HEAD Talks

ORITA SIGNA THETA SORORIUM

Health Education & Alzheimer's Disease

Columbia Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated











Agenda

- What is Alzheimer's Disease
- Reduce Your Risk Through Diet
- Let's Get Physical!
- Who is the Caregiver?



Meet our HEAD Talk Experts



Corinne Pettigrew, PhD

Johns Hopkins Alzheimer's Disease Research Center



Carmen Roberts, MS, RD, LDN

Howard County Office on Aging and Independence



David Girton
The HEALth Debt Coach™

Live Now Fitness



Earnestine Thomas Caregiver Specialist

Howard County Office on Aging and Independence

Did you know?

November is Alzheimer's awareness month

- Alzheimer's disease is more prevalent in women
- Blacks/African Americans are twice as likely and Latinos are 1.5 times as likely to have Alzheimer's disease/other forms of dementia as non-Hispanic Whites

2020 Alzheimer's Disease Facts and Figures





se the of primary care physicians believe the medical profession is not ready for the growing number of people with Alzheimer's or other dementias

More than
5 million
Americans
are living with



Alzheimer's

1 in 3 seniors dies with Alzheimer's or another dementia

It kills more than breast cancer and prostate cancer combined



16 million

Americans provide unpaid care for people with Alzheimer's or other dementias

These caregivers provided an estimated 18.6 billion hours valued at nearly

\$244 billion



In 2020, Alzheimer's and other dementias will cost the nation \$305 billion — By 2050, these costs could rise as high as

\$1.1 trillion

2020 Alzheimer's Association[®] | All Rights Reserved | Alzheimer's Association is a not-for-profit 501(c)(3) organization

Between 2000 and 2018 deaths from heart disease have decreased

7.8%

while deaths from Alzheimer's disease have increased

146%

alzheimer's 8

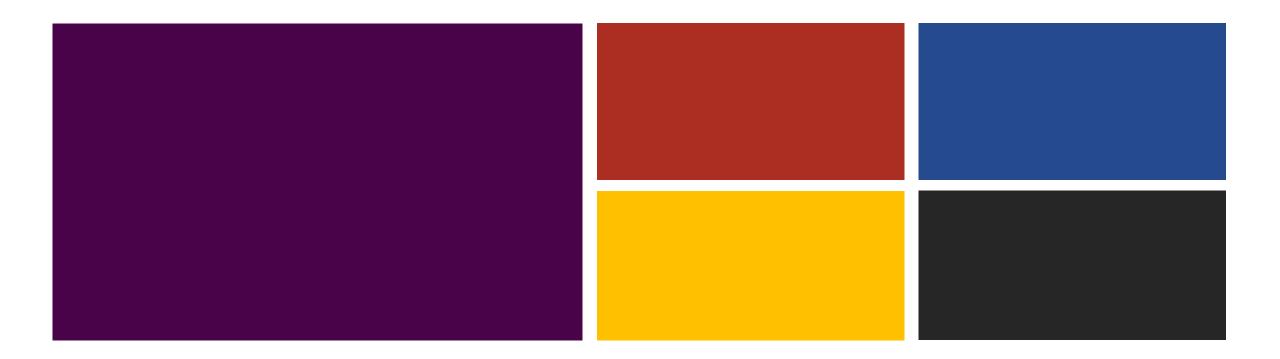
Corinne Pettigrew, PhD





Corinne is an Assistant Professor in the Department of Neurology in the Johns Hopkins School of Medicine. She leads the Outreach, Recruitment and Engagement (ORE) Core of the Johns Hopkins Alzheimer's Disease Research Center.

Her research focuses on risk and protective factors that may influence vulnerability to cognitive decline and the development of clinical symptoms of Alzheimer's disease.



Dementia and Cognitive Decline: A Brief Overview

Corinne Pettigrew, PhD

Johns Hopkins Alzheimer's Disease Research Center

Outreach, Recruitment & Engagement Core

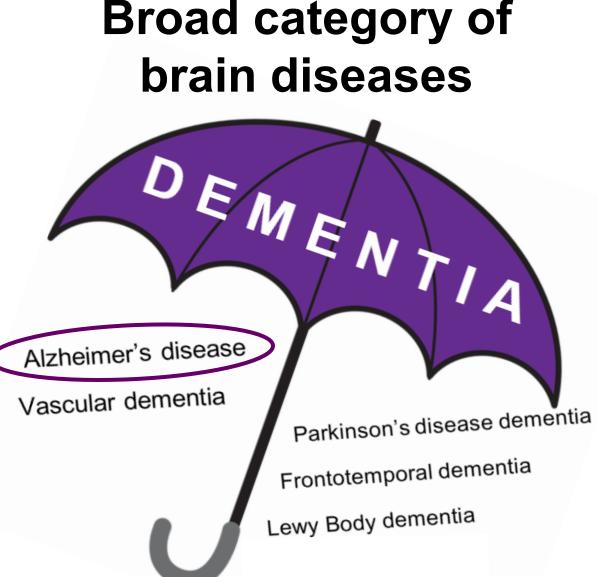




Dementia is an 'umbrella' term.

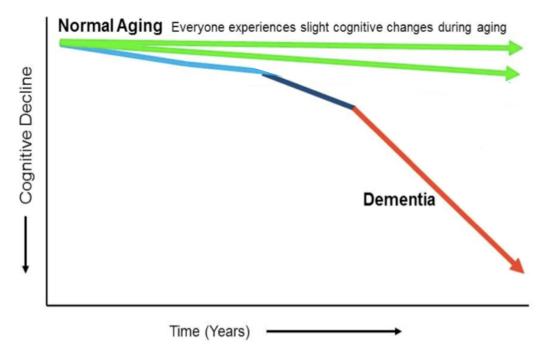
<u>Dementia</u> – General term for gradual loss of memory and/or other mental abilities severe enough to *interfere with daily functioning and everyday activities*

Caused by progressive, disease-related damage to brain cells





Dementia is different from normal aging.



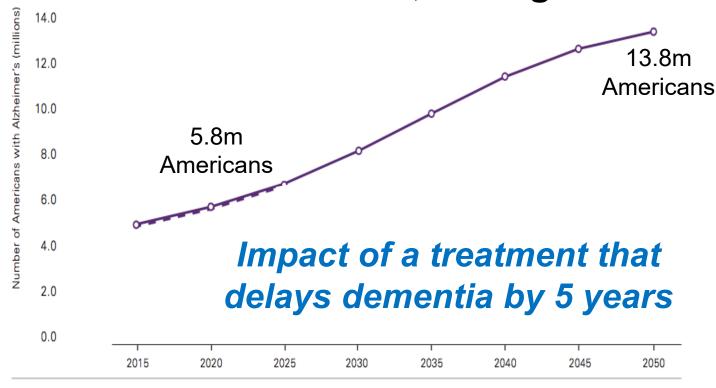
With dementia, long clinical trajectory with much greater cognitive decline.

Normal Aging	Dementia
 Difficulty multi-tasking; need to focus on one thing at a time, but can successfully complete task 	Increasing difficulty concentrating and multi- tasking
 Able to keep up with conversations 	Difficulty keeping up with conversations
 Judgment and insight remain intact 	Poor judgment, increased risk taking



By 2050, considerable growth of US population aged 65+. Prevalence of Alzheimer's dementia increases with age.

Americans 65+ living with Alzheimer's disease, through 2050



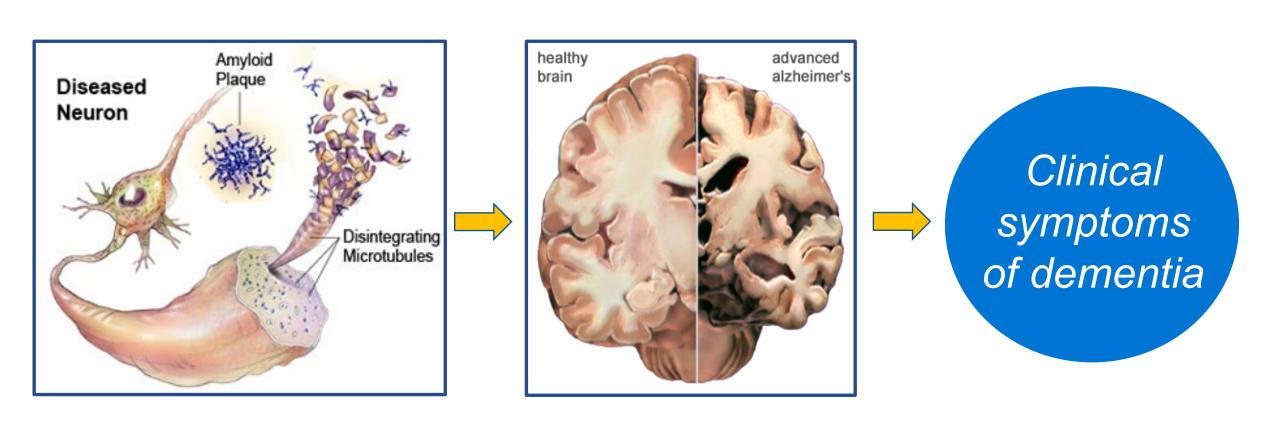
Currently, there is no cure for AD

- Symptoms only
- No treatments that modify the disease, or alter rate of disease progression



Alzheimer's disease is characterized by specific changes in the brain.

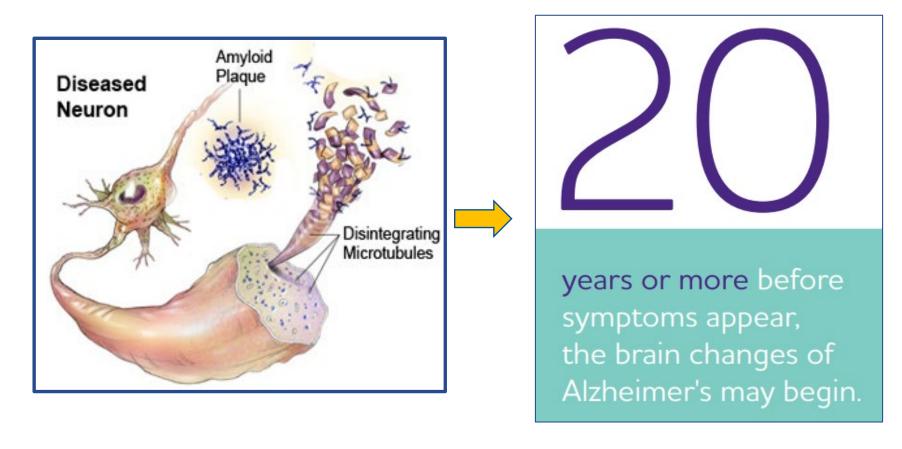
Abnormal accumulation beta-amyloid plaques and tau tangles, which are accompanied by neuronal injury/loss (atrophy)

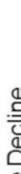




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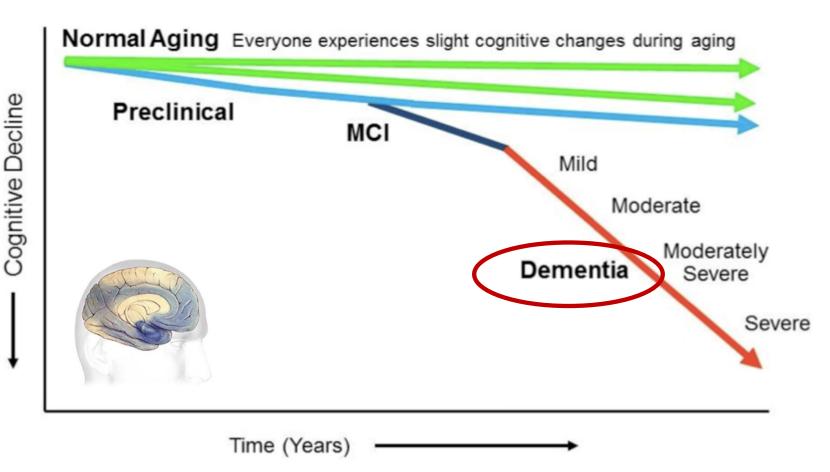
Brain changes occur slowly, over many years May begin in middle age, in absence of clinical symptoms







Because AD pathology accumulates gradually over many years, the progression of AD has a very long course.

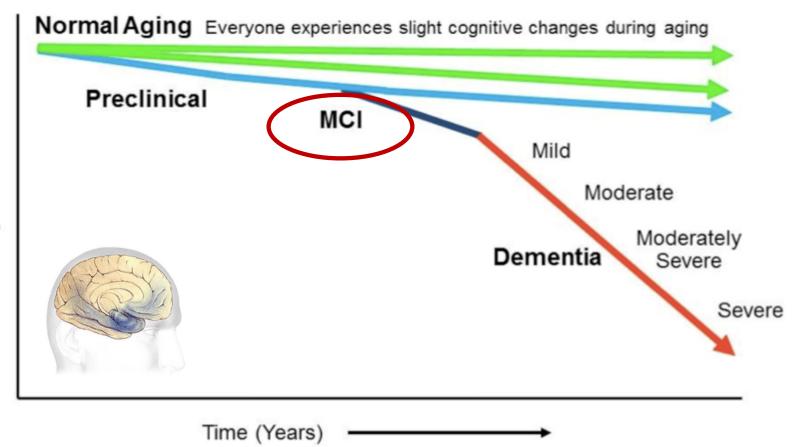


Dementia

Widespread AD pathology

- Noticeable changes in memory, thinking, or behavior
- Cognitive decline that interferes with everyday activities
- Over time, difficulty functioning independently

Because AD pathology accumulates gradually over many years, the progression of AD has a very long course.

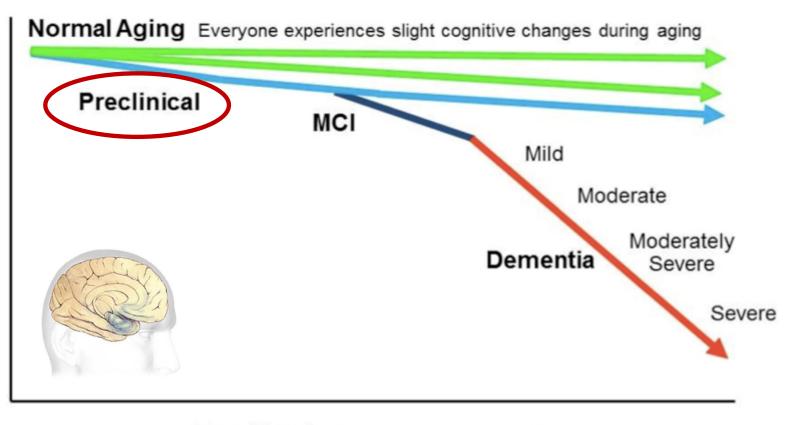


MCI

Some AD pathology

- Cognitive decline greater than expected for age
- Decline that is of concern to individual and/or family
- Can carry out everyday activities
- Does not always progress to dementia

Because AD pathology accumulates gradually over many years, the progression of AD has a very long course.



Preclinical

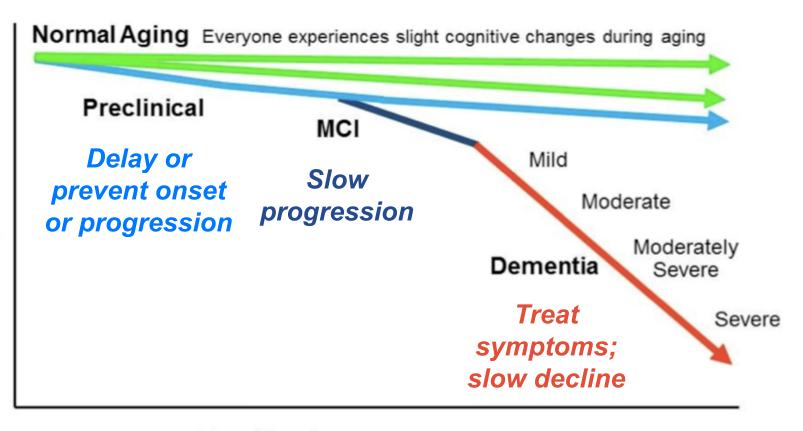
Measurable AD pathology that the brain can compensate for

- Normal cognition
- Does not always progress to MCI

Time (Years)



Effective treatment likely to differ by disease stage.



Time (Years)

Dementia

Widespread AD pathology

MCI

Some AD pathology

Preclinical

Measurable AD pathology that the brain can compensate for



Need for more clinical research, of all types.

Observational studies

To improve our <u>understanding</u> of risk factors, health conditions, and diseases that impact likelihood of cognitive decline and memory loss

- Study on memory & aging (e.g., annual evaluations of cognition, physical function)
- Does <u>not</u> involve medications/interventions

Intervention studies, such as clinical trials

To determine whether interventions help prevent or treat memory loss/dementia

- Lifestyle changes (e.g., physical exercise; management of vascular risks)
- Drug/medication trials

Anyone can be a research participant Critical to include different sexes, races, and ethnicities

So findings apply to, and benefit, <u>everyone</u>





Call to action

1. Use your voice

- Speak up about your health concerns with your health care provider
- Raise awareness about memory loss and dementia help reduce stigma

2. Participate in research

3. Learn about ways you may reduce your risk of cognitive decline and dementia

vascular Control risk



High blood pressure



Diabetes



High cholesterol



Obesity



Smoking

Stay <u>active</u>



Mental activity



Physical activity

Summary

Dementia refers to a broad category of brain diseases, and is different from normal aging

 Dementia due to Alzheimer's disease is one type of dementia, characterized by specific changes to the brain

More research is needed to:

- Improve understanding of healthy aging and diseases that cause memory loss
- Find ways of reducing risks for memory disorders
- Find improved treatments for these diseases



Johns Hopkins Alzheimer's Disease Research Center (JHADRC)

Outreach, Recruitment & Engagement Core

http://www.alzresearch.org/

Johns Hopkins Memory and Aging





Thank you for your attention!

Corinne Pettigrew

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Let's Talk Risk Reduction

DIET



Carmen Roberts, MS, RD, LDN



Howard County Office on

Aging and Independence

Department of Community Resources and Services

Carmen is a Registered and Licensed Dietitian, serving as the Consulting Nutritionist for the Howard County Office on Aging and Independence. She received her undergraduate degree in dietetics from James Madison University and her master's degree in health education and administration from Towson University. In addition to her current position, Carmen is a Senior Clinical Dietitian at Johns Hopkins Bayview Medical Center in Baltimore, and serves as an Adjunct Faculty member for both Excelsior College and Anne Arundel Community College.

She has 25 years of experience in nutritional counseling, education, and writing, and has won several awards at the state and national level for her work as a dietitian. She enjoys teaching the local community about the role of nutrition in health, wellness, and chronic disease prevention.

The Role of Nutrition in Alzheimer's Disease Risk Reduction

Carmen Roberts, MS, RD, LDN

Nutritionist, Howard County Office on Aging and Independence



Can You Reduce Your Risk of Developing Alzheimer's Disease?

- According to research, about 35 percent of Alzheimer's disease and other forms of dementia cases could be delayed or even prevented.
- Adoption of healthy behaviors early in life may be able to modify the course of the disease. These factors include:
 - Avoiding tobacco
 - Preventing early hearing loss
 - Engaging in regular physical activity
 - Remaining socially engaged
 - Maintaining heart health through a healthy diet



Research: Nutrition and Alzheimer's Disease

- Saturated fat, trans fat, and processed food and sugar intake can increase the risk of cognitive decline
- The MIND Diet (The Mediterranean- DASH Intervention for Neurodegenerative Delay) appears to be the best for AD prevention
- This diet combines the components of the Mediterranean Diet and the DASH (Dietary Approaches to Stop Hypertension) Diet to maximize brain health benefits
- 923 adults followed this diet for 5 years and experienced a 53% reduction in the rate of AD

The MIND Diet



- Rich in whole grains, leafy greens and other vegetables, berries, fish, poultry, beans, nuts, and olive oil
- Limited in red meats, butter, margarine, cheese, fast foods, and sweets

#1: Green Leafy Vegetables



- 6 servings per week
- •1 serving = 1 cup raw or 1/2 cup cooked
- Kale, collards, turnip greens, spinach, broccoli, romaine and leaf lettuce, and Swiss chard

#2: Other Vegetables

- 1 serving per day
- 1 serving = 1 cup raw or 1/2 cup cooked
- Red, green, and yellow peppers; carrots; cauliflower; green beans; squash; and corn



#3: Whole Grains



- 3 servings per day
- 1 serving = 1/2 cup of cooked cereal, rice or pasta; 1 slice of bread; or 1 ounce of dry cereal
- Oatmeal, whole-wheat bread, cereal, pasta, crackers, barley, brown or wild rice, popcorn, buckwheat, and quinoa

#4: Mixed Nuts



- 5 servings per week
- 1 serving = 1 ounce or small handful
- Walnuts, almonds, pistachios, pecans

#5: Beans

- 3 servings per week
- 1 serving = 1/2 cup
- Black beans, pinto beans, black-eyed peas, and chickpeas
- Legumes such as lentils and soybeans



#6: Poultry

- Broiled or baked- not fried
- Skinless
- 2 servings per week
- •1 serving = 3 ounces cooked



#7: Berries

- 1 serving per day
- •1 serving = 1 cup fresh berries
- Blueberries, blackberries, strawberries, raspberries



#8: Fish

- Baked or broiled- not fried
- 1 serving per week
- •1 serving = 3 ounces cooked
- Tuna, salmon, mackerel, herring, and sardines



#9: Olive Oil

Use as the primary cooking oil

Use in cooking and in salad dressings

and marinades

#10: Wine

•5 ounces per day



5 Foods to Limit on the MIND Diet

- Red meat
- Cheese
- Butter and margarine
- Pastries and sweets
- Fried or fast food



Caring for a Loved One With Alzheimer's Disease or Dementia?

- It is important to address nutritional problems as they arise
- Unaddressed problems could lead to increased behavioral symptoms, undesirable weight loss, and nutritional deficiencies.

Most Common Concerns: Poor Appetite, Dehydration, and Unplanned Weight Loss

- Encourage small, frequent meals
- Carry snacks and drinks with you at all times
- Boost caloric intake of each meal and snack by using:
 - Plant-based oils
 - Full-fat dairy products
 - Nut butters
 - Avocado
 - Powdered milk
 - Potatoes, pasta, rice, and other grains
 - Honey, agave, and other sweeteners
 - Calorie-containing beverages
 - Nutritional supplements



Tips for Decreasing Dehydration Risk

- Carry a water bottle everywhere
- Place fluids within reach around the house
- Encourage fluids throughout the day
- Offer foods with a high water content:
 - Fruit
 - Soup
 - Jell-O®
 - Milkshakes
 - Smoothies
 - Ice cream



Pumpkin Pie Overnight Oats

Ingredients:

1 cup old fashioned rolled oats

1 tablespoon chia seeds

1 teaspoon pumpkin pie spice

½ teaspoon ground cinnamon

Pinch of salt

1/4 cup Greek yogurt

1 cup milk

½ cup pumpkin puree

3 tablespoons pure maple syrup

1 teaspoon vanilla extract



Directions:

Mix together dry ingredients (oats, chia seeds, pie spice, and salt) into a bowl.

Add wet ingredients (yogurt, milk, pumpkin, maple syrup, and vanilla) into the bowl and stir until well combined.

Pour the oat mixture into two individual serving containers, cover with plastic wrap, and place in the fridge. Let cool and set in the fridge for at least two hours or overnight.

Created by Brandy Leno, Nutrition Specialist, Howard County Office on Aging and Independence

Questions?

Thank you for attending today's presentation!



Let's Talk Risk Reduction

EXERCISE



David Girton, The HEALth Debt CoachTM





Born in Indianapolis [Naptown!], Veteran of the US Air Force, former computer geeK and long-time resident of Maryland.

David believes that a holistic approach grounded in mastering the FUNdamentals of an abundant mindset, a sustainable eating practice, quality rest, and managing stress all lead to a lifetime of HEALthy habits that can be relentlessly passed on to impact future generations.

#reduceyourHEALthdebt



- Approximately two-thirds of dementia caregivers are women.
- Approximately 40% of dementia caregivers have a college degree or more education.
- Forty-one percent of caregivers have a household income of \$50,000 or less.
- Most caregivers (66%) live with the person with dementia in the community.
- Approximately one-quarter of dementia caregivers are "sandwich generation" caregivers — meaning that they care not only for an aging parent, but also for a child.

Earnestine Thomas, Caregiver Specialist





Earnestine is a Caregiver Specialist for the Howard County Office on Aging and Independence, received her Master of Social Work degree from the University of Maryland, Baltimore. She continues her professional development by pursuing her Doctorate in Social Work through Capella University School of Public Leadership.

She is a master trainer of evidence-base programs serving older adults, their families, informal caregivers, and professional care providers. Her extensive professional background includes providing services to the community through home and community-based programs.

The Many Faces of Caregiving



The Caregiver Support Program













- ► Grandparents Raising Grandchildren
- ► Family Caregiving
- ▶The Sandwich Generation
- ► Caregiving for Someone with Dementia
- ► Adult Children Caring for Parents



The National Family Caregiver Support Program provides various supports helping <u>family</u> and <u>informal caregivers</u> care for older adults and others in their homes for as long as possible.

- Information and Resources about available services
- Assistance gaining access to services
- Consultations, informal counseling, and Individual assessments
- Support groups
- Respite care assistance
- Caregiver education
- Outreach

Eligibility Guidelines for Caregiver Grant Assistance:

Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older;

Adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer's disease and related disorders;

Grandparents and other relatives (not parents) 55 years of age and older providing care to children under the age of 18; and

Grandparents and other relatives (not parents) 55 years of age and older providing care to adults age 18-59 with disabilities.

EDUCATIONAL RESOURCES

Ongoing educational sessions and forums held throughout the year relevant to specific caregiver topics.



Currently a virtual offering.



Virtual dementia training offered in-person when COVID-19 restrictions are lifted.

ONGOING SUPPORTS

- One-on-one interactive caregiver assessment process which takes into consideration an individual's needs, preferences, values and circumstances to determine personal short-and long-term goals
- Caregiver Support Groups small groups for those facing similar challenges, offering the opportunity to share information, insight and encouragement (virtual).



Ways that Support Groups Can Help

Meaningful connection with others is essential to our health and well-being. Isolation can lead to:

Anxiety * Depression * A Weaker Immune System

A support group can help us develop coping skills by:

- > talking with others
- increasing your own awareness
- having a safe space
- > ease stress

Get specific tips and information:

- > share practical information
- > prepare to take notes
- share what you have learned



A good support group:

- > serves your needs
- is run by peers or by trained facilitators
- should promise support and not cures
- promotes respect and privacy
- makes you feel comforted
- ensures you feel heard

- A six-week evidenced-based program of 90-minute classes offering caregivers opportunities to explore a variety of self-care tools in a supportive environment.
- Self-care tools are designed to help you:
 - reduce personal stress
 - change negative self-talk
 - communicate more effectively in challenging situations
 - manage your emotions
 - make tough caregiving decisions



Previous participants found the program tools help them:



IMPROVE RELAXATION AND EXERCISE HABITS



IMPROVE THEIR PHYSICAL AND MENTAL WELL-BEING



MANAGE THEIR EMOTIONS



INCREASE
THEIR CONFIDENCE IN
CAREGIVING SITUATIONS



IMPROVE THEIR ABILITY
TO SEEK OUT AND
UTILIZE COMMUNITY
RESOURCES

We encourage caregivers to stay a step ahead by...

Having important documents

- List of contact numbers, both emergency and non-emergency
- Physician(s) contact information
- Medical records.
- Medication list
- Allergy list
- Advanced Directives, Health agent record and MOLST
- Insurance documents
- POA document



We are here to travel the caregiver journey with you because...





It is natural to have feelings of...

We encourage caregivers to recognize stress warning signs early as possible!

PSYCHOLOGICAL SYMPTOMS OF STRESS



Because the results of neglecting stress can..

Increase health problems

Disrupted relationships

Lead to depression

And leave us "Burnout"

We encourage caregivers to engage in...

Good communication in all caregiving situations because good communication

- Prevents misunderstandings
- Builds and maintains relationships
- Reduces stress and frustration
- Enhances problem solving



Hot Lines and Assistance:

Howard County MAP Line **410-313-1234**

Howard County Caregiver Support Program 410-313-5955

Caregiver Action Network Help Desk: 1-855-227-3640

Alzheimer's Foundation of America: 866-232-8484

Alzheimer's Association 24/7 Help Line: 800-272-3900

Reminder: Take Care of Myself

- Avoid burnout.
- Ask for help.
- ► Take breaks.
- Take care of your own health.
- Get enough sleep.
- Maintain your relationships with others.

Although your care may be super, you are only human!



Thank you for everything you do!



Kathy Wehr, Program Manager

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410-313-5955

Earnestine Thomas, Caregiver Specialist

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410-313-5969



https://www.howardcountymd.gov/Caregiver

Summary

- Alzheimer's Disease or dementia is not a normal part of aging
- Reduce your risk through diet & exercise
- Check your area for local caregiver resources



Thank you!













