

THE SAVVY SENIOR

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From the
Commission

By Betty Hauptman, Chairman

There are few diseases that have the physical, emotional, social, financial and spiritual implications of Alzheimer's disease.

It is seen as the threat that can rob seniors of their golden years at a time when seniors may expect to live lives that are longer, physically healthier and filled with new opportunities and promise.

In the interest of looking clearly at this threat and of understanding the services in place to treat, support and care for those with Alzheimer's disease, we are publishing this issue of **THE SAVVY SENIOR** in cooperation with the Connecticut Chapter of **The Alzheimer's Association**.

Articles in this issue discuss the impact of Alzheimer's disease on individuals and their families, they provide information about treatments that are available that can delay the loss of function in an individual diagnosed with Alzheimer's disease, and they provide a summary of the services available to support those with Alzheimer's disease and their families.

Alzheimer's Disease

Families are the Unforeseen Victims of Alzheimer's Disease

An Incapacitating, Devastating and Incurable Illness

Sonia Gaztambide, MPH, Gerontologist,
Director, Program & Education,
Alzheimer's Association, Connecticut Chapter

Alzheimer's disease is the most common cause of dementia, and is the fastest growing disease in the country. It is an irreversible illness that develops slowly and results in changes in personality and behavior, memory loss and a decline in cognitive abilities such as thinking, decision-making and language skills. AD also has an early onset component which affects individuals aged 65 and younger, that progresses more rapidly. AD is age-related and the course of the disease differs from one person to another. It is a progressive illness that ends in death and places enormous hardship on the afflicted individuals, their families and caregivers.

On average, the patients with Alzheimer's disease may live for 8 to 10 years after diagnosis but the disease can last up to 20 years. It is estimated that 4.5 million people currently have AD and researchers estimate that by 2050 13.2 million Americans may have it if the demographic trend continues and no preventive treatments become available.

AD is also the third most costly disease after heart disease and cancer. There is no cure and no treatment to stop its progression. In general, people with Alzheimer's require long-term care that is not covered by Medicare or most private health insurances. While the ideal scenario is to have our loved ones at home for as long as we can, there usually comes a time when at-home care is no longer feasible. As the disease progresses, people become more dependant and eventually need care 24 hours a day. The average lifetime cost of caring for a person with Alzheimer's disease is \$175,000 and families pay most of this out of their own pockets, draining their personal savings and destroying the family's financial and

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emotional well being. Caregivers' health and wealth are often depleted by the demands of this relentless disease.

Alzheimer's disease is an age-related illness and Americans are living longer, well into old age. Four million Americans are 85+ years old, and this is the fastest growing segment of the population.

Americans in general can expect to live 80 years or more. It is projected that 10% of individuals over 65 will develop Alzheimer's disease and the risk for people over 85 is 50%. By 2025, the United States will see a 44 % increase in individuals with Alzheimer's disease.

According to U.S. Census data, the size of the older population sector (65 and older) will double over the next 25 years, growing to 70 million by 2030, the year the youngest of the post war baby boomers will be more than 65 years old. Because age is a risk factor for Alzheimer's disease, the United States could realize a 70 percent increase in the prevalence of Alzheimer's disease, with an estimated 7.7 million people affected. This figure does not include the atypical dementias such as Parkinson's disease and Huntington's disease.

The estimated national cost of caring for people with AD is 100 billion dollars a year and, as the population ages, the amount will increase. People over 65 represent 14% of the population today, but that will be 20% by 2030. Because of that trend, AD is a national Health and Research priority. A national study commissioned by the Alzheimer's Association indicates an estimated \$61 billion is lost each year by businesses alone due to Alzheimer's disease.

In Connecticut, over 100,000 people have been diagnosed with Alzheimer's disease. This number is expected to double over the next 25 years. "One of two people 85 years and older has Alzheimer's disease, and the Alzheimer's Association, CT Chapter serves those afflicted, their families and caregivers as well as being the largest fund-raiser for research for a cure for the disease," says Lynda Moecker, President of the Chapter.

In Connecticut, home- and community-based services can cost over \$12,500 a year per person. Statewide, nursing home placement can cost an average of \$85,000 per year. The majority of

Alzheimer's residents in long-term care facilities stay twice as long as the average person without Alzheimer's, and it is conservatively estimated that 80% of the residents in skilled nursing facilities have some kind of dementia. Seventy-five percent of people diagnosed with AD presently reside at home at an estimated cost (for unpaid labor and services) of \$196 billion a year, according to Dr. Peter Arno's much publicized 1998 research. Eventually if families cannot do the caring, the State of Connecticut will have to intervene.

Early diagnosis helps ensure valuable treatment in the early stages of the disease. Those with Early Onset Alzheimer's disease (those diagnosed with the disease before age 65), now total over 450,000 people nationally.

Although there has been an improvement in early diagnosis and treatment in the general population, this is not true for some racial or ethnic groups where there are cultural, access or language barriers. This issue is of particular importance because, according to the U.S. Census Bureau, the projection is that between 1999 and 2030, there will be an increase of Hispanics over the age of 65 of more than 300 percent, compared to increases of 81 % for older whites and 131 % for older African Americans.

We need interventions designed to delay the onset of AD. Accomplishing this task would reduce the personal and financial costs associated with the care of people with Alzheimer's disease to families and to the State of Connecticut. The Alzheimer's Association provides the most funding for research to combat this disease. Join with the Alzheimer's Association by volunteering, contributing or walking in the Annual Memory Walk.

The Alzheimer's Association has been a strong advocate in CT and serves statewide with three regional offices located strategically around the state. The goal is to serve the whole state and to meet the changing needs of Alzheimer's patients and their families.

We look forward to seeing you
on the first Sunday in October for
Memory Walk 2005
Save the Date: October 2, 2005

“Doctor, I think my mother has dementia...”

by Pam Hoffman, M.D.,
Chief, Division of Geriatrics-St. Vincent’s Medical Center, Bridgeport,
and member of the Alzheimer’s Association Program Committee

If you are concerned about dementia, **the first step is to contact your primary care physician**. There are important benefits to an early diagnosis. Many internists and family practitioners are familiar with the evaluation process for dementia. If concerns persist, you may seek consultation at a geriatric assessment program, or you may be referred to a neurologist, psychologist or psychiatrist.

Dementia is a disease defined as **chronic, progressive, irreversible loss of brain function due to destruction of brain cells**. The most common type is Alzheimer’s disease, accounting for over 50% of cases. Others include, vascular dementia, Lewy Body disease, Parkinson’s disease, chronic alcoholism, Pick’s disease and Jacob-Creuzfeldt disease.

While a normal, older adult may take longer to learn new tasks and may exhibit more word-finding difficulties, memory loss significant enough to affect normal day-to-day functioning is not normal aging. The **warning signs (See Page 7)** published by the Alzheimer’s Association are already “mid-stage” dementia. Because patients with dementia often exhibit denial, family members often must arrange for a medical evaluation.

A comprehensive **evaluation** must include a detailed history of the memory loss and a review of all medications, including alcohol and over-the-counter medications. Specific tools assess activities of daily living, memory, and depression. Neuropsychological testing (IQ) testing may be required. A physical exam and comprehensive lab tests are done to rule out reversible factors. A CT scan or MRI of the brain may be considered. PET scans are generally reserved for research.

Some individuals experience mild cognitive impairment, which is not severe enough to affect day-to-day functioning. **Early dementia** is diagnosed when an individual starts to have difficulty with complicated tasks or exhibits personality changes. An individual with early dementia may benefit from participating in “taking control of memory loss” groups. In **mid-stage** disease, home care services and physical and mental stimulation at an adult day program can help maintain function. Eventually, **when safety concerns surface**, 24-hour supervision is essential. The individual must live with family or live-in help or relocate to a facility which provides adequate 24-hour supervision. Dementia typically progresses over 10-20 years, but ultimately reaches a terminal phase, when even basic functions such as toileting, walking, feeding one’s self and speech are impaired. Sadly, the disease even robs an individual of a sense of his/her own identity.

Early diagnosis allows the affected individual to be involved in financial and legal planning for future care. Designation of a health care agent and a durable power of attorney enables the individual to be involved in financial and legal planning for future care and enables individuals to maintain control by expressing wishes in advance to surrogate designees.

Medical treatment for dementia is evolving. Medications like Aricept, Exellon, Reminyl and Namenda exert small demonstrable improvements in memory testing. Their impact on overall function in dementia is still under evaluation. Physical and mental stimulation is very important to reduce withdrawal and loss of function. Concurrent problems such as depression and psychosis benefit from psychotropic therapy. Ongoing medical and nursing attention permits prompt treatment of intercurrent medical problems, which often present with increased confusion or such changes in behavior as acute delirium. Individuals may wish to consider enrollment in research programs.

Once the diagnosis of dementia is made, it is very important for those diagnosed and their family members to know **where to call** for preparation and guidance through the various stages of the disease. This is the role of agencies such as **The Alzheimer’s Association**, and family members should keep the Association’s number handy.

The Association offers a number of educational programs and printed resources including list of Diagnostic Centers, Geriatric Physicians, Psychiatrists and Neurologists.

**Contact the Connecticut Chapter at 1-866-3MEMORY
(1-866-363-6679) for more information and to access the 24/7 Helpline.**

alzheimer's association

Connecticut Chapter: Chapter Services

The Alzheimer's Association, Connecticut Chapter is dedicated to compassionately impacting the community and the lives of people with dementia. The Chapter provides support and information to those with dementia and their caregivers through these services

For Families and Individuals with Dementia

Caregivers' Course: Free and open to the public, the courses are designed to educate caregivers on the necessary skills and information needed to provide care for persons with memory loss.

Support Groups: Free and open to the public, small, local groups of individuals with common needs surrounding dementia gather together to provide emotional support to one another and receive educational information as well as a connection to the Chapter. Groups specifically for those diagnosed with Alzheimer's disease are also available.

Care Consultation: Information is available on a variety of topics regarding Alzheimer's disease and related disorders, including lists of local resources such as adult day centers, elder law attorneys, diagnostics centers, long-term care facilities and home health agencies. Families can speak with a care consultant to help coordinate their plan of care.

Groups for Individuals with Dementia: Educational and support programs offered to persons with early-stage memory loss, their caregivers, family and friends to learn about Alzheimer's disease, related dementias and how to cope with the disease. Social and educational model programs are available, including couples groups, as well as groups for individuals with dementia.

Chronic Care Consortium: Allows the chapter to call those who have recently been diagnosed and link them to services and the chapter early on in the disease process. A pilot site in Wallingford is currently underway.

Safe Return Program: A national program designed to identify, locate and return to safety individuals who are memory impaired due to Alzheimer's disease or a related disorder should they wander and become lost.

Chapter Respite Program: Designating a break or a rest for those with caregiving responsibilities, the Connecticut Chapter provides limited grants to pay for respite care services, including adult day programs, in-home care, or short-term institutional care for those who are being cared for by loved ones in their home.

Statewide Respite Care Program: In partnership with the Department of Social Services and the five local Area Agencies on Aging, the Alzheimer's Association offers this respite program as a way of providing a break for the caregiver.

For Professionals

Specialized Dementia-Care Education: A program for professionals interested in improving the quality of care given at their facility. Following the completion of the course, the newly educated professionals are equipped to conduct in-house seminars, targeting direct-care providers of dementia care.

Outreach Initiatives: To physicians, rural communities, special populations, the spiritual and religious communities and the general public to inform them of the programs and services of the Alzheimer's Association.

Speaker's Bureau: Alzheimer's Association "trained" speakers in a variety of fields are available to speak to civic groups, church groups, businesses, organizations and support groups.

Professional Group Breakfasts: Regular meetings are held around the state to enhance communication among the National Alzheimer's Association, the local Chapter and professionals in the field of dementia care.

For Everyone

Multi-media Information Center: Provides current information relevant to the professional and non-professional caregiver including but not limited to books, videotapes, national pamphlets, audiotapes and software programs.

Annual Connecticut Statewide Education Conference: This annual event brings local and national experts together to learn about the many diverse aspects of dementia care and the issues surrounding dementia for family and professional caregivers.

Advocacy: The Alzheimer's Association lobbies for improved public policy for persons with Alzheimer's disease, their families and caregivers, through participation in legislative and regulatory initiatives at the local, state and federal levels of government. Volunteers are always welcome to advocate alongside the Association.

Helpline: a multi-lingual telephone service operating 24-hours a day, seven days a week, that offers emotional support to callers and provides information about Alzheimer's disease, Chapter services and community resources.



Toll Free Phone
1(866) 3MEMORY
1(866) 363-6679

Greenwich has a variety of services available to help senior adults and their caregivers.

- ◆ Adult Day Care
- ◆ Health/Social Services
- ◆ Mental Health Services
- ◆ Financial Help
- ◆ Employment Assistance
- ◆ Legal Services
- ◆ Food Assistance
- ◆ Home Care
- ◆ Chore Services
- ◆ Long Term Care
- ◆ Heat & Utilities Help
- ◆ Transportation
- ◆ Socialization & Recreation
- ◆ Support Groups
- ◆ Counseling
- ◆ Hospice Care
- ◆ Caregiver Respite
- ◆ Nutrition Services

For free information & referral

CALL US at

625-6577 (local)

1-866-309-1966

(toll free)

Or visit

www.communityanswers.org

There are many state and federal programs that provide funding for senior adults. These programs include:

- ◆ Social Security
- ◆ Supplementary Security Income
- ◆ Prescription Drug Programs
- ◆ Energy Assistance
- ◆ Medicaid
- ◆ Medicare
- ◆ Veterans Benefits

It is important to find out about financial assistance programs for which an older individual may be eligible.

You can check your eligibility online through the:

Southwestern Connecticut Agency
on Aging
at

www.SWCAA.org

Click on ***benefitscheckup***

This listing is compiled by:

Greenwich Senior Services

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The Commission on Aging

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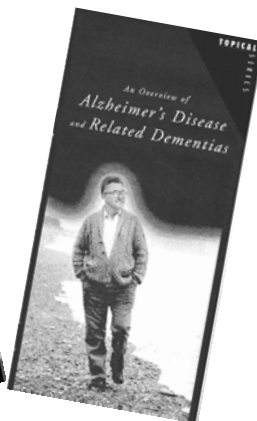
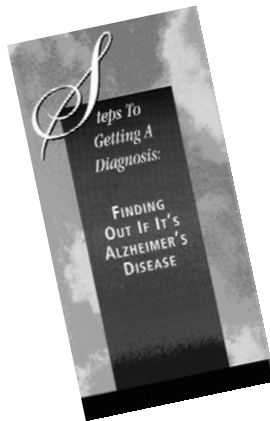
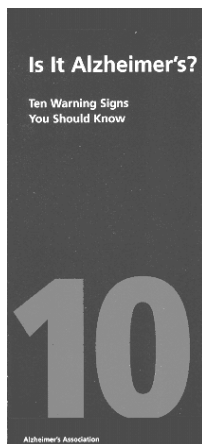
Community Answers

Warning Signs of Alzheimer's Disease

The **Alzheimer's Association** believes that it is critical for people with dementia and their families to receive information, care and support as early as possible. To help family members and health care professionals recognize warning signs of Alzheimer's disease, the Association has developed a checklist of common symptoms.

- Recent Memory Loss That Affects Job Skills
- Difficulty Performing Familiar Tasks
- Problems with Language
- Disorientation Of Time And Place
- Poor Or Decreased Judgment
- Problems With Abstract Thinking
- Misplacing Things
- Changes In Mood Or Behavior
- Changes In Personality
- Loss of Initiative

Other pamphlets published by the Association include: **Steps to Getting a Diagnosis: Finding Out If It's Alzheimer's Disease** and **An Overview of Alzheimer's Disease and Related Dementias**.



Whether it's good food, good friends or good fun, you can find it all at

The Greenwich Senior Center

*299 Greenwich Avenue
622-3990*

CAREGIVER EDUCATION

Free and open to the public, the courses are designed to educate caregivers on the necessary skills and information to provide care for persons with memory loss.

March 2, 9, 16, 23, 30, 6-8 p.m.
Juniper Hill Village
1 Silo Circle, Mansfield, CT

**March 2, 9, 16, 23, 30
6:30-8:30 p.m.**
Greenwich Hospital
Center for Healthy Aging
5 Perryridge Road, Greenwich, CT

**March 29 April 5, 12, 19, 26
7-9 p.m.**
New Milford Hospital
Robinson Conference Room
21 Elm Street, New Milford, CT
Use the Staff Entrance on the Elm Street side of the Hospital

**April 14, 21, 28 May 5, 12,
7-9 p.m.**
Danbury Hospital
4 South B Conference Room
24 Hospital Avenue, Danbury, CT
Park in the blue parking lot on Hospital Avenue and go into the main lobby

May 3, 10, 17, 23 6-8 p.m.
Hartford Hospital
Call for more information

THE SAVVY SENIOR

Greenwich Commission on Aging
299 Greenwich Avenue,
Greenwich, CT 06830

(203) 622-3992
email: sdeibler@greenwichct.org

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Join Us To Conquer Alzheimer's Disease

The Alzheimer's Association enjoys
lively, interesting and committed
volunteer support.

*You can help us with your talents,
help us train others, fund-raise,
support caregivers and their
families.*

Let us know how you would like to
volunteer by calling us at:

(866)3MEMORY

THE ALZHEIMER'S ASSOCIATION
*"The Compassion to Care
The Leadership to Conquer."*

PROPERTY TAX RELIEF FOR SENIORS

If you are 65 years of age or older
(or a surviving spouse over age 60)
and meet program, residency and
income guidelines, you may be
eligible for a direct credit of from
\$750 to \$1,500 on your July 2005
Town of Greenwich property tax bill.

**You must apply between February
1st and May 15th.**

**For complete information on
eligibility and for application
procedures, call:**

618-7615