

our

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SEPTEMBER + OCTOBER 2018

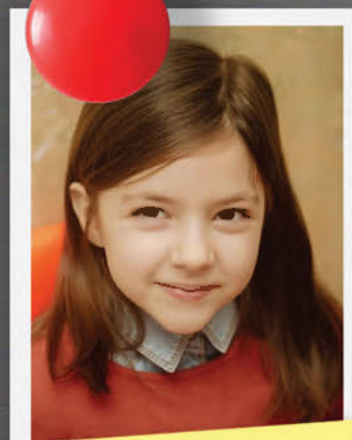
HEALTH

IN TOUCH
WITH YOUR
HEALTH

matters™



My
Grandson
Tommy



My
granddaughter,
Crystal



Memory Loss

Understanding the
Impact of Alzheimer's Disease
and Dementia

Walk to End Alzheimer's
Sunday, October 7th
www.alz.org

JOIN THE FIGHT FOR ALZHEIMER'S FIRST SURVIVOR.



At the Alzheimer's Association Walk to End Alzheimer's®, people carry flowers representing their connection to Alzheimer's — a disease that currently has no cure. But what if one day there was a flower for Alzheimer's first survivor? What if there were millions of them?

Help make this happen.



Sunday, October 7
Corporate Woods

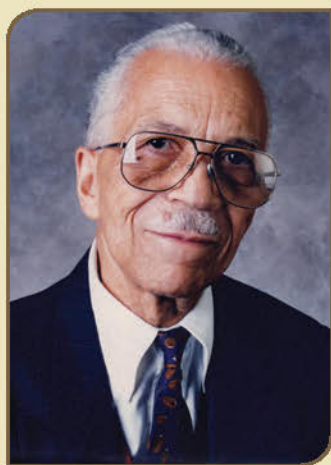
Register today
to walk as an individual or form a Walk team!

alzwalkkc.org

CONGRATULATIONS

SAMUEL U. RODGERS HEALTH CENTER ON YOUR
50TH ANNIVERSARY

OF PROVIDING HIGH QUALITY, COMPASSIONATE
AND AFFORDABLE HEALTHCARE FOR ALL



Quote from Dr. Rodgers' annual report letter in 1986-1987

Samuel U. Rodgers Health Center.

"Our mission is clear—We are here to serve the indigent by giving them the best quality healthcare. We have every intention of continuing that mission. This is and has always been our first priority."

— Samuel U. Rodgers, M.D., M.P.H.

1917 – 1999



My name is Dr. Toni Zink. I recently joined the adult medicine team at Samuel U. Rodgers' downtown location. My approach is to listen to our patients, earn their trust, and help them achieve their best health outcome. Rodgers Health Center provides the highest level of quality healthcare services for women, men and children of all ages.

I'm happy to be a member of the Rodgers Health Center medical team and more importantly, to be able to experience the continuation of our founder's vision.

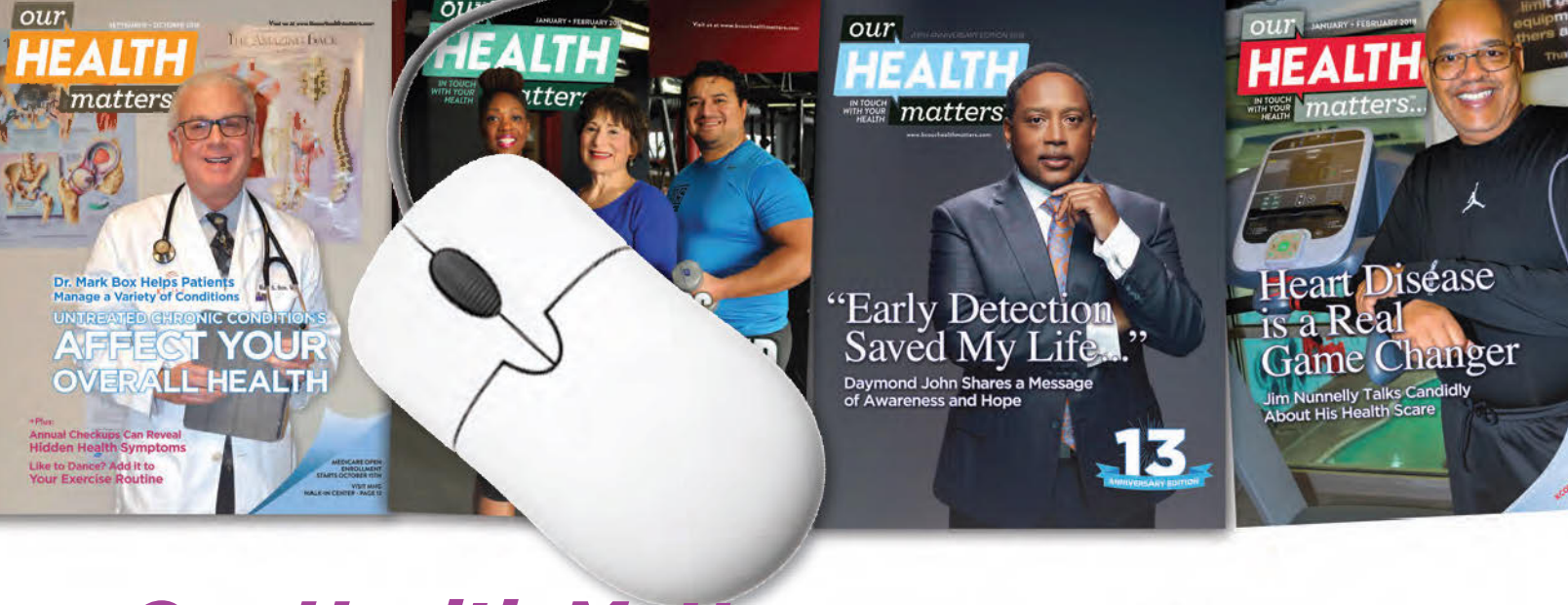


FROM OUR HEALTH MATTERS



SAMUEL U. RODGERS
HEALTH CENTER

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Our Health Matters ONLINE ARTICLES

What Is a Geriatrician?

A geriatrician is a physician who specializes in geriatrics, the branch of medicine that focuses on senior health and the prevention and treatment of disability and disease in old age. Visit kcourhealthmatters.com to learn more about the benefits of receiving care from a geriatrician.



Are You A Book Lover?

Willa Robinson's bookstore is just the place for you. Willa's store is stocked with some of the latest and most informative books on healthy lifestyles and much more. Visit kcourhealthmatters.com for more information.

Dementia Struck My Dad at a Young Age (Part 2)

This is a "must-read" continuation of Tim's story from this print edition. It is the personal story of a son whose father has Alzheimer's disease. Tim recounts the stages of dementia and the heartbreak of losing his dad to this disease. Visit kcourhealthmatters.com to read his entire candid and touching story.



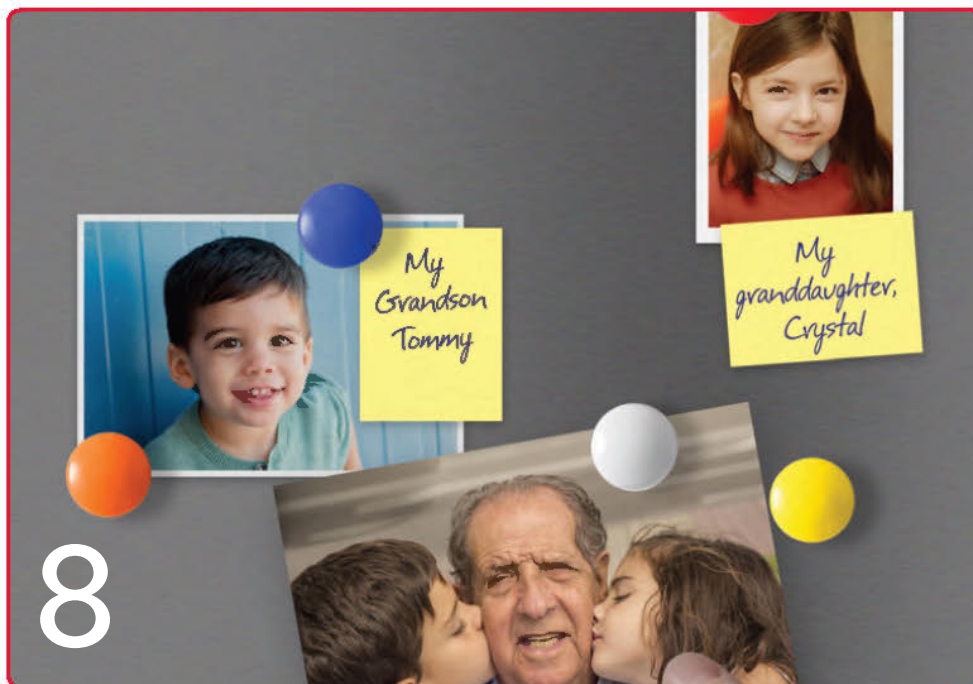
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Alzheimer's disease is a form of dementia that slowly destroys memory and thinking skills, and eventually the ability to carry out the simplest tasks. It is estimated that more than 5 million people currently suffer from dementia. Researchers in this country and around the world are working hard to find effective treatments, and eventually, a cure.



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Remembering May Not Always Be Possible...

Did you take your medicine? What's my name?
Where did you place your keys?

Have you ever asked these simple questions of a loved one or a friend and had your fears confirmed that they are in the early stages of dementia or memory loss? You realize they are no longer the person they once were. Across this nation and worldwide, many families are facing the realization that someone close to them — a once vibrant and individual full of life has slipped into what we now know as dementia or Alzheimer's disease.

In July of this year, Microsoft cofounder Bill Gates, along with fellow billionaire Leonard Lauder, the Dolby family, and the Charles and Helen Schwab Foundation announced a new partnership. Together, they have committed to contributing more than \$30 million over the next three years to collaborate with the Alzheimer's Drug Discovery Foundation. Their contribution will be used to launch the Diagnostics Accelerator, a fund geared toward developing new biomarkers for early detection of Alzheimer's disease.

In this edition of *Our Health Matters*, we explain what Alzheimer's disease is, share the latest news in the progress to find a cure and provide support resources to families and caregivers. When it's time to travel, we offer tips on traveling with someone with dementia or Alzheimer's disease, and report on new medicines being prescribed to slow the effect of the disease and memory loss.

Remember, memories can last a lifetime, no matter what life brings. I encourage everyone to live life to the fullest.



Ruth Ramsey

Ruth Ramsey, Publisher and CEO

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Connected care where you are

National Rehabilitation Awareness Week

Our hospital is the starting point of your personalized rehabilitation journey. Through our expertise, multidisciplinary care and advanced technologies, we have the tools to help navigate you to superior outcomes following an illness or injury. During National Rehabilitation Awareness Week, Sept. 16-22, we invite you to discover how the connected care we provide plays an integral role in our community and puts us on the map.

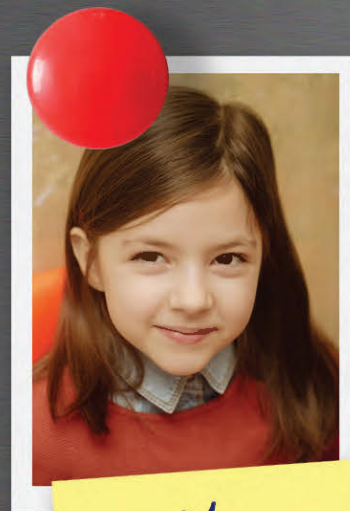


The Joint Commission Disease-Specific Care Certification in Amputee Rehabilitation, Brain Injury Rehabilitation, Spinal Cord Injury Rehabilitation and Stroke Rehabilitation



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midamericarehabhospital.com



My
granddaughter,
Crystal



My
Grandson
Tommy



MEMORY LOSS

Understanding the Impact of Alzheimer's Disease and Dementia

According to the National Institutes of Health (NIH), Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and eventually the ability to carry out the simplest tasks. In most people living with Alzheimer's, symptoms first appear in their mid-60s. Estimates vary, but experts suggest that more than 5.5 million Americans may have Alzheimer's. The disease is projected to cost the nation \$277 billion by 2050.

Alzheimer's disease is currently ranked as the sixth leading cause of death in the United States. However, recent estimates indicate that the disorder may rank third, just behind heart disease and cancer, as a cause of death for older people.

Alzheimer's is the most common cause of dementia among older adults. Dementia is the loss of cognitive functioning — thinking, remembering, and reasoning — and behavioral abilities to such an extent that it interferes with a person's daily

Every 65 seconds,
someone in America
develops the disease.
Take this opportunity
to learn about Alzheimer's
and dementia and how
it impacts individuals
and caregivers.

—National Institutes of Health

life and activities. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living. While it is rare for younger people (in their 20s and 30s) to develop the condition, it is possible to experience signs of early-onset dementia.

The causes of dementia can vary, depending on the types of brain changes that may be taking place. Other dementias include Lewy body dementia, frontotemporal disorders, and vascular dementia. It is common for people to have mixed dementia—a combination of two or more disorders, at least one of which is dementia. For example, some people have both Alzheimer's disease and vascular dementia.

Alzheimer's disease is named after Dr. Alois Alzheimer. In 1906, Dr. Alzheimer noticed changes in the brain tissue of a woman who had died of an unusual mental illness. Her symptoms

included memory loss, language problems, and unpredictable behavior. After she died, he examined her brain and found many abnormal clumps (now called amyloid plaques) and tangled bundles of fibers (now called neurofibrillary). These are still considered some of the main features of Alzheimer's disease.

In every edition of Our Health Matters, we provide information that hopefully saves lives. This fall, we take a closer look at Alzheimer's disease, dementia and memory loss to provide insight and solutions. We wish to thank health experts, Dr. Jeffrey Burns, of the University of Kansas Alzheimer's Disease Center, and also thank Dr. Stanley P. Fisher of St. Luke's Health System for their invaluable contributions to this timely subject.

Every 65 seconds, someone in America develops dementia or Alzheimer's disease. Take this opportunity to learn about Alzheimer's and dementia and how it impacts individuals and caregivers. •

We'd like to hear from you. Are you or someone you know impacted by Alzheimer's, dementia or memory loss? Share with us what helps you manage the challenges you're experiencing. Email us at info@kcourhealthmatters.com.

CHECKLIST

☒ EXPERIENCED☐ DEPENDABLE☐ COMPASSIONATE

TIPS ON SELECTING A HOME CARE PROVIDER

Finding the right provider does not have to be difficult or discouraging. Ask providers and other individuals about an agency's performance. Their insight will help you determine which provider is best for you or your loved one.

DETERMINE YOUR NEEDS

There are several options for home healthcare. Before launching your search, determine the type of care you need.

TYPES OF HOME CARE ORGANIZATIONS

- Home health agencies
- Hospices
- Homemaker and home care aide (HCA) agencies
- Staffing and private-duty agencies

START BY ASKING QUESTIONS

- How long has the provider been serving the community?
- Is there literature available explaining its services, eligibility requirements, fees, and funding sources?
- How does the provider select and train its employees? Does it protect its workers with written personnel policies, benefits packages, and malpractice insurance?
- Are nurses or therapists required to evaluate the patient's home care needs? If so, what does this involve?
- Does this provider include the patient and his or her family members in developing the plan of care? Are they involved in making care plan changes?
- Is the patient's course of treatment documented, detailing the specific tasks to be carried out by each professional caregiv-

er? Does the provider educate family members on the care being administered?

- Does the provider assign supervisors to oversee the quality of care patients are receiving in their homes? How does the agency follow up on and resolve problems?
- What are the financial procedures of this provider? Does the provider furnish written statements explaining all the costs and payment plan option?
- What procedures does this provider have in place to handle emergencies? Are its caregivers available 24 hours a day, seven days a week?
- How does this provider ensure patient confidentiality?

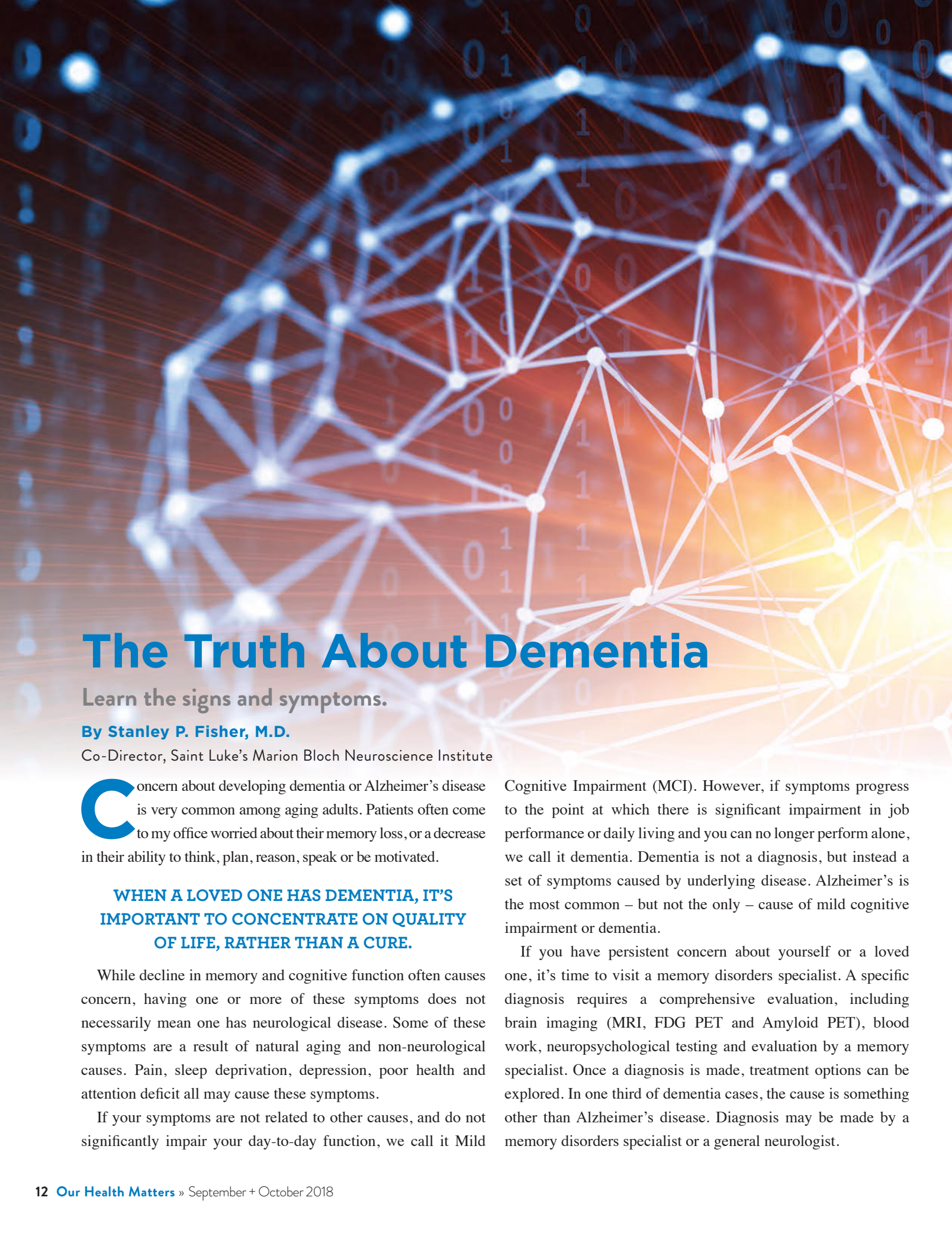
REFERENCES QUESTIONS

Ask for a list of references. When you contact each reference, ask the following:

- Do you frequently refer clients to this provider?
- Do you have a contractual relationship with this provider? If so, do you require the provider to meet special standards for quality care?
- What sort of feedback have you gotten from patients receiving care from this provider?
- Do you know of any clients this provider has treated whose cases are like mine or my loved one's? If so, can you put me in touch with these individuals?

By getting the answers you need about your home care services, you can be sure you've picked a home care provider whom your family can trust and depend on.

Sources: National Association for Home Care and Hospice, A Place for Mom



The Truth About Dementia

Learn the signs and symptoms.

By Stanley P. Fisher, M.D.

Co-Director, Saint Luke's Marion Bloch Neuroscience Institute

Concern about developing dementia or Alzheimer's disease is very common among aging adults. Patients often come to my office worried about their memory loss, or a decrease in their ability to think, plan, reason, speak or be motivated.

**WHEN A LOVED ONE HAS DEMENTIA, IT'S
IMPORTANT TO CONCENTRATE ON QUALITY
OF LIFE, RATHER THAN A CURE.**

While decline in memory and cognitive function often causes concern, having one or more of these symptoms does not necessarily mean one has neurological disease. Some of these symptoms are a result of natural aging and non-neurological causes. Pain, sleep deprivation, depression, poor health and attention deficit all may cause these symptoms.

If your symptoms are not related to other causes, and do not significantly impair your day-to-day function, we call it Mild

Cognitive Impairment (MCI). However, if symptoms progress to the point at which there is significant impairment in job performance or daily living and you can no longer perform alone, we call it dementia. Dementia is not a diagnosis, but instead a set of symptoms caused by underlying disease. Alzheimer's is the most common – but not the only – cause of mild cognitive impairment or dementia.

If you have persistent concern about yourself or a loved one, it's time to visit a memory disorders specialist. A specific diagnosis requires a comprehensive evaluation, including brain imaging (MRI, FDG PET and Amyloid PET), blood work, neuropsychological testing and evaluation by a memory specialist. Once a diagnosis is made, treatment options can be explored. In one third of dementia cases, the cause is something other than Alzheimer's disease. Diagnosis may be made by a memory disorders specialist or a general neurologist.

Caring for someone with dementia can be challenging. Caregivers should remember that dementia is caused by a disease, and not a flaw in the patient's character, so don't take it personally. Caregivers should pace themselves, preparing for a marathon not a hundred meter dash, and establish a circle of care because one caregiver cannot do it alone.

When a loved one has dementia, it's important to concentrate on quality of life, rather than a cure, and enjoying every moment, especially the positive experiences, no matter how few. Pitfalls include trying to become a parent to your parent, and trying to explain something

using complex reasoning and truthful explanations. Fluctuations are normal, so enjoy good days and survive bad ones.

Loss of memory is not a loss of humanity, so caregivers and health care providers should maintain dignity for the patient and their loved ones. The right care for a patient with dementia includes a multidisciplinary team of health care providers that specializes in memory disorders, including neurologists, neuropsychologists, geriatric and neuro psychiatrists, social workers and others.

For more information about the Saint Luke's memory disorders team, visit saintlukeskc.org. •



Dr. Stanley Fisher is also Chair, Division of Neuroscience; Chief, Department of Neurology; Professor of Neurology and Psychiatry, UMKC School of Medicine, and Edward T. Matheny, JR/Missouri Endowed Chair in Neurosciences.



TREATING ALZHEIMER'S DISEASE MATTERS

The Alzheimer's Association is currently funding over 400 projects to address the growing concerns of approximately 5.7 million Americans who battle Alzheimer's Disease (AD). This overwhelming statistic is expected to triple by 2050 according to the Center for Disease Control. Because there is no cure, investigators are actively seeking to discover new ways to treat, diagnose and prevent this debilitating disease.

Current research has revealed links between developing AD and having a history of health conditions such as diabetes, heart disease, high blood pressure and high cholesterol. Experts agree maintaining a healthy diet, exercising consistently and staying socially active contributes to healthy brain function. Engaging in talk therapy, singing, dancing, or painting are often suggested prior to considering medication therapy.

Currently, the medications approved by the US Food and Drug Administration to address mild to moderate symptoms include donepezil, rivastigmine, and galantamine. Multiple options are available for those unable to take these orally. These medications work by increasing a substance in the brain that helps promote thinking, memory, and understanding. The hope is to sustain the ability to complete day-to-day tasks that were once easy to do but with disease progression, become increasingly difficult and frustrating.

Caregivers may notice an inability to manage finances, recall recent activities or find misplaced items. Behavioral changes should be discussed with the involved medical team along with any side effects such

as nausea and vomiting, loss of appetite, weight loss or diarrhea. After a period of time, however, therapy changes will be required as brain cell function continues to decline.

Memantine alone or in combination with donepezil can be used to treat more progressive symptoms

in this moderate to severe phase. Side effects such as nausea and vomiting can occur in addition to headaches or dizziness. At this stage, caregivers may not be able to take care of their loved ones on their own. Seeking assistance from facilities or in-home care will provide additional options as caregivers adjust to the changes in their loved one's ability to perform activities of daily living.

In addition to treatment, family members and caregivers can help to preserve the memory of the patient by journaling and adding photos of happier times. •



By Tenille L. Lawson,
PharmD BCPS

For news and additional information on medical research and advancements, visit us at www.kcourhealthmatters.com.

Copyright July 2018. Tenille Lawson, PharmD, University, College of Pharmacy and Health Sciences, 1995-2001. Lawson has over 9 years retail experience and 7 years in hematology/oncology. She enjoys sharing medical information for the benefit of those it serves.



Accessing Healthcare Just Got Better

Improving Personal Wellness and Community Health in Wyandotte County

Turner House has re-branded as Vibrant Health - Wyandotte Neighborhood Clinics - with three sites: Vibrant Health-Central (zip code 66102); Vibrant Health-Argentine (zip code 66106); and Vibrant Health

Turner House Clinic Inc. was founded in 1990 to provide quality health care for underserved and uninsured children, with the mission of improving the health and wellness of families in Wyandotte County.

powering, culturally sensitive and appropriate high-quality health care for the community, regardless of socioeconomic obstacles. This year Vibrant Health will serve more than 9,600 underserved and uninsured children and adults in approximately 26,900 visits. Persons of all ages are eligible for care regardless of residential status, income level, payment types, and other socioeconomic factors. Uninsured patients pay for care according to an income-based fee schedule, when they are able. Vibrant Health denies no one care for inability to pay.



Dr. Katherine Speer provides patient-centered care at Vibrant Health.

Services for Children and Adults Include

- Preventive and acute health care, and same day "sick" visits.
- Well woman care including family planning and pre-natal care.
- Chronic disease management.
- Preventive and restorative dental care.
- Behavioral health care screenings and counseling.

The Key to Their Success

Vibrant Health delivers quality healthcare and improved health outcomes. This success is achieved through compassionate donors and effective leadership.

Downtown (zip code 66101). The new name "VIBRANT HEALTH" reflects the spirit of providers and the diverse community they serve. No other health center in Wyandotte County provides primary medical, dental and behavioral health care services for children and adults in a patient-centered practice with clinic hours Monday through Friday 8am - 5pm; Tuesday and Thursday evenings 5pm - 8pm; and Saturday mornings, 8am - 12 noon.

In December 2017, Turner House received Federally Qualified Health Center-Look Alike designation and on January 1, 2018, Silver City Health Center and the University of Kansas Pediatric Clinic Children's Campus merged operations with Turner House.

Health Care Designed to Meet the Community's Needs

Vibrant Health's mission is to provide access to respectful, em-

Vibrant Health—Wyandotte Neighborhood Clinics

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For more information contact Sara Adams: sadams@vibrantwyandotte.org • 913-320-2608



Improving Cultural Competence in Senior Care Through Training

The increasing diversity of the U.S. and other nations offers opportunities and challenges for senior care providers, health care systems, and policy makers to create and deliver services to culturally diverse patients and to train an increasingly culturally diverse workforce.

Cultural competence refers to an ability to interact effectively with people of different cultures. It is comprised of four components: (1) awareness of one's own cultural worldview, (2) attitude towards cultural differences, (3) knowledge of different cultural practices and worldviews, and (4) cross-cultural skills.

Developing cultural competence through training can result in a better ability to understand, communicate with, and effectively interact with people across cultures and can lead to a 15% decrease in miscommunication. In senior care, this communications training can significantly improve outcomes, especially in caring for those with dementias, chronic illness, pain and at end-of-life.

Cultural competence enhances the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic (language) needs of patients. A culturally competent health care system can

A woman with dark, wavy hair, wearing a white lab coat over a light blue button-down shirt, is smiling warmly. She is sitting at a desk in an office or clinical setting, with a window and some books visible in the background. An orange callout box is overlaid on the lower part of the image.

A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities.

help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities. Examples of strategies to move the health care system towards these goals include providing relevant training on cultural competence and cross-cultural issues to senior care and health professionals and creating policies that reduce barriers to patient/resident care.

Cultural competence training methods can enhance transparency between language, values, beliefs, and cultural differences. Training in cultural competence

often includes careful consideration of how best to approach people's various forms of diversity. This new-found awareness oftentimes allows people to better establish equity in their environments and enhances interrelationships between one another for increased productivity levels. •

Pam Brandon is President/Founder of AGE-u-cate Training Institute, whose mission is to develop and deliver aging and dementia training to professional and family caregivers. www.AGEucate.com.

Tracking Technology Can Provide Peace of Mind

New app can help locate missing persons.

By Jeanene Dunn, OHM Staff

Lilly's mother suffers from Alzheimer's disease. Several years ago, Lilly's mother wandered away from home, leaving Lilly frantic, anxious and fearful. "I feared the worst," she says.

Wandering is a common behavior in people who suffer from dementias and other diseases that can cause them to become disoriented and easily confused about where they are – even if the location is familiar.

Location technology is helping to provide peace of mind to loved ones and caregivers by allowing them to track and locate a potential wanderer.

Garrik Haynes spoke to *Our Health Matters* about CHASE'ing The Village, the location app he has developed to help find and protect persons who – due to certain medical conditions — tend to wander.

"There are an alarming number of people of all types who go missing every day, with no way of knowing where to even begin looking for them. With the CHASE'ing The Village app, we can help to lower these numbers," Haynes says.

How CHASE'ing The Village Works

The app allows users to input all pertinent information about their loved one: height, weight, current photo, medical information and personality triggers. By setting the network of family, friends and neighbors, users can alert the people in the network and indicate the location where the missing person was last seen.

Haynes further explains that the tracking devices have a panic button on them so that the person who has gone missing can press to send an alert.

Caregivers or family members can call in to the device and listen to what is happening in the background of the person who has gone missing. This, along with being able to track the exact location of the device and the person – if the person is still carrying it – is crucial to locating and bringing the special needs, kidnapped, lost, or runaway person home safely and in a timely manner.

Even if the device gets separated from the person, a last known location will be established to give investigators a starting point. This information is



Garrik Haynes

critical when someone goes missing for whatever reason. Haynes adds, "A good head start can save investigators hours or days where the struggle to put a timeline together can hinder and even cripple the efforts of quickly locating the missing person."

Visit <https://www.chasethevillage.com/index2.php> to learn more and view the instructional videos. The free CHASE'ing The Village app is available for download on Apple and Android devices. •



Music Truly is the Soundtrack of Our Lives

Melodies and rhythm can also help dementia patients.

By Jeanene Dunn, OHM Staff

Dementia is complicated because we understand that the disease robs a person of their memories over time. While that is certainly the case, it can be confusing to grasp how music can help someone who can't remember anything at all, or even talk, in some cases.

If you have spent time in the company of someone who suffers from dementia, they tend to reside mentally in the past. If they can speak, they will talk of events long past or children who are now adults.

When we think of this behavior, it makes sense that a song from the past would evoke a response in long-buried memories. Researchers – some who happen to be musicians themselves – are actively studying the connection between music and dementia. One such person is Dr. Concetta M. Tomaino, D.A., MT-BC, LCAT, executive director and co-founder of the Institute for Music and Neurologic Function, in Mount Vernon, NY.

She originally started working with dementia patients in care facilities and discovered that by playing a patient's favorite song, she could get them to respond to her. Sometimes they would smile, nod their heads or tap their feet. In an interview on caring.com, Dr. Tomaino says, "I learned that music helped to keep them engaged and attentive, and helped to bring out parts of their personality."

As she discovered the positive influence of music on dementia patients, Dr. Tomaino expanded her research to work with people affected by strokes or other neurological diseases and disorders.

Other programs like Music and Memory® work with caregivers and care facilities to program and provide personalized playlists on iPods® that feature music from the patient's "era." Depending on the era, that playlist could include big band music, show tunes, old R&B and soul songs, rock, metal or even hip-hop.

As the boomer generation ages, that playlist could feature music from Carole King and Elton John, to Tupac and Biggie.

While music is certainly not a cure for dementia and Alzheimer's disease, it is a powerful weapon in the arsenal of treatment that doesn't involve taking a pill.

Be sure to visit us at www.kcourhealthmatters.com to view a performance from The Unforgettables Chorus, a musical group of dementia and Alzheimer's patients and their family caregivers. •

Sources: Institute for Music and Neurological Function, www.imnf.org

Music and Memory, www.musicandmemory.org



TIPS FOR TRAVELING WITH ALZHEIMER'S

People living with Alzheimer's can join in family travel. The following information offers ways in which caregivers can manage the challenges of traveling with someone who has Alzheimer's, and still keep travel plans on track:

1. CARRY IMPORTANT DOCUMENTS AND MEDICATIONS WITH YOU.

Include emergency contact information, a list of current medications and doses, food allergies and physician information. Make sure your travel itinerary and insurance information is readily available.

2. WEAR AN IDENTIFICATION BRACELET.

Seniors may wander, wearing an ID bracelet is important, or put their name on their clothing. Put your phone and a list of medical conditions on a card and place it on their person.

3. KEEP SURROUNDINGS AS FAMILIAR AS POSSIBLE.

New environments are often challenging so try to bring familiar things from home on your trip (i.e., blankets, pajamas and pillows). Try to keep their routine the same to avoid confusion.

4. ALLOW EXTRA TIME, LIMIT CONNECTIONS AND LAYOVERS.

When traveling by car, allow extra time. Only take direct flights to your destination to avoid a tight connection, distress or a missed flight. If your drive or flight is longer than four hours, be sure to have at least two caregivers present. Bring personal items to keep your loved one busy during the travel time.

5. SET REALISTIC EXPECTATIONS.

People with Alzheimer's need consistency so it is often easier to travel with someone in the earlier stages of the disease. If your loved one exhibits delusional, disinhibited behavior, physical or verbal aggression, has a high risk of falling or has unstable medical conditions it may be a better idea to stay locally.

6. CREATE ITINERARY FOR EMERGENCY CONTACTS.

Distribute your itinerary to family and friends. Keep a copy with you at all times. The itinerary should detail flight numbers, travel times, emergency phone numbers, medication and any other pertinent information.

7. CONSIDER HIRING A MEDICAL TRANSPORT SERVICE.

If your travel needs are immediate and you cannot leave a loved one in respite care, consider hiring a medical transport service. These professionals can provide ground and air transportation and many will allow a caregiver or small pet to accompany your loved one.



8. REGISTER WITH MEDICAL ALERT AND SAFE RETURN PROGRAM

Before you leave town, register with MedicAlert® + Alzheimer's Association Safe Return® program. This 24-hour nationwide emergency response service is for individuals with Alzheimer's or a related dementia.

Last and most important, never leave your loved-one alone. If an urgent situation occurs, have a crisis plan ready and do not be hesitant to seek assistance from local authorities or emergency services. Adopt plans that support you and your loved one.

Source: Today's Caregiver



Stopping Alzheimer's... One Clinical Trial At a Time

Researchers are pursuing a cure and prevention.

By **Jeffrey Burns, MD,**

Co-Director of the University of Kansas Alzheimer's Disease Center
and Professor of Neurology, University of Kansas School of Medicine

The first patient cured of Alzheimer's disease will be in a clinical trial. As a researcher and as a physician, that gives me hope.

This year has brought some distressing news for Alzheimer's disease patients and their families, as several pharmaceutical companies either stopped clinical trials or stopped research efforts in Alzheimer's completely. And while that news is disappointing, it's important to remember that there is still hope.

Here at the University of Kansas Alzheimer's Disease Center (KU ADC), we are doubling down on our efforts to slow, stop, or prevent Alzheimer's disease with a wide variety of clinical trials testing different approaches. As one of only 31 nationally designated Alzheimer's Disease Research Centers, we are drawing on advances in drug development and molecular imaging to help lead an entirely new field of prevention science. Ongoing approaches are testing various prevention approaches — from

drugs to diet and physical exercise — to reduce the long-term risk in healthy individuals who are at risk for developing the disease.

Advances in Technology Mean More Personalized Medicine

Right now, I believe it is important to think of Alzheimer's as a treatable condition. Our standard treatment tools are limited, but we do know that doctors can make an accurate and early diagnosis, and physicians have proven medicines to help slow cognitive decline. However, we must strive to improve our limited diagnosis and treatment options. Alzheimer's is often misdiagnosed, and our current treatments do not yet stop, reverse, or cure the disease.

We believe the day will come when doctors will recognize the disease years before the onset of its symptoms and in time to start new drugs that will stop, reverse, or cure the disease before it starts. We believe it is no longer a matter of if we will be able to do this, but it is a matter of when.

Why do we believe this? Rapid advances in PET scanning now allow us to see microscopic changes linked with Alzheimer's disease — amyloid plaques and neurofibrillary tangles. Before this, we could only see these changes by examining the brain under the microscope after someone had died. This new technology works using FDA-approved tracers that are injected into the bloodstream, cross the blood brain barrier, and bind to their target, the amyloid plaque. PET scanners detect the tracer, allowing us to measure the amyloid. A similar technique to detect neurofibrillary tangles is now widely used in the research arena, including at the KU ADC.

This entirely new vision into the brain is likely to have broad implications in the future fight against Alzheimer's. First, our ability to more accurately diagnose the disease should improve as amyloid PET scans are used (incorporated). Second, these imaging techniques may play a role in choosing specific therapies for individual patients as we enter an era of personalized medicine.

We are now testing approaches that target amyloid through the immune system, enzyme

to 10 to 15 years before changes in memory are detected. A remarkable one out of three healthy older adults without signs of cognitive decline have amyloid buildup in the brain, suggesting they are at higher risk of developing the disease (though not all will).

Since lifestyle changes may prevent or slow the disease, we also have created an Alzheimer's prevention program called LEAP! (Lifestyle Empowerment for Alzheimer's Prevention). LEAP! provides ex-

TERMINOLOGY

Clinical trials are research studies that test how well new medical approaches work in people. Each study answers scientific questions and tries to find better ways to prevent, screen for, diagnose, or treat a disease.

POSITRON EMISSION TOMOGRAPHY (PET) SCAN - uses a special dye that has radioactive tracers. These tracers are swallowed, inhaled, or injected into a vein in your arm. The PET scan measures blood flow, oxygen intake, or the metabolism of your organs and tissues.

AMYLOID PLAQUES AND NEUROFIBRILLARY TANGLES - are buildups of protein that occur as part of the normal aging process, but in people with Alzheimer's-type dementias, the amounts of these proteins build up at a far greater rate.

inhibitors that block the creation of amyloid and an approach that combines these two. We are also testing ways to stop the spread of tangles. And, we are most proud of our own drug development efforts testing whether increasing the metabolism of brain and body cells could have an impact on Alzheimer's.

Prevention May Be the Key

These advances in drug development and molecular imaging have led to the emergence of an entirely new field of prevention science. We have known for some time that amyloid plaques are present up

exercise and nutrition strategies empowering people to reduce their risk through healthy eating, exercise, cognitive engagement and better management of sleep and stress.

The single biggest obstacle in discovering a cure is finding volunteers. We have clinical trials open to healthy older adults as well as those who have cognitive decline. If you are interested in either trials or LEAP!, visit <http://www.kualzheimer.org/> or call 913-588-0555.

The first person cured of Alzheimer's will be in a clinical trial. Perhaps it will be someone from Kansas City.



CAREGIVERS RESOURCE

Caring for a loved one who can do very little for themselves can be very stressful. During this time you may need to reach out to other family members, or enlist the services of a healthcare agency for such needs as housekeeping, assistance with cooking,

feeding, bathing, or attending to the physical needs of your loved one. There are many providers of care in this region. We list a few below. Also visit the websites of the State of Missouri (Mo.gov) and Kansas (Kansas.gov) for resources.

A Blessed Choice of Care

1734 E 63rd Street Suite 422
Kansas City, MO 64110
816-265-8672

Honey-Bee Home Health, LLC.

2300 Main Street Suite 900
Kansas City, MO 64108
816-490-3644

The Dream Works Inc.

4240 Blue Ridge Blvd
Kansas City, MO 64101
816-897-3415

Access Personal Care

311 Delaware 102 A
Kansas City, MO 64105
816-822-7432

**FirstLight Home Care
Overland Park**

10100 W 87th Street
Overland Park, KS 66212
913-267-5555

In-Home Care Solutions

3710 Main Street
Kansas City, MO 64111
816-777-0078

**Heart of America
Home Health Care**

8115 Shawnee Mission Parkway
Mission, KS 66202
913-645-1141

Synergy HomeCare

8249 W 95th Street
Overland Park, KS 66212
913-685-9700

Barr Private Care

11771 W. 112th St. Ste. 201
Overland Park, KS 66210
913-438-3311

Bickford of Raytown

9110 E. 63rd Street
Kansas City, MO 64133
816-353-3400

**Brookdale Home
Health Missouri**

800 E 101st Terrace #140
Kansas City, MO 64131
(816) 942-3958

Provide A Care

5911 NW Barry Road Suite 200
Kansas City, Missouri 64154
816-505-0848

Home Sitter Agency, Inc.

6301 Rockhill Rd # 423
Kansas City, MO 64131
(816) 363-2252

Elder Care of Kansas City

7611 State Line Road
Kansas City, MO 64114
(816) 333-3322

Editor's Note: *Our Health Matters* does not recommend, or endorse any agencies or healthcare providers.



Dementia Struck My Dad at a Young Age (Part One)

The person I knew is gone forever.
As told to *Our Health Matters*

Tim spoke to *Our Health Matters* candidly about how his father's battle with dementia affected his family.

What was your father like before he got sick?

My dad was a very hard worker his whole life. When I was growing up, he always had a full-time job, was part-time National Guard, and went to school to get his master's degree. He eventually retired from the National Guard as a major but continued to work for the US Army Corp of Engineers as a civilian. Dad was also very active with genealogy and historical groups, such as the Sons of Union Veterans and Sons of the Revolutionary War Veterans.

What tipped you off that he may not be well?

About 12 years ago, he started getting a little "quirky". He would sing Civil War songs all the time and tell the same story over and over. Then, a few years later, he started telling inappropriate jokes at inappropriate times. He had never done that before.

When was he diagnosed? Did family have to impress on him to go to the doctor, or was he willing to get checked out?

His quirkiness started to affect his job. He had always excelled in reviews, but now he was on the verge of getting fired. At first, the doctors thought he was suffering from depression. Eventually, they did a brain scan that showed there were parts of his frontal lobe that were deteriorating. The diagnosis was frontotemporal dementia, one of the more aggressive forms of early onset dementia. His impulse control was impacted, so he ate constantly, which in turn, impacted his diabetes. He hung onto the memories he had by constantly repeating the stories he could remember. Eventually the stories became less complex. He would lose the name for words or names of family.

Dad also became aggressive. I think he became frustrated because he could not communicate the way he wanted to. At times, he had to be physically restrained. That was very hard. •

Common signs and symptoms of frontotemporal dementia involve extreme changes in behavior and personality. These include:

- Increasingly inappropriate actions
- Loss of empathy and other interpersonal skills
- Lack of judgment and inhibition
- Apathy
- Repetitive compulsive behavior
- A decline in personal hygiene
- Changes in eating habits, predominantly overeating
- Oral exploration and consumption of inedible objects
- Lack of awareness of thinking or behavioral changes

Source: The Mayo Clinic



Four Ways to Talk to Kids About Alzheimer's Disease

By Támara Hill, MS, NCC, CCTP, LPC

Discussing a loved one's failing physical and mental health is a challenge for many. As a child and adolescent trauma therapist, many families come to me for help in discussing a loved one's declining health. The reality of a loved one losing their capacity to function can be traumatizing. The situation, for kids who already lack sophisticated reasoning skills, can disrupt their sense of security.

When my great grandmother began suffering from Alzheimer's, I quickly realized I had lost a grandmother. Her declining memory resulted in a lot of family tension. A grandparent's declining health can signal that life will drastically change.

There are healthy ways parents can inform their child of a change in a grandparent's health. Choice of words, tone of voice, and timing are significant factors. I suggest families:

- 1. BE HONEST WITH THE CHILD: HONESTY ALWAYS WINS.** Children should not be shielded from the reality of an event that could change their life forever. If the child is able to process things at a mature level and has a close relationship with the grandparent, honesty is important.
- 2. BE "CHILD-FRIENDLY:"** Today's kids are very mature. Use your child's maturity to your advantage when sharing a grandparent's declining health. In addition, when I need to help one of my clients understand something I rely on Youtube. When you know a child may struggle with conversation videos can be more helpful.
- 3. EXPLAIN SYMPTOMS:** Most kids struggle with conceptualizing a statement such as: "your grandmother is losing her memory." Kids may process it better with: "the doctor says grandma is getting sick and her memory isn't good. He says

it may get worse to where she won't know our names or be able to remember what we just said. She's going to need extra help."

4. PURSUE COUNSELING: Kids who are unsure about the future have a lot of questions. Some questions are better answered by a therapist. Seek out a child therapist who can build a firm relationship with the



When my great grandmother began suffering from Alzheimer's, I quickly realized I had lost a grandmother. Her declining memory resulted in a lot of family tension. A grandparent's declining health can signal that life will drastically change.

child. This gives the child a sense of safety and a place to ask the questions they may not ask you.

The most important thing to remember is that a child can handle upsetting news if they have a strong relationship with the person delivering it. Find ways to encourage children to help the family member be safe and prevent incidents.

Harness the relationship and use that to your advantage when having such a difficult conversation.

Támara Hill, MS, NCC, CCTP, LPC, is a licensed therapist and certified trauma professional, in private practice, who specializes in working with children and adolescents who suffer from mood disorders, trauma, and disruptive behavioral disorders.

Timeline of Alzheimer's Milestones

By **Alissa Sauer**, Contributor

1906:

Alzheimer's Disease is first described by Dr. Alois Alzheimer in his patient known only as Auguste D. The patient experienced memory loss, paranoia, and psychological changes. Dr. Alzheimer noted in the autopsy that there was shrinkage in and around nerve cells in her brain.

1931:

The electron microscope is invented by Max Knoll and Ernst Ruska, allowing magnification up to 1 million times. This invention allowed scientists to study brain cells with greater detail.

1968:

Cognitive measurement scales are created which allows researchers to measure impairment and estimate the volume of damaged brain tissue.

1974:

Congress establishes the National Institute on Aging (NIA). To this day, the NIA supports Alzheimer's research.

1983:

November of 1983 was declared the first National Alzheimer's Disease Month indicating a greater awareness of the disease.

1984:

The NIA begins to fund Alzheimer's Disease Centers and establishes a nationwide network for Alzheimer's research.

1993:

The Food & Drug Administration (FDA) approves the first Alzheimer's drug, Cognex. The drug targets memory loss and dementia symptoms. Today, there are a total of five drugs approved to treat Alzheimer's.

1994:

Former President of the United States Ronald Reagan announces that he has been diagnosed with Alzheimer's disease. This leads to greater awareness about the disease.

There is admittedly a lot we don't know about Alzheimer's. More than one hundred years after its discovery, we still don't know exactly what causes this neurodegenerative disease and we do not have a cure. However, it is important not to lose sight of how far we have come since Dr. Alois Alzheimer noted the unique symptoms in 1906.

2003:

The NIA begins a National Alzheimer's Disease Genetic Study to hopefully identify risk genes for the disease.

2010:

Alzheimer's becomes the sixth leading cause of death in the United States.

2011:

President Barack Obama signs the National Alzheimer's Project Act which provides a national framework to support and fund Alzheimer's research.

2013:

Researchers discover 20 genetic variations associated with increased risk, 11 of which had not been linked with Alzheimer's before.

2014:

Researchers at Rush University find the annual number of deaths attributable to Alzheimer's disease in the U.S. among people at least 75 years old is about 500,000, much higher than the 84,000 reported on death certificates.

2015:

The Alzheimer's Association led the fight for the Alzheimer's Accountability Act law, signed into law that allows scientists at the National Institutes of Health to submit an annual research budget directly to Congress.

2017:

The Alzheimer's Association led the fight for the Alzheimer's Accountability Act law, signed into law that allows scientists at the National Institutes of Health to submit an annual research budget directly to Congress.

We still have a lot of work ahead of us in the fight against Alzheimer's. It's important to reflect on the past 100 years as we look ahead to the next 100 years and continue to fund and support research initiatives.

Alissa Sauer has been dedicated to writing articles about Alzheimer's research and senior living for over four years. Alissa strives to help families understand and manage the changes that often accompany caring for a senior loved one.



A SAFE PLACE FOR MEN TO REBUILD AND RESTORE THEIR LIVES

For almost 50 years, the Welcome House has provided a safe, structured and supportive environment where residents focus on personal accountability and responsibility. More than 16,000 men have benefited from this program in their battle against substance abuse disorder, alcoholism and addiction. Rehabilitation is specific to each resident's addiction circumstances, helping them focus on their individual need.

Recovery starts with the individual. Welcome House provides the structure, program content and access to recovery coaches, mentors, counselors and other rehabilitative and support services the men would otherwise be without.

-Jamie Boyle, President & CEO

WHAT THEY DO

Welcome House is an adult men residential sober living recovery program that uses a compassionate, person-centered approach to substance and alcohol abuse rehabilitation and recovery. Research-based therapeutic methods and 12-Step recovery principles empowers residents and ultimately help them with:

- Achieving sustained sobriety and continuing as active 12-Step Program members;
- Building healthy, positive relationships;
- Attaining skills to secure and maintain employment, achieving personal and financial stability, and leading productive and meaningful lives.

The continuing care, team approach supports the best possible outcomes for each participant and aligns with today's best evidence-based practices in addiction recovery.

PROGRAM REQUIREMENTS

The nine month program is open to alcoholic and drug-addicted men 21 years of age and older who have a sincere desire to be sober and are committed to changing their lives.

What makes Welcome House unique is the peer-to-peer model that includes professional staff members in long-term recovery who are also graduates of the Welcome House program. Alcoholics and addicts (helping other alcoholics and addicts) who relate on many levels with current residents, understand the causes of addiction and the hurdles men face on their own journey to recovery.

HOW YOU CAN HELP

Welcome House accepts private donations and grants. They also need new or gently worn men's clothing, hygiene products, winter coats and gloves. Items may be dropped off, or scheduled for pickup. To make a donation or for more information about Welcome House contact: Mitchell Chalk, Administrative and Program Support Manager at 816-472-0760, or visit welcomehousekc.org.



Welcome House

**1414 E 27th Street
Kansas City, MO 64108**



SUCCESS STORY...

After months of homelessness with just the clothes on his back, no support system, and desperate for change, Chris, became a Welcome House resident. Chris found support to achieve his goals and those set forth by Welcome House. He's now gainfully employed, leads recovery meetings, mentors new residents, hit his 1-year sobriety birthday and graduated from Drug Court, which helped expunge 7 drug related felonies.



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HEALTH

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What's Next November-December 2018 Edition

Navigating a Healthy Holiday Season

The holidays are upon us. These are times filled with scrumptious food, feel-good movie classics, festive decorations, and yes, crazy family drama. Believe it or not, it is also the busiest time of year for therapists. Many people have difficulty getting through the holidays. We cover topics that enhance your quality of life during this special time of year. *Our Health Matters* provides much needed support for a pleasing and memorable holiday.

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