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FALL/WINTER 1995

Alzheimer's Disease Newsletter

DEMENTIA AND DEPRESSION

Depression in the person with dementia is not uncommon, yet often goes unrec ognized. Depression in elderly persons is often ignored or minimized as merely part of the painful reality of growing old. Dementia and depression are both common illnesses in the elderly, so it is not surprising that they occur together frequently. Studies indicate that significant depression occurs in 8-15% of elders in the community, and is seen in 25% of those in nursing homes. Depression occurs in one of every three people with brain disease or brain injury. Other risk factors for depression include a personal or family history of depression, a poor social support system, and serious medical illness, including alcoholism.

Since the term "depression" is used in a variety of ways, it is important to know what physicians mean when they consider this diagnosis. The depressed person may admit to feeling sad or depressed or "down." A lack of interest or pleasure in formerly enjoyable things can also be a powerful sign of depression. Changes in appetite with weight loss or weight gain are seen, and sleep is often less restful or may be harder to maintain. A frustrating pattern of waking up in the early morning hours and being unable to fall back asleep may indicate underlying depression. Restlessness, anxiety, or complaints of low energy are common in depression. The depressed person may express hopelessness or worthlessness, or feel they have let people down or done bad things. Suicidal ideas can emerge when someone is severely depressed and expressing a wish to die. Statements such as "I'm a burden," or "Everyone would be better off if I was out of the picture..." are common in depression. Dealing with suicidal thoughts can be terrifying, but families must take an active role nonetheless. Studies show that openly talking about suicide does not put the idea into anyone's head, but instead helps maintain a connection to the suffering family member. Telling someone "Don't talk like that" or "I never want to hear you mention that again..." may only make the depressed person feel more emotionally isolated, perhaps with tragic consequences.

Depression may begin in response to dementia, as the person grows frustrated by their inability to perform at a previously high level, or realizes that they are mentally compromised for life. This is especially true for persons who are demented as the result of head injury or strokes. The person with Alzheimer's disease

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ALSO IN THIS ISSUE:

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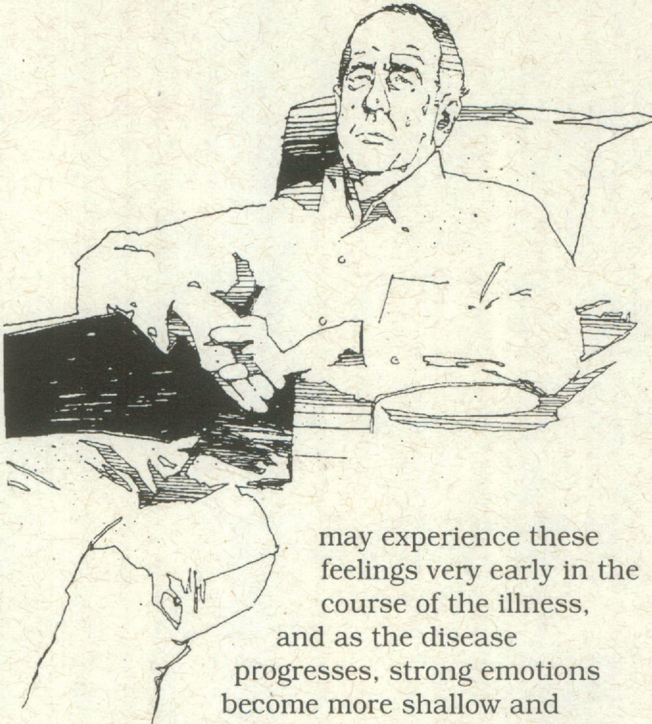
- ✔ Caregiver's Corner
- ✔ Adopt a Nursing Home Program
- ✔ Meal Planning
- ✔ Did You Know?
- ✔ Helpful Resources



may experience these feelings very early in the course of the illness, and as the disease progresses, strong emotions become more shallow and short-lived. Mercifully, most advanced-stage Alzheimer's patients have little insight into the severity of their condition, and suicide in Alzheimer's disease is uncommon.

Depression and dementia can both be caused by the same condition, and depression can be the first sign of underlying brain disease. Between 1/3 and 1/2 of all persons with Parkinson's disease or vascular dementia caused by strokes have significant depression. Depression alone can cause dementia, and is perhaps the most common type of truly "reversible" dementia. This "dementia of depression" is sometimes called "pseudomentia," and occurs most often with a personal or family history of severe depression. It begins rapidly, and does not have the slow gradual onset usually seen in Alzheimer's disease. Finally, some symptoms of dementia may look like depression. Depressed people cry and lose their "zest" for life, but dementia also can make tears flow very easily, even without true depression. People with dementia often have apathy, a mental state where the afflicted person just sits around like a "bump-on-a-log" with very little concern for the activities and plans of others.

People with both dementia and depression bear a "double burden" that can make them function much worse than they would with either illness alone. It is very important that every demented person with signs of depression have a full 10 to 12 week trial of antidepressant medication. Aside from the actual cost of the drugs, there is very little to lose, and there may be significant gains. Newer drugs for depression such as fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), and trazodone are very safe, and have few side effects. In addition to treating depression, these medicines can improve sleep and reduce irritability and agitation. People with the dementia of depression may require very aggressive interventions, including hospitalization and even electroconvulsive therapy (ECT or "shock treatments"). Treating depression does not cure dementia, but improves the quality of life for patients and their families.

by Kevin Gray, M.D.
Director, Memory Disorders Clinic
Dallas VA Medical Center

Note: See related article, *"Recognizing the first signs of depression"* on page 10.

She. . .

She has misplaced her car keys—
Asked me to find them please;
She's accused me of hiding them
Accused me of losing them,
But I know it's just the disease.

She's forgotten our daughter's name—
And didn't know her when she came;
She called her a stranger,
Said she represented danger,
But it's impossible to confront her
with blame.

She called me her daddy today—
And said she was going away;
She packed all the groceries
And called a mechanic,
It was hard to convince her to stay.
Her eyes say I don't know her—
but I know I still owe her
For the memory of the years
And the loving and the tears,
I will always continue to show her.

Terry W. Brown,
Ferndale, Washington

Alzheimer's Disease Research in Texas

University of Texas Southwestern Medical Center

This is the second article in a series highlighting ongoing research related to Alzheimer's at three educational institutions in Texas.

The Alzheimer's Disease Center at UT Southwestern Medical Center (UT Southwestern) is conducting research activities related to both clinical and basic neuroscience of Alzheimer's Disease.

The clinical research conducted by the clinical core of the Center is testing therapeutic regimens to measure their potential benefit in improving symptoms and rate of disease in individual patients. Close research activities are being conducted with several pharmaceutical corporations to test experimental drugs and measure their effect on groups of patients with minimal or moderate Alzheimer's disease manifestations.

UT Southwestern is also part of a national cooperative effort involving several Alzheimer's Disease Centers to study the effect of prednisone, an anti-inflammatory steroid, to measure whether it will slow the rate of Alzheimer's disease by reducing inflammation and other acute phase reactants known to be abnormally regulated in Alzheimer's disease. Preliminary efforts to determine if neurohormones benefit Alzheimer's disease patients are also being tested. Additional clinical projects include studying the type and degree of Alzheimer's disease in Native American, Hispanic, and African-American patients to see if there is any appreciable characteristic features of disease in those ethnic groups.

Several important basic neuroscience projects are being conducted at UT Southwestern.

- A study of brain tissue from patients measuring the degree of activation of heat shock proteins which are elevated as a result of fever and other environmental stresses in the late phases of Alzheimer's disease.
- A study of the regulation of the gene which produces acetylcholine, an important neurotransmitter in the brain which is involved early and significantly in Alzheimer's disease.
- A study of glutamate, another important neurotransmitter, which is affected in Alzheimer's disease and particularly in the memory regions of the brain which become involved early in this disease.
- A study of how proteins are metabolized and are identified for turnover in normal and aged brain. A number of proteins in Alzheimer's disease accumulate, including amyloid and paired helical filament proteins. Researchers are interested in understanding the potential loss of regulation of this important function of identifying proteins that should be metabolized and removed.
- A project identifying specific proteins present at connections between nerve cells which are essential for the normal storage and release of neurotransmitters. Identification of these proteins will provide important basic information about how the brain normally handles this process.
- A study measuring the process of phosphorylation which is an important step in the metabolism of microtubules which are important structures that determine the shape and the formation of processes for neurites in nerve cells.
- A study of the genetic mechanisms that result in nerve cell loss which are activated by excessive calcium influx into nerve cells and other stress mechanisms.

- A study measuring the distribution and type of neurotrophic hormones produced by the brain and their specific targets essential for maintaining normal nerve cell populations.

- Mapping regions of the brain activated during visual and auditory learning and recall with functional magnetic resonance imaging (MRI). Working memory is a function of the frontal lobe of the brain, and this area is being intensively studied in normal subjects and patients with Alzheimer's disease.

- Formation of connections between nerve cells known as synapses depend on specific proteins being produced which guide and maintain the connection. Agrin is an important protein in this process of forming stable connections between nerve cells and its production and maintenance is being studied in Alzheimer's disease brain.

- A variant of Alzheimer's disease known as the Lewey body variant which produces abnormal inclusions of proteins throughout the cerebral cortex. Mapping of the location and density of these proteins, and correlating them with patient symptoms, is providing us a means to clinically identify patients with this unique subtype of Alzheimer's disease.

For more information about Alzheimer's disease research at U.T. Southwestern, please contact:

Roger N. Rosenberg, M.D.
Director, Alzheimer's Disease Center
Zale Distinguished Chair in Neurology
Professor of Neurology and Physiology
Alzheimer's Research Center
5323 Harry Hines Boulevard
Dallas, Texas 75235-9036
214/648-3239

Next Issue: Research at Texas Tech Health Science Center

The Adopt-A-Nursing Home program matches groups of volunteers with nursing homes to help strengthen and enhance the quality of residents' lives.

Who may participate?
Any group - civic, school, religious, business, scouts, friends, or other - made up of at least three members. Volunteers of all ages are welcome.

What does my group have to do?
Commit to help with resident activities at least four times a year. Activities range from simply visiting with residents to organizing parties or outings.

Why should my group support this program?
To help break the cycle of loneliness. On average, 50 percent of Texas nursing home residents don't have families or surviving spouse and about 60 percent have no regular visitors. Your participation can enhance the quality of life for residents. In addition to the personal satisfaction of helping those in need, volunteer groups are formally recognized by the Texas Department of Human Services for their efforts.

Where do I sign up?
Contact your local nursing home, or call the Texas Department of Human Services

1-800-889-8595

A Little Planning Makes Eating Right a Piece of Cake

Sometimes, persons with Alzheimer's disease have trouble eating. This can happen because they forget to eat, or they may lose their appetite, or food just may have no appeal to them. Sometimes, on the other hand, they eat too much, or they eat junk foods that aren't nutritious.

If your loved one with Alzheimer's loses a lot of weight or loses weight very rapidly, notify his or her physician immediately. This could be a sign of malnutrition, depression, or other disorders. Also, if he or she gains a lot of weight rapidly, you should contact the physician.

There's a lot you can do at home to help make sure your loved one gets the vital nutrients he or she needs. For instance, new foods can be a little intimidating, so it's best to serve dishes that are familiar to the patient. Old favorites often work best, and keeping things simple makes the preparation easier for you.

You don't want to overload the person with AD. For example, if you're having soup and salad and some meat for dinner, present it in courses, one at a time. This helps avoid confusing the patient, and he or she doesn't have to worry about choosing what to eat first.

Try to keep an eye on condiments, like salt and ketchup, because sometimes a person with Alzheimer's won't be able to gauge how much seasoning he or she is putting on food and may end up spoiling it.

Sometimes, persons with Alzheimer's are very finicky about what they eat. They may insist on eating only one or two types of food. If this is the case, be sure to tell the patient's physician, because if the patient's diet isn't well balanced, the doctor may recommend dietary supplements.

Source: Parke-Davis. Day to Day: Caring for Patients with Alzheimer's.

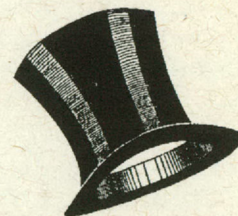
Making a Fruity Milk Shake

For one serving.
In a blender, puree:

1/2 cup milk
1/2 cup yogurt
2 frozen, overripe bananas
1 tsp vanilla extract
Dash of ground cinnamon

You can add just about any fruit you like. Some suggestions: strawberries, raspberries, oranges, peaches, raisins, prunes, and pineapple. This shake is great, because it offers a fair amount of calories to persons not eating enough, and it's loaded with vitamins and minerals. Also, the fruit adds fiber, which is important to help keep the patient regular.

Hats off to. . .



The new Alzheimer's Association Chapter office which opened in August in Harlingen. The office is located at Redelco Plaza, 722 Morgan Blvd., Suite Z, Harlingen, Texas 78550. Phone number is (210) 440-0636 or 1-800-509-9590. The 1-800 number is currently for Valley residents. However, in the near future there are plans to expand 1-800 coverage to other areas. The telephone helpline hours will be 10:00 am to 2:00 pm.

Supporting Alzheimer's Disease Caregivers in Rural Areas

David M. Freed, Ph.D. and Kena Dubberly

Alzheimer's disease is one of the most important public health issues facing our society today. Current statistics suggest that more than 4 million Americans suffer from this disease, but these statistics underestimate the magnitude of the problem. For example, in a recent Gallup poll, half of the respondents over 65 said they knew someone with Alzheimer's disease. In addition, the cost of Alzheimer's disease in the U.S. is staggering, approaching $100 billion each year. Tragically, Alzheimer's disease has become the fourth leading cause of death among older adults in our society. By any objective measure, the negative impact of Alzheimer's disease is profound.

This tragic illness also exacts a fearful toll in emotional suffering. Alzheimer's disease is relentless and progresses until the patient is totally dependent upon a caregiver, who becomes the "second victim" of this illness. Family members who provide care are at increased risk of physical and psychological disability. They also suffer from concern about their own "genetic risk" of acquiring the disease. While the dollar toll of Alzheimer's disease is staggering, the emotional toll on families is inestimable.

As the population of the U.S. continues to grow older, the impact of Alzheimer's disease will dramatically increase. Adults over age 85 are the fastest growing segment of our population and represent those individuals at great risk of developing Alzheimer's disease. Given current population trends, more than 14 million Americans will have Alzheimer's disease by 2050. With no cure in sight, the problems posed by Alzheimer's disease are bound to get worse before they get better.

The so-called "graying of America" is particularly acute in rural areas. Roughly 20% of Texas' population lives in rural areas, many in poverty, with few social or medical services (9 of every 10 rural counties are lacking adequate social and medical services). Nearly 30% of the rural population in Texas is over the age of 65, double the rate in most urban areas. The service area of Texas Tech University Health Sciences Center consists of 108 counties (predominately rural), which form a geographic area larger than the New England states and New York combined. More than 45,000 cognitively impaired older adults in the service area are in need of dementia-related services. This demographic profile describes a large number of rural elder living in poverty, lacking adequate social and medical services. The need for Alzheimer-related services is undeniable. Now the question to be answered is: *How to meet that need?*

A variety of experimental medications for the treatment of symptoms associated with Alzheimer's disease are being tested, but there is no cure. The single medication approved by the FDA for the treatment of Alzheimer's disease has only a modest effect for some patients. Research to find a cure is crucial and offers hope for tomorrow. It is imperative, however, to assist families who are suffering from this illness today. At this time, the most effective tool for improving the patient's life is education. Knowledgeable family, friends and neighbors can dramatically improve the care provided for patients with Alzheimer's disease. A well-organized program of caregiver support and education can improve quality of life for both the caregiver and the Alzheimer's disease patient.

In order to meet the need for dementia-related services in Eastern New Mexico and West Texas, a service demonstration project targeting rural clergy is now in place. *The Rural Alzheimer's Disease Education Program* targets clergy in small communities for intensive training and education. The overall goal of this program is to develop rural clergy as a community resource for patients and families. The *Rural Alzheimer's Disease Education Program* began in September, 1993. The initial impetus for the program was derived from the partnership of Texas Tech University Health Sciences Center's (TTUHSC) state-funded Alzheimer's Institute and the South Plains Chapter of the Alzheimer's Association. The program has developed through hard work, careful stewardship of limited resources, and cultivation of collaborative networks.

The tremendous need for services has resulted in the explosive growth of clergy contacts. Training seminars for the clergy, caregivers, and other interested groups have been held. More than 600 ministers have been contacted, mostly in counties surrounding Lubbock, since November, 1993. Many clergy members have also attended regional meetings at which staff members lectured on the importance of early diagnosis and strategies for managing dementia symptoms. The project has not been limited to training seminars, however. Many ministers have invited project staff members to speak at Town Hall Meetings, Sunday School class luncheons, and civic clubs. Doctors in surrounding communities who are aware of the educational materials provided by the program have begun to request home visits for families who are in need of information about Alzheimer's disease and caregiving. Educational materials concerning Alzheimer's disease have been requested by long-term care facilities and rural hospitals.

As of June 1, 1995, a coalition of regional foundations and non-profit service agencies provided approximately $500,000 in funding over two years to support the development of the *Rural Alzheimer's Disease Education Program*, with staff in Amarillo, Lubbock, and Abilene. In addition, plans are underway for additional staff members to be located in Odessa, San Angelo, El Paso, and Hobbs (NM).

Although educational interventions are the primary focus of the *Rural Alzheimer's Disease Education Program*, the importance of early diagnosis is recognized. Eight dementia screening clinics have been held in Lubbock, Abilene, and Odessa. The goal of the clinics is to improve the diagnostic services offered to possible dementia sufferers in rural areas. These clinics work on the same premise as hypertension screening clinics. Trained staff members collect information through a telephone interview with the caregiver of the person with possible dementia. Patients are scheduled for a brief evaluation. A detailed medical history and the results of the cognitive evaluation are provided for participants to take to their doctors for further medical work-up and diagnosis.

The *Rural Alzheimer's Disease Education Program* strives to improve services to families and individuals who are effected by this illness, as well as increase public awareness and acceptance of this disease. Supportive congregations and communities can provide a haven for individuals and families experiencing traumatic situations as a result of the progression of this devastating illness. For more information about the services offered through the Rural Alzheimer's Disease Education Program at Texas Tech University Health Sciences Center, please call 806-743-2643.

David M. Freed, Ph.D. is the Director, Psychological Research and Services Alzheimer's Institute Texas Tech University Health Sciences Center.

Caregiver's Corner

Planning for the holidays. . .

The holiday season is a time for celebrating and sharing with families and friends. However, for those with Alzheimer's disease and their families, the holiday season may bring feelings of dread and sadness — a reminder of seasons once filled with traditions and rituals. The good news is that with advance planning and some creative thinking, the holiday season can continue to be a special time for people with Alzheimer's and their families.

The key to making the holiday season enjoyable is to communicate openly with family and friends. It is crucial to make the family aware of the changes in the person with Alzheimer's. Open and honest communication will help the caregiver, the person with Alzheimer's, and family members better prepare for the holidays. When others are made aware of the changing needs of the person with Alzheimer's, it is easier for them to understand why activities may be different from previous years.

Open and honest communication will also minimize shock at the person's loss of memory, comprehension or logical thought, the inability to remember the names or relationships of family members, or possible agitation while visiting a once familiar place.

It is also important to prepare the person with Alzheimer's disease for the upcoming holiday events and activities. As much as possible try to maintain the person's normal routine to avoid confusion and agitation. Seasonal music, food, decorations, and programs may familiarize the person with the approaching season, Involve the person, within their ability, in holiday activities such as gift wrapping or baking cookies.

With a little innovation and ingenuity the holiday season can still be a time for family celebrating and sharing. The Alzheimer's Association suggests the following tips for making the holiday season enjoyable for all the family.

Adjust expectations

Don't require yourself to maintain all holiday traditions.

Suggest a "pot luck" meal and invite only small groups or encourage others to host the holiday meal.

Shop by catalog for convenience.

Understand the needs of the person with Alzheimer's.

Beware that the person may also feel a sense of loss during the holiday season. Involve the person in as many holiday activities as possible.

Serve meals in the afternoon and keep lights on all day to avoid agitation and restlessness.

Beware of crowded shopping areas. They may be overwhelming and confusing.

Suggest gift ideas to others

For the person with Alzheimer's:
Photo albums, family videos, comfortable and easy to remove clothes, a night light or an identification bracelet.

Plan simple and manageable travel

Consider vacationing in ways the person with Alzheimer's was accustomed to before the onset of the disease.

Consider taking a short trip. Allow travel arrangements to be flexible.

Don't neglect yourself

Take time for yourself.

Understand that it is natural to experience feelings of anger, frustration and grief.

Be prepared for some stress. Arrange for respite care and enjoy lunch or a movie with a friend.

Share your feelings with others. Participate in an Alzheimer's support group meeting.

By Veronda L. Durden, M.S.
Director, Alzheimer's Program

HOME SAFE HOME FOR ALZHEIMER'S PATIENTS

Caring for a person with Alzheimer's disease is always a challenge. You can make the job a little easier if you take a few simple steps to make your home safer for the one you care for. The American Occupational Therapy Association offers these suggestions:

* Eliminate clutter, which can be a tripping hazard.

* Don't disturb the arrangement of furniture and personal items. Such changes can be confusing to someone with Alzheimer's disease.

* Install double locks on exit doors.

* Limit access to safety risks such as car keys, lawn mowers, ladders, matches, and stove and oven knobs.

Source: American Occupational Therapy Association

Recognizing the First Signs of Depression

Many caregivers of people with Alzheimer's believe that depression is a part of the Alzheimer's disease or is a consequence of aging. Although it is natural to feel discouraged about the condition, it's not necessary for a person to be depressed.

Depression is a medical illness and is different from "the blues." The blues are usually described as feelings of sadness, withdrawal, sleep disturbance, and anxiety, following a major disappointment in a career or relationship. With the blues, normal moods return in a few days, and the person goes on with life. Depression is more than being sad or feeling down.

As a caregiver, you should be aware of the signs of depression. They are:

- Depressed mood most of the day nearly every day
- Markedly diminished interest or pleasure in almost all activities most of the day nearly every day
- Significant weight loss or weight gain
- Changes in sleep patterns
- Fatigue
- Feelings of guilt or worthlessness
- Newly impaired concentration or indecisiveness
- Recurrent thoughts of death or suicide.

If your loved one has at least four of these symptoms and cannot get over them within two weeks, he or she may be suffering from depression. A decrease in your loved one's functional abilities occurring over a short period of time (weeks) may be due to depression rather than a progression of Alzheimer's disease. Talk with your loved one's doctor.

The good news is that depression usually responds well to treatment, so your loved one can feel better and have a better quality of life.

Treatment can include medications or psychotherapy or a combination of both. You can help by encouraging your loved one to be around other people. Try to have the person with Alzheimer's participate in tasks that he or she can feel good about doing, such as setting the table.

Telling him or her to snap out of it will probably not help; it may make the person with Alzheimer's feel more frustrated. Try to be understanding and follow the doctor's advice.

Source: Parke-Davis. Day by Day

MONITORING TELEVISION PROGRAMS MAY REDUCE UNWANTED BEHAVIOR IN AD PATIENTS

Experience has taught us that certain television programs tend to agitate Alzheimer's patients. Situation comedies, dramas, soap operas, and news programs often act as stimulants and can precipitate behavior problems.

Because Alzheimer's disease destroys an individual's ability to reason and often confuses the thought process, programs such as these become real events. To the AD patient, these situations are actually occurring in their living room. Agitation can result when these "visitors" present threatening situations. Programs that AD patients usually can enjoy include game shows, musical programs, nature programs, and some sports events. For the most part, they are non-threatening and can be more easily differentiated from real life events.

Enjoyable programs can be videotaped and replayed for the patient at an appropriate time.

...from the Augusta Alzheimer's Chapter newsletter

Helpful Resources

Advice on Caring for an Alzheimer's Disease Patient: An Interview with Steven Zarit, Ph.D. Aging Magazine. Administration on Aging (202) 691-1352

Alzheimer's Disease and Marriage: An Intimate Account. Wright, L.K. Newbury Park, CA: Sage Publications, Inc. (8050 499-0721

Day In, Day Out with Alzheimer's: Stress in Caregiving Relationships. Lyman, K.A. Philadelphia, PA: Temple University Press. 1993 (800) 447-1656

Dementia With Dignity: A Handbook for Carers. Sherman B. McGraw Hill (800) 262-4729. $19.

Final Details: A Guide for Survivors When Death Occurs. AARP, 1909 K St., NW Washington, DC 20049. Free

For Programs To Help Older Americans Obtain Their Medications, Write to Senator David Pryor, U.S. Senate, Washington, DC 20510.

Keeping Active. A Caregiver's Guide to Activities with the Elderly. Walker, S.C. American Source Books. (800)356-9315. $8.95

Learning to Sit in the Silence: A Journal of Caretaking. Starkman, E.M. Watsonville, CA (800) 776-1956 ext 19

Working With Your Older Patient: A Clinician's Guide. National Institute on Aging. NIH Publication No 93-3453. (800)222-2225. Free

Self-Care for Caregivers: A Twelve-Step Approach. Samples, P. Larsen, D. (800) 328-9000

Surviving Today and Revising Tomorrow: Caregiving Strategies for The Alzheimer's Spouse. Tully, M: Blotzer, M.A., Available from the Alzheimer's Association of Greater Washington. (301) 652-6446

When Memory Fails: Helping the Alzheimer's and Dementia Patient. Edwards, A.J. Plenum Press. (800) 221-9369. $27.95.

The following are some of the audiovisuals available for free short-term loan from the Texas Department of Health Audiovisual Library. Call (512)458-7260 or (512)458-7474 to request the complete list of titles.

Alzheimer's Disease: Stolen Tomorrow's.

Another Home for Mom.

Creative Interventions with the Alzheimer's Patient: Understanding Behaviors.

A Day In The Life of Nancy Moore.

Managing With Alzheimer's Disease.

Alzheimer's Disease Newsletter
Texas Department of Health
1100 West 49th St.
Austin, Texas 78756

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KNOW THE FACTS.....

* Alzheimer's disease currently affects an estimated 4 million Americans.

* Despite an impressive expansion of knowledge in the past 20 years, Alzheimer's remains a disease of unknown cause and an irreversible but prolonged course.

* A recent study estimated that the cost of caring for one person with Alzheimer's is $47,000 each year.

* Alzheimer's disease ranges in duration from 8 to 20 years.

Friend to Friend

Some of the best suggestions come from other caregivers. Beginning with the next newsletter we will have a column for you to exchange ideas, tips, or a story to share. We want to hear from you. Write to:

Alzheimer's Program - Friend to Friend
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756
Attn: Veronda Durden

The Alzheimer's Disease newsletter is prepared by the staff of the Texas Department of Health Alzheimer's Program. For more information about Alzheimer's Disease contact:

Veronda L. Durden, Program Director
1-800-242-3399