

*A Bridge to Understanding
Your Options*

The CAREGIVER

Newsletter of the Duke Family Support Program

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Spring 2016

DEMENTIA-CAPABLE NORTH CAROLINA

By Lisa Gwyther, MSW, LCSW

On April 12, the North Carolina Institute of Medicine (NCIOM)), in partnership with the North Carolina Department of Health and Human Services (DHHS), published the report of the Task Force on Alzheimer’s Disease and Related Dementias, titled, “Dementia-Capable North Carolina: A Strategic Plan for Addressing Alzheimer’s Disease and Related Dementias.”

The North Carolina General Assembly charged the Task Force with developing an actionable, strategic plan for the state of North Carolina and producing recommendations in 16 areas related to Alzheimer’s disease and related dementias.

On March 8, the NCIOM and the North Carolina DHHS presented recommendations of the Task Force on Alzheimer’s Disease and Related Dementias to the North Carolina General Assembly. As a result, the Joint HHS Oversight Committee has recommended action on several Task Force proposals for the 2016 short session, and Governor McCrory has included additional funding for several of the Task Force recommendations in his proposed budget. The Task Force report continues to receive significant media coverage, including a front page feature and editorial in *The News & Observer*, as well as television and radio coverage. On April 28, 2016, Mark Hensley from the NC DHHS Division of Aging and Adult Services presented the report at a UNC-Charlotte Gerontology Program event. Highlights from Charlotte media coverage are excerpted below:

- The strategic plan is comprehensive, addressing issues from research and healthcare to partnering with law enforcement and local faith-based communities.
- North Carolina has the nation’s ninth fastest growing population of adults over 65 years old.
- “To be successful in dealing with this huge boom in the aging population, we have to embrace all persons,” said Mark Hensley, an Alzheimer’s specialist with the NC Division of Aging and Adult Services. “Not only the persons experiencing Alzheimer’s, but also their caregivers.”

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Duke Family Support Program

Lisa Gwyther, MSW, LCSW
Bobbi Matchar, MSW, MHA
Janeli Smith, MSW, LCSWA

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Duke Family Support Program

Box 3600 Duke University Medical Center
 Durham, NC 27710
 919-660-7510
 800-646-2028
www.dukefamilysupport.org

National Alzheimer's Association

225 North Michigan Avenue, Suite 1700
 Chicago, IL 60601-7633
 312-335-8700
 800-272-3900 (24/7 Helpline)
www.alz.org

**Alzheimer's Association
 Eastern North Carolina Chapter**

3739 National Drive, Suite 110
 Raleigh, NC 27612
 800-272-3900 (24/7 Helpline)
www.alz.org/nc
 Email: info@alz.org

Satellite Offices:

Wilmington and Greenville
 910-686-1944 or 252-355-0054
www.alznc.org
 Email: info@alznc.org

**Alzheimer's Association
 Western North Carolina Chapter**

Main Office: 3800 Shamrock Drive
 Charlotte, NC 28215-3220
Satellite Offices:
 Asheville, Greensboro and Hickory
 800-272-3900 (24/7 Helpline)
www.alz.org/northcarolina
 Email: infonc@alz.org

**The Association for Frontotemporal
 Degeneration (AFTD)**

Main Office: (Radnor, PA):
 267-514-7221
 AFTD Helpline 866-507-7222
<http://www.theaftd.org>
 Email: info@theaftd.org

Lewy Body Dementia Association

National Office (Atlanta, GA): 404-935-6444
 LBD Caregiver Link: 800-539-9767
<http://www.lbda.org/>

Alzheimer's North Carolina, Inc.

Main Office:
 1305 Navaho Drive, Suite 101
 Raleigh, NC 27609
 919-832-3732
 800-228-8738

**Family Caregiver Alliance,
 National Center on Caregiving**

Office (San Francisco, CA): (800) 445-8106
<https://caregiver.org/>

ROTARY CREATES AWARENESS AND RESPONDS TO ALZHEIMER'S DISEASE

1. Durham Rotary's Nancy Marks recognized Lisa Gwyther's early work with Alzheimer's families at a Durham Rotary luncheon in September 2015, with the Rotary Foundation of Rotary International Paul Harris Fellow Award.
2. On Valentine's Day 2016, Durham Rotary held a second annual Caregiver Appreciation Luncheon, co-sponsored by Durham/Chapel Hill Jewish Family Services and the Duke Family Support Program. Over fifty Alzheimer's families were treated to a stunning performance by the Duke Pitchforks a cappella men's choir and a surprise delightful musical performance by Durham Rotary President, Lois DeLoatch.
3. Lois DeLoatch, Durham Rotary President, presided as emcee of the March 23, 2016 professional education and public awareness launch of Dementia Inclusive Durham. The program included a presentation by a Durham couple participating in the Duke Family Support Program's Early Stage Alzheimer's community.
4. Cary Rotary continues to host monthly early evening Memory Cafés drawing individuals living with Alzheimer's and their families from a wide area.

RESEARCH UPDATE: PREVENTION STUDIES

From: Newsletter of the Duke Alzheimer's Disease Prevention Registry, March 2016

"It seems like all common over-the-counter treatments are really not safe for brain health anymore!" was the exasperated observation of one of our research participants. He was responding to the recent news out of Germany that reported that a popular class of heartburn medications may increase the risk of developing dementia (Gomm et al 2016 in *JAMA Neurology*).

While the study results do indeed suggest a level of caution when using these medications on a regular basis, the findings do not suggest that we need to throw out heartburn medicines quite yet. The practical reality is that these medicines can be helpful for controlling severe heartburn. However, for people with mild or moderate heartburn there may be other options that are equally effective.

Changes in lifestyle including weight reduction, stepping up exercise, reducing caffeine intake, moderating alcohol use, and eliminating high fat, processed foods from the diet may all be effective in controlling heartburn. Yes, many of these are the same recommendations for lowering Alzheimer's risk. And the results are showing, yet again, that common ailments and exposures, including common medications may play a role in later cognitive health. So, the take-home message continues: observe what is good for heart health and you will be doing what is good for brain health.

Here at Duke we continue our work to develop effective approaches to prevent Alzheimer's disease (AD). Two new studies will be enrolling this month. The first of these is PREPARE-II. This study builds off the first PREPARE study, which was done at Duke four years ago and paved the way to the large study to delay the onset of AD called TOMMORROW.

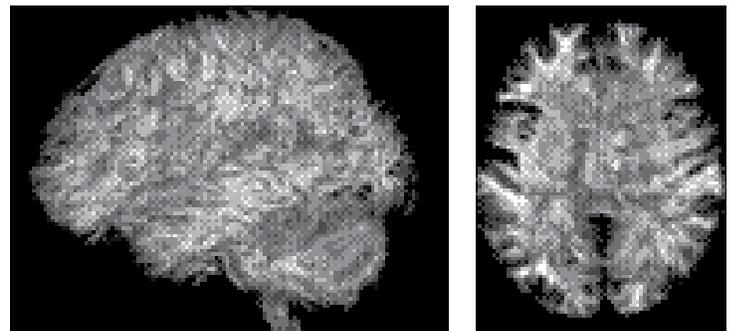
The PREPARE II study will examine cognitive abilities in people who participated in PREPARE four years ago and will explore the relationship of cognitive change to common exposures in the environment, including common medications. We are hoping to see the same high participation rates that we saw in the first

study and use the information from both PREPARE I & II to address factors that are modifiable so as to improve brain health here locally.

The second study, called CONNECT, is a new brain imaging initiative that will use novel high-quality MRI techniques to advance our understanding of how the left and right brain hemispheres cooperate together to compensate for injuries and maintain cognitive health in healthy aging.

This research study is directed by Dr. Simon Davis and is funded by the Department of Neurology. The ultimate goal of the study is to use the information gathered to design better and more personalized approaches for enhancing brain health. Below are samples from cutting-edge techniques used for measuring the intricate brain connections.

MRI Measuring Brain Connections – Integrating across left & right brain hemispheres:



To get involved in these studies,
please contact

Michelle McCart
Email: michelle.mccart@duke.edu
Phone: 919-668-0820.

To learn more about the
ADRC Prevention Registry, go to
<https://adrc.mc.duke.edu/index.php/research>.

DUKE'S INNOVATIVE POSH TEAM: Helping older adults avoid delirium and other post-surgical complications

By Adedayo O. Fashoyin, MD and Mitchell T. Heflin, MD, MHS

Complications after surgery can be frightening. Unfortunately, many complications are more common in older patients. But with careful planning and good communication, we're able to minimize many of these problems and help increase the chances for quick, less complicated recovery. A new service at Duke is doing just this, helping older adults anticipate and deal with common post-surgical complications.

Called the Perioperative Optimization of Senior Health (or POSH, for short), this service was created especially for older adults having elective surgery at Duke. The POSH team is made up of specialists from anesthesiology, geriatrics, nursing, social work and surgery, who have worked together with the common goal of reducing post-surgical complications, decreasing days in the hospital, and increasing the chances for complete recovery.

One of the most serious complications POSH looks for is delirium or confusion after surgery. A common and difficult problem, delirium makes patients more confused or less attentive. They might eat less, stay in bed longer, sleep more during the day and stay awake at night. They may become weaker, need to spend extra days in the hospital and leave the hospital with more care needs. Some patients may even need to spend days or weeks in rehabilitation to get stronger before returning home. Sometimes, a person going through delirium can start seeing, hearing or feeling scary things that aren't there, sometimes with uncharacteristic agitation or aggression. In these cases, they may be started on medications called antipsychotics to help prevent them from causing harm to themselves, family members or medical staff. Antipsychotics can have serious side effects, so they are only used when other strategies have not worked and there is immediate risk of harm. Obviously delirium is

very scary, upsetting and stressful for patients and their care partners.

Fortunately, we can identify some factors that put patients at high risk for delirium. These factors include having dementia, having poor vision, or being on many

medications at home. It's important to point out that delirium and dementia are not the same thing: dementia is a chronic memory disorder, while delirium is a temporary, usually reversible disturbance in mental abilities that sometimes follows traumas such as surgery. If a patient has signs of difficulty with memory or thinking, they should be evaluated for dementia before having major surgery. In patients with dementia, a solid care plan created with medical team members and care partners can help reduce the risk of

post-surgical delirium.

Mental Health

It's important to understand a patient's physical AND mental health before preparing for surgery. At the POSH clinic, team members will look at psychological factors that may affect a patient's post-surgical recovery. In addition to delirium, these factors might include depression, anxiety, uncontrolled pain and too much alcohol use. The POSH team will ask questions to understand how patients handle and cope with daily tasks at home, achieve simple goals and cope with daily life. The team needs to know exactly what medications a patient is taking, as some medications are harmful around the time of surgery. They can then make recommendations that help the patient and their care partners make plans for a better, safer surgery experience.

Diet

Being malnourished can lead to poor wound healing, confusion and pressure sores after surgery. POSH team



Dr. Fashoyin

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POSH TEAM *(continued from page 4)*

members work with patients in the weeks before surgery to prevent dehydration, improve nutrition and make sure there are clear lines of communication between the patient, their care partners and members of the health care team.

Walking

In the POSH clinic, team members look at how well a patient moves around at home to understand whether they can care for themselves and whether they're at risk of falling. They then offer recommendations to help the patient lower their risk of post-surgical mobility issues. These recommendations might include exercise or physical therapy before surgery.

Breathing

Some patients have difficulty with breathing because of obesity, chronic lung disease or heart failure. The POSH clinic can help these patients by providing instructions to help strengthen the diaphragm and reduce the risk of infection in the lungs. For a patient with sleep apnea, this

might involve using a CPAP machine. For a smoker, this might involve a plan to help cut down on cigarettes.

Any kind of surgery has risks, and some older adults are especially vulnerable to these risks. At the POSH clinic, team members do everything they can to reduce these risks. Simple steps such as undertaking a home exercise program or stopping a harmful medication before surgery can make a huge difference. Post-surgical care plans such as making sure glasses and hearing aids are nearby and pain is treated safely and effectively can help make recovery proceed much more smoothly. The POSH team follows every patient in the hospital after their surgery to make sure everything is going as well as possible. Together with patients and care partners, the POSH team helps create the strongest possible foundation for complete recovery and a return to independence.

Dr. Fashoyin is a second-year fellow in the Duke Geriatric Physician Fellowship Program; and Dr. Heflin is the medical director of the Duke Geriatric Evaluation and Treatment Clinic and an Associate Professor of Medicine.

DELIRIUM FACTS & INFO

Interested in learning more about delirium?

Alzheimer's Association

Delirium or Dementia - Do you know the difference?

[Alzheimer's Association](#)

Alzheimer's Australia

Delirium and Dementia

[Alzheimer's Australia](#)

Caring.com

What Causes Delirium and What You Can Do

[Caring.com](#)

Caring.com

Delirium and Dementia Recovery: 4 Things to Know After Your Loved One Has a Bout of Delirium

[Caring.com](#)

HealthyAging.org of the American Geriatrics Society

Delirium: Basic Facts & Information

[Aging & Health](#)

The Hospital Elder Life Program at Harvard (Dr. Sharon Inouye)

What you can do if your family member is delirious

[HELP](#)

POSH PRINCIPLES IN ACTION

By Bobbi G. Matchar

Shelley McDonald, D.O., Ph.D., POSH geriatrician

For Dr. Shelley McDonald, a POSH team physician, one of the most important questions to ask a patient is “what are your goals?” McDonald needs to understand what each particular patient hopes to get out of their surgery, and how they hope to function afterward. For many patients, goals revolve around function and quality of life. They hope to maintain independence, decrease pain and have a long, functional life. Some patients’ goals are more specific: a trip to the beach with grandchildren or a return to gardening before the spring bloom season. One of McDonald’s patients wanted to be able to visit her son in Alaska.

McDonald may spend an hour with each patient to understand their specific concerns, and she prepares for each visit by thoroughly reading the patient’s chart and consulting with social workers about specific concerns. The patients also spend 30 minutes with a nurse and an hour with the pre-op anesthesia nurse practitioner before their surgery. If McDonald expects the patient will need special care such as respiratory therapy or an ostomy after surgery, she has them meet with specialists in those areas as well.

To McDonald, her job as a geriatrician is partly about being a “cheerleader” for her patients, and she considers each POSH visit as an “hour-long pep talk with medical information thrown in.” She gives each patient her card and encourages them to call with questions. She also gives patients and their families printed information about what to expect. With her care and the care of other POSH team members, POSH patients can expect to have the best possible recovery after surgery.

George Wilkins, POSH patient

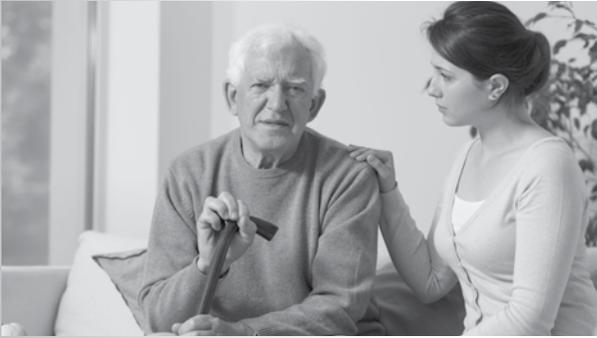
Eighty-year-old George Wilkins (not his real name) had



experienced severe delirium after surgery in the past. His wife remembers how scary the experience was – Wilkins was hallucinating and “out of it” for a prolonged period of time. Given Wilkins’ past experience, and given his risk factors, which included having severe pre-operative pain and having a history of anxiety and panic attacks, he was referred to the POSH clinic by his surgeon prior to scheduled heart surgery.

During Wilkins’ POSH clinic visit, McDonald asked him about his post-surgery goals.. Wilkins hoped to go to California to attend his granddaughter’s wedding. McDonald started him with an exercise prescription of 15 minutes of walking twice a day. He was counseled about his pain so it could be well-managed, and was prescribed a safer drug to treat his anxiety. He and the POSH team created a plan to keep him comfortable in the hospital – his wife would stay by his side, the hospital chaplain would be available to talk with him, and he would have earplugs in the ICU to block out some of the sleep-disrupting noise – sleep-deprivation has been linked to delirium. The POSH team also suggested he bring chewing gum to the hospital to help prevent a common post-operative problem called ileus, where the digestive system stops working for a few days, creating gas and discomfort. Chewing gum and mobility can help prevent this.

McDonald could see Wilkins’ anxiety improve just from talking with the POSH team and having a better understanding of how to prepare for surgery. He and his wife followed the team’s suggestions, and his post-surgical recovery was much easier than his last experience. He had a mild and brief case of delirium, but this was expected considering all of his risk factors. With exercise and good nutrition, he was able to get his strength back and attend his granddaughter’s wedding in California. A positive outcome indeed.



TIPS FOR MANAGING DELIRIUM IN THE HOSPITAL AND AT HOME

Delirium during hospitalization is very common. Below are some tips for family caregivers to prevent or minimize hospital delirium.

- Stay with your relative as much as possible around the clock
 - A familiar face and comforting voice are essential
- Provide frequent and calm reassurance—experiencing delirium is very scary
- Use short, simple sentences to improve communication, and repeat as needed
- Help orient your family member as needed
 - Remind your relative of the time of day, day of week, and location
 - Have a visible clock and calendar in the room
- Make the room as comfortable as possible
 - Have familiar objects in sight (family photos, a loved blanket, a favorite book)
 - Try to have appropriate time of day lighting
 - Reduce noise (earplugs or iPods may help in the hospital)
 - Pay attention to what's on TV—many television shows can upset a person with delirium, especially if there is difficulty discerning what is real and what is fiction
- Reduce sleep disruptions
 - Ask the medical team to avoid non-essential middle-of-the-night checks
 - Use non-drug sleep prompts from home—favorite pillow, eye shades, white noise machines
- Ask about ways to minimize use of restraints or tethers (such as catheters, IVs and blood pressure cuffs)
- Advocate for adequate pain management and prevention and care of constipation
- Pay attention to sensory needs
 - Bring and use glasses, hearing aids and dentures
- Encourage personally enjoyable activities
 - Consider favorite pastimes—cards, knitting, puzzles, magazines
 - Have favorite music and headphones available—the power of music is well documented
- Pay close attention to adequate hydration and nutrition
 - Hospital staff may not have time to track or encourage sufficient fluids or drinking—and dehydration can cause or complicate delirium
 - Bring favorite foods from home (with medical approval)
- Encourage movement, walking and exercise
 - Start walking as soon as possible
- Eliminate wandering triggers
 - Keep the suitcase, coat and Exit signs out of sight

While the risk of delirium is greatest in the hospital, many patients are discharged while still experiencing delirium. It may take months for delirium to resolve and some patients never get back to their pre-hospitalization baseline. Continue with these strategies at home, watch for worrisome behaviors and report any concerns to your medical provider.

EXTENDING A LIFELIFE TO PEOPLE FACING ALZHEIMER'S

An Unexpected Gift Helps Expand the Duke Family Support Program

By Dave Hart

The first sign that something was amiss came when Gloria Dewey's husband Monte had trouble replacing the furnace filter in their Durham home. It was a chore he'd done regularly for decades, but now he struggled to maneuver the rectangular filter to fit the opening.

He soon began having difficulty with other simple spatial tasks, and Gloria noticed that he had begun passing her the credit card slip to sign in restaurants – he was having trouble, she realized, calculating the tip. “This is a man with an MBA from Duke and a degree in mathematics, and he couldn't figure out the tip,” says Gloria. “It sneaks up on you. You just start to notice little things now and then, and you think, ‘This is kind of odd.’”

They went to Duke University Hospital to seek an answer. The one they got, from neurologist James R. Burke, stunned them: Alzheimer's disease.

“We were floored,” says Gloria. “There was no Alzheimer's in either side of our family. We didn't really know anything about the disease, and we had no idea what to expect. I thought, ‘What do we do now?’” Fortunately, they found a desperately needed lifeline in the Duke Family Support Program. The program, within the Duke University Center for the Study of Aging and Human Development, provides information, support, and community for people diagnosed with Alzheimer's disease and their caregivers.

Established in 1980, it is one of the longest-running programs of its kind in the nation. The program, spearheaded by founder and director Lisa Gwyther, MSW, LCSW, and early-stage Alzheimer's program coordinator Bobbi Matchar, MSW, MHA, has helped thousands of people understand and deal with the

effects of the devastating degenerative neurological disease.

In 2015, the Duke Family Support Program got a tremendous and unexpected boost when a donor who wishes to remain anonymous donated \$1.1 million to help expand the scope and reach of its work.

It was by far the largest gift the program has ever received; despite the Family Support Program's outsized impact, it's a very small operation that runs largely on a slender diet of grant and contract funding; “We're one of Duke's best-kept secrets,” says Matchar.



Aside from a \$100,000 endowment given by one of the program's initial participants, philanthropy for the program has consisted of \$10 here, \$20 there, and the occasional gift of a few hundred dollars. “A gift of this size is unprecedented for us,” says Gwyther. “Although we are a nonprofit, we've never actually tried a fundraising campaign. We didn't want to compete with the local or national Alzheimer's organizations or other Duke

Alzheimer's research funding efforts. And, certainly in the early days, people were more inclined to give to research to try to find a cure. But I think the public is beginning to appreciate that people living with Alzheimer's and their concerned families need help now too.”

The philanthropist who made the recent gift appreciates that need from personal experience. The donor's spouse has Alzheimer's disease, and the couple has participated in many of the Family Support Program's support groups and other activities.

“I love this program,” the donor says. “The disease, for both the person diagnosed with it and the caregiver, is so isolating. This program gives you valuable

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DEWEY *(continued from page 8)*

information, and it lets you spend time with other people in the same boat. Just to be able to sit and talk and be together with other people who understand what you're going through, what a difference that makes. I consider it literally life-saving; it really is that important."

When the donor learned that the program's limited budget was keeping it from implementing some new and needed initiatives, "I said, 'That's not right,' and I decided I would help."

That help will allow the Duke Family Support Program to dramatically expand the scope and reach of its programs, which currently include several regular support groups, speaker sessions, consultations, and other activities, including monthly "Look & Lunch" outings at Duke's Nasher Museum of Art, popular monthly lunch gatherings for people in the early-stage Alzheimer's community, and presentations at communities throughout the state.

Thanks to the generosity of the anonymous donor,

many more people facing a devastating diagnosis will have a place where they can find essential information, a compassionate and knowledgeable team of health care professionals, and the invaluable support of a community of people facing the same thing.

For Gloria and Monte, along with countless others, those opportunities have given them comfort, knowledge, and companionship in their darkest hours. "It's been a lifesaver for me, and for my husband, too," Gloria says. "The Duke support groups are full of people going through the same things we are. We lean on each other. We help each other out. We become friends. Lisa and Bobbi are such good facilitators, they draw everybody in; everybody is frank and honest and eager to lend a hand. I honestly don't know where I'd be without this program."

This article is excerpted from an article that originally appeared in Duke Forward Progress, winter 2016.

HOME

By Cindy Rayno

*I want to go home.
You tell me that I have lived here for 30 years.
This is my home.
But, my mother isn't here; Daddy isn't here.
I want to feel my mother's tender touch
And sit in my daddy's lap.
I miss them.
I want to go home.*

*How can this place be my home?
I don't know where the pots and pans go in this house.
You tell me Gerry and Beverly live in my mother's house.
I can go to visit, but I can't stay.
Where is my home?
I want a place where I know where to find everything.
This place is always changing.
I want to go home.*

*You work so hard to take good care of me
But I want a place where I know what to do.
A place where I can do what I want to do.
Here I'm always asking you "What do I do now?"
You always tell me when it's time to eat or take a bath or
watch TV.
You give me little jobs to do.
I'm sure if I were home, I'd know what to do.*

I'd bake bread again, if I was home.

*I'm never sure who else is in this place.
It seems like one minute lots of people are here, then there's
just me and you.
And sometimes, just me, all alone.
You tell me you were just in the next room,
But I couldn't find you.
If I was home, I'd have my mother, daddy and brothers.
I'd have lots of aunts and uncles and cousins.
I want to go home.*

*Is home a place, or a feeling?
I'm safe at home.
My whole family is there.
At home, I'm in control.
I can make things happen.
I'm young and strong.
I'm confident.
I want to go...home.*

Cindy Rayno lives in Cary. She and her sister have been caring for their mother Jane, who has dementia, for several years.



SWINDLING SENIORS

Scams and deceptions could cost North Carolina's elderly residents \$100 million a year. Bankers and state officials are on the case of the 'crime of the century.'

By Edward Martin

This article originally appeared in *Business North Carolina* and is used with permission.

As the winter nights grew longer, pain replaced the laugh lines that once crinkled his face. They'd been married 53 years, he and Faye, with three grown children and a plain little brick house that doubled as Pierce's Plumbing Co. on a treeless Roanoke Rapids street. More than two decades before, Faye had left a nursing job to become the helpmate, keeping house, answering phones and hand-addressing bills. Figures flustered her, so her husband handled the money.

When cancer claimed him in January 2010, Jordan Oliver Pierce Jr., 75, was laid to rest behind the stone gateway of Cedarwood Cemetery. Junior, as he was known, grew up here and had been a plumber since 1977, so scores came to mourn. One was in his 40s with dark hair and a warm smile. His attentiveness touched Faye, then 73.

It was nothing romantic. After Junior's death, Tony Martin, who had a wife and three kids and aspired to open a furniture store, would sometimes drop by with flowers. "Mama would say, 'Look what Tony brought!'" says daughter Wanda Cooke. "Mama never thought she could take care of herself without my daddy." In fact, the Pierces had always been frugal, and Faye was left well off. Two months after burying her husband, she bought a modest, 26-year-old house on Steeplechase Run to be across the street from her daughter.

Cooke cringed when Martin, who billed himself as a designer, charged Faye \$80,000 in interior decorating fees for the 1,482-square-foot, six-room, vinyl-siding house for which she'd paid \$135,000. Martin had suggested furniture, colors, curtains and other items. "I said, 'Mama, that's way too much,' but

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SWINDLING *(continued from page 10)*

she trusted him,” Cooke says. “I tried not to meddle in her personal stuff. I didn’t know that she didn’t know the difference between \$1,000 and \$10,000.” Then, in March 2012, came the burglary at Pierce’s Plumbing.

In papers police found strewn on the floor were uncashed checks to Faye, beginning about a year after Pierce’s death. Cooke helped mind the company’s finances after her father died, but had never seen the checks. It’s all right, Faye told her daughter. Tony, she said, had written them as his way of assuring her he’d repay the tens of thousands of dollars she’d lent him. Don’t cash them until I tell you to, he told her. Cooke was floored. “He’d drained one account completely dry and started on the others.”

In March 2013, Tony Linwood Martin Jr., was convicted of a crime little known outside the ranks of bankers, credit-union managers, domestic attorneys and families of victims. Found guilty of elder exploitation and obtaining property under false pretenses, he’d taken more than \$160,000 from the plumber’s widow in the roughly 18 months after Pierce’s death. N.C. Department of Corrections records show he served 16 months in prison.

Faye Pierce’s family credits Amy Broughton, an assistant district attorney in Halifax County, for her aggressive prosecution of Martin under elder exploitation laws. “If you stick up a 7-Eleven, at least you don’t know the other person,” says Broughton, now a private attorney in Raleigh. “It’s so much sadder when you look into somebody’s eyes and know they’re suffering and grieving, and then use that against them.”

Nobody knows how many senior citizens get ripped off in North Carolina. Based on a 2010 report by the U.S. Government Accountability Office that estimated annual national losses at \$2.9 billion, the yearly Tar Heel toll is probably \$100 million a year or more. This summer, the federal Consumer Financial Protection Bureau urged financial bodies to do more to stop it. Cloaked in the frailty of age, embarrassment, family secrets, Internet scams and even ignorance that they’ve been victimized, it may be society’s most unreported crime.

The number of substantiated cases reported to the N.C. Department of Health and Human Services’ aging and adult services division reached 3,600 in the year ended in June, up from about 2,900 in the 2011

fiscal year, says spokeswoman Alex Lefebvre. But there are hopeful signs: The number of cases reported to the elder fraud division of the N.C. Attorney General’s office has declined since a new state law, which took effect on Jan. 1, 2014, empowered banks, credit unions and other financial institutions to more swiftly intervene, says David Kirkman, who heads the agency’s elder-abuse division. Still, through June, 190 cases had been reported, averaging \$10,400 each in losses.

“It’s verging on epidemic proportions,” says Jim Blaine, chief executive officer of Raleigh-based State Employees’ Credit Union, with more than 2 million members. SECU battles elder exploitation by drilling employees on detection and forming partnerships with local senior and social services groups. “We see signs of it in our organization every day, and it’s growing dramatically,” Blaine says. Elder financial exploitation is “the crime of the 21st century,” says Peter Gwaltney, president of the North Carolina Bankers Association. He came to North Carolina in 2014 after leading the national Senior Housing Crime Prevention Foundation, based in Memphis, Tenn.

“The population age 65 and up is growing rapidly,” he says. “Between 2012 and 2040, the age-85 population will more than triple. That means some large numbers. More people have more wealth because they have more time to accumulate it. That’s partly why we’re seeing such an escalation of elderly financial abuse.”

The financial impact of elder exploitation extends beyond victims and their families. From law-enforcement agencies, bankers and others emerges the picture of a race pitting the sophisticated technology of financial institutions and government sleuths against audacious Internet and telephone exploiters. Banks and credit unions are pouring thousands of dollars into training and technology to halt the fraud, costs passed along to customers and shareholders. In other cases, taxpayers get stuck. The General Accounting Office examined about 80 Utah cases and concluded the state paid nearly \$1 million for Medicaid care for elderly victims left penniless. Human costs are incalculable.

“Mama felt a sense of betrayal,” says Cooke. “She trusted the guy so much she even went against what her family told her. Mainly, I let the police and the district attorney handle it, and she never really had

Cloaked in the frailty of age, embarrassment, family secrets, Internet scams and even ignorance that they’ve been victimized, it may be society’s most unreported crime.

SWINDLING *(continued from page 11)*

much to say. But she had the strangest reaction: She just cried.”

The stereotypical target: Everyone’s mother, the aging widow scammed by home-repair crooks. That is hardly the rule. The elderly fraud victim is likely affluent, often a retired business executive or owner. “That’s where the money is,” Kirkman says.

Details are usually hidden in banking privacy laws, though examples surface. In December 2013, the attorney general’s office received a call from a Charlotte bank. “They said, ‘Hey, we’ve got a man here at our service desk who has sent \$3.5 million to places all over the world, thinking one of his distant relatives died in Nigeria, and he has to pay all these fees to get the estate transferred,’” Kirkman says.

The man, in his 80s, “was a savvy businessperson and investor who’d made a fortune over his lifetime,” he adds. “It’s not just your naïve person on food stamps or some elderly woman on Social Security.” Two retired Research Triangle IBM executives fell prey to similar scams, along with retired husband-and-wife North Carolina State University professors who lost \$800,000. The state’s first million-dollar victim was a retiree in a Piedmont town of 25,000.

Fred Cobb, a senior vice president at State Employees’ Credit Union in Cary, describes a member in her 90s who obtained cashier’s checks for \$10,000 and \$73,000 to help two acquaintances with purported college expenses. A trust officer intervened, calling police and the woman’s retirement home. The intended recipients were or had been employees at the senior center. One, who had been fired for taking money from the woman, was waiting in the branch while she obtained the \$10,000 check for him. Retirement-home officials convinced the elderly woman to redeposit the large check, but not the other.

The SECU example underscores a paradox of financial fraud among the elderly: Those astute or frugal enough to amass healthy retirement accounts or trusts are often the most vulnerable. “That’s one of the techniques of the scammers,” Kirkman says. “They try to make people feel they’re young again, and still in the pilot’s seat. They desire to be decision-makers again. In business and finance, they were usually

wheeler-dealers.”

Physiological factors also come into play. The elderly often “lose a healthy sense of skepticism,” Gwaltney says. He cites a University of California at Los Angeles study that showed profile photos altered to make faces look untrustworthy. A group of 119 older adults, with a mean age of 68, was more trusting than a test group with a mean age of 23. A corresponding study measured brain activity during the exercise. Older adults had substantially less. “This doesn’t mean we lose our intellectual capacity,” Gwaltney says. “We’re just more accepting.”

Violations of well-placed trust are common. “We see things like a caregiver coming in to help with cleaning, taking the victim to the grocery store, things of that nature,” says Larry Brown, senior vice president for risk management of Raleigh-based First Citizens Bank.

Four years ago, Susanne Marie Crotty, wife of Buncombe County District Court Judge Edwin Clontz and a law-firm legal assistant, was sentenced to jail for embezzlement, financial card fraud and other charges for stealing more than \$100,000 from an elderly client. Crotty said she “always had her interest at heart.”

In a small eastern North Carolina town, a 93-year-old widow in June 2010 answered the telephone to hear an authoritative voice congratulating her on winning a multimillion-dollar lottery, a common sweepstakes scam. The caller told the woman to send wire transfers of money to cover taxes and other costs. She complied and then was told if she sent more, she could win \$3.5 million. Kirkman, who runs the attorney general’s program to break the cycle of such frauds, says scammers took more than \$10.1 million from Tar Heel victims reported to the program in 2014, though about \$2.4 million was halted or reclaimed.

The widow ultimately lost \$250,000. “They played on her emotions, and told her that if she won this sweepstakes, her sons would never have to work again,” says one of her sons. When she stopped sending money, the scam took a threatening turn. “When I went home, I found my mother had covered up the house numbers. I asked her why and she said she didn’t want people to know where she lived.” The reaction traces a cycle in which confidence is also lost,

The stereotypical target: Everyone’s mother, the aging widow scammed by home-repair crooks. That is hardly the rule. The elderly fraud victim is likely affluent, often a retired business executive or owner.

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SWINDLING *(continued from page 12)*

along with money. “My mother was very independent throughout life, very smart,” says her son. “My wife and I told her it was a scam, but she refused to believe it. All her life she would work her you-know-what off to make something happen. It was like if she wanted something, she could will it.”

Osteoporosis had left the sweepstakes victim so stooped she fumbled with frail hands to reach kitchen cabinet doors. She dragged a crippled leg, but she could still make it to banks in the small town, where her late husband, a retailer, had laid up money for their old age. “My father was a World War II hero, a medic with Patton who participated in the Battle of the Bulge and liberation of three concentration camps,” says the woman’s son. “He’d done business in that town since 1953, and had funds in every bank in town. People, and I include the banks in that, basically stole from him.”

Five years later, the son says he has invested thousands of dollars in attorney’s fees and other costs and hundreds of hours pursuing the case, after hitting deadends with banks, state regulators, law enforcement and others. Because his efforts are pending, he asked that the name of his parents and the town not be disclosed. Amid the wrenching realities of elder exploitation is the tightrope walked by financial institutions between banking privacy, fiduciary duty to customers and often uncooperative victims. It occurs at the volatile juncture of human emotions and business law.

The son says his mother abruptly began wiring \$10,000 transfers to a Florida bank. He asked banks to halt the transfers while he obtained power of attorney over her affairs, which took more than six weeks. One institution handled eight additional wire transfers in that period. “They cited the privacy act, but if you read it, there’s a caveat that all bets are off if fraud is thought to be occurring. They made \$18.50 per wire transfer. You can’t tell me sending her home wouldn’t have been the right thing to do, foregoing the \$18.50 fee.”

The family obtained a measure of justice last November when Jack Mayer, 43, a Pennsylvania resident who claims French citizenship, was sentenced to up to 30 years in prison in connection with the scam that targeted victims in North Carolina and four other

states. The victim’s son has recouped about \$70,000. His mother died in 2013, at age 96.

Such cases are often complex. If the victim is lucid, as in the case of the Cary credit-union target, or merely exercises poor judgment — a 90-year-old customer giving large sums to his new 30-year-old “fiancée” — laws might not be broken. The son of the sweepstakes victim in eastern North Carolina concedes that his mother, who lived independently until 2011, “told the banks she’d take her business elsewhere,” if they didn’t comply.

When Cary credit-union executive Cobb tried to dissuade the nursing-home resident from giving \$10,000 to a stranger, “she pointed her finger in my face and told me and the police we should be ashamed of depriving that young man of an opportunity to better himself,” he says. “She said this was her money and she was going to spend it any way that she wanted.”

North Carolina lawmakers in 2013 passed a law that obligates financial institutions to report suspected fraud against adults over 65, while also providing protection from privacy-invasion lawsuits. The law clarifies a point argued in the Pierce case in Roanoke Rapids. Martin’s attorney argued that Faye Pierce, though older than 70, was nevertheless competent. Her daughter, a plumbing company employee and others were forced to testify she was not. Previous law left the question unclear, though in

April, the N.C. Supreme Court upheld the guilty verdict. Under state law, age 65 is a threshold and competency is not considered.

Stepped-up detection by banks and credit unions is helping cut down on exploitation cases, Kirkman says, while noting that only a fraction are ever reported. Reported cases totaled less than \$4 million during the first half of this year, down from \$11.8 million in all of 2013, according to the Attorney General’s office. But catching and prosecuting criminals remains too hard, Brown says. “You’ll call the agency you’re supposed to refer to and they’ll refer you to law enforcement. You call them and they refer you back to the agency.”

Bank and credit-union insiders describe increasing use of data-mining software that can flag even miniscule changes in banking habits, such as the size or geographic location of withdrawals or suddenly

Kirkman, who runs the attorney general’s program to break the cycle of such frauds, says scammers took more than \$10.1 million from Tar Heel victims reported to the program in 2014, though about \$2.4 million was halted or reclaimed.

SWINDLING *(continued from page 13)*

declining balances. Tar Heel banks now require managers and tellers to train for tipoffs of elder fraud, such as customers making withdrawals while accompanied by strangers. “We’ll ask, ‘How’re you feeling this morning? Who brought you here?’” Brown says. “Is that a relative from out of town, or someone who just put a roof on your house and wants to be paid three times what it’s worth?”

Exploiters aren’t standing still, especially given the Internet’s incredible reach. Automated software targeting 500,000 email addresses can be bought for less than \$70. Cisco Systems Inc., a San Jose, Calif.-based tech giant, concluded that eight people out of a million fall for so-called Nigerian prince scams — victims are told they’ve inherited overseas estates — sweepstakes, sweetheart and similar ruses. Billions of scam emails are sent annually.

On a quiet street in Roanoke Rapids, Faye Pierce lives with the memories of Junior, her husband of more than five decades. Now, her daughter is nearby.

“It has shortened her life,” says Wanda Cooke. “It has had that effect. She’ll never be the same.”

From: <http://www.businessnc.com/articles/2015-11/swindling-seniors-category/>

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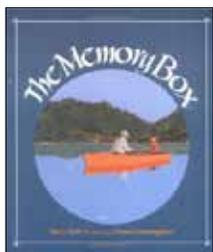
DEMENTIA-CAPABLE NC *(continued from page 1)*

- Alzheimer’s disease is the fifth leading cause of death in North Carolina, and there are an estimated 160,000 people in NC currently living with Alzheimer’s and related dementias.

Adam Zolotor, MD, DrPH, President and CEO of the North Carolina Institute of Medicine stated, “not only do we have more older adults with Alzheimer’s than ever before, but over the next 15 years, we will have fewer people age 45-64 to care for them. The recommendations in this report call for incremental investments in respite care, home and community services, and Medicaid waiver programs that will support caregivers, delay institutionalization, and decrease state Medicaid costs over time.”

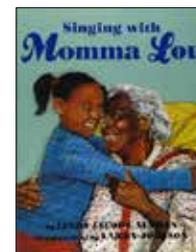
Speaking at the NCIOM briefing to the NC General Assembly on March 8, Dr. Linnea Smith, wife of the late Dean Smith, said, “When my husband was sick, I had so much difficulty finding the right kind of help. The recommendations from this report will go a long way towards helping organize the available resources so that caregivers can find them. A resource toolkit, a “no wrong door” access to services, and specialized care management to help families navigate and plan will all ease the burden on families.”

The full report of the Task Force, including the full recommendations and issue brief, is available at <http://www.nciom.org/publications/?dementia-capable-north-carolina-a-strategic-plan-for-addressing-alzheimers-disease-and-related-dementias>



HELPING KIDS UNDERSTAND DEMENTIA THROUGH BOOKS

By Emily Matchar



Explaining to children what's happening when a family member is diagnosed with dementia can be a sad and difficult task. Using books can be a good way of introducing kids to the concept of Alzheimer's and related diseases, and explaining why Grandma or Great-Uncle Al don't seem to be acting quite the same. Fortunately there are dozens of books on the market that deal with just this. Many are intended for very young children, while several are aimed at tweens and teens. Here are a few of our favorites (in addition, the Alzheimer's Association has its own, more comprehensive list* of children's books dealing with dementia):

Wilfrid Gordon McDonald Partridge,

by Mem Fox, 1985 - Young Wilfrid Gordon McDonald Partridge lives next door to a nursing home, where his best friend is 96-year-old Miss Nancy. When Miss Nancy "loses" her memory, Wilfrid sets out to find it. His journey leads him to talk about what memory is with the other residents of the nursing home, and to ponder his own favorite memories. Lighthearted and warm, this book offers an approachable introduction to memory disorders for children ages four to eight. The fanciful color illustrations by Julie Vivas compliment the text.

The Memory Box, by Mary Bahr, 1992 - When Zach visits his grandparents during summer vacation, he's excited to go fishing with Gramps and eat Gram's food. But it soon becomes clear that Gramps isn't quite himself. Sometimes he forgets to put on his shoes. Sometimes he talks to people who aren't there. As Gramps explains, he's been diagnosed with Alzheimer's disease. He tells Zach they need to create a "memory box" to store special memories and family traditions. When Zach returns the following summer, he can bring his own memory box to share with Gramps and Gram. This tender, bittersweet story is aimed at children 7 to 11 and does a good job explaining early-stage Alzheimer's.

Why Did Grandma Put Her Underwear in the Refrigerator?: An Explanation of Alzheimer's Disease for Children, by Max Wallack and Carolyn Given, 2013

This independently published 2013 book, written by a Harvard Medical School student who cared for his great-grandmother while she dealt with dementia, offers a scientific explanation of Alzheimer's written to the level of young children. The book is narrated by Julie, whose world is turned "topsy-turvy" when her grandma's personality begins to change. Intended for mid-elementary school aged children, this is a good choice for kids who may want to understand the details of what's going on in the brain of a family member with dementia.

Still My Grandma, by Véronique Van den Abeele, 2007 - Camille and her grandma are very close, so it's especially frightening and confusing when Grandma forgets Camille's name and begins to act in other strange ways. As Grandma's Alzheimer's progresses to the point where she needs nursing care, Camille learns how to maintain their special relationship in the face of change. This sweet, straightforward story, intended for children ages four and up, is illustrated with soft, muted tone pictures.

Pop, by Gordon Korman, 2011 - This young adult novel follows the story of Marcus, a high school football player who moves to a new town and befriends a middle-aged former NFL star, Charlie Popovich, AKA "the King of Pop." But Pop, as it turns out, is suffering from dementia, something his family is keen to hide. And Marcus's rival on the football team is none other than Troy Popovich, Charlie's son. This book convincingly portrays the confusion and sadness confronting family members of someone with Alzheimer's, and shows how making the right decisions regarding care is not always easy. Pop may help teens dealing with an Alzheimer's diagnosis in the family feel less alone.

Curveball: The Year I Lost My Grip, by Jordan Sonnenblick, 2012 - High school star baseball pitcher Peter Friedman is having a bad year. An arm injury has made him unable to pitch, his best friend is more popular, and his grandpa is acting strangely. The only person he feels like he can talk to is Angelika, a cute girl in his photography class. This satisfyingly sassy and

continued on page 16

CHILDREN *(continued from page 15)*

“real” young adult novel will speak to young teens.

Forget Me Not, by Nancy Van Laan, 2014 - When Julia’s grandma begins to forget things and get lost in familiar places, her family realizes she has Alzheimer’s and needs to move to a special care home. This gentle picture book for children ages four to eight includes a simple explanation of what Alzheimer’s disease is.

Grandpa’s Music: A Story about Alzheimer’s, by Alison Acheson, 2009 - When Callie’s grandpa develops Alzheimer’s, he comes to live with her family. Callie loves spending time with Grandpa, especially when he plays the piano. But as his disease progresses, he begins to forget his favorite old songs, and Callie finds ways help him. Eventually, Grandpa must move to a nursing home. This oil painting-illustrated book deals straightforwardly with the sadness that accompanies the losses of dementia while maintaining a loving and hopeful tone. It’s aimed for older elementary school students, ages 8 to 10.

The Graduation of Jake Moon, by Barbara Park, 2000 - When Jake’s beloved grandpa, Skelly, develops Alzheimer’s disease, Jake does his best to help care for him. But as Skelly’s behavior becomes more eccentric and Jake grows older, Jake finds himself embarrassed by his grandfather. The book follows Jake from third grade through eighth grade graduation as he deals with bullying, growing pains, and the complications that living with a relative with Alzheimer’s brings. Middle schoolers will find this book relatable and entertaining.

Getting to Know Ruben Plotnick, by Roz Rosenbluth, 2005 - When popular kid Ruben Plotnick decides to befriend the less-cool David, David worries about how Ruben will respond to his Grandma Rosie. Grandma Rosie, see, has dementia, which causes her to act in strange and sometimes embarrassing ways. Luckily Ruben is accepting and compassionate. Intended for kids ages five to eight, this charmingly illustrated book will help children deal with feelings of embarrassment around the unpredictable behavior of someone with Alzheimer’s.

Singing with Momma Lou, by Linda Jacobs Altman - Nine-year-old Tamika hates visiting her grandmother, Momma Lou, at her nursing home. Momma Lou has Alzheimer’s and can’t seem to remember anything, even Tamika’s name. But when Tamika’s father shows Tamika Momma Lou’s old scrapbook, everything changes. Tamika sees pictures of her grandmother singing and

marching in the Civil Rights movement, and comes up with an idea to help her grandmother remember her past. Her plan works, but Momma Lou still gets sicker. Now Tamika must learn to deal with the sadness of losing the grandmother she once didn’t even want to visit. This inspirational illustrated title, aimed at children ages 6 through 10, is notable for its African-American protagonist.

The Dementia Diaries: A Novel in Cartoons, by Matthew Snyman, 2016 - This graphic novel for young readers ages 7 to 14 follows several characters as they narrate life with older family members living with dementia. The book also includes discussion topics and ideas for activities, which sets it apart from other books for readers in this age group.

***Alzheimer’s Association Green-Field Library**©, 2015
Books for Kids and Teens [Green-Field Library](#)

Emily Matchar is a freelance writer living in Hong Kong and Chapel Hill.

SOME ONLINE RESOURCES

Alzheimer’s Association - Kids & Teens

A website for children and teenagers, including age-appropriate videos, “to learn about the disease and hear about how other kids and teens are coping with” having someone in their family with Alzheimer’s.

[Kids & Teens](#)

Alzheimer’s Association - Parent’s Guide, Helping children and teens understand Alzheimer’s disease

This brochure covers children’s common reactions, special issues for teens, common questions and how parents can help. [Parent’s Guide](#)

National Institute on Aging, Alzheimer’s Disease Education and Referral Center

Helping Kids Understand Alzheimer’s Disease

A two-sided flyer with tips on helping children understand Alzheimer’s as well as suggestions about how they can spend time with someone who has dementia. [Alzheimer’s Caregiving Tips](#)

Online Help



AGING

[Brain Health](#) This brand new website from the Administration for Community Living includes info about the changing brain, tips for staying sharp and links to other “brainy” resources. Visit the website to learn more and see how you can make the most of your brain as you age.

[Healthy Aging with Nutrition](#) The Alliance for Aging Research is launching a “pocket film” series during National Nutrition Month, releasing three short films to help seniors understand nutrition and its impact on healthy aging. Topics include the role of supplements and the importance of healthy eating to cardiovascular health.

ALZHEIMER’S DISEASE AND RELATED DISORDERS

[Living with Early-Stage Alzheimer’s](#) “Fraying at the Edges,” is an outstanding special section in the *New York Times* that chronicles, in great detail, a 69-year-old woman in the beginning stages of Alzheimer’s disease. We see how, over a period of three years, she and her family cope with her memory loss and the concomitant limitations of early-stage Alzheimer’s.

[Alzheimer’s Disease Fact Sheet](#) Get the facts about Alzheimer’s disease from the National Institute on Aging. See the 2015 Alzheimer’s Disease Fact Sheet for information about signs and symptoms, diagnosis, treatment, clinical trials and support for families.

[2016 Alzheimer’s Facts and Figures](#) The Alzheimer’s Association recently released their 2016 Facts and Figures report on the state of Alzheimer’s disease in America. The report is a resource for important numbers and statistics about Alzheimer’s, and addresses issues like caregiving, long-term care and the impact of Alzheimer’s on families. It also includes a section of statistics specific to North Carolina: [NC Alzheimer’s Statistics](#).

CAREGIVING

[Family Caregiving and Employment](#) May 2016 AARP Public Policy Institute spotlight, “The Dual Pressures of Family Caregiving and Employment,” highlights the impact of balancing paid work and family caregiving.

[Jane Austen’s Guide to Alzheimer’s](#) A New York Times op-ed piece about how Jane Austen’s novel, *Emma*, helped one woman while caring for her mother with Alzheimer’s. *Emma*, which was first published 200 years ago, depicts the demands and frustrations of caregiving and served as an important guide for this modern-day caregiver.

[Better Health While Aging](#) “Geriatrics for Caregivers” website has been renamed “Better Health While Aging,” and provides practical geriatrics health information for family caregivers. For more information on specialized care for older adults from a board-certified-geriatrician, visit the website.

[Protect and Advocate](#) If you care for someone with dementia...you are their advocate! Read this short brochure about elder abuse, caring for yourself, and tips about how to protect and advocate for your relative.

[4 Reasons Support Groups Will Be Your Lifeline](#) Think you don’t need a caregiver support group? Too busy caregiving to attend? Read about the benefits of support groups, including learning from those “in the know,” and the wonders of support from like-minded people.

Online Help *continued from page 17*



[Alzheimer's Personal Care](#) People with dementia may resist help with bathing, dressing, and grooming. NIH Senior Health offers videos and tips on how to make assisting with these private activities more manageable.

[Strengthening Supports for Low-Income Older Adults and Family Caregivers](#) (formerly the National Senior Citizens Law Center) recently released a report and video on caregiving and senior poverty. The information may be helpful for families of all income levels.

[If You Fall](#) Falling at home or outside can be a scary event. The National Institutes of Health offers guidelines on what to do in case of a fall, including information on how to get up and when to seek emergency help.

[Three Stages of Daughterhood](#) Anne Tumlinson, a Washington, DC-based advocate for older adults, talks about the "three stages of daughterhood" that accompany a parent's dementia diagnosis. As Tumlinson describes it, the first stage involves disbelief that you're now a caregiver and shock at the cost and difficulty of care, the second stage is a grudging acceptance that you have no control over the process, while the third stage, the end, means loss of both a parent and an identity. Read Tumlinson's whole essay on her website.

MEDICATIONS

[Pill Identification](#) The Pillbox website, from the National Library of Medicine, was developed to aid in the identification of unknown pills. Pillbox also links you to the drug labels, clinical trials, safety and more.

[Safe Medication Usage and Storage](#) While over-the-counter (OTC) pain medications are often effective and generally safe when used as directed, they must be used with care. Watch these short videos on how to safely choose, take and store OTC pain medications.

PLANNING, INSURANCE & LONG-TERM CARE

[Financial Steps for Caregivers](#) The Women's Institute for a Secure Retirement booklet provides tools and information on retirement planning, consumer fraud, financial abuse, end-of-life planning and more. Access this booklet at the above link.

[Costs for Dementia Care Far Exceeding Other Diseases](#) In the last five years of life, the health care costs of dementia far exceed the costs of heart disease or cancer. Families discover that many of the expenses associated with dementia are not covered by Medicare. Read more about the financial burden of dementia in this article.

[The Financial Toll of Dementia](#) *Money Magazine* recently published a new guide for families about the financial impact of dementia and how to address it. Read the series of articles here.

[Medicare Answers](#) Medicare Interactive is a free and independent online reference tool to help people with Medicare navigate the complex world of health insurance. Go to the website to get your Medicare questions answered.

[The Cost of Caring for Someone with Alzheimer's](#) A recent episode of NPR's *The Diane Rehm Show* deals with the costs of Alzheimer's caregiving. You can read the transcript or listen to the episode online.

TECHNOLOGY

[Making Technology Easier for Older People to Use](#) It can be difficult to keep up with rapidly changing technologies as we age. *The New York Times* offers a roundup of devices and programs that can make understanding new technology easier.

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