

caringkind

The Heart of Alzheimer's Caregiving



Sleep



Diet



Exercise



Safety



Socialization



Hearing



Self
Care

WINTER 2018

- You're invited to the *Lorraine Halis Lecture on the Art and Science of Caregiving.*

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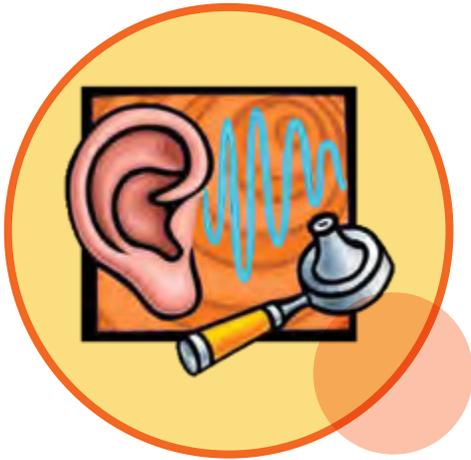
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Dear Friends,

Let's call her Jane.

Jane isn't herself these days. She looks tired and worn – unusual for this vibrant 40-year-old. She's no longer paying attention to what she wears or how she does her hair and makeup. Her work colleagues talk behind her back about her excess absences and recent poor performance. She's stressed-out and irritable.

The headaches are killing her. She's no longer exercising. Her meals most often consist of grabbing a quick bite on the run. Her friends are worried – they see and hear from her with less and less frequency. She's cancelled her last three appointments with various doctors and a dentist. She doesn't remember the last time she sat down to read a good book or see a movie. Sleep is elusive. And when she does finally pass out, she soon wakes up in a cold sweat to write down all of things she's forgotten to do.

What's wrong with Jane? Nothing. Except, she's taking care of her 75-year-old, widowed mother who has Alzheimer's. Trying to balance her busy personal and professional life with the incredibly difficult physical and emotional demands of caregiving isn't easy: seemingly endless doctors' appointments; episodes of mom wandering; calls from neighbors in the middle of the work day that her mother has let the tub run and caused a flood in the apartment; cooking, cleaning and shopping for two; managing mom's finances; and on and on. It's a very long list and Jane is trying to do it alone.

The reality is, like Jane, you cannot provide good care for others if you don't, first, take care of yourself. The lifestyle choices that many caregivers feel they are forced to make – often made with the best intentions in mind – can lead to serious consequences.

Research, as reported on the National Caregivers Alliance website, is startling. Here's a small sampling:

- It's estimated that up to 70 percent of caregivers have significant symptoms of depression.
- More than 20 percent of female caregivers get mammograms less frequently.
- Increased stress can lead to greater alcohol or drug use.

Caregivers report heart attacks, arthritis, headaches and other ailments more often than non-caregivers. It's imperative that caregivers recognize that focusing on themselves is equally important to the care they provide for the person with dementia. This requires self-discipline, and maybe even a little self-love. It also requires help.

If you are a caregiver, please hold this mirror up to yourself and see if what's happening to Jane is happening to you. Take a good hard look at how and what you are doing and be honest about how caregiving is impacting your life. It's okay if you feel like throwing your hands up in the air, and shouting, "I just can't do this anymore." But, the best thing you can do is call CaringKind's 24-hour Helpline at 646-744-2900 and ask for help.

CaringKind recognizes that every family's story is unique. Our mantra is if you've



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seen one case of Alzheimer's, you've seen one case of Alzheimer's. And, we mean it! Our social workers' goal is to develop a personalized plan for you and the person you are caring for. At CaringKind you'll also meet others who have walked in your shoes and know exactly what you're going through.

Here, you are never alone. From support groups to cultural respite programs, and from financial planning and educational seminars to end of life planning, CaringKind can put you back on track.

So, please make 2018 the year that you are generous to yourself. Don't be afraid to take a timeout. Call a neighbor, friend, or family member and tell them you need a hand. Go to the park for a walk. Make sure you get to that doctor's appointment. Schedule yourself for a manicure. Go to the gym and work out. Once you've made that call, and with CaringKind by your side, you'll see that all this, and more, is possible.

P.S. If you know someone like Jane or anyone who needs our help, please pass this along and be sure to give them our 24-hour Helpline number: 646-744-2900.

Dear Readers,

Welcome to 2018! A New Year; a new beginning. Many of us make New Year's resolutions, which by the time you are reading this, might have already been broken or perhaps a little bent.

Many resolutions have to do with lifestyle; exercise regularly, eat more healthfully, get more sleep, meditate, go for that annual check-up or other activities that promise better health. And, I know that many of our readers are concerned about brain health. With Alzheimer's disease and other dementias as the costliest of the top 10 causes of death in the U.S. without a way to effectively treat, slow down, or prevent them, we are all looking for that "magic bullet" that can do just those things.

The landscape is a confusing one, but I advise you to be an educated consumer of health education. Be skeptical; if it sounds too good to be true, it probably is.

A few tips when reading about scientific research:

Understand the difference between "cause" and "association."

- Bacterial infections *cause* pneumonia.
- Poor sanitation, ventilation, and living in close quarters are *associated* with an increased risk of developing tuberculosis.

Understand the difference between "risk-reduction" and "prevention."

- With *risk-reduction*, you are lowering the chance of something happening: e.g. wearing a helmet or seatbelt reduces the chance of head injury.
- In *prevention* you are eliminating the chance that something will happen: e.g. if you get the polio vaccine, you will not get the disease.

Understand the difference between epidemiological studies and clinical trials.

- *Epidemiological studies* report on findings in large populations and create

theories based on those findings.

- *Clinical trials* test a drug for safety and effectiveness.

Know which studies have good evidence, are published in peer-reviewed journals, and are based on rigorous science. See if they are double-blind (neither the researcher nor the patient knows whether they are receiving the drug being tested), and if participants are randomly assigned to either the treatment or control/comparison group.

In studies regarding Alzheimer's and other dementias, there are lots of theories about what contributes to developing the disease, and what changes we can make that might reduce the risk. It can be confusing and difficult to sort these out. In this issue of the CaringKind newsletter, (our first fully digital issue) we have asked several experts in the field to present their understanding of the state of risk-reduction and what we know now.

A little perspective helps:

The brain uses 20 percent or more of the blood that is pumped by the heart, so it makes sense to keep the heart in shape. It is safe to say that what is good for the heart is good for the brain.

Know your numbers:

- Weight /BMI
- Cholesterol
- Blood Pressure
- Blood Glucose (sugar levels)

Keeping these in normal levels are good for your heart and therefore good for your brain. However, as Dr. Richard Isaacson, head of New York Presbyterian Weill Cornell's Alzheimer's Prevention Institute often says, one size will not fit all. The most effective approach will be a



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highly personalized one, which takes into account many factors; individual biology, history, exercise, level of education, genetics, and more.

It's hard to say how much effect each component of a healthy lifestyle has on brain health; i.e. diet vs. exercise or sleep. Or, if one is genetically pre-disposed to develop late-onset (after 65 years of age) Alzheimer's, how much any of these activities will reduce the risk. There is some evidence that some activities might delay the onset. And, as we know that the changes in the brain happen much earlier than we had thought, well before the onset of forgetfulness or confusion. Given this, it makes sense that early interventions may be helpful.

However, it takes self-discipline and control to commit to a lifestyle of healthy eating, regular exercise and good sleep habits. So, be realistic in what you can achieve. Make small changes and build on those. And forgive yourself if you slip up; there's always tomorrow.

In the meantime, until we have sufficient evidence that specific things are effective in reducing the risk of developing dementia, you can rely on us to provide information, resources and referrals to help if you are a dementia caregiver. There is solid evidence that this support makes a difference. Call the 24-hour Helpline at 646-744-2900 or visit our website at www.caringkindnyc.org. We are here to help!



Sleep and How It Affects Memory and Cognition



RICARDO OSORIO, M.D., MA

With 10 percent of adults over age 65 now suffering from Alzheimer's disease (AD), and other dementias (this number is projected to double by 2050) understanding the factors responsible for cognitive impairment is of great importance. Disturbed sleep may be one of these factors. In multiple studies observing large groups of peoples, changes in the number of hours of sleep and sleep disturbances, mainly waking during the night, as well as the presence of obstructive sleep apnea (OSA) have been associated with increased risk of cognitive decline, while better sleep patterns seem to be protective.

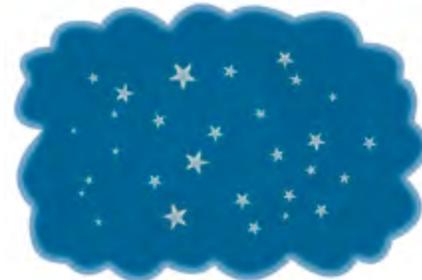
Sleep provides time for important things to happen inside of the brain. For

instance, the processing of memories occurs throughout sleep. It is during this time that memories are stored so they can be retrieved while awake. Sleep also keeps the brain from overloading, it clears the brain from harmful toxins, and performs other functions ensuring that humans awaken with brains that are refreshed and ready to tackle new challenges.

As we age, however, sleep changes dramatically. With age, the quality of sleep decreases and becomes more fragmented, and there is an increase in the prevalence of OSA. Older people tend to become sleepier in the early evening and wake earlier in the morning compared to younger adults. Older age is also associated with medications that might disrupt sleep. Many older adults, though certainly not all, report being less satisfied with sleep.

Good sleep quality is beneficial for memory and cognition, but whether these age-related changes in sleep contribute to the changes in cognition commonly

observed in older adults, or to the increased risk for developing Alzheimer's Disease, is unknown. Recent studies in mice and humans suggest that this could



be the case. Sleep could, in addition to its beneficial aspects in reducing stress and improving cardiovascular (heart) health and metabolism, be also helpful due to both lower production of and increased removal of harmful substances in the brain that build up during the day.

Improving sleep remains a reasonable recommendation that we can offer to members of the public who strive toward better brain health and successful aging.

Ricardo S Osorio is a Research Assistant Professor of Psychiatry at NYU Center for Brain Health (CBH). At CBH, Dr. Osorio's focal area of research interest is the use of neuroimaging and cerebrospinal fluid biomarkers to assist in the study of sleep disturbances as risk factors for cognitive impairment in aging and for dementia.

Dr. Osorio also collaborates with researchers from the Mount Sinai Health System Integrative Sleep Center and the NYU Center for Neural science in the NYU Sleep, Aging, and Memory (SAM) Lab. The SAM Lab investigates why we sleep, what happens to the brain during sleep, and the consequences of disturbed sleep on the brain. Its mission is to solve these, and other issues related to sleep, normal aging, memory processing, and the risk for Alzheimer's disease.



What about the Caregiver? Caregiving and Staying Healthy



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How do you take care of yourself? Many family caregivers are often unsure how to answer this question. The idea of finding time for themselves is a foreign concept. They have not taken a vacation in a few years. Meetings with friends are limited and seeing a doctor for themselves may occur once in a while. There is no doubt that caring for a person with dementia is challenging and exhausting. Too often caregiving responsibilities become the priority and self-care is placed on the back burner.

Many caregivers report feeling exhausted, overwhelmed and run-down. When asked about recent doctors' appointments, some report that they have not seen their doctor in years. Whether it's due to lack of time, competing responsibilities or exhaustion, appointments are canceled or rescheduled. However, in moments like these we encourage caregivers to put themselves first. In order to provide the best care for the person with dementia, it is important to find a healthy balance between the caregiver's needs and the needs of the person for whom they are caring.

Below you will find some suggestions that may help during your caregiving journey.

Prioritize your health. Our bodies tell us if something is wrong; read between the lines. A big part of staying healthy is being able to take care of yourself

during stressful situations. Caregivers are often at risk of becoming ill. Make it a goal to schedule and keep doctors' appointments. Avoid skipping meals and try to eat healthfully and regularly in order to give your body the energy it needs every day.

Give yourself a break from time to time. Plan activities that you can look forward to. Watching a movie, meeting friends for coffee, reading a book or listening to music are ways to take a break. Doing something enjoyable helps to balance some of the more challenging tasks.

Allow time to exercise. Exercising is extremely important for both physical and mental health. Having the opportunity to go for a run, a walk, or even take a yoga class can help relieve some of the stressors that come with caregiving. Exercising can help you feel better about yourself and serve as a distraction especially during difficult days. Removing yourself from the stressful environment, even for a few hours, can give you an opportunity to process what has happened.

Get help in the home. Ask a friend or family member to pitch in a few times a week. The beginning may be a bit challenging, but after a while, everyone starts to feel comfortable. If you do not have a friend or family member that can help, consider hiring a professional caregiver. It may be difficult to allow someone new into your home and care for your parent, spouse or friend. The reality is that care will not be exactly like what you would provide. Allow that person to learn about you and the person with dementia in order to manage some of their needs when you are gone. Eventually, you will be able to develop a good working and trusting relationship.

Process your feelings. Being able to talk about the stressors of caregiving in a safe environment is extremely important. It is completely understandable that the feelings of frustration, stress and anger sometimes arise. Speaking with a professional may help you process these feelings and brainstorm options for self-care. At times, caregivers find themselves holding back from expressing their concerns with friends or family members. A support group is the perfect opportunity to share your thoughts with people in similar situations.

Be kind to yourself. Along with the stressors of caregiving sometimes the caregivers feel guilty. Know that there is no such thing as "perfect" and that you are doing the best you can given the challenges. You may not be able to attend every doctor's appointment, yoga class or meeting with friends. Try setting a goal to complete some of these activities. It's important to not judge yourself for not completing a task and give yourself permission to not be perfect all of the time.

Let us help you! Whether you are in need of assistance with care planning, searching for counseling services, joining a support group or brainstorming other ways to take care of yourself, our social work team is here for you. Scheduling an appointment with one of our social workers can be the first step to putting your needs first. Please contact our 24-hour Helpline at 646-744-2900 and ask to speak with a social worker.

The Caregiver and the Creative Spirit



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There are some who think the term creative doesn't apply to them because it may be understood only in the context of artists. However, if we think about creativity in terms of expression and communication, it's a word that is relevant to everyone. The many ways in which we can communicate through and with expression is what makes us able to engage with our surroundings and with each other. In the context of caregiving, creative activity can be an outlet for self-reflection, care, exploration, and discovery.

Caregivers are often so overwhelmed by the demands of caregiving that they

forget, or don't have the energy, to care for themselves. For some, giving care may mean diverting all one's emotional and physical energy away from oneself. Fortunately, engaging in creative activities that help to maintain a caregiver's emotional and physical health, like listening or dancing to their favorite music, visiting a museum with friends, or enjoying a botanic garden, are opportunities to practice selfcare. Even if it's just for a brief time, it's a key step to breaking the cycle of frustration and isolation that some caregivers may experience. (While it is sometimes difficult to leave the person you're caring for, there are opportunities to have shared experiences with the person with dementia.)

A growing number of cultural institutions – art and history museums, botanic gardens, and now performing arts organizations – have created programs using their creative form to encourage conversation and discovery through multisensory experiences – like listening

and dancing to live music, handling objects in art museums, and smelling herbs and spices in a sensory garden. For both the caregiver and the individual with dementia, these interactions may stimulate feelings related to specific memories and is a chance for each person to tell their stories. For the caregiver, the break from the demands of their role is one of the keys to staying connected with the person in their care. Dance, music, visual art, and outdoor programs can offer respite from daily challenges, and are also a way for participants to meet, exchange stories, and build friendships through common experiences and interests.

A recent music-based program demonstrated the importance for caregivers to join in fun participatory activities. A small group of guests – caregivers and the people they care for – gathered in a room and were seated at tables brightened with festive decorations. Soon, two jazz musicians appeared, one a double bass player and the other a singer, who performed songs like “Cheek to Cheek” and “It’s a Wonderful World.” As the guests listened to the music, fingers started tapping, bodies started moving, and soon some were dancing. Faces lit up, and one inspired guest even danced with the singer as she sang. Caregivers who seemed content to just watch couldn't help themselves, and joined in. For that afternoon, there was barely a difference among anyone in the room. The musicians' easy musical style and song choices, the welcoming comfortable intimate space, and the integration of family members, caregivers, staff and volunteers had created an invaluable experience that made everyone smile.



2017 Brings Major Progress in Diagnosing Chronic Traumatic Encephalopathy (CTE) During Life

SAM GANDY, M.D., PH.D.

Mount Sinai Professor of Alzheimer's Disease Research, Professor of Neurology and Psychiatry, and Associate Director of the Mount Sinai Alzheimer's Disease Research Center in New York City. Dr. Gandy is an international expert in the metabolism of the sticky substance called amyloid that clogs the brain in patients with Alzheimer's.

Chronic Traumatic Encephalopathy (CTE) is a neurodegenerative disorder that can occur following repeated trauma to the head. Symptoms of this disease are often psychiatric, with agitation, anger, depression, anxiety and violence (e.g., suicide/homicide) being present. Athletes and boxers are more prone to the disease because they have endured multiple concussions. But not all have always presented with the effects of CTE, therefore there are likely genetic factors that contribute to its presence.

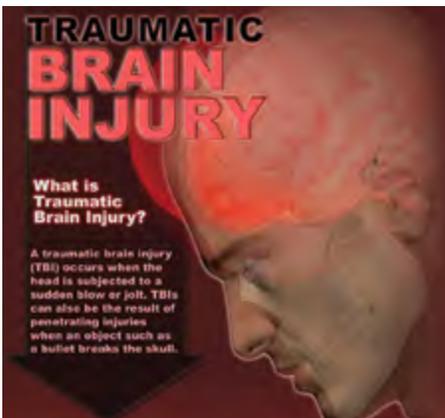
CTE has similarities to Alzheimer's. Brain amyloid accumulation (amyloidosis) in CTE can occur early and/or late, and has been linked to the presence of the apolipoprotein E (APOE) epsilon 4 gene variant. Also, like many Alzheimer's cases, CTE can only be confirmed after death. However, unlike Alzheimer's disease (AD), the tauopathy (accumulation of tau protein in the brain) is the consistent feature and the amyloidosis is only present in about one half of autopsied CTE cases.

In 2006, Dr. Bennet Omalu discovered the presence of CTE in the brain of a former Pittsburgh Steeler hero, Mike Webster. In the years before Webster died, he suffered from a progressive brain illness that caused him to become financially unstable and homeless. He was living in his car at the time of his death. Dr. Omalu took the initiative

to examine Webster's brain and immediately recognized CTE. Omalu brought his discovery to his colleagues, and they went on to report CTE in the brains of many retired National Football League (NFL) players. Since then, examples of CTE have been identified in athletes from virtually all impact sports as well as from former battlefield soldiers who had been exposed to blast-related head trauma due to explosive devices.

Now, one of the major challenges is to develop a means of confirming the diagnosis of CTE during life. One of the most promising approaches involves brain imaging, or a PET scan. Two groups have reported initial evidence for success. Within the past few months, the UCLA group reported the first

postmortem confirmation that a positive tauopathy PET scan was associated with authentic CTE pathology. In 2016, the Mount Sinai group reported the first tauopathy PET scan that reproduced on a brain scan the distribution of pathology determined at postmortem. Both research groups are now expanding their studies, and reports from those larger studies are eagerly anticipated.



Did You Know?
The most common causes of TBIs include:

- 16.5% Falls
- 10% Motor vehicles
- 21% Sports and recreation
- 17.3% Assaults
- 19.2% Other

Among the most common causes of TBIs are falls and motor vehicle accidents. Sports related injuries are also common and in the military, blast related TBIs caused by exposure to explosive devices have been common in the recent conflicts in Iraq and Afghanistan.

Did You Know?
According to the Centers for Disease Control (CDC) at least 1.7 million TBIs occur in the United States each year.

OVER 1.7 million TBIs occur per year

Did You Know?
TBI is a contributing factor to a third of all injury-related deaths in the United States and over 5 million Americans are living with a TBI-related disability.

Over 5 million Americans are living with a TBI-related disability

Diagnosing the Severity of a Traumatic Brain Injury

TBIs are classified as mild, moderate or severe based on the degree of injury. Mild TBIs, also often referred to as "concussions", result when only a short alteration in consciousness occurs that may be as brief as being temporarily dazed or confused.

TBIs are classified as moderate to severe when there is an extended period of unconsciousness or amnesia after the injury.

Symptoms of Traumatic Brain Injury

Symptoms such as headaches and dizziness are common immediately following a TBI. Recovery generally depends on the severity of the initial injury. Most people with mild TBIs recover quickly and fully.

However sometimes after mild TBIs, symptoms including headaches, impaired memory and concentration as well as changes in mood can last for days, weeks, or longer. People who have suffered moderate to severe injuries typically recover more slowly but may still make full functional recoveries although some will be left with persistent neurological deficits or post-traumatic epilepsy.

Treatments for Traumatic Brain Injury

Sometimes TBIs can cause bleeding inside the brain that requires surgery. However, most mild TBIs can be treated with conservative measures.

Sport's concussions are treated with rest followed by a gradual return to previous athletic activities.

Severe TBIs may require a more prolonged recovery period that includes specialized rehabilitation therapy.

Prevention Tips TRAUMATIC BRAIN INJURY

- Wear a seat belt every time you drive or ride in a motor vehicle.
- When driving always buckle a child in an age and size appropriate child safety seat, booster seat or seat belt.
- Wear a helmet and make sure that children wear helmets when engaged in activities such as riding a bicycle, motorcycle or a scooter or when engaged in sports such as football or skiing.
- Reduce the risk of falls for seniors by removing tripping hazards such as throw rugs, using nonslip mats in the bathtub and on shower floors and installing grab bars next to toilets and in the tub or shower.

Visit icahn.mssm.edu/TBI or www.mountsinai.org/TBI for more information.

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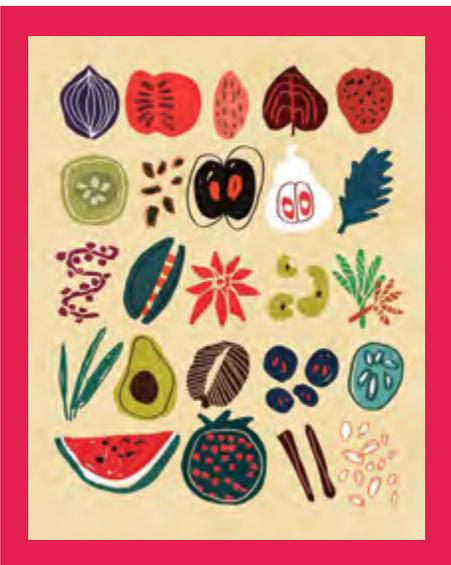
Diet and Alzheimer's Disease



**LAWRENCE S. HONIG, M.D.,
PH.D., FAAN**

Everyone hopes that they can do something to prevent the development of dementia – and the most common dementia is due to Alzheimer's disease (AD). The biggest risk factors for Alzheimer's disease are genetics and age. You can't change your genetics and of course living to older age is something most wish for, but unfortunately comes with this increased risk. But, one somewhat controllable aspect of lifestyle is diet – the particular combinations of food and drink that people consume. And the idea that diet might influence the risk of dementia or AD, is one that is attractive, and has been the subject of many studies.

Alzheimer's disease occurs at similar rates throughout the world, in many



countries, with very different dietary habits. But one category of diets that has achieved much attention for potential benefits to the brain is the Mediterranean Diet – which consists of fruits, vegetables, legumes, nuts, seeds, grains, cereals, fish, chicken, and olive oil, and limits consumption of salt, dairy butter, and red meats. Another modified version of this diet is the DASH (Dietary Approaches to Stop Hypertension) diet that consists of similar foods, but has a higher dairy and lower salt intake. There is also the MIND diet (Mediterranean-DASH diet Intervention for Neurodegenerative Delay), a combination of the Mediterranean and DASH diets, particularly focuses on berries and leafy vegetables. Many studies have suggested that people with healthier diets, Mediterranean, DASH, or MIND, might be at a lower risk of developing AD.

When analyzing the results of these studies, we must be aware that they have many limitations: persons who have different diets may also have different smoking, drinking, educational, social, or exercise habits, and may have different genetic backgrounds. Other limitations of these studies, are that some are arguably either too short, or have too few subjects, or are too uncertain with regard to compliance with the different diets, to show a small effect if there is one. Because of these limitations, it is not clear that one can determine that a Mediterranean or similar diet is better for brain health. Furthermore, any potential beneficial effect might be through reducing vascular problems, such as changes in blood vessels or occurrence of strokes. Vascular injuries result in added damage superimposed on the brain changes of AD. So, reducing

vascular brain injury might well reduce dementia, even if there was no effect on the AD process itself.

In summary, there may be many benefits of a healthy diet, including lower weight, lower blood pressure, and risk reduction in diabetes, heart disease, and stroke. Some of these benefits, such as decreased stroke, may lessen the likelihood of dementia, particularly in the setting of a person with Alzheimer's changes in their brain. However, we do not yet have evidence that what we eat may influence the start of Alzheimer's changes, or the progression of these changes once they've begun.

Lawrence Honig, M.D., is a Professor of Clinical Neurology at Columbia University College of Physicians and Surgeons, in the Department of Neurology (Division of Aging and Dementia), Taub Institute for Research on Alzheimer's Disease and the Aging Brain, and the Gertrude H. Sergievsky Center. He is Director of the Clinical Core of the Alzheimer's Disease Research Center at Columbia University.

His research interests are in Alzheimer's Disease, Lewy Body Dementia, Frontotemporal Dementia, Creutzfeldt-Jakob disease, and other disorders of nervous system aging and degeneration. In addition to directing the Clinical Core of the Alzheimer's Disease Research Center, he conducts a number of clinical drug study trials, and also engages in clinical patient care at NewYork-Presbyterian Hospital and at the Lucy G. Moses Center for Memory and Behavioral Disorders, in the Neurological Institute.

Hearing Loss Is Not Good For The Brain



BARBARA E. WEINSTEIN, PH.D.

In light of the growing emphasis on healthy lifestyles and scientific, medical and technological advances, people are living longer. The increase in life expectancy is accompanied by a rise in the prevalence of several major public health issues which impact quality of life and health care costs substantially: age related hearing loss and dementia. Age related hearing loss (ARHL) is a chronic condition which is on the rise with an aging society. More than two-third of adults 70 years of age or older have hearing loss which interferes with communication thereby impacting social engagement, physical activity levels, and quality of health care. When untreated, ARHL can be disabling especially in settings which are less than ideal (e.g. when the speaker turns away from the listener, when there are multiple talkers speaking simultaneously, or when background noise is present). Persons with hearing loss must work harder in these situations if they are to be successful at extracting meaning from speech and remember what has been said. The need to listen more intently in challenging environments is often stressful and fatigue inducing. This can lead to withdrawal from conversation and activities once enjoyed. This “social disengagement” is bad for overall well-being in general and brain health. We now know that social isolation/withdrawal is a modifiable risk factor for dementia.

Age related hearing loss, as well, is considered a modifiable risk factor for dementia because it has a marked impact on social and physical function, yet when identified and treated early some of the symptoms have the potential to reverse themselves. There are a number of theories which attempt to explain why

hearing loss may be a modifiable risk factor for dementia. Simply put, hearing loss is not good for the brain which undergoes neurodegenerative changes associated with sensory deprivation. In turn, the speech understanding difficulties and sensory deprivation associated with hearing loss can use up the cognitive resources necessary to understand what others are saying. Depression and the tendency to decrease socialization with others may ensue. In turn, the impoverished sensory input in to the brain coupled with the social isolation may cascade into cognitive decline and in time, dementia. It is critical to emphasize that the relationship between hearing loss and dementia is **not** causal and that the goal of hearing restoration is to optimize speech understanding to enable maintenance of social and physical engagement.

It is often difficult to distinguish the communicative behaviors associated with hearing loss from those of dementia. If an individual misses the thread of a conversation, appears to strain to follow conversation, struggles to understand speakers on television or radio, or sometimes withdraws from conversations with others, consider going for a hearing test and if needed, seek advice on the variety of solutions available to manage hearing loss. Hearing health care treatments which can optimize communication and improve safety in the home can transform the lives of people with dementia and their families. Of course, timely diagnosis is a prerequisite for maximal benefit from audiologic interventions.

Auditory-based interventions exist along a range and many of the low-cost interventions can improve communication and help people stay engaged. In fact, according to caregiver reports, inexpensive hearing interventions enable persons with dementia to be connected with life in a renewed way. Interventions are quite varied ranging from adoption

of basic communication strategies (e.g. speak distinctly and at a natural rate of speed, resist the temptation to speak loudly), use of commercially available personal sound amplification devices to purchase of hearing aids or cochlear implantation. The stage of dementia will dictate the sophistication of the intervention to be adopted. It is imperative that caregivers or family members are part of the conversation when decisions regarding hearing based solutions are reached. Irrespective of the stage of dementia, home safety is a priority for persons with hearing loss. To make homes safer for example, smoke alarms/carbon monoxide detectors should be equipped with both flashing or strobe lights and devices with vibration notification capabilities (e.g. pillow or bed shakers) which emit loud low frequency sounds and are activated by the sound of a smoke alarm or carbon monoxide detector.

In sum, hearing loss may be a forerunner of cognitive decline. Older adults of all ages should be referred for a hearing test to determine presence of hearing loss and to assist in selecting auditory interventions which can optimize communication and social engagement with friends and family members, reduce the burden associated with dementia and optimize safety in the home.

A leader in the field of Geriatric Audiology, Dr. Weinstein has developed several of the world's most widely used tools to identify patients with hearing loss. Dr. Weinstein has also researched widely in geriatric audiology around screening and around social factors associated with hearing loss and hearing aid use.

An accomplished and award-winning clinician and educator, Dr. Weinstein founded and directed the Doctoral Program in Audiology at the City College of New York. Dr. Weinstein has authored both editions of the major textbook, Geriatric Audiology. Her research on hearing loss and dementia, and research on the social consequences of hearing loss, have profound implications for the intersection of audiology, geriatric medicine, and gerontology.



CAROL BERNE
Senior Vice President of Development
cberne@caringkindnyc.org

As 2018 moves along, we are gratified to confirm that our Year-End Campaign has raised over \$810,000, a 22 percent increase over 2017. We have received generous gifts from over 800 grateful clients, friends and supporters. These gifts, both large and small, help to ensure that we have the financial resources to provide information, resources and support, 24-hours a day, seven days a week, to help caregivers better navigate the difficult journey ahead. Our Campaign runs through February 28th and we are well within reach of our one-million-dollar goal. (For those who contributed, thank you! If you still have our envelope on your desk, you can still take a minute and send that check along.)

A notable highlight of the Year-End Campaign was a generous donation of \$25,000 from Broadway Cares/Equity Fights AIDS (BC/EFA). During the BC/EFA fall fundraising campaign, the company of HELLO DOLLY, including our great friend and supporter, David Hyde Pierce and his co-star, Bette Midler, raised over half a million dollars. To honor David and the cast of HELLO DOLLY for their outstanding fundraising efforts, Broadway Cares/Equity Fights AIDS made a donation to David's favorite NYC charity, CaringKind. David himself then generously matched this gift for a total contribution of \$50,000. We could not be prouder or more grateful!

Many of this year's campaign contributions arrived with handwritten personal notes. "Thank you for the great work of CaringKind. **You are the gift,**" cites one. For many of our clients, we have been

with them from the initial diagnosis to discussions of hospice and end of life care. I can think of no other organization that has made the investment in supporting dementia caregivers.

As we enter our third year as CaringKind, it is increasingly evident that we made the right decision to focus on care and support. Our caregiver programs and services, most free of charge, remain a lifeline for families affected by a dementia diagnosis. In the absence of a cure, the best course of treatment remains good care, and that is what we have provided to New Yorkers for over thirty years. While we hope for a cure, and we all do so, we can transform the life of a caregiver, and make their day a little brighter knowing that they are providing the best care possible to an individual with dementia, while finding the way that works best for them, to care for themselves.

Please continue to support CaringKind generously. We have numerous ways to do so that are described on this page as well as throughout this newsletter. And I am happy to speak with you about making a gift.

Please call me at 646-744-2905, or email me at cberne@caringkindnyc.org. Thank you.



CaringKind meets the Better Business Bureau Wise Giving Alliance Standards for Charity Accountability.

CaringKind is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (Tax ID number 13-3277408) and your gifts are tax deductible to the full extent of the law.

Ways to Give

Giving by Check

Please make checks payable to CaringKind and mail to:
360 Lexington Avenue, 4th Floor
New York, NY 10017

Online/Credit Card

Visit www.caringkindnyc.org and click on Donate or call 646-744-2908 or 2927. We accept MasterCard, Visa, and American Express.

Appreciated Securities

Gifts such as stocks or bonds may offer substantial tax advantages. Please speak to your tax advisor.

Bequests

By remembering CaringKind in your will, you can have a significant impact on improving the quality of care for those affected by Alzheimer's disease. Your bequest may have estate tax planning benefits as well. The following is sample bequest language for discussion with your attorney:

I, _____ (first and last name, city, state, zip), give, devise and bequeath to CaringKind (or Alzheimer's Disease and Related Disorders, New York City, Inc.) with offices located at 360 Lexington Avenue, 4th Floor, New York, New York 10017, (insert written amount of gift, percentage of the estate, or residuary of estate, or description of property) to be used for (insert "its unrestricted use" or name of CaringKind program).

Life Insurance and Retirement Plans

CaringKind can be named a beneficiary of your retirement plan or insurance policy.

Donor Advised Funds

If you have established a donor advised fund through another organization (e.g., community foundation, investment firm) you may recommend the award of a grant to CaringKind. Please check the guidelines pertaining to your donor advised fund.

Corporate Giving

Payroll deductions, matching gifts, and event sponsorships are ways to support CaringKind.

100% of your donation supports New York City individuals and families affected by an Alzheimer's or dementia diagnosis.

Please contact Carol Berne at 646-744-2905 or cberne@caringkindnyc.org if you would like additional information.

Planning Today for Tomorrow

When CaringKind expanded to the third floor in March 2013 to build our Program Center for Education, Training, and the Harry and Jeanette Weinberg Early Stage Center, we were able to do so because of the generosity of individuals who had planned ahead and left us in their estate plans. The bequests that we receive are from grateful clients who wish to give back in appreciation for the support and help they receive during the very difficult journey of caring for, or knowing, an individual with dementia.

Planned giving is a way to support CaringKind through your will, a retirement account, a trust, or other vehicles to make a charitable contribution after your death. Through estate planning, you can make a meaningful impact helping others who are heartbreakingly affected by a diagnosis of Alzheimer's disease or a related dementia. For more than 30 years, we have been a leader in dementia care, setting the gold standard for care.

Though we all hope for a cure or an effective treatment or therapy, we know that in its absence, the best course of treatment is good care. Your contribution enables us to plan ahead so that we can develop innovative, creative, and leading-edge caregiving initiatives to ensure that caregivers today and tomorrow have a place to turn for the best in dementia care.

Gifts of any size are appreciated and every single gift is important to helping us.

Please see the *Ways to Give* section on bequests on page 12 for further information, or please contact Carol Berne at 646-744-2905 or via email at cberne@caringkindnyc.org.

Know Your Charity

The following organizations
ARE NOT affiliated with CaringKind:

- Alzheimer's Association
- Alzheimer's Association, New York City Chapter
- Alzheimer's Disease Resource Center (ADRC)
- Alzheimer's Drug Discovery Foundation
- Alzheimer's Foundation of America
- Bright Focus Foundation

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Do two or more members in your family have memory problems?

If anyone in your family is living with Alzheimer's disease, you know how important it is to find a way to prevent or cure it. The Alzheimer's Disease Family Study is a nationwide research study to find the genes that play a role in Alzheimer's, and to learn more about its causes and potential treatments.

Families suffering from Alzheimer's disease can help in this important research!

Contact us at (212) 305-2349 or email us at imm2129@cumc.columbia.edu to learn more about this study.

Development Events

On Thursday, December 7, 2017, we celebrated the dedication of “The Boxer Family Foundation Training Room,” and recognized former Board member, Steven E. Boxer, for his outstanding commitment and dedication to CaringKind. Steve was joined by family and CaringKind leadership to mark this special occasion.



(From left) Jed Levine, Executive Vice President, Director of Programs & Services; Susan V. Kayser, Esq., Board Member Emeritus; Steven E. Boxer; Michelle Walker; and Sunnie Kenowsky Irving, Board Member Emeritus.



Steven E. Boxer, former Board Member



Michelle Walker and Steve Boxer

Deirdre Quinn, Co-founder & CEO of Lafayette 148 New York, was joined by friends and family on November 16, 2017, for the dedication of the “Lafayette 148 New York Training Room.” In this Training Room we hold professional training, legal and financial seminars, home care seminars, monthly education meetings, legal and financial planning, family caregiver workshops and much more offered for families effected by dementia.



Deirdre Quinn with family and friends.



Deirdre Quinn (second from left), co-founder & CEO of Lafayette 148 New York, and family.

On December 6, 2017, Adina Halvey and her family visited CaringKind to present Carol Berne, Senior VP of Development, with a check for \$216.42. Adina sold homemade cookies in her neighborhood to support CaringKind and honor her grandmother, who has dementia.



Carol Berne, Senior Vice President of Development and Adina Halvey

CaringKind proudly supported our New York City Marathon team this fall

and we were thrilled to be featured in live coverage from the starting line on WNBC-TV, Channel 4. Reporter John Chandler interviewed two of our runners: Dr. Cathryn Devons and Michelle Florin about why they run for CaringKind. The team raised over \$240,000 this year alone!

Spanish-language media powerhouse Univision featured CaringKind's Latino Outreach Manager, Roberto Reyes, in a terrific piece focused on the Latino caregiving community. Roberto discussed some of the cultural beliefs that can be barriers to reaching out for help and the role that organizations like CaringKind are playing in supporting this community. In the interview, he said, "One has to know how to prepare a care regimen to avoid being overwhelmed."

Lou-Ellen Barkan has continued to lead the national charge on the importance of supporting caregivers through two widely-read *HuffPost* pieces. The first was a call to action to Bill Gates and other major philanthropists to put their energy, interest,

and financial donations towards caregiving while science continues to search for a cure. Her second piece spoke to caregivers around the country, reminding them that they don't have to take the Alzheimer's and dementia journey alone, and encouraging them to get help from organizations like CaringKind when they need it most. She wrote, "It is imperative that caregivers recognize that focusing on themselves is equally important to the care they provide for the person with dementia. This requires self-discipline, and maybe even a little self-love. It also requires help."

Lou-Ellen also continued to write on behalf of local caregivers through her monthly column, "Care Chronicle," which appears in several local newspapers around New York City, and offers information and practical advice on dealing with Alzheimer's and dementia. Recent topics have addressed how to talk to young people about Alzheimer's and dementia, the importance of care schedules and sleep during winter months, and how to get help when you first receive a diagnosis.

The website *Caring.com* highlighted CaringKind in an article about the growth of caregiving resources. The article discussed

some of the changes that have taken place over the past 10 years including a growing awareness in our society about caring for the aging, an increase in people self-identifying as caregivers, an often-challenging work-caregiving balance, and an increase in technology and online resources. Lou-Ellen, who is quoted several times in the article, said, "Folks in the technology sector have developed a real interest in this space because there is a real market out there for a whole host of technological options in caregiving." She also noted that CaringKind is constantly developing partnerships with universities and entrepreneurs to design apps and products that assist caregivers and their loved ones suffering from dementia.

CaringKind also continues to touch caregivers in New York City's many diverse communities through caregiving training programs and workshops, as well as our English-, Chinese- and Spanish-language "Understanding Dementia" seminars. Featured on more than 100 local events websites and calendars, these programs are extremely well-loved and well-attended.

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ATEA: Seizing the Moments

CANDACE DOUGLAS

former Director of Constituent Events

On an overcast morning in November, before the sun even came up, over 60 runners were making their way towards Union Square for what would be an epic day, running in the TCS NYC Marathon. They were worried about the potential for rain, whether they had packed enough layers, and if all their training had truly prepared them for race day. They had all the normal doubts that 50,000 of their fellow runners had as the dawn of the biggest marathon in the world was upon them. But they also had something else. As past and current caregivers, they



Cristine Olson



Sarah Banerjee



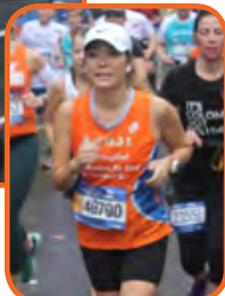
Judson Hannigan



Nicole Henn



Julia Paradis



Annji Ebert

knew that simply pressing forward was a reward in itself.

The 2017 TCS NYC Marathon Athletes to End Alzheimer's team raised over \$250,000 to support CaringKind's programs and services which directly benefit individuals affected by Alzheimer's or other dementias. From Union Square, they left on team buses destined for stop one of their epic five borough journey: Staten Island. The excitement was palpable for all the runners in the start village. And, as appropriate, the beginning of such a grand race commenced with a grand challenge in the Verrazano bridge. From there, it was a jaunt through the diverse neighborhoods of cheering fans in Brooklyn before powering through Queens. And before Manhattan was quite on the horizon, for most of our runners, the skies opened up to rain, giving them an unintentional cool down.

What happened next were several grueling miles in rain and drizzle that required equal parts grit and determination. After crossing the 59th Street Bridge, many runners were greeted by cheer sections of families, friends and strangers alike, who helped them overcome the hurdle, often with a well-placed hug, cheer, snack or high-five. From there, they only had a brief foray into the Bronx, before concluding their run in Central Park, where many had already pounded out dozens of miles over the several months of training.

And while the rain only let up slightly, they were still able to finish because their journey to complete the TCS NYC Marathon started far before race morning. It began when they started training in June at the first balmy team practice. Or perhaps before that, when

they first completed their application to run for THIS cause and add meaning to their miles. Or even before that, when they first encountered Alzheimer's disease and knew that theirs were the voices and bodies that would carry this cause forward, often for those who couldn't do it themselves.

Yes, the race conditions of this year's marathon were not ideal, but for the runners on the Athletes to End Alzheimer's team, many had already been faced with not quite ideal circumstances. Some were running in memory of loved ones lost to Alzheimer's or dementia. Some, after completing the marathon, were returning home to another marathon in the form of caring for someone with a diagnosis. But no matter what first tied them to the cause, all knew the value of seizing the moment, both small and large.

On Sunday, November 5, 2017, they all finished as marathoners, seizing a large moment. But even more, in those smaller moments, like when they reconnected with friends who became supporters, or raised awareness of the cause over social media, or maybe passed on CaringKind's 24-hour helpline number (646-744-2929) to a stranger who had been at wit's end, they were able to seize something just as important. And they did so, knowing that when they crossed the finish line in November, they had made an indelible mark on the efforts to further both the care and cure for those affected by Alzheimer's disease and dementia. Congratulations runners!

Interested in participating in the TCS NYC Marathon or another ATEA event in 2018? Email Jessica Gonzalez at jgonzalez@caringkindnyc.org or visit www.caringkindnyc.org/athletes.



Team photo



2017 Junior Committee Havana Nights Gala

On October 27, 2017, the Junior Committee hosted their Havana Night's Gala to raise funds and awareness for Alzheimer's care and support. The evening proved to be a major success, raising over \$39,000!



Noelle Macheda, Joy Macheda, Dan Komyati, Junior Committee member, Rachel Komyati, Ashlyn Musillo



From left: Junior Committee Gala Co-Chair, Stephanie Minogue; Junior Committee Secretary, Maxine Squires; Emily Hickey



Beth Kelley; Chip Brubaker; Junior Committee Vice President, Allison Day; J.C. Hay; Kayla Derby; Alex Link; Ryan Cuticelli; Emily Bennett



Chansouda Vasavong and Junior Committee member, Christopher Adams



Jeffery Rand; Claudia Cohen; Marielle Mindlin Bernstein; Mathew Bernstein



CaringKind's President and CEO, Lou-Ellen Barkan



Junior Committee Gala Co-Chair, Rachael Harding; Jessica Gonzalez, Manager of Constituent Events; Junior Committee Gala Co-Chair, Stephanie Minogue



Jen Schrader; Junior Committee President, Lauren Longobardi; Lisa Volpicelli



Ashlyn Musillo; Kaitlin Santoro; Junior Committee member, Rachel Komyati



Alex Hudak; Junior Committee Events Chair, Sabrina Meyer; Arnav Mitra



Julie Salzman; Abbie Strichman; Emily Fipphen; Juliana Elena; Junior Committee member, Hayley Strichman



Competing Paradigms in Alzheimer's Research: Are We Closer to a Cure?

JAMES CAMPBELL

On an unseasonably warm evening in late October, CaringKind brought some of the top minds in Alzheimer's research to the Times Center in New York City for its 30th Annual Research Meeting. The event, *Competing Paradigms in Alzheimer's Research: Are We Closer to a Cure?*, provided a rare opportunity to see experts in the fields of medicine and science take stock of what we know about Alzheimer's disease and present a glimpse into what the future might hold.

Lou-Ellen Barkan, CaringKind's President and CEO and a self-proclaimed "science groupie" kicked off the event by running through new hypotheses related to Alzheimer's: from the role of genetics and sleep to the possibility of diagnosing the disease through smell tests and retinal exams. She then turned the spotlight to the event moderator, Dr. Max Gomez, an award-winning WCBS-TV medical reporter and regular presence at CaringKind events, who provided structure and occasional levity to what at times became a heated debate.

The expert panel was comprised of:

Dr. Sam Gandy, a professor of Alzheimer's disease research, neurology and psychiatry at Mount Sinai. Dr. Gandy's expertise is in amyloid, a sticky substance that forms in the brain of patients with Alzheimer's disease, and is thought by many to be a cause of the disease.

Dr. Robert Moir holds assistant professor positions at both Harvard Medical School and Massachusetts General Hospital. At Massachusetts General, Dr. Moir heads a program dedicated to investigating the biochemical and cellular mechanisms that lead to Alzheimer's pathology. His recent finding, which suggests amyloid deposition is an innate response to perceived infection in the brain, is regularly cited as among 2016's top advances in neurology.

Dr. Peter Davies, the Director of the Litwin-Zucker Center for Research on Disease at Northwell Health's Feinstein institute for Medical Research. For over 40 years, Dr. Davies' research has focused on the biochemistry of Alzheimer's disease and the development of new treatments and diagnostic tests.

The conversation immediately turned to amyloid, one of the major areas of dispute in Alzheimer's research. Dr. Gandy began by laying out how his research points to a connection between amyloid production and inflammation. Dr. Davies immediately stated his opposition to an amyloid-centered approach. "Five years ago," he said, "it was amyloid or nothing. But now, it's really amyloid, tangles [of proteins] and many other possibilities."

Dr. Moir provided an alternative take. His research builds on the role that infections play in the development of Alzheimer's. This belief has roots dating back to Alois Alzheimer, the doctor credited with first identifying the disease.

While Dr. Davies and Dr. Gandy came from radically different perspectives, Dr. Moir helpfully expressed connections between amyloid, inflammation and Alzheimer's through simile: "Amyloid is like the match that lights the brush fire that sets the forest on fire. Once the thing is going, the real damage is done by inflammation."

CaringKind's Executive Vice President, Jed Levine, concluded the night by echoing the panel's one area of unanimous agreement: we are in promising times but legislators need to be reminded that "Alzheimer's and dementia must remain a national, state and local priority."



(From left) Dr. Max Gomez, Dr. Sam Gandy, Dr. Peter Davies, Dr. Robert Moir

James Campbell is a freelance writer based in New York City. He holds an MA in International Affairs from The New School and has written for various academic, non-profit and human rights organizations.



The Heart of Alzheimer's Caregiving

Invites you to the Loraine Halis Lecture on the Art & Science of Caregiving

**Connect to Culture:
An Artist's Perspective on Caregiving**

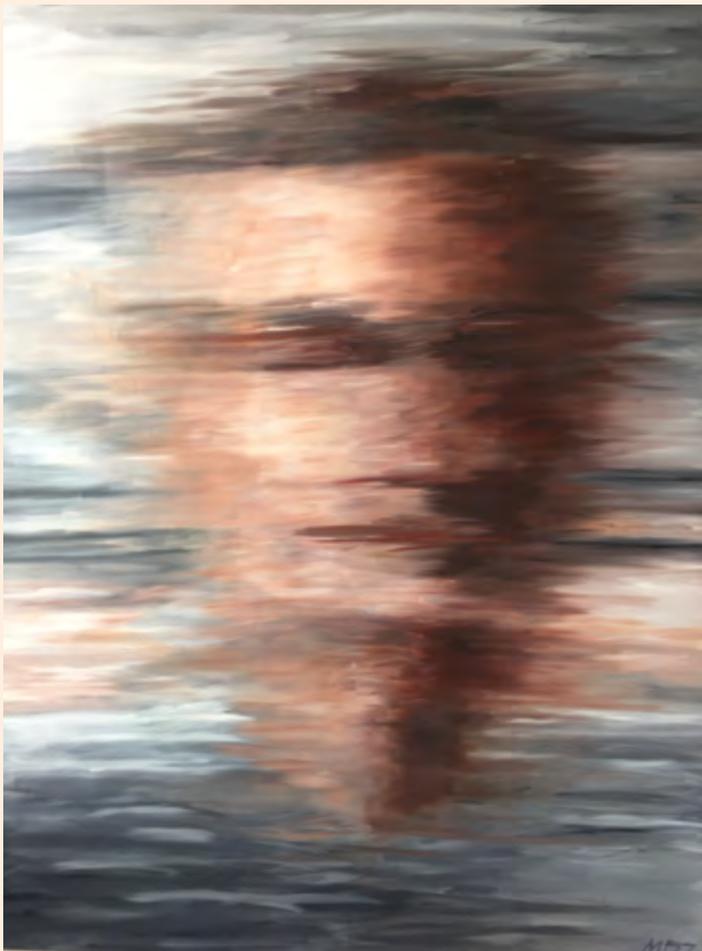
Monday, April 23, 2018

**The Times Center
242 West 41st Street
(between 7th & 8th Ave.)
New York City**

Check in: 5:30 pm Program: 6:00 pm

RSVP: Rashidah Daniels 646-744-2927
or RDaniels@caringkindnyc.org
www.caringkindnyc.org/CaregivingLecture

This event is free of charge, and open to the public.



Artist Mark Dziewulski captures the elusive nature of perception and memory through fine art. Reprinted with permission from the artist.

Join us as our distinguished panel discusses the role of the arts in dementia caregiving. How can the arts influence your caregiving experience? Listen as a world renowned architect details how caring for his mother inspired him to return to his first love of painting portraits which capture the dimensions of time and memory. You will also hear how CaringKind's connect2culture® program partners with NYC's cultural institutions in helping caregivers and the person in their care, build stronger connections to one another while simultaneously experiencing the joy of art.

Speakers:

Jed A. Levine, moderator, *CaringKind's Executive Vice President and Director of Programs and Services.*

Mark Dziewulski, *a full-time caregiver to his mother, is an accomplished artist and architect exploring issues of memory, movement, and recognition. After his mother was diagnosed with Alzheimer's, Mark's fascination with movement and time led him on a quest to capture his mother's life-force, ever-changing emotions, and memories. This fascination with movement and time has driven and informed all Dziewulski's work and has greatly influenced his caregiving.*

Laura Sloan *is the Manager of Docent and Access Programs at the Rubin Museum of Art and oversees the Mindful Connections program for visitors with memory loss and their care partners. Since its launch in 2011, and with training by CaringKind, Mindful Connections has served over 1,600 visitors and their families and the program's pedagogical approaches have attracted professionals from other museums and medical professionals who are developing similar programs.*

Meredith Wong *is a museum educator who has worked in art museums and education for over 15 years. She now manages the cultural initiative, connect2culture®, at CaringKind. In this role, she trains educators in New York City's cultural institutions to create and implement programs for people with dementia and their caregivers, and trains staff from botanic gardens and art museums to performing arts organizations.*

The Loraine Halis Lecture on the Art and Science of Caregiving is designed to recognize caregiving as an important social, political, policy, and spiritual issue that merits thoughtful discussion and discourse. CaringKind is formerly known as the Alzheimer's Association, NYC Chapter.

Understanding Dementia Seminar: What You Need to Know and Where to Go

Sessions provide family members and friends with information about Alzheimer's, other types of dementia, resources, and services available.

Upcoming Dates in English:

| | | |
|-------------|-------------------|-----------|
| February 9 | 12:00 - 2:00 p.m. | Manhattan |
| February 13 | 5:30 - 7:30 p.m. | Manhattan |
| February 20 | 5:00 - 7:00 p.m. | Brooklyn |
| February 21 | 5:30 - 7:30 p.m. | Manhattan |
| March 9 | 12:00 - 2:00 p.m. | Manhattan |
| March 13 | 5:30 - 7:30 p.m. | Manhattan |
| March 20 | 2:00 - 4:00 p.m. | Brooklyn |
| March 21 | 5:30 - 7:30 p.m. | Manhattan |
| April 10 | 5:30 - 7:30 p.m. | Manhattan |
| April 13 | 12:00 - 2:00 p.m. | Manhattan |
| April 17 | 5:00 - 7:00 p.m. | Brooklyn |
| April 18 | 5:30 - 7:30 p.m. | Manhattan |

Upcoming Dates in Chinese (Mandarin):

| | | |
|-------------|-----------------------|-----------|
| February 10 | 10:30 am - 12:30 p.m. | Queens |
| April 21 | 2:00 - 4:00 p.m. | Manhattan |

Upcoming Date in Spanish:

Contact our 24-hour Helpline at 646-744-2900 for more information.

Seminars for Professionals

Understanding Dementia for Professionals:

| | | |
|----------|------------------|-----------|
| March 14 | 3:00 - 5:00 p.m. | Manhattan |
|----------|------------------|-----------|

Enhancing Communication with Persons with Dementia:

| | | |
|----------|------------------|-----------|
| April 11 | 3:00 - 5:00 p.m. | Manhattan |
|----------|------------------|-----------|

The Seminars are free of charge.

Two (2) Social Work Continuing Education units are available for a fee.

Medicaid Home Care Seminar: A Practical Guide to the System

Caregivers are guided through the application process for Medicaid home care service. Prior attendance at a Legal & Financial Seminar is required.

Upcoming Dates in English:

| | | |
|---------|------------------|-----------|
| March 1 | 5:30 - 7:00 p.m. | Manhattan |
| April 5 | 5:30 - 7:00 p.m. | Manhattan |
| May 3 | 5:30 - 7:00 p.m. | Manhattan |

For more information, please call our 24-hour Helpline at 646-744-2900 or go online at caringkindnyc.org.

Legal & Financial Seminar

An attorney specializing in elder law discusses important topics Alzheimer's and dementia caregivers should understand before meeting with a personal attorney. Topics include power of attorney, guardianship, Medicaid eligibility, long-term care insurance, healthcare proxy, and more.

It is recommended that you attend an Understanding Dementia: What You Need to Know and Where to Go Seminar prior to attending.

Upcoming Dates in English:

| | |
|-------------|-------------------|
| Manhattan | |
| February 22 | 5:30 - 7:00 p.m. |
| February 26 | 5:30 - 7:00 p.m. |
| March 5 | 12:00 - 1:30 p.m. |
| March 19 | 5:30 - 7:00 p.m. |
| March 22 | 5:30 - 7:00 p.m. |
| April 2 | 12:00 - 1:30 p.m. |
| April 16 | 5:30 - 7:00 p.m. |
| April 26 | 5:30 - 7:00 p.m. |

Upcoming Date in Chinese (Mandarin): Manhattan

| | |
|----------|------------------|
| March 15 | 1:30 - 3:30 p.m. |
|----------|------------------|

Monthly Education Meetings

Meeting topics change monthly.

All meetings from 6:00 – 8:00 p.m.

February 12

Care Planning for Dementia: Creating a Caregiver Roadmap

- Explore needs and options for each stage of the disease
- Learn what to consider when care planning during transitions
- Discover how to successfully create a care plan for you and the person with dementia

Speakers:

Anne Foerg, LMSW, Director of Social Work at CaringKind;
Rita Greenfield, LMSW, Social Worker at CaringKind,
Serene Nie, LMSW Social Worker at CaringKind,
Rulizabeth Soto, MSW, Bronx Outreach Social Worker

March 12

Music & Memory®: The Brain-Music Connection

- Understanding the relationship between personalized music and dementia
- Identify how and when music can be used to enhance well-being for a person with dementia
- Learn how CaringKind's partnership with Music & Memory® can support you

Speakers:

Dan Cohen, Executive Director, Music and Memory;
Meredith Wong, Manager of connect2culture®, CaringKind

April 9

Hospice: Why It Doesn't Mean 'Giving Up'

- Learn what Hospice is, and what it can and can't do to help a person with dementia
- Recognize the relationship between Hospice and Palliative Care
- Review guidelines for conversations with family, friends and professionals

Speaker:

Abby Nathanson, LCSW, Director of Support Groups at CaringKind

Placing Your Relative in a Nursing Home

Sessions educate caregivers about the steps involved in nursing home placement, paying for care, easing the transition, and being a successful advocate for the resident.

Upcoming Date in English:

Manhattan

March 20 5:30 - 7:00 p.m.

Family Caregiver Workshops

During this 10-hour workshop series, caregivers learn to view the world from the perspective of the person with dementia. They also learn how to communicate more effectively with the person for whom they are caring and receive new insights on how to manage the challenging behaviors often associated with Alzheimer's disease, as well as the importance of self-care. Attendance is required at all workshops in a series.

Upcoming Dates in English – In Manhattan:

March 5, 12, 19, 23 12:00 – 2:30 p.m.

Upcoming Dates in Spanish – In Manhattan:

March 8, 15, 22, 29 5:30 – 8:00 p.m.

Upcoming Dates in Chinese – In Queens:

March 7, 14, 21, 28 12:00 – 2:30 p.m.

Please call our
**24-hour Helpline at
646-744-2900**
to register.

**Registration is required.
Space is limited.**

All meetings are free of charge
and subject to change.

You may notice that specific locations of
upcoming meetings are not listed.
You will receive location information
during your registration call.

**We wish to thank the following
community partners for providing
meeting space:**

Atria Senior Living, Kew Gardens
Carter Burden/Leonard Covello
Senior Program
Heights & Hills
Selfhelp Alzheimer's Resource Program
Queens Library
Avis – South Shore JCC
The Brielle at Seaview
Hand in Hand Together Homecare

THE HARRY AND JEANETTE WEINBERG

Early Stage Center

Our specialized groups are for people with a diagnosis of Mild Cognitive Impairment (MCI) or an early form of dementia, including Alzheimer's disease. *An interview with an Early Stage Center Social Worker is required prior to joining any group.*

Contact our
24-hour Helpline at
646-744-2900
to discuss if the
Early Stage Center
is right for you.

For more
information visit:
[caringkindnyc.org/
EarlyStage](http://caringkindnyc.org/EarlyStage)

Specialized Groups



MemoryWorks®

Mentally stimulating exercises that help keep the brain active and alert.



Connections

A lively and fun discussion about everything from A to Z.



Support Group

A place for early stage people to talk with others about living and coping with their condition.

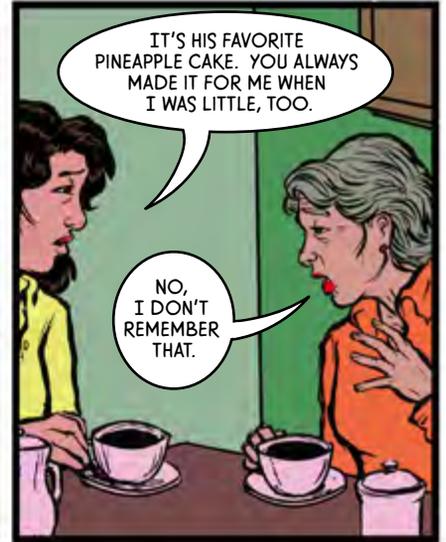
Each group meets for 1.5 hours once a week, for a total of ten weeks.
The cost of a ten-week cycle is \$500.

Our Social Workers are available to provide support, information, and referral services to participants and their care partners.

caringkind chronicles

Writer: Jennifer Camper Artist: Ivan Velez

Episode 5 Previous episodes: caringkindnyc.org/comic



LATER, TINA SHARES HER EXPERIENCE WITH HER CAREGIVER SUPPORT GROUP.



Support Groups provide a comfortable place to discuss caregiving challenges, share your feelings, and find emotional support. Talking with people who understand helps you feel less alone. To learn more, call 646-744-2900, or go to caringkindnyc.org/SupportGroups.

Programs and Services

24-hour Helpline at 646-744-2900

Social Work Services

The Harry and Jeanette Weinberg
Early Stage Center

Support Groups

MediAlert® NYC Wanderer's
Safety Program

Palliative and Residential
Care Program

connect2culture®

Together We Care®

Education and Training

Understanding Dementia for
Caregivers & Professionals

Dementia Care Training for
Professional Caregivers

Monthly Education Meeting

Legal & Financial Seminar

Medicaid Home Care Seminar

Placing Your Relative in a
Nursing Home Seminar

Family Caregiver Workshop

caringkind

The Heart of Alzheimer's Caregiving

360 Lexington Avenue, 4th Floor
New York, NY 10017

caringkindnyc.org

646-744-2900 — 24-hour Helpline