

TRANSITIONS

A JOURNEY IN TIME

Volume 1, Issue 2

Preliminary, promising results show that mental stimulation over an eight week period slowed the rate of verbal and functional decline and decreased negative emotional symptoms in Alzheimer's patients for up to eight months after treatment had been completed.



Hope and Alzheimer's Disease

By Sandra Chapman, Ph.D., Founder and Chief Director, Center for BrainHealth

Dramatic advances in scientific knowledge doubled human life expectancy in the 20th century. As a result, people are living longer and more productive lives. But in this increasingly aging population, the number of Alzheimer's disease cases is expected to dramatically increase over the coming decades, a shiver-inducing thought for an American society growing older by the day. Stated simply, Alzheimer's is a specter that haunts many.

But life does not end with an Alzheimer's diagnosis. Far from it. I have been actively involved in detecting early signs of the disease (early detection is of paramount importance) and other forms of dementia for 20 years. In tandem, scientists at the Center for BrainHealth, a research institute uniquely dedicated to expanding brain health, have been studying brain health in advanced aging to identify ways to mind the gap, what we refer to as matching brain health span to the body's increased lifespan.

BrainHealth is dedicated to uncovering Alzheimer's tightly-kept secrets. Our scientists recently published a study on whether active mental stimulation could slow the progression of the disease. Preliminary,

promising results show that mental stimulation over an eight week period slowed the rate of verbal and functional decline and decreased negative emotional symptoms in Alzheimer's patients for up to eight months after treatment had been completed. We are also in the process of authoring the results of Center-designed brain training for adults without dementia to see if we can boost their cognitive function, then follow up to see if the realized benefits are maintained several years later.

Can Alzheimer's disease be staved off? The answer, which may surprise many, is yes. We neuroengineer a more robust brain by learning. Early and ongoing education has consistently been associated with reduced rate of disease progression in dementia.

As a society, we tend to worry most about memory function and the frustrations and worries caused by minor daily slips. But we seldom stop to think how many times our memory spectacularly pulled through for us. Our mind is astonishing in its strength and resilience. However, it is not loss of memory that diminishes our mental capacity the most. Rather, it is the

Continued on page 6



Alzheimer's Disease: Services to Help You Cope

By Theresa Hocker, Executive Director, Alzheimer's Association - North Central Texas Chapter

- Jean's husband was just diagnosed with early onset Alzheimer's disease. She thought her husband had been going through a mid-life depression. Though it was apparent his memory had been playing tricks for over a year, his judgment had led to some disastrous consequences for the family business, and his mood swings were now unpredictable at best. Jean never imagined Alzheimer's could be the explanation. She felt overwhelmed.
- Susan moved back to Texas to be near her parents, since her father sounded increasingly stressed and unsure of how to care for her mother who had been diagnosed with Alzheimer's disease six years ago. Until now, her parents had managed without her help. At this point, her mother was up most nights, had become incontinent and was noticeably more confused. Her father was adamant he would not consider nursing home placement.
- Three months ago Tony was diagnosed with Alzheimer's disease. He continues to drive but has gotten lost more than once. He does his best to find ways to compensate for his memory loss. He knows he won't be able to function independently in the long run, but for now is determined to make the most of each day. His children appreciate their father's self-reliance but are concerned about his safety and that of others around him. They think he needs to give up driving and should no longer live alone.

After receiving a diagnosis of Alzheimer's disease, most families feel their lives have been shattered. Those most closely affected are stunned when the reality of the diagnosis takes hold. Tension among family members is not uncommon, as the disease takes a toll emotionally, physically and financially on all involved. Few families are prepared for the inevitable array of changes in their lives.

The Alzheimer's Association has this message for families: You are not alone. You are not powerless. Focus on the now, but take steps to prepare for the future. Contact key resources early. Since Alzheimer's disease progresses slowly, there is usually time to manage things in small increments. You should expect the best, but be prepared for the worst.

Families should not wait to educate themselves, execute legal documents or look into resources that might become necessary. Make a plan for the future and do not wait until the point of crisis. Waiting may negate the ability of the person with Alzheimer's disease to participate in decision making for his or her own future. Medications, early stage services, environmental modifications and family education can and do make a huge

difference for those dealing with the disease.

The Alzheimer's Association is the oldest and largest national voluntary health organization committed to combating Alzheimer's disease. The North Central Texas Chapter based in Fort Worth and the Greater Dallas Chapter serve as critical resources for those coping with this long-term, devastating disease. The local chapters offer these and other services to help families through their unplanned journey:

Helpline (1-800-272-3900): Support, information, referrals, and a knowledgeable and caring listener are available 24 hours a day / 7 days a week. Callers can talk one-on-one with staff and volunteers who have expertise in Alzheimer's disease and caregiving.

Family and Caregiver Support Groups: These groups offer participants the chance to express their feelings and learn coping techniques from one another. Many groups also host educational programs on important topics such as legal and financial planning, research and how to handle common challenges.

Early Stage Support Groups: These groups are for those in the early course of the disease process. The group provides education and support to help participants cope and adjust to the changes imposed by the disease.

Caregiver and Professional Education: Programs and outreach efforts target various audiences to provide an array of education and training on Alzheimer-related topics.

Care Consultation: Professionals assist families in identifying services and coordinating the best possible care to address their loved one's needs.

MedicAlert® +Safe Return®: This is a nationwide service that provides an identification bracelet and other measures to help families and police locate memory-impaired persons who wander and become lost.

Newsletter: This is a quarterly publication with valuable information about research, coping strategies, community resources, public policy and chapter programs.

Web Site (www.alz.org): This site provides valuable information about Alzheimer's disease and our local chapter programs.

Lending Library: The library offers a wide selection of books, pamphlets and videos available for check-out through each chapter office.





An early diagnosis usually means that the diagnosed individual is very much self-aware of the condition, and his or her probable future diminishing capacities. This allows the person to be an active participant in making decisions about who will take over certain decision-making responsibilities, once the disease advances.

Early Diagnosis Means Early Planning

By Gary Crooms, a Registered Financial Gerontologist® and president of Senior Information Services of America

As a financial and estate planner in the field of financial gerontology, I sometimes chuckle when I think about the word “planner” as it relates to how I really help my clients seeking assistance with an aging parent or loved one with a disability. While most people know they “should” plan, most wait until they “must” plan. In other words, no plans are made until a significant healthcare event occurs, or a medical crisis is at hand. Unfortunately, sometimes a sudden change in health – especially with cognitive impairments – means that some options to plan become unavailable.

At any age, a diagnosis of Alzheimer’s disease is indeed a wake-up call to action. While most of the family’s attention is on the diagnosis and discovering what steps are necessary to begin treatment of the disease, don’t overlook the need for someone in the family to become the “financial caregiver” for the diagnosed individual. Without a “financial caregiver”, a lifetime of saving and investing might be lost in a short period of time because of neglect, fraud, or a basic lack of knowledge and experience in financial and estate planning issues. Fortunately, an early diagnosis usually means that the diagnosed individual is very much self-aware of the condition, and his or her probable future diminishing capacities. This allows the person to be an active participant in making decisions about who will take over certain decision-making responsibilities, once the disease advances. As early as possible, sit down and have a frank discussion with your loved one, and decide who should serve in the capacity of the financial caregiver.

If you are helping one of your aging parents through this time, don’t assume that the other “healthier” parent is up to the task – physically, mentally, or emotionally – of tackling these issues on their own. This sometimes is not an easy subject to broach, especially with aging parents. Have some sensitivity when discussing these matters with your loved one, but do

speak openly and frankly about your concerns. Let your loved one know that you are not taking away his or her money, but simply relieving them of the pressures of managing their finances and bills. Describe your role as a protector of their money, while they concentrate on their health and their own physical well-being.

“At any age, a diagnosis of Alzheimer’s disease is indeed a wake-up call to action. While most of the family’s attention is on the diagnosis and discovering what steps are necessary to begin treatment of the disease, don’t overlook the need for someone in the family to become the “financial caregiver”.

If you are suddenly thrust into this critical position of financial caregiver, here is a checklist for avoiding some pitfalls and mistakes often made by loving, well-intentioned family members.

Obtain Legal Authority:

As a financial caregiver, get yourself on solid legal ground without delay. A financial Durable Power of Attorney is an essential tool and must be executed while your loved one still has capacity. In other words, in order to grant you authority to act on their behalf, he or she must be aware of what authority is being granted by signing the document. A properly prepared financial Durable Power of Attorney will authorize you as an “agent” (with alternate agents named) to perform certain duties for the benefit of your loved one. Important granted activities and duties should include managing financial accounts, assets & real property, paying bills & taxes, collecting money, dealing with insurance and beneficiary related issues, and ap-

Continued on page 4



Early Diagnosis *continued from page 3*

plying for public benefits. Similar documents should be obtained to allow access to medical records and to name individuals that will be making medical treatment decisions, once the diagnosed person can no longer make those decisions for themselves.

Identify Financial Accounts & Information:

Sit down with your loved one and make a list of all bank accounts, investments, IRA's, insurance policies, real estate, etc. At this point, don't ask about the values of the accounts, just get a list started. If there is a personal contact, i.e. insurance agent, bank officer, account representative, you may want to arrange for your loved one to introduce you to these individuals, so that you can become a familiar and trusted person when dealing with your loved ones financial affairs.

Round up recent statements of all financial accounts, i.e. checking, savings, CD's, stocks, bonds, mutual funds, annuities, credit unions, IRA's, insurance values, real estate, etc. You need to know the total value of all accumulated assets in order to make appropriate financial decisions.

Be sure to also have your loved one provide you with a list of accounts managed online, and also provide you with usernames & passwords. Email accounts also should be discussed & monitored. If your mom or dad sends & receives emails, you should monitor these for any suspicious financial activities. Some email accounts can be set to "carbon copy" another person on all emails sent and received. Did you know that the largest demographic target for scams & frauds are senior citizens?

Quantify Cash Flow:

Discover the amounts of all income. Most income is paid monthly to seniors, but some – such as annual distributions from qualified retirement accounts and dividends on stocks – might be paid less frequently, maybe quarterly or annually. A good way to get an accurate picture of income and expenses is to review one year's worth of bank statements. Also assess all liabilities, debts, and monthly payments on credit cards, revolving accounts and mortgages.

Bill Paying:

Assess annual, quarterly and monthly bills that are paid. Important bills include mortgage, credit cards, utilities, taxes, insurance premiums, and - for seniors especially - pharmacy bills. Make arrangements for how bills are to get paid in a way that will relieve the older adult from the worry, but without removing him or her completely from the process. You may want to write out the checks & payment stubs, and let mom or dad still sign the checks. This shows respect, helps retain a large dose of dignity and independence, and might lessen the feeling of loss of control. Be sensitive to the fact that dementia and Alzheimer's patients will often display signs of paranoia regarding their money

and those who have access to finances. When you feel the need to do so, make a change of address for all account statements to make sure that you, as the financial caregiver, receive all bills and invoices.

Check Eligibility for Government Medical Benefits:

Make sure that, if your loved one is under 65, they enroll for Medicare at age 65. If your aging family member is already on Medicare, and is taking high-cost medications, consider enrolling in a Part D prescription drug plan. You can find the best individual plan by using the online search tools at www.Medicare.gov.

If a nursing home stay is imminent, seek advice from an experienced knowledgeable professional who specializes in "public benefit" planning, which includes eligibility for Medicaid benefits. There may be steps you should consider taking before a loved one enters a nursing home that can significantly improve your chances for protecting accumulated assets. The best time to plan for obtaining Medicaid benefits is before you actually need them.

If your loved one was a veteran, or the widow of a veteran, he or she may be eligible for financial reimbursement benefits from the Department of Veterans Affairs. These benefits will generally pay between \$10,000 and \$23,000 of benefits paid directly to the veteran or widow to help offset the cost of recurring medical bills, home healthcare, assisted living and nursing home expenses. Because VA pension benefits are based on the amount of healthcare expenses incurred, keeping good records of these expenses is critical to maximizing benefits paid.

Seek out Professional Advisors:

While you may be the member of the family anointed with the role of financial caregiver, it doesn't mean that you have to go it alone. Seek out professional advisors, such as elder law attorneys, geriatric care managers, or financial gerontologists who have specialized knowledge, skills, and most importantly, experience in dealing with the financial issues related to aging and healthcare. These professionals not only help you with the practical matters of law, healthcare and finance, they can provide something you can't place a dollar value on: peace of mind.

Gary Crooms is a Registered Financial Gerontologist® and is the founder and president of Senior Information Services of America®, a late-life financial and estate planning firm headquartered in Texas. Gary has worked in the field of aging and finance as a practitioner for over 20 years, has written numerous published articles for various aging publications, and has been quoted in many articles related to aging issues in local and national newspapers and magazines. He has also instructed thousands of social workers and healthcare professionals in continuing education courses developed by his company on late-life financial issues.



Texas Alzheimer's State Plan Update

April 23 marked a historic day for the Alzheimer's movement in Texas. Over 150 persons representing researchers, patients, caregivers, academicians, businesses, healthcare providers, and the five (5) Texas chapters of the Alzheimer's Association met in Austin to hear the results of months of diligent preparation: Texas' first Alzheimer's state plan. This plan was created to provide specific recommendations for addressing the Alzheimer's burden on Texans and their caregivers.

Alzheimer's disease (AD) is a progressive and irreversible brain disease that is characterized by a steady decline in cognitive, behavioral and physical abilities with such severity to disrupt daily life. Typical symptoms of Alzheimer's disease include memory loss, disorientation, and diminished thinking ability – to name a few. As the disease progresses, outward physical signs include loss of strength and balance, inability to perform simple tasks, and incontinence. In the later stages of the disease, the areas of the brain controlling the autonomic functions such as breathing, heartbeat and swallowing are compromised, leading to death. While the course of the disease and rate of progression vary for each victim, Alzheimer's is a fatal disease.

As Texas ranks third in the number of Alzheimer's disease cases and second in Alzheimer's deaths, the need to craft a statewide plan has never been more pressing. The plan addresses the following five goals:

- 1) Texas will support Alzheimer's disease research
- 2) Texans will experience improved cognitive health throughout their lifespan
- 3) Texans with Alzheimer's disease will experience improved quality of life through better disease management
- 4) Caregivers will experience enhanced levels of support through improved access to Alzheimer's disease and other dementia care information and services
- 5) Texas will improve state and local capacity to address Alzheimer's disease

Alzheimer's Disease Research

The Texas legislature has committed significant resources toward Alzheimer's disease research. Due to these investments, the Texas Alzheimer's Research Consortium (TARC) launched in 2007 the first statewide study to create a unique bio-bank of stored DNA and tissue to support current and future Alzheimer's disease research studies, in addition to a 500-person (with Alzheimer's disease) and 300-person control study.

Texas-based Alzheimer's disease research benefits the state in areas such as advances in detection, ability to predict risk, improvements in tracking Alzheimer's disease progression, and advances in basic science to



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

feed the pipeline of future scientific discovery and application.

Prevention and Brain Health

Perhaps the greatest achievement of the 20th century for Americans was the increase in average lifespan, from 46 to 78. Diseases such as cancer and cardiovascular disease have seen advances in treatment and most importantly, cures. Hundreds of thousands of Texans are survivors of heart disease and cancer. While there are no survivors of Alzheimer's disease, recent research indicates the same lifestyle habits benefitting heart health may also provide enhanced brain health.

A research study published in the Journal of the American Medical Association (JAMA) validates the use of a Mediterranean-type diet (rich in fruits, nuts, legumes, fish rich in omega-3 fatty acids and olive oil) in reducing rates of cognitive decline. Another study over 40 years found that borderline to moderately high cholesterol levels have lead to a higher risk of becoming afflicted with dementia.

Understanding the relationship between brain health and total body health may someday solve the classic paradox for our aging society: people want to live as long as possible, but do not want to experience cognitive decline.

Texans with Alzheimer's Disease

Three stakeholder groups hold the key to improving the quality of life for persons with Alzheimer's disease. In priority order, these constituents are 1) those engaged directly in providing care and treatment, such as family members and/or primary caregivers, primary care physicians and other healthcare providers; 2) those care providers involved in a secondary capacity, such as faith leaders, law-enforcement and first responder personnel; and 3) employers, insurers, and elected officials.

Improved disease management practices need to be

Continued on page 8



Hope & Alzheimer's continued from page 1

decline in frontal lobe functions – which include the skills used in focused attention, blocking irrelevant data, and the abilities to abstract and innovate, all requisites for planning, decision-making, problem-solving, and judgment – that should cause the mightiest concern.

Even though memories are indeed affected by Alzheimer's, people with the disease remain interested in and enjoy talking with others about history, current events, and areas of shared interest. Center for BrainHealth Alzheimer's research incorporated the simple pleasures of conversation, allowing those with the disease to use knowledge they already had to discuss new topics in a changing world. Participants created a "Collection of Life Stories" to permanently capture the important moments that defined their lives, that when added together made them who they are, and that helped them look at themselves as people and not just as people with Alzheimer's disease.

Audette Rackley of the Center for BrainHealth witnessed firsthand how Alzheimer's and other dementia patients can look beyond their conditions to maintain an active life. She wrote *I Can Still Laugh* along with coauthor Sophia Dembling based on her clinical observations; the book, which contains stories of inspiration and hope from individuals living with Alzheimer's, is available at amazon.com.

So many books on the market that deal with

Alzheimer's concentrate exclusively on the devastation brought by the disease. But *I Can Still Laugh* is one of the rare works that shows the humanity and dignity that thrives despite the diagnosis. Each of the stories contained within its covers offers strength and inspiration. In fact, perhaps the seminal achievement of the book is its conclusion that Alzheimer's and its kindred diseases can coexist with hope.

The story of a former Navy flight officer diagnosed with dementia in *I Can Still Laugh* illustrates the hope and optimism that permeates the book. The captain of his high school football team, competitive runner, military man, nursing home ombudsman, and volunteer companion to a Parkinson's patient reacted with private anger when he was first diagnosed. But through his connection with the Center for BrainHealth he had a turnaround, eventually "reaching out to people and presenting the strong, capable, human face of dementia to the world," which became supremely meaningful and important to him. Many such personal stories of success and triumph lie within the book's pages.

For those concerned about the level of their own cognitive powers, the Center offers its one-of-a-kind BrainHealth Physical, a mental stress test that measures strategic attention, integrated reasoning, and innovative thinking – abilities that should stay robust as people age. The Center-developed BrainHealth Physical, which includes a two-hour assessment along with one hour of feedback and is based on more than 20 years of research, serves as both an individual baseline of mental function and a means of proactively addressing cognitive concerns. To learn more about the BrainHealth Physical, please call Miss Rackley at 972.883.3405, or visit www.centerforbrainhealth.org.

The decades of research logged by scientists at the Center for BrainHealth combines to serve one goal: to expand and then disseminate the vocabulary of brain health. This effort is designed to develop a more complete understanding about brain diseases and conditions like Alzheimer's in order to create interventions that help those diagnosed today and decrease the number of those diagnosed tomorrow. From that, people of the blossoming 21st century – basically all of us – can take hope-filled comfort.

Sandra Chapman,
Ph.D. Founder
and Chief Director
of the Center for
Brain Health



FutureSearch Trials of Dallas

FutureSearch Trials of Dallas is currently conducting three 24 week trials for Alzheimer's patients in the Dallas area that are 50 years of age and older. In each of these trials, a study medication is taken in addition to the patient's current medications in order to assess potential improvements in cognition.

- A study sponsored by Novartis comparing two different doses of a Rivastigmine patch for Alzheimer's patients with severe dementia. Rivastigmine is already approved for patients with mild to moderate Alzheimer's and has been used to treat over 6 million patients worldwide. Rivastig-

mine has demonstrated significant treatment effects on the cognitive (thinking and memory), functional (activities of daily living) and behavioral problems that are commonly associated with Alzheimer's/dementia.

- A study sponsored by Dannon and comparing Souvenaid versus another multivitamin drink in patients with mild to moderate Alzheimer's. Souvenaid is a once a day multivitamin drink that contains Fortasyn Connect, a combination of nutrients including uridine monophosphate, choline, the omega-3 fatty acids EPA and DHA, phospholipids, B vitamins and antioxidants. *Continued on page 7*





We All Joke About Our “Senior Moments”

An experimental medication is being investigated in people with Mild Cognitive Impairment at UT Southwestern

Kristin Martin-Cook, M.S.,
C.C.R.C.
Memory Research Unit,
UT Southwestern Medical Center

Senior moments, Mild Cognitive Impairment (MCI) or early Alzheimer’s disease can be hard to tell apart. The relationship between these conditions is the focus of much neuroscience research these days, including several studies at the University of Texas Southwestern Medical Center at Dallas. While we all joke about our “senior moments,” neuroscience is beginning to shed some light on the underlying brain changes that lead to these and more serious lapses in memory and cognition. Studies suggest that people who report having lapses or fluctuations in memory are 4.6 times more likely to be diagnosed with Alzheimer’s in their later years. Knowing when to take these “senior moments” seriously remains a question for seniors and their physicians.

Evidence is mounting that Alzheimer’s disease is a disease process that begins in the brain up to a decade before a person has the consistent memory impairment that is the hallmark symptom of AD. Given the prevalence of memory complaints, or senior moments, it is important to develop biomarkers of the disease that will aid seniors and their physicians in early detection of Alzheimer’s disease. The Alzheimer’s Disease Neuroimaging Initiative (ADNI) has produced some very important findings and newly developed techniques for measuring disease in people with late stage MCI and early stage AD. The ADNI-GO study, a second phase of this large trial, will now focus on an even earlier stage of memory loss called Early Mild Cognitive

Impairment (EMCI) which is described as the earliest stage between Normal Aging and Mild Cognitive Impairment, sort of the “senior moments” stage. The goal is to apply the latest techniques of imaging and other biomarkers to this group of people (age 50-90) who might be at risk for AD in years to come. It is thought that detection at this stage will lead to important interventions and perhaps preventative therapies.

Two other studies at UT Southwestern are already focused on new interventions at the stage of Mild Cognitive Impairment. Scientists believe that in order for drug therapies or other non-pharmaceutical interventions to be successful they will need to be started before people have clear symptoms of dementia, which represents an advanced state of cognitive impairment. Current medications for dementia are often used to treat the cognitive symptoms that occur in the MCI phase; however, these drugs seem to only treat symptoms, not delay or halt the disease. It is necessary to develop new therapies that will delay the onset of the disease or stop its progression. One large study has begun recruitment to investigate the question of whether endurance / cardio exercise training can protect the brain by improving blood flow to the brain or changing brain chemistry. By studying brain biomarkers in people who are randomly assigned to different types of exercise, we hope to find a way to treat the underlying disease, in addition to enhancing the overall wellbeing of patients with Mild Cognitive Impairment. An experimental medication is also being investigated in people with Mild Cognitive Impairment at UT Southwestern with the hope that this medication may alter the disease course and keep people from going on to develop the symptoms of dementia. You can get more information about this research and other research on memory disorders by calling the Alzheimer’s Disease Center’s research line at 214-648-9376.

FutureSearch continued from page 6

- A study sponsored by Envivo comparing three different doses of an investigational medication, EVP-6124, versus placebo (an inactive substance) in patients with mild to moderate Alzheimer’s. This is a new type of cognitive enhancing medication that works through nicotine receptors and has shown

promise in treating a variety of cognitive disorders.

FutureSearch Trials is located at 5445 Sierra Drive in Dallas – phone 214-359-2600. Dr. Michael Downing, MD is the primary investigator for FutureSearch. Dr. Downing received his Doctor of Medicine degree from UT Houston in 1990 and was a member of the Alpha Omega Alpha Honor Society.





It costs Texas businesses an estimated \$4.5 billion each year to provide health coverage for Alzheimer's patients and cover lost productivity in the workplace.

Texas Alzheimer's Plan continued from page 5

developed – not to create a 'cookie-cutter' approach, but to deploy best practices based on evidence-based norms.

Helping Caregivers

Over 10.9 million Americans provided unpaid care for persons with Alzheimer's disease in 2009, including over 850,000 Texans. Caregivers for Alzheimer's disease patients more frequently develop other health problems than others at their age due to the enormous physical and emotional demands of caring for this population. Throughout the disease progression, persons with Alzheimer's disease experience changes in behavior and personality while becoming increasingly dependent on others to meet their daily needs. Families must deal with their loved ones with Alzheimer's disease who are unable to cooperate or resist care assistance.

A primary objective of the Texas plan for caregivers is to engage the support of 20 non-traditional partners to distribute educational materials and resources to raise awareness of Alzheimer's disease.

Infrastructure

Without strengthening Texas' capacity to address Alzheimer's disease, no improvement can be realized for the patient, family, and our state. Partners and stakeholders, such as community and faith-based organizations, academia, all levels of government, and the for-profit and non-profit healthcare provider industry, are needed to reduce the burden of Alzheimer's

disease on our state.

The above information gives a very small slice of the comprehensive nature of the state plan. For more information, view and download the plan at www.dshs.state.tx.us/alzheimers/pdf/DRAFTTEXAS-PLAN.pdf

Make your first call to the 24-hour Helpline:
1-800-272-3900

Greater Dallas Chapter

4144 N. Central Expwy, Ste 750
Dallas, Texas 75204
phone 214-827-0062 www.alzdallas.org

McKinney Branch Office

Medical Center of McKinney, Wysong Campus
120 S. Central Expressway, Ste. 101
McKinney, TX 75070
Phone 214-454-0855

North Central Texas Chapter

101 Summit Avenue, Suite 300
Fort Worth, TX 76102
1-800-471-4422 phone 817-336-4949
www.alz.org/northcentaltexas

Arlington Branch Office

401 W. Sanford #200
Arlington, TX 76011
phone 817-460-8001

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 *web* License #11549

© Copyright 2010, Avalon Residential Care. Designed and printed in the US by Infused Design www.InfusedDesign.com

