

Keep Your Heart Strong and Mind Sharp

MAKE THE CONNECTION:

Your heart and your brain

Your heart works hard. So does your brain. Every heartbeat pumps about one-fifth of your blood to your brain. Your brain cells need the oxygen and nutrients carried by your blood so you can think clearly, speak and remember. Conditions that damage your heart and blood vessels can interfere with the brain's vital supply lines.

Many risk factors for heart disease and stroke also threaten brain health:

- High blood pressure
- Being overweight
- High cholesterol
- Lack of exercise
- Diabetes (high blood sugar)

BE HEART-SMART

Watch your:

- Blood pressure – desirable blood pressure is less than 120/80
- Blood sugar – desirable fasting blood sugar is less than 100 mg/dL
- Body weight – keep your body weight in the recommended range
- Cholesterol –desirable cholesterol is less than 200 mg/dL

“All the things that we know are bad for your heart turn out to be bad for your brain.”

– Marilyn S. Albert, PhD
Johns Hopkins Medical Institutions

BE BRAIN-SMART:

Make healthy lifestyle choices

- Stay mentally active
- Remain socially involved
- Stay physically active
- Reduce your intake of fat and cholesterol
- Don't smoke

BE AWARE

Learn more about Alzheimer's and stroke, and how you can reduce your risk.

American Stroke Association
www.strokeassociation.org
1-888-478-7653

Alzheimer's Association
www.alz.org/heartbrain
1-800-272-3900

Calling All Sports Fans

2008 Alzheimer's Awareness Night
Monday, May 19
6:05 pm



Minute Maid Park

Join us for Alzheimer's Awareness Night as the Houston Astros take on the Chicago Cubs. Deeply discounted tickets are available at all seating levels. The Alzheimer's Association will receive \$2 from each ticket sold.

For more information, call 713-314-1307 or visit www.alztex.org.

Memory Makers Luncheon Featuring Len Berman

Friday, June 13, 11:30 am – 1 pm
Minute Maid Park
Union Station Lobby

Len Berman, host of "Spanning the World" which airs on WNBC and *The Today Show*, was a caregiver for his father who suffered from Alzheimer's disease.

For Underwriter or Ticket information, call Ana Guerrero at 713-314-1331.

Houston & Southeast Texas Chapter
2242 West Holcombe Blvd.
Houston, Texas 77030

Working to create
a world without Alzheimer's.

Sign up to receive our
biweekly e-newsletter at
www.alztex.org

24/7: 800-272-3900

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Your local voice for Alzheimer's news and information.

Spring 2008

Vacation: A Caregiver's Dilemma



Caring for someone with dementia can be an overwhelming job. Like everyone, caregivers deserve a vacation—it offers rest, relaxation, and upon return, improved coping skills. Without a break, the caregiver's health is likely to suffer, affecting his or her ability to be a competent caregiver.

The first vacation decision facing a caregiver is whether or not to travel with the person with dementia. Advantages of vacationing together include the opportunity to share an experience outside of the usual routine, the ability to avoid making alternative caregiving arrangements, and the elimination of worry about the type of care he or she is receiving. Advantages of vacationing without the diagnosed person include increased relaxation, quality personal time, and less restriction on travel and activities.

If the caregiver chooses to vacation with the person with dementia, he or she should limit travel. Caregivers should consider off-season travel when the staffing ratio is more favorable. They may also want to bring a helper along to assist in caregiving. Caregivers would be well advised to avoid vacations which require cooking and cleaning.

Planning is the key to a successful vacation with the person with dementia. Anticipate the person's needs and consider the stage of the person's illness. Driving may be easier than traveling by air, since crowded places and hectic environments may cause agitation and disorientation. Planned activities for the diagnosed person, such as music, cards or magazines, may help them remain calm during travel. Slowing the pace and including more stops can improve the overall experience for the person with dementia as well as improve the relaxation for the caregiver.

For those who choose to vacation without the person with dementia, the primary challenge is to identify an alternative caregiver. Care may be provided in the home by a friend or family member, or by a hired home health agency or sitter service. Alternately, caregiving could be provided outside the home by an assisted living or nursing home facility, or by utilizing an adult day program in combination with other respite services.

Regardless of the ultimate vacation plan, caregivers must remember the purpose of the trip is to care for themselves, not only the person with dementia.

Additional resources to help with vacation planning include:

http://www.alz.org/national/documents/topic-sheet_travel-safety.pdf

www.alzscot.org

www.alz.co.uk/havedementia/traveltips.html

TRAVEL TIPS:

When traveling with someone with Alzheimer's disease, be sure to plan ahead and try to anticipate the person's needs so you will be ready for any changes or problems.

Things to consider:

- Plan some activities for the person with Alzheimer's disease. Simple things — such as a magazine, a deck of cards, a favorite music tape, etc.— can help keep the person calm when traveling.
- Never leave a person with dementia alone in a car.
- Plan regular rest stops.
- Bring an extra driver if your trip involves more than six hours of driving time.
- If the person becomes agitated while traveling in a car, stop at the first available place. Do not try to calm the person while driving.
- Consider planning your vacation at a place that is familiar to the person with Alzheimer's disease; for example, at a beach house that he or she has visited in the past.
- If your loved one is easily agitated, it may be wise to avoid places that are very crowded.
- If your loved one has never been on a plane, consider driving, if possible.
- Alert the airlines and hotel staff that you are traveling with a person who is memory impaired. Make sure the person is carrying or wearing some sort of identification.

TOP 10

Reasons to Attend a Caregiver Support Group:

- 10 For the cookies (or refreshments)
- 9 Nothing good on TV that day
- 8 Pick up free materials
- 7 Get out of the house
- 6 Obtain advice pertaining to a specific caregiving issue
- 5 Receive emotional support
- 4 Learn problem-solving skills
- 3 Share thoughts and concerns with others
- 2 Gain a better understanding of dementia
- 1 Meet others going through similar experiences

For a complete listing of the Chapter's support groups call the HELpline 713-314-1313 or check our website under "resources" www.alztex.org

MISSION STATEMENT

To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

HELpline 713-314-1313
800-272-3900 (24/7)

Early Stage Support

New knowledge and improved diagnostic techniques are assisting doctors in the detection of dementia earlier than ever before. Earlier diagnosis provides individuals an opportunity to research the right treatment, express their wishes and plan for the future. Once a diagnosis is made, the resources of the Alzheimer's Association are available to help individuals cope with their feelings and assist with the practical aspects of living with significant memory loss. Early-stage support groups (ESP) are one of these resources and joining a group enables individuals diagnosed with Alzheimer's or a related disorder to learn about the disease, as well as connect with others in similar situations.



What We Want You to Know

I am still me. I don't feel any different just because I have a diagnosis of dementia.

This diagnosis is scary, but I'm ok.

Please be patient with me. Don't end my sentences for me. Give me an "extra" minute to express my thoughts.

I am unhappy about all the things I am being denied. Consider my feelings.

Accept me the way I am. Let me do what I can do.

Treat me with respect. I don't want to be ignored.

I respond to encouragement.

Help me stay connected to my past. I want to remember my prior successes.

I want to live today to the fullest!

Written by Alzheimer's Association ESP group, February 28, 2008.

"I'm too young to have memory loss"

The diagnosis of Alzheimer's disease before age sixty-five is considered young or early onset of the disease. The Alzheimer's Association has recently started a support group for the care partners of individuals with a diagnosis of Young-Onset Alzheimer's disease.

For more information about both the early-stage group and the group for young-onset caregivers, contact Teri Miller at 713-314-1353 or teri.miller@alz.org.

'Will' Our Chapter a Future: Have you remembered the Alzheimer's Association in your will or trust?

Here is a sample bequest language you can take to your attorney:

"I give to the Alzheimer's Association, Houston & Southeast Texas Chapter, whose office address is 2242 W. Holcombe Blvd, Houston, TX 77030, _____ (insert either dollar amount or a percentage) in support of its Chapter delivered programs and services."

For more information about planned giving, contact Ana Guerrero at 713-314-1331 or Ana.Guerrero@alz.org.

Exercise Helps Aging Brain

q&a

Bradley Hatfield, professor in the University of Maryland, College Park, School of Public Health, uses high tech brain imaging to study the benefits of exercise on the aging brain. In this Q&A, Hatfield describes his early results, which show that moderate physical activity may help maintain memory function longer, maybe even for years, in people with genetic predisposition to Alzheimer's Disease.

To learn more about this study or read this article in its entirety visit:

<http://www.newsdesk.umd.edu/scitech/release.cfm?ArticleID=1532>

q: What are you trying to learn with your research on exercise and the aging brain?

HATFIELD: We are trying to determine if physical activity slows or delays age-related change in the brain, particularly in those who are genetically susceptible to Alzheimer's disease. Memory-related structures of the brain are affected in the earliest stages of Alzheimer's disease and, importantly, physical activity results in the release of neurotrophins (factors that promote growth and repair of neural tissue), particularly in these regions. This has been clearly shown in animal studies. Therefore, we are using neuroimaging to determine if these brain regions are positively affected by exercise in human subjects. Support for this prediction would imply that physical activity would prevent appearance of symptoms for some time — perhaps even years in men and women who are at genetic risk for Alzheimer's disease.

q: What are your methods? And, how is your research different from other studies?

HATFIELD: We use neuroimaging tools such as EEG (electroencephalography), MEG (magnetoencephalography) and magnetic resonance imaging (MRI) to take pictures of the brain both at rest and at work. We're also doing cognitive testing. We then compare the "pictures" from different groups to determine differences as related to physical activity levels and genetic factors. I think the main difference in our research compared to other studies is that we are using neuroimaging to assess brain activity in middle-aged individuals who are cognitively intact but differ in their genetic risk for Alzheimer's Disease. That is, we can detect differences in brain processes as related to a sedentary lifestyle even though the cognitive performance appears normal. This is because the brain can compensate for decline, and it appears to function the same as in those who are physically active, but neuroimaging can reveal if it is working harder to overcome any deficits. This kind of inefficiency would not be discernible through cognitive or behavioral testing.

q: What have you found?

HATFIELD: We have found that physically active individuals, who carry the gene that makes them more susceptible to Alzheimer's (APOE e4), show brain activation profiles during memory challenge that are similar to non-carriers who are at lower genetic risk of Alzheimer's. In essence, this implies a protective effect of exercise on the brain. On the other hand, carriers of the gene who are sedentary show reduced brain activation that implies some degree of neurodegeneration in the memory-related regions of the brain.

q: What level of exercise seems to make the difference?

HATFIELD: It's not well established at this time, but it seems that a moderate degree of physical activity, such as brisk walking three or more times per week, for 20 minutes or more per session, is sufficient from what we know generally about physical activity and health.

q: If I'm over 50, and I don't exercise, is it too late?

HATFIELD: We don't have definitive evidence, but the preliminary results suggest that it is not too late. In fact, we believe that middle age may provide a "window of opportunity" during which one could capitalize on the beneficial effects of exercise on the brain and delay decline - thus maintaining a higher quality of mental life.

q: What studies do you have planned for the future?

HATFIELD: We plan to image the subcortical memory-related regions of the brain. No studies to date have imaged this critically important structure during memory challenge as it relates to differences in physical activity level in men and women.

Also, in the future, we would like to assess the impact of exercise on the brain in those who are suffering from cognitive impairment - not just those who are at risk of dementia, but who are actually impaired. Perhaps exercise can substantially slow further decline and delay more serious impairment.

"More good news for boomers — even for people who haven't been exercising, it might not be too late to benefit by starting regular exercise now."