

# TRANSITIONS A JOURNEY IN TIME

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Dementias are a variety of syndromes involving loss of cognitive or intellectual functioning such as thinking, remembering and reasoning, so severe that it interferes with an individual's daily functioning.



## Diagnosing Alzheimer's Disease

### A progressive and fatal brain disease.

From the National Alzheimer's Association

Currently, there is no single diagnostic test that can detect if a person has Alzheimer's disease (AD). However, new diagnostic tools and criteria make it possible for a physician to make a positive clinical diagnosis of AD with an accuracy of 85-90%.

The diagnostic process generally takes more than one day and will involve the primary care physician and possibly other specialty physicians, such as a psychiatrist or neurologist. Here are the steps to diagnosing Alzheimer's disease:

- A complete medical history -- includes patient's current mental or physical conditions, prescription drug intake, and family history of health problems.
- A mental status evaluation -- assesses a person's sense of time and space, and his or her ability to remember, understand, talk, and do simple calculations. The person may be asked, "What year is it?" "Who is the president of the United States?" The person may also be asked to complete mental exercises, such as writing a sentence or spelling a word backwards.
- A physical examination -- includes evaluation of a person's nutritional status, blood pressure, and pulse. These tests are done to rule out other potential causes of dementia, such as cardiac, respiratory, liver, kidney, or thyroid disease, and atherosclerosis.
- A neurological examination -- tests the nervous system (brain and spinal cord) for evidence of other neurological disorders, such as stroke, Parkinson's disease, brain tumor, or hydrocephalus (excess fluid in the brain), that may cause dementia-like symptoms.\* In this part of the exam, physicians evaluate coordination, muscle tone and strength, eye movement, speech, and sensory abilities.
- Laboratory tests - a variety of laboratory tests may be ordered to rule out other disorders that may be causing dementia. Blood and urine tests are used to check for anemia, infections, diabetes, kidney and liver disorders, nutritional deficiencies, and abnormally high or low levels of thyroid hormone. Brain imaging techniques, such as a CT scan or MRI, may be ordered to rule out the presence of tumors,

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# Parkinson Disease: Where We Are And Where We're Going 2010

By R. Malcolm Stewart, M.D., Clinical Professor of Neurology, UT Southwestern Medical Center at Dallas.  
Charles R. Sitter Chair in Movement Disorders, Texas Health Presbyterian Hospital Dallas

Parkinson's disease (PD) has long been known as a motor disorder with shaking, stiffness, slowness, and balance. This is how PD is recognized and diagnosed. We now know that PD presents a much wider spectrum. The non-motor symptoms cause a greater impact on the quality of life than the motor symptoms.

Non-motor symptoms can begin several years before the onset of the motor symptoms. These include a loss of sense of smell, depression, anxiety, and acting out on the dreams. These symptoms can be a clue to the early diagnosis of PD.

Early diagnosis of PD is important. If PD is suspected, it is important to seek medical advice. Increasing evidence suggest that earlier treatment allows the symptoms to respond better to treatment. In addition, the course of the underlying illness may be modified. Now we must rely on clinical diagnosis but in the future, we will have biological markers including blood tests, neuro-imaging, smell evaluation, and web-based testing.

Following the onset of motor symptoms, dementia or cognitive impairment may occur in up to 80 per cent of people with PD. Advancing age and duration of illness are major factors here. Autonomic nervous system symptoms such as constipation, difficulty swallowing, low blood pressure and sexual dysfunction may occur before or after onset of motor symptoms.

Genetic risk factors for PD (10 percent) are important for the young onset PD before age 50. Biological risks factors for PD are advancing age, male gender, being Caucasian, having red or blond hair or a history of malignant melanoma.

Environmental risks (90 percent) include decreased exercise, head trauma, exposure to toxic chemicals such as herbicides, pesticides and well water.

Preventive measures include avoiding head trauma in sports such as boxing, football, motorcycle

and horseback riding. Wearing a helmet, using a seatbelt, applying sunscreen and going green for gardening are a small price to pay.

Treatments for PD vary depending on the stage of the illness and the problem. These can include exercise, diet, medication, stress management and sometimes even surgery. An exercise program and eating a Mediterranean diet (avoiding red meat with high iron content) are great ideas at any stage. Drinking coffee may also be a preventative.

More vigorous exercises for 30 minutes three times weekly such as swimming, bicycle riding and running are useful for both the motor and cognitive symptoms i.e. both the muscle and the mind. Even slow walking can be helpful in preventing and to some extent treating the problems with memory and thinking. Stretching exercises are useful for stiffness. Muscle strengthening can be useful for fall prevention. Repetitive motion such as bicycle riding can be useful for the freezing reaction.

In addition, there is increasing evidence from clinical studies that earlier medical intervention can help change the course of the illness. In the past, we would wait until the symptoms were either no longer tolerated or had a functional impact. The consensus now is shifting to an earlier onset of medical treatment in hopes of disease modification. Selection of the proper medication is a complex issue and depends on the age and stage of the illness. There needs to be a close cooperation between the physician and the patient. The patients need to keep a list of symptoms and be aware of side effects of medication as well as the benefits.

Hallucination and paranoia occupy a special place in PD. This can occur as part of the illness or as a side effect of medication. These can vary from a feeling of someone being in the room when they are not to a frank psychosis. This can usually be managed with medication adjustment, environmental manipulation, and finding a medical illness including a urinary tract infection. Gone untreated, these can be the deal breaker to send the PD to the hospital or the long term care facility.

Caregiver stress can be important in managing the illness. The signs of stress in both the patient and the caregiver include irritability, depression, fatigue, weight change, moodiness and anger. Proper intervention is useful in improving the quality of life for both. Enlisting family and community resources are helpful.

Finally, a sense of hope tempered with realism can be a wonderful antidote to the feeling of despair and being overwhelmed. The future looks bright for the diagnosis and treatment of PD. Lets all pull together.

Dr. Malcolm Stewart, a neurologist on the medical staff at Texas Health Dallas and medical director of the hospital's Human Performance Lab.





## Alzheimer's and Driving

Diagnosis need not bring driving to an abrupt stop.

Taking the keys away from a person with Alzheimer's disease can be one of the most emotional situations a family faces.

"Driving represents independence and capability, so being asked to give it up can put the person with Alzheimer's in deep conflict with their loved ones," says Kristin Martin-Cook, clinical research coordinator and support-group facilitator of the Alzheimer's Disease Center at UT Southwestern Medical Center.

But with care, a diagnosis of Alzheimer's does not have to put a total halt on driving.

"The most important thing is to discuss the issue soon after diagnosis, when the person can fully participate in decisions," Ms. Martin-Cook says.

Other suggestions include:

- Start with moderate restrictions – perhaps driving only during the day, or only to certain places, or only with someone else in the vehicle.
- Find other ways the patient can get around, like senior transportation services. This can maintain a sense of independence.
- Watch for physical changes that affect driving safety. These include changes in attention span, in hand-eye coordination, and in the ability to react quickly.
- Enlist your health care provider's help in talking about liability and safety. He or she can serve as the "bad guy" who's taking the keys away. This may lessen or redirect the patient's potential anger at loved ones.

## Early Detection:

What companies can do to help.

Many people do not know when forgetting becomes a problem and the difference between normal aging versus something more serious. Because of the lack of knowledge of Alzheimer's disease, people impacted by the disease are being diagnosed too late and may have missed the opportunity to get the best help possible.

Corporate involvement is essential in the promotion of a healthy workforce. Evidence suggests that as leaders of corporations promote a healthy workforce, employees listen and take action. The Alzheimer's Association would like you to take action and become an inaugural member in the Alzheimer's Early Detection Alliance (AEDA) to educate your constituents on the importance of Alzheimer's early detection.

Benefits to your company's participation:

- Employees and customers gain access to early detection resources and brain health education.
- Customers recognize you as an advocate in the effort to increase awareness.
- Employees and your customers regard you as a positive corporate and community citizen.
- Reinforce your company and/or organization as a premier place of employment.

Please note, your participation with AEDA does not require a financial contribution. What matters most is your ability to increase awareness among your own employee base and with other companies and organizations throughout the country.

As a member of the AEDA, you will receive a number of benefits and resources including an Early Detection Toolkit, which you can use to provide information to your employees, customers and/or members.

The Alzheimer's Association of Greater Dallas and the North Central Texas Chapter invites you to learn more about the AEDA by visiting our website at: [www.Alz.org](http://www.Alz.org). Instructions for joining the AEDA are included on the website. If you have additional questions please call 1-800-272-3900.



### Volunteer For Clinical Research!

Every volunteer brings us one step closer to finding the right treatment or a cure. Clinical trials and studies currently recruiting patients with dementia, Alzheimer's disease or Mild Cognitive Impairment (MCI).



## Clinical Research and Alzheimer's Disease

Margaret Higgins, Education Core Director, Alzheimer's Disease Center UT Southwestern Medical Center, Dallas, TX

Over the last fifteen years scientists have made great strides in identifying potential new interventions to diagnose, slow, prevent, treat, and someday cure Alzheimer's disease. At present, more than 100 drugs are in clinical trials for AD and more are in the pipeline awaiting Food and Drug Administration (FDA) approval to enter human testing. After years of testing in laboratories and in animal studies, new treatments must undergo clinical studies with human volunteers to determine if the drug is safe and effective. These are known as clinical trials. Other research designs, known as clinical studies, are primarily observational and examine the condition or progress of a disease.

AD research can move forward only if people are willing to volunteer for trials and studies. Before any new drug or therapy can be used in clinical practice, it must be rigorously tested in humans to find out whether it is safe and effective. Today, at least 50,000 volunteers both with and without Alzheimer's are urgently needed to participate in more than 175 actively enrolling Alzheimer's disease clinical trials and studies in the U.S. To reach that goal researchers will have to screen at least half a million potential volunteers. The call to participate in clinical research is particularly imperative for those who have not been historically included. Early research volunteers were primarily white males and there is a dearth of female and minority participants. A diverse group of participants for all studies will help ensure that a treatment, or a cure, is found for the total population.

### Comparing Alzheimer's Disease Clinical Trials and Clinical Studies

Clinical research is medical research involving people. It includes clinical studies, which use long-term observation and analysis in large groups to

determine how a disease or condition may occur and progress. It also includes clinical trials, which test possible interventions to diagnose, prevent, treat, and someday cure a disease. Clinical studies observe people in normal settings, with less direct intervention than in clinical trials. Researchers gather baseline information, group volunteers according to broad characteristics, and compare changes over time.

**Today, at least 50,000 volunteers both with and without Alzheimer's are urgently needed to participate in more than 175 actively enrolling Alzheimer's disease clinical trials and studies in the U.S. To reach that goal researchers will have to screen at least half a million potential volunteers.**

Clinical studies of Alzheimer's disease may help identify new possibilities for clinical trials. Observational studies provide important contributions especially when they are large-scale such as the national studies sponsored by the National Institute on Aging (NIA), part of the National Institutes of Health (NIH), such as the Genetics Study and the Imaging Study (now recruiting for both studies at UT Southwestern).

Clinical trials are seeking answers through rigorous testing. Clinical trials test interventions such as drugs or devices, as well as prevention methods and changes in diet or lifestyle. Drug testing is the focus of many clinical trials. FDA-approved clinical trials are always preceded by laboratory analyses in test tubes and in tissue culture. These are followed by studies in laboratory animals to test for safety and

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**Research** *continued from page 4*

efficacy. If these show favorable results, the FDA gives approval for the treatment or intervention to be tested in humans.

Clinical trials advance through four well-defined phases to test the treatment, find appropriate dosage, and monitor for side effects. Each phase of the testing requires an increasing number of people to have success. In the next several columns, I will detail the steps of clinical trial participation, including informed consent and your rights as a volunteer. For future articles I plan to describe the progression of a drug as it makes its way to the FDA for approval, including the number of people that participated in the studies and the enormous costs that were involved in getting the drug to market.

Final comments: Volunteer for clinical research! Every volunteer brings us one step closer to finding the right treatment or a cure. Clinical trials and studies currently recruiting patients with dementia, Alzheimer's disease or Mild Cognitive Impairment (MCI) can be found at UT Southwestern, listed in the section below. For a complete listing check the following websites: National Institutes of Health: [www.clinicaltrials.gov](http://www.clinicaltrials.gov) or the Alzheimer's Association: [www.alz.org/alzheimers\\_disease\\_clinical\\_trials\\_index.asp](http://www.alz.org/alzheimers_disease_clinical_trials_index.asp). Information for this article was received from ADEAR, the Alzheimer's Education and Referral Center, a division of the NIA.

### Clinical Trials and Clinical Studies at UT Southwestern

#### Passive Immunization

Patients with mild to moderate Alzheimer's who do not test positive for the APOE4 gene are sought for a test of an antibody against beta-amyloid peptide. This antibody is intended to attack the peptide directly, bypassing the patient's immune system. This 18-month phase III study will entail infusion visits to the clinic approximately every three months. Call Tamera Lake, 214-648-9310.

#### Immune Globulin

Patients with mild to moderate Alzheimer's are sought for a test of immune globulin (IGIV) against beta-amyloid peptide. IGIV is already approved in the U.S. for use with various immunodeficiency and autoimmune disorders. During this 82-week trial, participants will receive 36 intravenous infusions; the first three will be administered at the clinic and the remainder by a home-health care professional. Call Tamera Lake, 214-648-9310.

#### Gamma Secretase Inhibitor

Patients with mild cognitive impairment (MCI) are sought to test a drug that inhibits gamma secretase, an

enzyme in the body that helps process a larger protein into beta-amyloid. This study involves 24 weeks of treatment plus a 28-week follow-up, with a 50 percent chance of getting the drug. There will be 13 clinic visits that will include physical, neurologic, cognitive and behavioral tests, plus brain imaging and sampling of cerebral-spinal fluid. Call Kathy Koch, 214-648-9343.

#### Tent Study

Patients with mild memory loss are sought for a two-month study on whether sleeping in an "altitude tent" and exercising at sea level can boost the levels of protective proteins in the brain and blood. Call Kristin Martin-Cook, 214-648-9368.

#### Exercise Study

Patients with mild cognitive impairment (MCI) are sought to test the effects of a year-long exercise program on cerebrovascular function, brain structure and cognitive function. The study is for one year including baseline (pre), 6 month mid-term and follow-up testing (post). Participants will receive exams at each interval, including a physical, test of exercise abilities, neurologic and cognitive testing, brain imaging, and tests of blood and cerebral-spinal fluids. Participants that are accepted into the study will be paid \$150 after baseline testing and will receive additional payments at the 6-month and follow-up periods. Call Kristin Martin-Cook, 214-648-9368.

### Clinical Studies

*While the following studies do not require or offer a new treatment, they are the foundation for future research and therapeutic trials.*

#### Core Research Groups

##### At UT Southwestern

Participants with mild cognitive impairment (MCI), early Alzheimer's disease, Dementia with Lewy Bodies or Frontotemporal dementia are continually needed for observational studies, as are healthy people to serve as controls. The studies involve one to three visits a year for interviews, evaluations, brain imaging and blood sampling. Jackie Rabb, 214-648-9376.

#### Late Onset Alzheimer's

##### Disease (Load) Genetics Initiative

The goal of this national study is to enroll 1,000 families that have at least two siblings diagnosed with AD age 60 or older and at least one other family member also age 60 or older. All participants must be able to provide blood samples as well as health information. Through the blood samples, researchers hope to find the affected genes in families that may

*see Research on page 6*



**Diagnosing** *continued from page 1*

stroke, blood clots, or other factors that may be causing memory and thinking problems.

- Psychiatric, psychological, and other evaluations - designed to rule out the presence of other illnesses such as depression, which might cause symptoms similar to those seen in AD. These evaluations test memory, reasoning, writing, vision-motor coordination, the ability to express ideas, and generally provide more in-depth information than the mental status evaluation alone.

**The national Alzheimer's Association estimates that 760,500 Texas caregivers provide 656.5 million hours of uncompensated care per year valued at \$7.2 billion.**

From Texas Alzheimer's Research Consortium

It is important to recognize that there is no one or combination of diagnostic tests that will conclusively result in a diagnosis of AD. The tests will, however, help rule out other possible causes of the dementia-like symptoms. Once testing is completed, the diagnosing physician will review the results of the examinations, laboratory tests, and other consultations to arrive at a diagnosis. If all test results appear to be consistent with Alzheimer's disease, the clinical diagnosis is generally "probable Alzheimer's disease," or "dementia of the Alzheimer type." If the symptoms are not typical, but no other cause is found, the diagnosis may be "possible Alzheimer's disease." A definitive diagnosis of AD can be obtained upon autopsy of the brain at death.

\*Dementias are a variety of syndromes involving loss of cognitive or intellectual functioning such as thinking, remembering and reasoning, so severe that it interferes with an individual's daily functioning. Changes in personality and behavior, and motor impairment are also associated with various dementias.

**Research** *continued from page 5*

play a role in the development of late onset AD. Call Barb Davis, 214-648-9367.

**Imaging Study**

People with mild cognitive impairment or early dementia are sought for a study on brain function during simple mental tasks. Participants will undergo magnetic resonance imaging (MRI) and brain-wave study during a three-hour visit. This is a UT Dallas and UT Southwestern study collaboration. Call Neena Rao, 214-905-3007.

**Tekecognitive Study**

This study compares the feasibility and reliability of doing cognitive testing using a computer monitor or TV screen versus a person-to-person standard test. The study involves one clinic visit for a 45-minute set of tests and similar testing via computer. Participants do not need to have a computer at home and will receive a \$25 Wal-Mart gift card. Call Lara Graham, 214-648-4642.

**Tarc Study**

The Texas Council on Alzheimer's Disease and Related Disorders has established a Consortium of Alzheimer's Disease Centers to longitudinally collect data on Texas adult population. Five collaborating institutions are enrolling healthy adults age 50 or older with no cognitive complaints, and adults age 50 or older with mild cognitive impairment (MCI) or Alzheimer's disease to participate in the study. Participants are to provide blood samples and complete a paper and pencil neuropsychological test. This study involves a 2-hour yearly visit with follow-up visits every year and each will receive a \$100 check for participation. Call Mac Miles, 214-648-9338.

## How Clinical Trials Work

### Studies proceed in "phases"

The U.S. Food and Drug Administration (FDA) has established a rigorous sequence of testing for experimental drugs. The system gradually builds evidence for a drug's effectiveness and determines that a drug has an acceptable "safety profile" (that is, the risks associated with its use are reasonable, given its potential benefit). Experimental drugs must perform well enough in each phase to be allowed to progress to the next one.

Preclinical studies in laboratories establish a scientific basis for believing a drug is reasonably safe and may be effective.

- Phase I trials, the first stage of human testing, typically enroll fewer than 100 volunteers. These studies are primarily concerned with assessing risks and side effects associated with a drug.
- Phase II trials enroll up to a few hundred volunteers with the condition the drug is designed to treat. These studies provide further information about safety and focus on determining the best dose of a drug. Scientists also watch for signs of effectiveness.
- Phase III trials enroll several hundred to thousands of volunteers, often at multiple study sites nationwide. They provide the chief evidence for safety and effectiveness that the FDA will consider in deciding whether to approve a drug.
- Phase IV trials, also called post-marketing studies, are often required by FDA after a drug is approved. The trial sponsor must monitor the health of individuals taking the drug to gain further insight into its long-term safety and effectiveness and the best way to use it.



## Make Helpline Your First Call

1 (800) 272-3900

From [www.alz.org](http://www.alz.org)

"Our Helpline is often the first means of contact families have with the Alzheimer's Association. They call our offices with questions about what to do or where to turn related to this terrible disease," stated Theresa Hocker, executive director of the North Central Texas Chapter. "One call to the Alzheimer's Association at 1-800-272-3900 can be the first step in helping people with Alzheimer's, their families and caregivers regain some control and confidence in their lives."

The Alzheimer's Association 24/7 telephone Helpline service assist persons with Alzheimer's disease and their caregivers with their questions or concerns related to Alzheimer's disease or caregiving issues.

The telephone Helpline offers information about the disease, caregiving advice, referrals to community resources or, what is often most needed, a knowledgeable and supportive listener for those coping with the frustrations often related to caring for a person with Alzheimer's or a related condition. Through the language line translation service, the Helpline can also assist Spanish-speaking callers, as well as most other non-English speaking callers.

Alzheimer's is a progressive, degenerative disease that attacks the brain, causing impaired memory, thinking and behavior over a period of generally 5 to 15 years. Nationwide, about 5.3 million individuals are afflicted with this disease.

Most individuals with Alzheimer's are cared for in their own home, by their own family members, though in the later stages of the disease many require placement in a care facility. As an individual progresses in the disease, the caregiving demands on family members may be overwhelming. Questions received over the chapter's Helpline might include, "My mom is standing on the front porch in her nightgown, refusing to come in...what do I do now?" or "My husband keeps getting lost driving his car, but refuses to hand over the keys...how can I stop him from driving?" or "She keeps accusing me of stealing...help!" These and other issues can be answered anytime, day or night by calling the Helpline.

For information and assistance, please call our 24/7 Helpline at 1-800-272-3900. The Alzheimer's Association is a non-profit organization and relies on charitable support to carry out its mission.

**Helpline: 800-272-3900**

### Your local office:

Dallas 214-827-0062

Denton 214-454-0855

Fort Worth 817-336-494

North Central Texas 817-460-7001

Texoma Area 903-813-3506

## 2010 Alzheimer's Association

### AWARE Luncheon

#### Honoring Don Meredith

The Alzheimer's Women's Association for Resources and Education (A.W.A.R.E.) will honor All-American champion and Dallas Cowboy great, Don Meredith, at the 2010 Alzheimer's Association A.W.A.R.E. Luncheon, A Tribute to Don Meredith: An American Champion, set for Wednesday, April 28th at The Fairmont Dallas.

Don is being honored for his many contributions to the championship history of sports in the Dallas area and his groundbreaking television commentary.

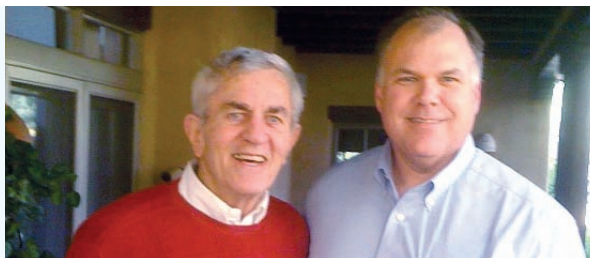
While many of Don's family and friends have been afflicted with Alzheimer's, he has continually demonstrated the same courage in facing this disease as was evident in his storied gridiron and broadcasting career. He is indeed an American Champion.

Longtime friend and broadcasting colleague Frank Gifford, along with football legends Walt Garrison, Bob Lilly and Roger Staubach, will present this year's program. Phyllis George, former Miss America and one of the first female sports broadcasters, will serve as emcee, to complete our star-studded sports panel paying tribute to Don.

Funds raised through the annual luncheon benefit the Greater Dallas Chapter of the Alzheimer's Association dedicated to fighting Alzheimer's through its innovative programs, services, education, research and advocacy. Over the years, the Dallas A.W.A.R.E. Luncheon has raised more than \$10 million for the Alzheimer's Association. The April 28 luncheon will be one of the most important fundraising events for the Alzheimer's Association Greater Dallas Chapter in 2010.

Sponsorship levels are available from \$1,500-\$100,000. Individual tickets begin at \$150 per person. For more information, visit [www.AlzDallas.org](http://www.AlzDallas.org) or call (214) 827-0062.

Since its inception in 1987, Alzheimer's Women's Association for Resources and Education (A.W.A.R.E.) is a support organization of the Alzheimer's Association Greater Dallas Chapter and shares the same purposes as the Chapter. Proceeds from the annual luncheon and other projects help fund Alzheimer's education, research, support and guidance for the Alzheimer's families in the Chapter's service area, and political advocacy for medical, social and financial needs of families.



Don Meredith  
and John Gilchrist





An Alzheimer's Association Charitable Gift annuity would pay 6.3%. Plus, there would be a sizeable tax deduction and part of the income could be tax-free.

## Giving That Pays You Back!

**John R. Gilchrist, Jr., CFRE, MHA, President and Chief Executive Officer Alzheimer's Association - Greater Dallas Chapter**

Many seniors are facing a real problem. Low interest rates have reduced your income at a time when the price of everything just keeps going up. You would like a higher return on your CD ... you would really enjoy some tax relief... and you would like to support organizations that are special to you and your family, such as the Alzheimer's Association.

Consider that every major discovery in the fight against Alzheimer's disease has occurred within the past 20 years. With continued support, our vision of a world without Alzheimer's will be a reality.

In the meantime, the Alzheimer's Association can help you meet your need for higher income – for a lifetime at a higher effective rate than you can earn on a current CD. The rate depends solely on age – the older you are the larger your payments. Your payments are not dependent on the up-and-down markets.

Take the example of Valerie, age 75, a retired schoolteacher who has seen the return on her CDs decline significantly in the past three years. She has looked carefully, but there just are not any CDs with the rate of return she needs. Valerie has a passion to support the Alzheimer's Association – so her children and grandchildren might have a future without this devastating disease.

Valerie was very pleased to discover that based upon her age, an Alzheimer's Association Charitable Gift annuity would pay 6.3%. Plus, there would be a sizeable tax deduction and part of the income could be tax-free.

After finding out how easy it was to set up a gift

annuity, she transferred \$20,000 from a larger CD that had matured into an Alzheimer's Association Charitable Gift annuity. She was delighted with the higher income from the Charitable Gift Annuity. Her CPA was also pleased that the charitable deduction will save over \$2,200 in taxes this year (NOTE: Savings based on 25% bracket; check with your tax professional for specific situations). With her tax savings and increased income, Valerie planned to take a very nice vacation to spend time with her grandchildren!

Fixed payments for Valerie from the gift annuity are about three times what she was receiving from her one-year certificate of deposit. She is very pleased with the increased income and charitable savings.

Take a look at the benefits Valerie received with her Alzheimer's Association Charitable Gift annuity:

- Payments of \$1,260 per year for the rest of her life!
- A current year federal income tax deduction of \$8,832 – a savings of \$2,208 from her income taxes
- Supporting the nation's leading voluntary health organization in Alzheimer's care, support, education, and research.

It all added up to a real winner for Valerie. If you would like to see how an Alzheimer's Association Charitable Gift annuity can benefit you, please call Jill Stephenson, Vice President of Development at 214-827-0062. There is no cost or obligation and all inquiries are confidential.

## TRANSITIONS A JOURNEY IN TIME



Is brought to you quarterly by: Avalon Alzheimer's Care, Inc. a Texas based not-for-profit corporation that believes in taking a whole new approach in caring for those with Alzheimer's Disease and related dementias. Our genuine concern for the quality of life of seniors with dementia has motivated us to redesign the standards of development, management, and operational criteria for senior living environments.

**Transitions, A Journey In Time**  
1625 North Stemmons Freeway • Dallas, Texas 75207

To schedule a tour call or visit: 800-696-6535 phone [www.avalon-care.com](http://www.avalon-care.com) web