Wegman, MS, RD, LDN, registered dietitian with UNC REX Nutrition Services.

“Studies have shown that berries improve the immune function and reduce oxidative stress,” she says. “[A] moderate supplement of berries (1/2 to 1 cup per day) has been shown to improve cognitive function and may help delay or prevent the onset of dementia.”

Variety is Key

Of the most popular berries, says Southern, blueberries have the highest content of anthocyanins and flavonols. “On the other hand, you will get a larger dose of potassium, fiber and vitamin C from strawberries, blackberries and raspberries,” she adds.

The key to getting the most benefits is variety. “Mix and match based on preference, what’s in season and what’s on sale,” says Wegman.

In All Their Forms

As with most foods, fresh is best.

“Like all fresh fruits and vegetables, berries start to lose vitamin content once they have been harvested,” says Southern. “Eating berries within five days of harvest would maximize nutrition and limit spoilage.”

Freezing berries, she adds, halts most nutrient loss and extends their shelf life for about 10 months. “Since berries are expensive, this is a great way to save money and reduce food waste,” she adds. “Fiber minerals and flavonoids do not change significantly when fruits and vegetables are frozen.”

Dried berries are another option, but be careful. “Dried are more concentrated, so watch total sugar and stick to smaller (1/4 cup) portions,” says Wegman. Calorie content is also higher per serving in dried berries. “There are about 270 calories in a half-cup of dried blueberries,” Southern adds.

Another option: freeze-dried berries. “Freeze-dried berries may lose vitamin content, but, like frozen, retain many of the nutrients from the field,” says Southern. “In fact, because they are so nutritionally similar to fresh, freeze-dried berries are ground into powder for much of the research being done on the health benefits associated with berries.”

See Rainbow Fruit Salad recipe on page 30.
Dig in to Gardening

Gardening has lots of benefits for you and you your loved one.

By Jennifer Sellers

Gardening. It’s one of the great pastimes of summer, and it’s something that can be enjoyed by all. This shared activity can have a number of benefits for your loved one, in particular:

A connection with nature and time spent in fresh air. Time outside satisfies the senses in ways that can’t be replicated indoors. Not only can certain sights, sounds and sensations be pleasing to your loved one, they may also evoke memories. The fresh smell of a tomato plant may remind them of childhood summers spent picking vegetables with their grandparents. A warm breeze may bring back a special recollection of a vacation long ago. And the sight of a hummingbird hovering over a squash blossom may trigger a memory of a long-loved, but recently forgotten, painting. These are only possibilities, of course, but they are guaranteed to be much more stimulating than an afternoon spent in front of the TV. Studies have shown that gardens engaging the senses also tend to reduce anxiety and agitation and improve morale.

A low-key activity for the mind and body. According to the Mayo Clinic, exercising as little as 20 minutes, three times a week, provides a boost in mood, a decreased risk of falls, reduced wandering and delayed nursing home placement for people with Alzheimer’s disease. As any gardener knows, tending a garden can be hard work. However, you can adjust the amount of gardening your loved one does based on his or her abilities. Someone with early-stage Alzheimer’s, for example, may still be capable of doing quite a bit of work. Someone with more advanced Alzheimer’s, on the other hand, may need basic, simple activities, like watering the plants. If your loved one isn’t able to help out, he or she may still get a lot of enjoyment from walking, or being wheeled out, to look at the garden.

The satisfaction of harvesting and eating the fruits of your labor. Allow your loved one to share in the achievement of growing food. This can foster confidence, a sense of purpose and feelings of camaraderie. Cook special dinners featuring ingredients from your garden. Not only will this allow you to take pride in your shared labor; it will offer you fresh, healthy ingredients to cook with.

Gardening Activities for Your Loved One

Keeping in mind the stage of your loved one’s dementia, as well as his or her overall health, there are a variety of gardening activities he or she may participate in:

• Collecting coffee grounds and eggshells for a compost pile
• Placing plants or seeds in soil
• Pulling weeds
• Watering the garden
• Picking vegetables
• Rinsing picked produce
• Sweeping any paths along the garden

Exercise Caution

Tasks that require a lot of dexterity (tying stakes), work with sharp objects (clipping herbs, pruning plants) or heavy labor (digging, carrying soil bags) are not recommended for most people with dementia.

If your loved one is unable to help with gardening, provide a seat nearby for him or her. Just be sure to provide plenty of shade, hydration and sun protection. During hot summer days, gardening should be enjoyed either early in the morning or late in the evening. On days of extreme heat, your loved one should be kept inside.
The massive tax overhaul that President Trump signed into law last year won’t cause issues for all seniors, but those in certain parts of the country should plan ahead so they don’t run into financial problems when they file their taxes in 2019.

Let’s take a look at the new law, The Tax Cuts and Jobs Act. This legislation changes how individuals, businesses, estates and nonprofit organizations are taxed. It’s the largest tax law change since 1986.

The bill lowers tax rates, removes deductions and uses new calculations to determine taxable income for all taxpayers. The legislation enacts a $1.4 trillion tax cut—most corporate tax changes are permanent, while individual tax changes are temporary.

Corporate Deductions Are Here to Stay

“This bill is about corporate tax deductions,” says Michael Amoruso, Esq., Partner of Amoruso & Amoruso, LLP, in Rye Brook, N.Y. and President-Elect of the National Academy of Elder Law Attorneys (NAELA). “There are provisions for lowering individual taxes, but those will phase out in 2025. This law is a permanent corporate tax deduction, and you have to pay for that lost income somehow. It’s the individuals who are footing the bill for this corporate tax cut.”

One way the new law replaces that income is by capping the deduction individuals can take for state and local taxes—it’s now limited to $10,000. “Someone who owns two houses and pays real estate taxes on both is limited to a total deduction of $10,000,” says Hyman Darling, a partner with the Bacon Wilson law firm in western Massachusetts and President of NAELA. “Some people in certain areas of the country—New York, New Jersey and California, for example—have very high income tax and real estate taxes, but they’re still limited to a $10,000 deduction.”

Bringing Back the Medical Deduction

Under the new law, the standard tax deduction and personal exemption for a single person who doesn’t itemize their taxes is limited to $12,000; for a married couple, it’s $24,000. Charitable contributions can now be 50 percent to 60 percent of adjusted gross income. The rules for mortgage interest deductions are mostly unchanged, but for homes purchased between 2018 and 2025, the previous limit of $1,000,000 is reduced to $750,000. But the limit for estate tax deductions is doubled to $11.2 million.

Seniors should meet with their accountants now to find out what their tax picture looks like for 2018—it’s best to avoid unpleasant and costly surprises when they file in 2019.

Another tactic the House of Representatives used in the original bill to offset corporate tax deductions was to eliminate the medical expense deduction for individual taxpayers. NAELA took exception to that and persuaded legislators to reinstate the exemption. “We accomplished that in conjunction with AARP,” says Amoruso. “We fought hard with our lobbying efforts in the Senate to get the medical expense deduction put back in, and that’s a huge win for seniors. If the removal of that deduction remained in the bill, it would have been devastating for many seniors.”

Medical expenses are deductible only to the extent that they exceed 7.5% of adjusted gross income (AGI) in 2018, and 10% of AGI after that.

Here are some tips to help you handle the new tax law:

• **Check Your Taxes**—Because state and local tax deductions are capped at $10,000, those who live where taxes are high—especially seniors on a fixed income—need to take a close look at their taxes.
their taxes are more than $10,000, they’ll have to prepare to make up the difference on their own.

• In Case of a Move—Seniors living in a state with no income tax might develop a false sense of security about the future. “If someone in that situation becomes ill and they have to move in with family members in an area such as the Northeast, where taxes are high, their entire tax situation changes,” says Darling. “If they had done some planning and taken action before they moved—such as giving some gifts or setting up an irrevocable trust—they might have been able to compensate for the increase in taxes.”

• Keep Tabs on Spending—For those whose accountants advise that they’ll have tax due next year, they should start saving now to pay the bill. It’s best for seniors on a fixed income to alter their spending habits and carefully monitor their cash flow. Trimming some spending here and there can make a big difference when it comes to paying a tax bill in 2019.

• Plan Ahead—Seniors should meet with their accountants now to find out what their tax picture looks like for 2018—it’s best to avoid unpleasant and costly surprises when they file in 2019. “They need to become familiar with the details of the new tax law,” says Darling, “and if they have to make changes for the future—such as changing estimated withholding or building their savings to accommodate higher taxes, they should make those arrangements so they’re ready in 2019.”

Amoruso advises seniors to be proactive about changes in the new tax law that might affect them. “Seniors should alert their accountants and start preparing so there are no surprises when it comes time to file their taxes,” says Amoruso. “They need to start planning now.”

Bernard A. Krooks is managing partner of the law firm Littman Krooks LLP (www.littmankrooks.com). A certified elder law attorney, he is a past president of the National Academy of Elder Law Attorneys and past president of the Special Needs Alliance.
Brain-Boosting Puzzles

“Use it or lose it.” The message is simple. If you don’t use your muscles, they will no longer be as effective as they should be. Of course, the brain is not a muscle; however, it has recently come to light that “mental workouts,” such as solving crosswords and other puzzles, can help ward off Alzheimer’s. In these pages, we offer a variety of different types of puzzles that will work out your various skills involving memory, deduction, and letter manipulation, and, we hope, also provide you with a ton of fun!

(Answers on page 29)

MATCH THESE

Match the days and months in the second column to the movie titles in the first column

1. ___ “Born on the Fourth of ___”
2. ___ “Any Given ___”
3. ___ “___ the 13th”
4. ___ “___ Affair”
5. ___ “The Guns of ___”
6. ___ “The Hunt for Red ___”
7. ___ “___ in Paris”
8. ___ “Seven Days in ___”
9. ___ “If It’s ___, This Must Be Belgium”
10. ___ “The ___ Man”
11. ___ “Stormy ___”
12. ___ “Ash ___”

a. Sunday
b. Monday
c. Tuesday
d. Wednesday
e. Friday
f. January
g. April
h. May
i. July
j. August
k. September
l. October

DROPLINE

Take the letters in the top half of each column below and distribute them in the blanks of the bottom half so that the letters spell out a humorous observation. The black squares are the spaces between words. One letter has been dropped in place to start you off.

LEAPFROG

Here’s a list of legal terms — one two-word phrase for each number. Their letters are in the correct order, but they overlap. All you have to do to find the schools is separate the letters.

Example: HACOBREP USS — HABEAS CORPUS

1. B O P R N O O
2. S C U P O U R E R M E T
3. C E X R A O M I S N E S
4. P R D O C U E E S S
5. J U G R R A N Y D
6. C A L A S C T I S O N
7. S E D E F E L N F S E
8. W H I T O S T I N L E E S S

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Preserving Your Memory

Summer 2018
We have provided two crosswords here to sharpen your puzzle skills. Start with the one on the left, which is the easier puzzle. In this one we have provided solving aids, such as the number of words in multi-word entries. The puzzle on the right is a medium-level puzzle and those solving aids are not provided. The second puzzle is also a thematic puzzle: the title “Doing a Little ‘R & D’” is a hint. Have fun testing your knowledge while doing something that’s good for you!

**Across**

2. In so many wds.
3. Actor Baldwin
4. Anticipate
5. Completed
6. Compeets
7. Makeover locale
8. “Vinyl” (abbr.)
9. Dreidel stakes
10. Wine storage
11. Started, in golf
12. Completed
13. Bob’s comedy partner
14. Madrigal accompaniment
15. Vesuvius’s flow
16. Hostel
17. Beame and Vigoda
18. A.k.a. domestic sci.
19. Course for running mates
20. Part of a milit. address
21. Vinyl disks
22. Spotlight seeker
23. Meow Mix
24. Spotlight seeker
25. “Everybody’s ___”
26. Vinyl disks
27. Breeding
28. Flask sips
29. Weirdo
30. Anonymous
31. Stretch the truth
32. Play on the radio
33. Banking
34. “Smoking or ___”
35. Requirement at some restaurants
36. Slithered
37. Relative of a joule
38. Kildare and No: abbr.
39. Baglike part
40. Platter spinners: abbr.
41. Islamic patriarchs
42. ___-in
43. Beame and ___
44. Viking’s goals: abbr.
45. Viking’s goals: abbr.
46. Viking’s goals: abbr.
47. Vikings’ goals: abbr.
48. Wine’s asset, perhaps
49. Army rank: abbr.
50. British explorer
51. Talking Tolkien tree
52. Bounding mains
53. Regarding
54. Wine’s asset, perhaps
55. Army rank: abbr.

**Down**

1. NL cap monogram
2. Actress Remini
3. Entrance requiring good timing
4. “Down by the ___” (George M. Cohan)
5. Creamy salad option
6. Writer Rand
7. “Unfortunate Events” count
8. Tub toys
9. Wolfed down
10. Start of many a French title
11. Make moist
12. Course for immigrants: abbr.
13. Brest friend
14. Diving bird of the north
15. “Everybody’s ___ It” (Irving Berlin song)
16. Bridge necessity
17. ___ ball (variety of pool)
18. Love god
19. Play on the radio
20. Penchants
23. One-liner
24. Enmity
25. Vitrified matter
27. Short term of endurance
28. Hyson or oolong
29. Abbreviation
30. Found on many tavern signs
31. ___ mask
32. Running mates
33. ___ Blanc
34. ___ Blanc
35. ___ Blanc
36. ___ Blanc
37. ___ Blanc
38. ___ Blanc
39. ___ Blanc
40. ___ Blanc
41. ___ Blanc
42. ___ Blanc
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51. ___ Blanc
52. ___ Blanc
53. ___ Blanc
54. ___ Blanc
55. ___ Blanc

(Answers on page 29)
After you have located and circled in the diagram all of the words in the Word List below, read the leftover (unused) letters from left to right, line by line, to reveal an appropriate message about relaxation. The words are found in the diagram reading forward, backward, up, down, and diagonally, and always in a straight line.

You are looking for a 48-letter phrase.

CALL FRIENDS  READ  WVANOTUKROWGPT
CLEAN  SEE A MOVIE  RILSKLAWAEKATSA
COOK  SURF THE WEB  ISISETSICMGRODIK
DO PUZZLES  TAKE A BUBBLE  TISESSUTOEDONOGE
DO YOGA  BATH  ETTAISSREHEYOCA
EXERCISE  TAKE A WALK  AAEIMADCNFITFODB
GARDEN  VISIT A MUSEUM  LUMNOOECRRTOTODU
GO FOR A DRIVE  WATCH TV  EUUTVCTTFHERPVEB
LISTEN TO MUSIC  WORK OUT  TEMSOILOLAAAXUETPB
MEDITATE  WRITE A LETTER  EUUHAORTZICLEE
NEEDLEPOINT  PET THE CAT  RMSCNILLSTDTDHEB
PET THE CAT  VISIT A MUSEUM  MOITVHEEAADAAERRA

SUDDOKU

To complete the puzzle below, fill in the squares so that each digit 1 through 9 appears exactly once in each row, in each column, and in each enclosed nine-unit block.

2  5
1  7  3  6
4  1  7  8
4  5
8  4  1  6
3  2  5  1
5  4  2  6
3  2  5  1
5  4  2  6

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Match These
1i, 2a, 3e, 4k, 5j, 6l, 7g, 8h, 9c, 10f, 11b, 12d.

Dropline
Opportunities are never lost. Someone will take the ones you miss.

Leapfrog
1. Pro bono; 2. Supreme Court
3. Cross examine; 4. Due process
5. Grand jury; 6. Class action
7. Self defense; 8. Hostile witness
9. District attorney;

Hidden Message
An optimist is a doctor who tells the mother of six to relax.

---

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Summer 2018
Rainbow Fruit Salad

You can’t go wrong with this salad—it’s juicy, fresh, naturally low in fat and sodium, and cholesterol free. Enjoy it as a salad or a dessert.
Yield: 12 servings
Serving Size: 4-oz cup

For Fruit Salad:
• 1 large mango, peeled, diced
• 2 C fresh blueberries
• 2 bananas, sliced
• 2 C fresh strawberries, halved
• 2 C seedless grapes
• 2 nectarines, unpeeled, sliced
• 1 kiwi fruit, peeled, sliced

For Honey–Orange Sauce:
• 1/3 C unsweetened orange juice
• 2 Tbsp lemon juice
• 1 1/2 Tbsp honey
• 1/4 tsp ground ginger
• dash nutmeg

Directions
1. Prepare the fruit.
2. Combine all ingredients for sauce and mix.
3. Just before serving, pour honey–orange sauce over fruit.

Make Your Meals Berry Delicious

Berries have many health benefits, thanks in part to their antioxidants. “The main benefit of berries is taste,” says E. Susannah Southern, RDN, LDN, clinical nutrition manager at UNC Hospitals Outpatient Nutrition Clinics. “They are delicious on their own and added to other foods like salads, yogurt and even meats.” And, she adds, cooking berries by microwaving, simmering, pan-frying or baking does not significantly reduce their antioxidant content.

Here are a few of Southern’s suggestions to add more berries to your diet:
• Thaw about a cup of frozen blueberries and raspberries in the microwave and put them on plain Greek yogurt along with walnuts and a bit of crunchy whole grain cereal. No need for adding sugar to this delicious and super-simple meal.
• Thawed berries are also a good substitute for pancake syrup.
• Tossing fresh, washed berries on salad greens makes a salad more exciting with little effort. This is great when everything is in season.
• Adding chopped strawberries to a fresh salsa is a fun twist for healthy snacking.
• There are several recipes online for turkey-blueberry burgers. (Try this one from the U.S. Highbush Blueberry Council: www.blueberrycouncil.org/blueberry-recipe/blueberry-turkey-burgers-with-blueberry-ketchup)
• Use fresh berries in whole grain salads.
• In general, you can sneak in berries to salad dressings, sauces, flavored water, smoothies, lunch boxes, etc. Pretty much any meal can incorporate berries, even if it’s just the garnish.
**Fisher Center Scientist Spotlight**

Due to the outstanding work of Fisher Center’s world-renowned scientists, we are getting closer to finding a cure!

**Dr. Peng Xu**

*Postdoctoral associate at the Fisher Center for Alzheimer’s Research at The Rockefeller University*

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**Hometown:**
Peng grew up in a small city near Chengdu in the southwest region of China.

**Education:**
After obtaining his bachelor’s degree in biological science in China, Peng enrolled at the National University of Singapore, where he completed his PhD in biochemistry and cell biology. In 2014, he joined the Fisher Center for Alzheimer’s Research.

**Fun Fact:**
To better understand and help Alzheimer’s disease patients, Peng volunteered with the Alzheimer’s Disease Association in Singapore. He also likes to travel and experience different cultures. One of his favorite travel experiences is working in a vineyard in the south of France for three weeks.

**Research Discoveries:**
Under the direction of Nobel Laureate Dr. Paul Greengard, Dr. Xu’s research focuses on identifying novel pathways and targets for Alzheimer’s disease.

Neurotoxic amyloid beta has been thought to play a key role in Alzheimer’s disease. In order to limit amyloid beta generation without causing additional toxicity, Dr. Xu focuses on understanding the cellular process of amyloid beta generation from amyloid precursor protein’s (APP) dynamic trafficking in multiple cellular compartments. He uses cutting-edge genome-editing technology to delete and edit candidate genes in neuronal cells and investigate their functions on amyloid beta generation. He has also teamed up with the imaging specialist in the lab to apply advanced super-resolution live-cell imaging technology to study the process of amyloid beta generation in high spatial-temporal resolution. Novel pathways and therapeutic targets for Alzheimer’s disease will be identified through thorough analysis of the process for amyloid beta generation. His preliminary data demonstrate that the gene gSAP, which was discovered at the Fisher Center, also regulates the dynamic trafficking of APP inside the cell for amyloid beta generation.

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We want to thank Dr. Peng Xu and all of our world-renowned scientists at the Fisher Center who work hard every day in the quest to find a cure.
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