



Texas Alzheimer's News

A collaborative effort of the Alzheimer's Association Coalition of Texas and the Texas Council on Alzheimer's Disease and Related Disorders

Cognitive Aging Research in Texas

By Graham J. McDougall, Jr., RN, PhD, FAAN

With the graying of America, health professionals and caregivers are often asked and seek answers to questions about the elderly and cognitive aging, such as: *When should my aging parent stop driving?, or Will I be able to remain in my own home?, or Am I losing my mind if my memory is slipping?* When faced with a memory problem, older adults may have no way of knowing whether they are experiencing transient forgetfulness or a more serious long-term problem. These questions are complicated and often require an in depth medical examination. Everyday memory confidence may also be eroded if an individual's concerns are not taken seriously.

Older adults often expect their memory performance to decline, either because they have observed changes in their own memory, or because society demonstrates through negative images or stereotypes that with aging memory decline is inevitable. Younger adults often attribute forgetfulness to potentially reversible and manageable causes, such as tension. Age-

related cognitive decline usually occurs between 65 to 85 years of age, but this is a continuum from the benign acts of losing keys to more serious events, such as getting lost and having automobile accidents.

Memory and aging studies are being conducted at many institutions throughout the country. In Austin, The University of Texas is conducting a \$2.4 million five-year study funded by the National Institute on Aging (NIA) to address memory improvement. The study, titled *Improving the Everyday Memory in At-Risk Elderly*, aims to boost not only memory performance but also instrumental activities of daily living, such as remembering to take medications, preparing adequate meals, managing money, and using the telephone. Recent studies indicate that mental stimulation may prevent, or at least delay, what is considered a "normal" decline in memory with aging. Older adults at-risk for memory loss include those individuals who are 65 years of age and older, who live alone, are recently widowed, and have multiple chronic illnesses. The project, trade-

marked *SeniorWISE (Wisdom is Simply Exploration)*, aims to teach participants strategies for successful aging. Adults 65 and older who are at risk for memory loss and who are living independently in the community will be randomly placed in control and experimental groups. The experimental groups will receive an eight-session, 90-minute classroom course designed to teach older adults strategies to improve everyday memory. Booster sessions will be provided to participants three months after the last class session. Memory performance will be tested five times throughout the study, and participants

Continued on page 2

Texas Alzheimer's News

Cognitive Aging Research	Page 1
Medicare Policy Change	Page 2
Bill Increases AD Research Funding	Page 3
Alzheimer's Demonstration Projects	Page 4
Best Practices – Ombudsman	Page 4
Residents' Rights	Page 5
Events – Alzheimer's Council Conference	Page 6
Alzheimer's Association Memory Walks	Page 8
Caregiver Resources – Innovative Respite Care	Page 10
Alzheimer's Association Chapters	Page 11

will be followed for just over two years. For more information about the study or to volunteer, call the SeniorWISE hotline at 512.471.8208 or email Dr. McDougall at gmcDougall@mail.nur.utexas.edu.

Research studies and clinical trials related to Alzheimer's disease and other related disorders are being conducted at Texas Alzheimer's Disease Centers. The Texas Council on Alzheimer's Disease and Related Disorders is currently working toward developing a consortium of such research institutions. Individuals who are considering participating in clinical research should discuss it with their physician and be prepared to ask the facility conducting the study some questions to ensure their rights, safety and understanding of the research protocol. The following sites may help potential participants consider their options.

www.centerwatch.com/patient/backgrnd.html

www.veritasmedicine.com/fm/about_trials_empty.cfm

<http://grants.nih.gov/grants/policy/questionablecapacity.htm>

Graham McDougall is principal investigator for SeniorWISE at The University of Texas at Austin. ■

Medicare Policy Change Benefits Persons with Alzheimer's Disease

The federal government has clarified its policy on Medicare coverage for persons with Alzheimer's disease and other dementias to permit greater access to medical services. In a Program Memorandum to Medicare carriers issued last September, the Centers for Medicare and Medicaid Services prohibit the automatic denial of claims for medical services based solely on a diagnosis of dementia. Medicare carriers are companies that review claims for the government through federal contracts.

As a result of the Program Memorandum, Medicare payment of covered medical services and procedures will be determined based on the individual assessment and needs of the beneficiary. Medicare will not use dementia diagnostic codes alone as a basis for determining whether Medicare covered services are reasonable and necessary.

Before this policy change, if a person had been diagnosed with Alzheimer's disease or another dementia, some Medicare carriers automatically denied coverage for medical care. In many cases, computers were programmed to reject claims entered with a diagnostic code of dementia. The new policy bans carriers from using computer programs that systemati-

cally deny or restrict coverage for claims based solely on a diagnosis of dementia.

The Program Memorandum explains that advances in diagnostic techniques have enabled physicians to diagnose individuals with certain dementias at the earliest stages of the disease. It further explains that throughout the course of their disease, individuals with dementia may benefit from pharmacologic, physical, occupational, speech-language, and other therapies.

Here is what the Program Memorandum means for individuals with Alzheimer's disease:

- Medicare cannot refuse to pay for some medical services for beneficiaries with Alzheimer's disease solely because of their diagnosis.
- Medicare will cover evaluation and management visits by physicians or other healthcare providers if reasonable and necessary.
- Medicare will cover physical, occupational and speech therapy if they are reasonable and necessary for a beneficiary with Alzheimer's disease. For example, if an individual with Alzheimer's disease has an unsteady gait and physical therapy is necessary, Medicare will pay for it.
- Medicare will cover psychotherapy or other behavior management therapy provided by a mental health provider for a beneficiary who has Alzheimer's disease if the therapy is reasonable and necessary.
- Medicare will pay for home health care if the individual is homebound and requires a

skilled service, such as nursing services, or physical, occupational or speech therapy, even if the beneficiary attends adult day care.

The Program Memorandum does not change Medicare coverage rules. It does not add coverage of additional items and services, such as prescription drugs, adult day care or custodial care.

The Program Memorandum is available at www.hcfa.gov/pubforms/transmit/AB01135.pdf.

Senate Appropriations Committee Passes Bill Increasing Alzheimer's Research Funding By 12%

On July 16th, the Senate Labor-HHS-Education Appropriations Subcommittee began the first steps of the legislative appropriations process for 2003 by completing its mark-up of the fiscal year 2003 spending bill (no bill number yet) that will provide funding for Alzheimer's disease research and programs. The full Senate Appropriations Committee approved the subcommittee bill two days later. Senate floor action is not expected until sometime later this fall.

Based on preliminary calculations of the Senate Committee bill, funding for Alzheimer's research would jump to an estimated \$670 million in fiscal year 2003, an increase of \$71

million or close to 12% over the current research investment (\$598.9 million). Although this figure is less than the \$200 million increase sought by the Alzheimer's Association, it is a big step forward toward the Association's \$1 billion goal, especially given extremely tight budget constraints and an immense commitment to homeland security funding and bioterrorism research.

Below are details on the research funding increases included in the Labor/HHS Appropriations bill passed by the Senate last week in July:

- \$27.2 billion for the National Institutes of Health (NIH), an increase of \$3.7 billion over last year's level;
- \$1 billion for the National Institute on Aging (NIA), an increase of \$106.9 million, or 12%, over the fiscal year 2002 appropriation;
- \$1.3 billion for the National Institute of Mental Health (NIMH), an increase of 8%;
- \$1.4 billion for the National Institute on Neurological Disorders and Stroke (NINDS), an increase of 12%. In addition to NIA, NIMH and NINDS do significant amounts of Alzheimer's disease research.

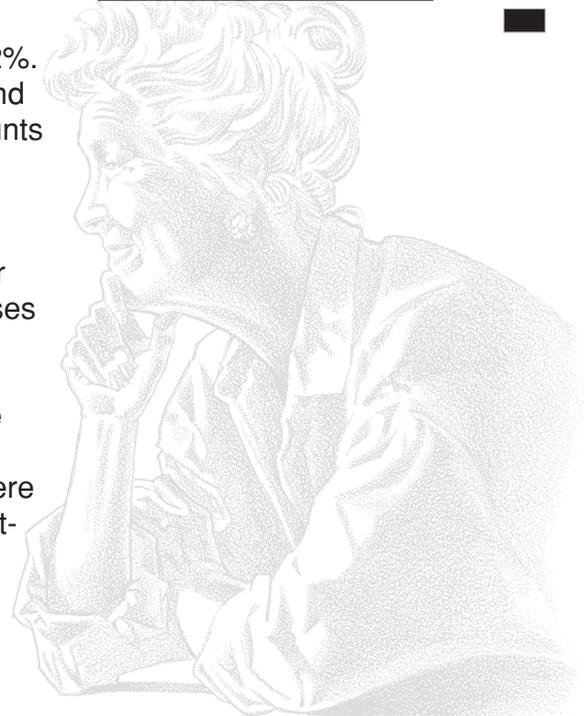
Apart from a 45% increase for bioterrorism research, increases for the various NIH institutes ranged from 8% to 12%. NIA and NINDS, who received the largest percentage increases among the other institutes, were top priorities of the subcommittee.

The House of Representatives is expected to consider the House Labor/HHS Appropriations bill when lawmakers return from the summer recess in early September.

The bill approved by the Appropriations Committee also provided \$15 million (an increase of \$3.5 million over current funding of \$11.5 million) for the Alzheimer's Disease Demonstration Grant program at the Administration on Aging (AoA). In addition, the bill included \$153.5 million for the Family Caregiver Support Program – an increase of \$17.5 million over the current appropriation.

The Senate Appropriations Committee also approved a Senate Commerce/Justice/State Appropriations Subcommittee bill (no bill number yet) that included full funding (\$900,000) for the Safe Return Program.

For additional information, see the Action ALERT on the Alzheimer's Association web site at www.alz.org/GetInvolved/Advocate/actionalert.htm.



Administration on Aging Launches New Alzheimer's Demonstration Projects

On July 15 a special celebration of the 10th anniversary of the Administration on Aging's (AoA) Alzheimer's Disease Demonstration Program was held in San Antonio. Josefina G. Carbonell, Assistant Secretary for Aging in the U.S. Department of Health and Human Services, launched eight new Alzheimer's disease demonstration projects and announced renewed funding for 25 others. With the addition of the new states, the demonstration project has become a 33-state, \$11.5 million pilot program.

Assistant Secretary Carbonell made the announcement at Grace Place Adult Day Center, a provider agency for the Texas demonstration project — the Community Alzheimer's Resources and Education (CARE) project — which is targeted towards Hispanics and persons in rural areas with Alzheimer's disease. CARE provides case management and respite for caregivers of those with Alzheimer's disease, either through adult day care programs such as Grace Place or through at-home services.

Carbonell praised the Texas program, saying it has grown faster than any other demonstration project in a shorter period of time. In its first year, CARE helped a record number of 1,000 families in the San Antonio and Rio Grande Valley areas. CARE works closely with the Texas

health and aging network and the local chapters of the Alzheimer's Association.

The state-funded CARE program (not specifically targeted toward Hispanics or persons in rural areas) is ongoing in seven other sites, and has achieved similar success as the AoA project. The other sites are located in El Paso, Lubbock, Tyler, Houston/Stafford, Corpus Christi, Austin and Fort Worth. For information about the CARE program, contact your local Alzheimer's Association or local Texas Department of Human Services (TDHS) Long Term Care Office.

- Alzheimer's Association: www.alz.org click on "your chapter"
- TDHS Long Term Care Office: www.dhs.state.tx.us click on "regional information"

Best Practices

Ombudsman Program Advocates for Residents' Rights

Long-term care ombudsmen are specially trained and certified volunteers who advocate for quality of life and quality of care for nursing home and assisted living facility residents. Started in 1972 as a demonstration program, the Ombudsman Program today is established in every state under the Older Americans Act, which is administered by the Administration on Aging.

Through systemic advocacy work and educational efforts, state programs have brought to the attention of state and federal policymakers, regulatory agencies and provider organizations recommended changes to improve the health, safety, rights and welfare of long-term care residents. Examples of changes advanced or promoted by ombudsman programs, often in collaboration with other organizations, include:

- Enactment of the federal Nursing Home Reform Law of 1987 with provisions pertaining to quality of care and quality of life;
- Increased personal needs allowances;
- Protection from involuntary discharge and room transfers;
- Reduced use of physical and chemical restraints;
- Improved building and safety standards;
- Increased use of advance directives; and
- Opportunities for residents and families to participate in advisory councils.

In Texas, the State Long-Term Care Ombudsman Program is managed through the Texas Department on Aging (TDoA) and its 28 Area Agencies on Aging across the state. "We have 886 certified volunteer ombudsmen in Texas who work on behalf of residents in 1155 nursing homes and 1232 assisted living facilities," said John Willis, State Long-Term Care Ombudsman. Mr. Willis, State Ombudsman Office staff, and Area Agency on Aging staff throughout the state recruit, train and retain volunteers to assure

for adequate functioning and performance of the program.

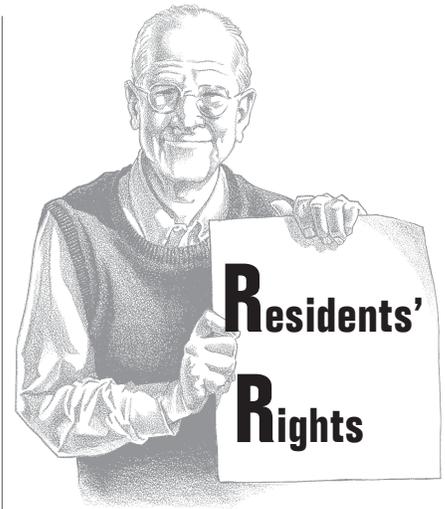
Ombudsmen represent a visible and active presence in long-term care facilities and serve three vital roles in Texas:

- Providing information and assistance to residents and family members about residents' rights, long-term care services and regulations, and community resources. An ombudsman is a good source of information when selecting a long-term care facility, including eligibility requirements.
- Identifying, investigating and resolving complaints by or on behalf of nursing home residents. Residents and family members should try to resolve differences and problems with facility staff whenever possible. When not possible, or when the family or resident is unsure, an ombudsman should be contacted. An ombudsman supports residents and families to resolve any problems or differences with the facility staff by defining concerns, explaining rights and identifying possible courses of action. An ombudsman can help resolve the problem in most cases; however, complaints involving abuse or neglect are referred to the appropriate agency. In all cases, complaints are handled confidentially and information is not released without approval of the resident or legal guardian.
- Advocating for system and legislative changes. State and regional ombudsman programs work cooperatively with other advocacy organizations to recommend legislation and

regulatory changes that affect older Texans. Staff routinely serve on boards and committees of other organizations and actively advocate for policies to promote quality of care. Mr. Willis serves on the Texas Council on Alzheimer's Disease and Related Disorders, the Texas Department of Human Services Alzheimer's Advisory Committee and numerous other committees that share the common goal of achieving improved quality of care and quality of life for Texans.

The Texas Department on Aging Ombudsman Program had an outstanding year of service to the state's 94,000 nursing home residents and their families in FY 2001. The program handled a record number of complaints and requests for assistance and continued a pilot advocacy project in five regions to identify unlicensed assisted living facilities in order to serve those residents. TDoA continuously seeks opportunities to strengthen services for frail and vulnerable Texans living in long-term care facilities and to expand its volunteer base to assure that every resident receives quality care and experiences a quality of life.

For more information about TDoA's Ombudsman Program, visit their website at www.tdoa.state.tx.us or call 1.800.252.2412 to be connected to a regional ombudsman program.



The Nursing Home Reform Act of 1987 established quality standards for nursing homes nationwide, established basic rights and services for residents of nursing homes, and defined the certification process to enforce the standards.

The basic objective of the Nursing Home Reform Act, part of the Omnibus Budget Reconciliation Act of 1987, is to ensure that residents of nursing homes receive quality care that will result in their achieving or maintaining their "highest practicable" physical, mental, and psychosocial well-being. To secure quality care in nursing homes, the Nursing Home Reform Act requires the provision of certain services to each resident and established the following basic rights for nursing home residents:

- The right to freedom from abuse, mistreatment, and neglect;
- The right to freedom from physical and chemical restraints;
- The right to privacy;
- The right to accommodation of medical, physical, psychological, and social needs;

Continued on page 6

- The right to participate in resident and family groups;
- The right to be treated with dignity, respect and consideration;
- The right to exercise self-determination;
- The right to communicate freely;
- The right to participate in the review of one's care plan, and to be fully informed in advance about any changes in care, treatment, or change of status in the facility;
- The right to confidentiality of personal and clinical records;
- The right to voice grievances without discrimination or reprisal.

Anyone who has a loved one living in a nursing home should know about the laws that provide important rights to nursing home residents. In addition to federal laws found in the Nursing Home Reform Act, all states have regulations to protect the rights of nursing home residents. Texas state laws covering nursing homes include:

Residents' Rights:
[Texas Administrative Code 19.401-421](#)

Quality of Life:
[Texas Administrative Code 19.701-705](#)

Quality of Care:
[Texas Administrative Code 19.901](#)

To access the Texas Administrative Code online, go to: <http://lamb.sos.state.tx.us/tac/index.html>.

Events

Alzheimer's Council Holds Successful Conference

Austin's DoubleTree Hotel was the setting for the Texas Council on Alzheimer's Disease and Related Disorders 2002 statewide biennial conference. Held on June 6 and 7, *Alzheimer's Care: Making a Difference in Everyday Life* presented the most current information available on the diagnosis and treatment of Alzheimer's disease from some of the country's leading researchers. The program also featured innovations in care to improve the quality of life for individuals with Alzheimer's disease and related disorders and their caregivers.

"In addition to presenting cutting edge research advances, we sought to demonstrate practical application of the findings," said Ellen MacDonald, Council Member and Conference Planning Committee Chair. "There is so much more we have learned about Alzheimer's disease...so much more we can do to help individuals earlier in the course of the disease." Advances in the pathogenesis of Alzheimer's disease have led to earlier diagnosis and new treatment strategies. Divergent from a traditional program theme of preparing for a death with dignity, *Alzheimer's Care* sought to focus on maintaining a sense of selfhood and dignity throughout the disease.

The June 6 opening plenary session featured Dr. Ronald Petersen, Mayo Clinic Alzheimer's Disease Center (ADC) Director; Dr. Roger Rosenberg, ADC Director at UT Southwestern Medical Center; and Dr. Rachelle Doody, ADC Director at Baylor College of Medicine. Dr. Petersen compared and contrasted Mild Cognitive Impairment (MCI) and early stage Alzheimer's disease, and described current assessment tools used to establish a differential diagnosis of dementia. He also discussed scientific advances in diagnosing Alzheimer's disease early in the illness and the significance this diagnostic capability carries for the treatment and eventual prevention of memory disorders.



Dr. Rosenberg presented the latest advances in genetic research including new insights into how genes can interact to cause Alzheimer's disease. He discussed new therapies for Alzheimer's disease, including stem cell and somatic cell genomics. Dr. Doody explained the concepts of symptomatic and disease-modifying treatments, and described some of the strategies for future treatments designed to impact the neuropathologic changes in Alzheimer's disease.

The featured luncheon speaker was Dr. Sharon Ostwald, Director of the Center on Aging at UT Health Science Center in

Houston. Dr. Ostwald was a co-investigator with Dr. David Snowdon on the five-year pilot study for the widely acclaimed Nun Study. She discussed the longitudinal study and its implications for understanding Alzheimer's disease, and leading longer, healthier and more meaningful lives.

Afternoon sessions on June 6 included successful activities to enhance quality of life, maintaining selfhood and dignity with Alzheimer's disease, how does your garden grow – horticultural therapy, and innovations in the assessment and treatment of behavioral disturbances. Speakers included Johnnie Elliott, Council member and Administrator of the Rising Star Nursing Home; Mary Compton, President of Seasons Seminars in Dallas; Kim Nemece, Director of Programming for Uncommon Care/Barton House; Sharon Mobley, Operations Manager for Barton House; Audrey Chadwick, horticultural therapist; and Dr. Mark Kunik, physician investigator for the Houston Center for Quality of Care and Utilization Studies at the Houston Veterans Affairs Medical Center.

While both conference days had application for professional and family caregivers, June 7 was geared more specifically to lay caregivers. Dr. Ronald Devere, Medical Director of the Alzheimer's Disease Memory Disorders Center in Sugar Land and Seton Lakeway Center in Austin discussed the important issue of addressing the special healthcare needs of people with Alzheimer's disease. Assessment and diagnosis are particularly challenging when people

are not able to clearly describe their pain or specific problem. Dr. Devere discussed appropriate communication techniques and methods to properly evaluate and address these needs.

Gary Jessee, Director of the Office of Area Agency on Aging Support and Operations at the Texas Department on Aging; Valerie Bridgeman Davis, Vice President of Programs for the Alzheimer's Association – Greater Austin Chapter; and Kim Nemece presented a session on accessing respite care options. Respite care has been identified as one of the most pressing needs by families. The panel provided an overview of the various formal and informal respite options available to Texas caregivers, including their comparative benefits and barriers to accessing respite care.

Dr. Paul Chafetz, clinical geropsychologist and adjunct associate professor at UT Southwestern Medical Center, concluded the two-day program with a presentation on healthy caregiving. In his discussion, Dr. Chafetz identified creative strategies for setting boundaries in one's daily caregiving role and suggested ways to expand the caregiver circle to optimize care and prevent burnout.

Some 260 professional and family caregivers attended the conference, giving the two-day program high ratings for overall content, quality of speakers, supporting materials, and organization. The conference proceedings handbook is available at www.tdh.state.tx.us/osp/alz.htm.

About the Texas Council on Alzheimer's Disease and Related Disorders

The Council was created by legislative mandate in 1987 to serve as the state's advocate for persons with Alzheimer's disease and those who care for them. Members are appointed by the Governor, the Lieutenant Governor, and the Speaker of the House to coordinate state-wide research and education efforts, and to disseminate information on services and related activities available for persons with Alzheimer's disease to the medical and academic communities, family and professional caregivers, and the public.

About the Alzheimer's Association Coalition of Texas (AACT)

The Coalition represents the five chapters of the Alzheimer's Association in Texas, and their regional offices. The Alzheimer's Association is a national voluntary health organization founded in 1980 to provide information and services, including a telephone help line, family support groups, educational programs, a lending library, the Safe Return program for wanderers, in-service training, and multicultural outreach programs. The mission of the Coalition is to advocate for the improved quality of life for Texans affected by Alzheimer's disease and related disorders.



Alzheimer's Association Gears Up for Annual Memory Walk Events

It's almost fall and that means Alzheimer's Association chapters and regions are busy planning their annual Memory Walk events. Each year thousands of individuals participate in this event across the state and the nation, helping to raise funds for vital research and community services. Memory Walk is the Association's premier national event to increase public awareness and raise funds for Alzheimer's disease. Events planned in Texas include:

Greater Austin Chapter

Contact: Gail Harmon 512.241.0420

- September 28: 2nd Annual Heart of Texas Memory Walk in Temple at Lions Park
- October 19: 11th Annual Greater Austin Memory Walk at Auditorium Shores
- Date and location to be announced: 3rd Annual Hill Country Memory Walk

Greater Dallas Chapter

Contact: Karen Johnstone 214.827.0062

- October 5: Memory Walk in Gainesville
- October 5: Memory Walk in Gunter
- October 12: Memory Walk in Dallas, Winfrey Point at White Rock Lake
- October 12: Memory Walk in Denton
- October 19: Memory Walk in Sherman
- October 26: Memory Walk in Red Oak

Houston and Southeast Texas Chapter

Contact: Alexis Montle 713.266.6400 x121

- September 28: Washington County Memory Walk
- October 5: Baytown Memory Walk at Bayland Park
- October 5: Leon County Memory Walk
- October 12: Bryan/College Station Memory Walk
- October 12: Burleson County Memory Walk
- October 12: Grimes County Memory Walk
- October 26: Ft. Bend/Houston Memory Walk at the AMC First Colony Theatres
- November 2: Beaumont Memory Walk
- Date and location to be announced: Jasper Memory Walk

North Central Texas Chapter

Contact: Lyn Downing 817.336.4949

- September 14: Memory Walk on the Brazos in Weatherford at Silverado Ranch
- September 21: Abilene (Taylor County) Memory Walk at Nelson Park
- September 21: Arlington Memory Walk at The Ballpark
- September 21: Wichita Falls (Wichita County) Memory Walk at Sikes Center Mall
- September 28: Memory Walk on the Trinity at Trinity Park

STAR Chapter

East Texas

Contact: Robin Dawley 935.569.1325

- September 28: Livingston Memory Walk
- October 5: Center Memory Walk
- October 12: Lufkin and Nacogdoches Memory Walk

Continued on next page

El Paso

Contact: Denese Watkins 915.544.1799

- September 21: 8th Annual El Paso Memory Walk at Cohen Stadium

Rio Grande Valley

Contact: Robert Morris 956.440.0636

- October 5: Harlingen Memory Walk at Valle Vista Mall

South Central Texas

Contact: Bonny Lundy 210.822.6449

- September 21: 3rd Annual Kerrville Memory Walk at Schreiner University
- September 28: 2nd Annual Pleasanton Memory Walk at City Park
- October 12: 11th Annual San Antonio Memory Walk at Retama Park Racetrack
- October 26: 3rd Annual New Braunfels Memory Walk at Landa Park
- October 26: 2nd Annual Corpus Christi Memory Walk at Cole Amphitheater

West Texas

Contact: Cheryl Watson 806.372.8693

- October 6: Amarillo Memory Walk at Sam Houston Park

Contact: Debbie Erdwurm 915.570.9191

- October 5: Denver City Memory Walk at City Park
- October 12: Midland/Odessa Memory Walk at Midland International Airport, Midland Symphony Building
- October 12: Big Spring Memory Walk at Comanche Trail Park, Belaski Pavilion
- April 26, 2003: San Angelo Memory Walk at City Park
- Date and location to be announced: Lubbock Memory Walk



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For more information on Alzheimer's disease, to be placed on the newsletter mailing list, or to change your mailing address, please call 1.800.242.3399. There is no cost to subscribe. Newsletters are also posted on the Internet at www.tdh.state.tx.us/osp/alz.htm

Viewpoints expressed in this newsletter do not necessarily reflect those of the Texas Council on Alzheimer's Disease and Related Disorders or the Alzheimer's Association Coalition of Texas.

Caregiver Resources

Innovative Respite Options

By Valerie Bridgeman Davis, DDiv

A primary concern for caregivers who choose to provide in-home care for a loved one with Alzheimer's disease is burnout. The day filled with caring for persons with dementia has been called "The 36-Hour Day."¹ It is grueling and never-ending, even when it is rewarding and hopeful.

The first decision that a caregiver must make is to take care of themselves while caring for their loved one. Caregivers must recognize their own needs. Caregivers often forget to eat, spend any alone time, or do any self-caring activities such as going out to dinner or to the movies. Often times, the caregiver believes he or she cannot afford to leave the loved one in the care of someone else, or he or she feels guilty for passing his or her responsibility on to someone else. The truth is, caregivers cannot afford to NOT take care of themselves. The caregivers' physical health and mental well-being are essential elements to quality of life for the person living with dementia.



An innovative way of getting respite in-home is the Video Respite® by Innovative Caregiving Resources.² This system provides for an interaction between the loved one with dementia and the video itself. There are videos geared to certain cultures (Jewish, African American, Spanish-speaking, for example) and to memories for persons in the sixties plus age group. These videos are surprisingly effective in engaging the loved one while the primary caregiver cooks, or reads, or waters the lawn. Innovative Caregiving Resources provides a 10-minute video demonstration to show how the system works.

An additional in-home resource to consider is the Internet. Several agencies and organiza-

tions provide on-line chat rooms and support groups for the person who is providing care, cannot get out of the house, but needs the ear of a sympathetic person who has "been there, done that." Below are some sites to consider:

⌘ www.alzwell.com

⌘ www.rivendell.org

⌘ <http://groups.yahoo.com/group/alzheimerscare>

⌘ <http://groups.yahoo.com/group/eldercarechatguide>

¹ Nancy L. Mace and Peter V. Rabins, *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer Disease, Related Dementing Illnesses, and Memory Loss in Later Life*, 3d ed. (Baltimore: The Johns Hopkins University Press, 1999).

² Video Respite® Series by Innovative Caregiving Resources, P.O. Box 17809 Salt Lake City, Utah 84117-0809

* Phone 801.272.9806

* Fax 801.272.9805

* Toll-free 800.249.5600

Valerie Bridgeman Davis is Vice President of Programs for the Alzheimer's Association, Greater Austin Chapter.

CORRECTION

In the Winter 2001 edition of Texas Alzheimer's News, Texas Tech University Health Sciences Center was incorrectly identified as the site of the first teaching nursing home in the United States. Several teaching nursing homes preceded Garrison Center at Texas Tech in Lubbock.

Alzheimer's Association Chapters and Regional Offices

Greater Austin Chapter

3420 Executive Center Drive, Suite 301
Austin, Texas 78731

TOLL FREE: 1.800.367.2132

Greater Dallas Chapter

7610 Stemmons, Suite 600
Dallas, Texas 75247-4228

TOLL FREE: 1.800.515.8201

Houston and Southeast Texas Chapter

11251 Northwest Freeway, Suite 300
Houston, Texas 77092

TOLL FREE: 1.800.266.8744

Beaumont Regional Office

780 4th Street
Beaumont, Texas 77701

TOLL FREE: 1.800.449.1613

Brazos Valley Regional Office

1605 Rock Prairie Road, Suite 214A
College Station, Texas 77845

TOLL FREE: 1.800.967.8015

North Central Texas Chapter

101 Summit Avenue, Suite 300
Fort Worth, Texas 76102

TOLL FREE: 1.800.471.4422

Arlington Branch Office

401 W. Sanford, Suite 200
Arlington, Texas 76011

TOLL FREE: 1.800.471.4422

Greater Wichita Falls Regional Office

P.O. Box 3008
Wichita Falls, Texas 76301

TOLL FREE: 1.877.322.6259

Abilene Regional Office

1926 Campus Court
Abilene, Texas 79601

TOLL FREE: 1.888.511.4132

STAR Chapter

4400 North Mesa, Suite 9
El Paso, Texas 79902

TOLL FREE: 1.877.544.1799

Greater West Texas Regional Office

P.O. Box 3389
Midland, Texas 79702-3389

TOLL FREE: 1.800.682.1174

The Panhandle Area Regional Office

2200 West 7th Street
Amarillo, Texas 79106

TOLL FREE: 1.800.687.8693

South Central Texas Regional Office

7400 Louis Pasteur, Suite 200
San Antonio, Texas 78229

TOLL FREE: 1.800.523.2007

Greater East Texas Regional Office

P.O. Box 630636
Nacogdoches, Texas 75963-0636

TOLL FREE: 1.800.246.7888

Rio Grande Valley Regional Office

1000 Camelot Drive, Suite 6005
Harlingen, Texas 78550

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El Paso Regional Office

4400 North Mesa, Suite 9
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