

Alzheimer's disease: the 10 warning signs

Family and friends can play a key role in early diagnosis

When Eric Tangalos, MD, talks about the importance of diagnosing Alzheimer's disease as early as possible, he sometimes underscores his point with a story about his children and a kindly neighbor named Mary.

During the summer of 1988, as in many previous summers, Mary spent most of her days tending her flower garden at her home in Rochester, Minnesota. The nearby Tangalos children, Becky, then 9 years old, and Buddy, 7, were charmed by Mary and her colorful garden. They often visited her and would sit entranced as Mary introduced them to her flowers and the fine points of gardening. "She was like a grandmother to my kids, and they were very fond of her," recalls Tangalos, Alzheimer's Association national board member and professor of medicine at the Mayo Medical School, Rochester, Minnesota.

But one day that summer the children left Mary's house disturbed. They went home and sought out their father. "Dad," they said, "there's something wrong with Mary. She doesn't know the names of her flowers."

Shortly afterward, Tangalos examined Mary. A series of tests revealed that she was in the beginning stages of Alzheimer's. Yet the early diagnosis proved key. "Because we learned of her condition early on," says Tangalos, "Mary could make adjustments in her life that enabled her to continue to live at home with her husband for the next ten years."

Today, 12 years after Mary's diagnosis, the benefits of identifying the disease early have never been greater. Drugs such as donepezil and tacrine can help improve thinking and reasoning skills in people with Alzheimer's. Moreover, the earlier those with Alzheimer's begin treatment, the more likely they will benefit. Thus, the importance of recognizing the disease's warning signs. And family members and friends are often in the best position to determine when someone close begins to behave strangely.

"My kids didn't know the warning signs of Alzheimer's," says Tangalos. "But they knew Mary; they knew that she



The earlier those with Alzheimer's begin treatment, the more likely they will benefit. Drugs such as donepezil and tacrine can help improve thinking and reasoning skills.

was acting differently. And that's the trick for families: to recognize when a family member departs from his or her usual pattern of behavior."

This past December, Tangalos spearheaded a national Alzheimer's Association campaign aimed at educating the public about the 10 warning signs of Alzheimer's. An Association-sponsored survey earlier last year found that many people fail to identify symptoms of the disease.

For instance, 49 percent of those polled incorrectly answered that normal forgetfulness, such as misplacing one's car keys, is a marker for Alzheimer's. Another 33 percent didn't know that forgetting simple words (as in Mary's case) or using incorrect words or failing to recognize numbers are, in fact, indicative of Alzheimer's. Association

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Clarification

One of the questions posed in the article "Dispelling the Myths of Alzheimer's Disease" (*Advances*, summer 1999 issue) was whether Alzheimer's is hereditary. The answer distinguished between early-onset and late-onset varieties of the disease and noted that the early form—which can affect people as young as 30 years old—is very rare. The article went on to explain that early-onset Alzheimer's "has been linked to three different genes [that] have been observed in only 120 families worldwide; individuals who carry one of the early-onset genes will most likely develop Alzheimer's disease."

But the three genes cited, while considered high-risk, aren't the only genes linked to Alzheimer's. The article failed to note that scientists have identified other Alzheimer-associated genes that are more widely distributed among people. While these more common genes present a much lower risk for the disease, they nevertheless can play a role in the development of Alzheimer's among people in their 30s, 40s, and 50s.

We want to hear from you! Please share with us your experiences related to issues covered in *Advances*, or suggest topics you'd like to read more about.

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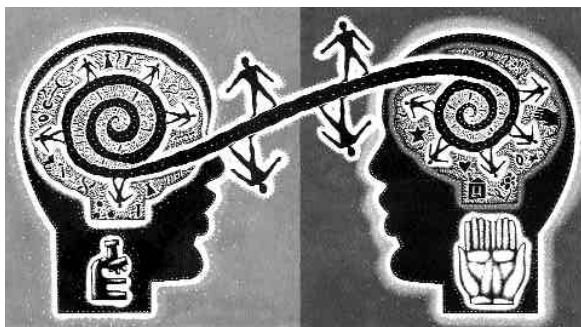
For more information on Alzheimer's disease and the Association or to be placed on the *Advances* mailing list, call (800) 272-3900. Information is also available via the Internet at <http://www.alz.org>.

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Caregiver takes on role of Alzheimer advocate

On the day her husband was diagnosed with Alzheimer's disease in February 1998, Sarah Harris came across an item in her local newspaper describing a candlelight vigil sponsored by the Alzheimer's Association as part of its Public Policy Forum in Washington, D.C. When she saw that the vigil was taking place less than an hour's drive from her home in Fairfax, Virginia, Sarah wanted to drive there with her husband and two sons. She felt a need to connect with other people who had been touched by the disease because that same day her husband had lost his job once his employer found out he had been diagnosed with Alzheimer's. With her husband now unemployed, Sarah, who had been a homemaker for several years, suddenly found herself overwhelmed by a flood of new responsibilities. "I thought the candlelight vigil would be a moving experience and could help me to feel as if I was not alone in coping with this disease," she says.

But bad weather prevented Sarah from making the vigil that year. Little did she know that a year later she not only would attend the Association's candlelight vigil but as an Alzheimer advocate also address those gathered there. Several tough months of caring for her husband practically on her own contributed to Sarah's decision to become an advocate. She learned firsthand about the scarcity of resources available to caregivers, such as herself, who often provide round-the-clock care to their

loved ones who have the disease. "There are not enough programs and financial resources for caregivers, and the public needs to be made aware of that," she says.

Disappointed by the lack of programs and services available in her community, Sarah began searching for a way to remedy the problem. That opportunity came in the form of a brochure from her local Alzheimer's Association chapter encouraging her to become an Alzheimer advocate. "When I saw the brochure, I knew this was a chance to do something to help myself and other families," she says.

In January 1999, Sarah joined other family caregivers and advocacy staff from the Northern Virginia Chapter on a trip to Richmond to ask state legislators to support funding for respite care. After her trip to Richmond, Sarah made plans to attend the Association's



Sarah Harris speaks out about Alzheimer's advocacy at the Alzheimer's Association candlelight vigil in Washington D.C.

Public Policy Forum, a couple of months later. She was thrilled when the Association asked her to speak at the candlelight vigil and says she left the conference feeling empowered.

During the forum, Sarah brought her husband along on a congressional visit. Sarah's husband, who had been diagnosed with Alzheimer's at the age of 53, tearfully told his senator's legislative aide how the disease had robbed him of his independence and forced him to depend on his wife to do everything for him. Along with her husband's ability to perform simple tasks, such as reading, shaving or turning on the television set, Alzheimer's also has robbed Sarah of her husband's companionship, which she greatly misses. "Alzheimer's is a lonely disease," she says.

When Sarah returned later in the year to visit that same legislative aide—but without her husband—the aide asked Sarah how he was doing. The aide's inquiry left a big impression on Sarah and convinced her that putting a face to Alzheimer's makes a difference. As an Alzheimer advocate, "You're often talking to people who don't have a connection to the disease," she says. "But the personal touch makes a difference in how they respond because they see that Alzheimer's affects real people."

Sarah hopes her advocacy pursuits rub off on her sons, ages 10 and 14. They already have participated in a Memory

[CONTINUED ON PAGE 11]

Caregiving strain can kill say Pittsburgh researchers

The stress of caregiving can be fatal, according to research published in the December 15 issue of the *Journal of the American Medical Association*.

Scientists from the University of Pittsburgh found that elderly people caring for their spouses were 63 percent more likely to die than their counterparts who were not caregivers.

In their four-year study, researchers tracked 819 married people, aged 66–95. Three hundred ninety-two of these people were caregivers, and 179 of them reported being under emotional, physical, and mental strain.

Compared to the others, those under stress suffered higher levels of depression and were less likely to exercise, get sufficient rest, or visit a physician when they were ill. After considering factors

such as sociodemographic and physical health status among the study participants, the researchers determined that the stressed spouses who provided care had a 63 percent higher death rate than the others. Stressed caregivers died of illnesses such as heart disease, cancer, stroke, pneumonia, and kidney failure.

“To our knowledge,” the authors wrote, “this is the first study to show that caregiving is an independent risk factor for mortality.”

Stephen McConnell, the Alzheimer’s Association’s vice president for public policy and program services, said the study underlines the need to assist caregivers. Medicare, he noted, covers elderly caregivers when they become ill but doesn’t pay for support that could keep them from becoming ill. **ff**

Can marriage guard against Alzheimer’s?

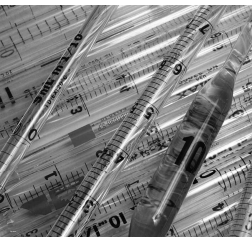


People who marry or those who are widowed are less likely to develop Alzheimer’s and other forms of dementia than those who remain single, suggests research conducted at the Bordeaux University in France.

The study, published in the December 1999 issue of *Neurology*, focused on more than 2,800 people. One hundred ninety of these developed some form of dementia, usually Alzheimer’s disease, during a five-year span. Of those, 4.4 percent were married or living with a partner, 5.1 percent were separated or divorced, 9.4 percent were widows or widowers, and 12.9 percent had been single for life.

Researchers noted that the study was too limited to determine the risk of Alzheimer’s for people separated or divorced. They did find, though, that those who were widowed appeared to have the same risk of developing dementia as those who were still married.

They speculated that people who never marry may have risk factors for Alzheimer’s such as malnutrition that were not examined in the study. Also, single people may have a common personality trait or behavior that might be linked to their remaining single and to their increased risk for dementia, the authors wrote. **ff**



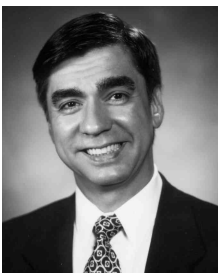
Possible Alzheimer’s vaccine enters clinical trial

Elan Corp. announced in mid-December that it started Phase I clinical studies of a peptide that may lead to a vaccine for Alzheimer’s disease. Last summer, researchers published a study (*Nature*, July 8, 1999, issue) showing that the peptide, called AN-1792, prevented the formation of amyloid plaques in young mice and reduced plaque formation in older mice. Elan recruited 48 people for the clinical trial. Phase I clinical studies, designed to assess a product’s safety, typically last about a year. The Food and Drug Administration requires experimental drugs to undergo several phases of clinical testing to determine their safety and effectiveness. **ff**

[10 WARNING SIGNS... CONT'D FROM PAGE 1]

officials and others speculate that this confusion about the disease may account for the all-too-common delays between the onset of symptoms and a diagnosis of Alzheimer's.

Planners of the campaign purposely timed its launch for December, says Tangalos. "Throughout the holiday season, millions of people will visit their loved ones, and often it's during these visits that families may notice a change in their loved one's health or behavior," he continues. "We want families to recognize changes in behavior and be able to identify the warning signs of Alzheimer's disease so they can take the appropriate action: Call the Alzheimer's Association, see a physician and discuss plans for the future. This is a great time of year to empower families with valuable information."



As campaign spokesperson, Tangalos provided an interview with television reporters across the country via satellite. He also

taped an audio news release made available to radio stations nationwide. In addition, the Association sent press releases to newspapers and magazines.

Each component of the campaign included the suggestion that people call their local chapter for more information or the Association's national 1-800 line for the free brochure *Is It Alzheimer's? Warning signs you should know*.

Judging by the number of requests for the brochure, the campaign hit its

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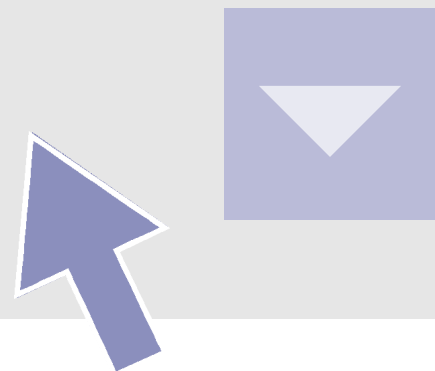
10 warning signs of Alzheimer's

- 1 Memory loss that affects job skills**
It's normal to occasionally forget an assignment, deadline, or a colleague's name, but frequent forgetfulness or inexplicable confusion at home or in the workplace may signal that something's wrong.
- 2 Difficulty performing familiar tasks**
Busy people can get distracted from time to time. For example, a person might leave something on the stove too long or not remember to serve part of a meal. People with Alzheimer's might prepare a meal and not only forget to serve it but also forget they made it.
- 3 Problems with language**
Everyone has trouble finding the right word sometimes, but people with Alzheimer's may forget simple words or substitute inappropriate words, making their sentences incomprehensible.
- 4 Disorientation to time and place**
It's normal to forget the day of the week or what you need from the store. But people with Alzheimer's can become lost on their own street, not knowing where they are.
- 5 Poor or decreased judgment**
Choosing not to bring a sweater or coat along on a chilly night is a common mistake. A person with Alzheimer's, however, may dress inappropriately in more noticeable ways, wearing a bathrobe to the store or several blouses on a hot day.
- 6 Problems with abstract thinking**
Balancing a checkbook can be challenging for many people, but for someone with Alzheimer's, recognizing numbers or performing basic calculations may be impossible.
- 7 Misplacing things**
Everyone temporarily misplaces a wallet or keys from time to time. A person with Alzheimer's disease may put these and other items in inappropriate places, such as an iron in a freezer or a wristwatch in the sugar bowl, then not recall how they got there.
- 8 Changes in mood or behavior**
Everyone experiences a broad range of emotions; it's part of being human. People with Alzheimer's tend to exhibit more rapid mood swings for no apparent reason.
- 9 Changes in personality**
People's personalities may change somewhat as they age. But a person with Alzheimer's can change dramatically, either suddenly or over a period of time. Someone who is generally easygoing may become angry, suspicious, or fearful.
- 10 Loss of initiative**
It's normal to tire of housework, business activities, or social obligations, but most people retain or eventually regain their interest. People with Alzheimer's disease may remain uninterested and uninvolved.



Redesigning an Internet Resource

www.alz.org



Caregivers have precious little time to surf the Internet to find the information they need.

To help caregivers and the entire Alzheimer community find answers to their questions quickly and easily, the Association began a major redesign of its Web site last fall.

Launched in late March, the improved site includes better-organized content areas, expanded information, a host of interactive features, and a new look.

“Our Web visitors helped guide the changes to our site,” says Catherine Henry, director of internal and marketing communications. “More than 300 people responded to our on-line survey in August and September, 58 percent of whom were friends, relatives, or caregivers of someone with Alzheimer’s disease. They told us what they wanted to see in a redesigned site. Their feedback confirmed what we knew already and

also taught us some new things. We implemented many of their ideas.”

A personal clicking experience

Understanding that different groups of visitors have different questions, the home page is now organized into five key audience areas:

- people with Alzheimer’s disease
- family caregivers and friends
- physicians/health care professionals
- researchers
- media

Clicking on any one of these categories leads visitors to a site tailored to their needs. Clear topic areas and links to more in-depth information make for an easy-to-navigate and personalized on-line experience.

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“While caregivers want to know the latest drugs for Alzheimer’s disease, reporters may value knowing the Association’s position on drug testing and therapies,” says Henry. “Structuring the site into distinct audience

areas allows us to provide more customized information that is also easier to navigate.”

A global navigation bar that appears on every page provides access to a glossary, a sophisticated search function and site map, what’s new to the site, ways to get involved with the Association (through advocacy, donations, or volunteering), and local chapters of the Alzheimer’s Association.

New features

The Web site offers so many new features that the best way to explore them all is by logging onto www.alz.org and clicking on “What’s New” in the global navigation bar. Here is a rundown of some of these features:

On-line polls

Voice opinions to questions posted on the home page.

Features on the caregiver site include:

Weekly tips

Visit often for tips on coping and creative care.

Message boards

Participate in the Alzheimer caregiver community by posting and responding to messages. Share tips, ask questions, explore possibilities, and make connections with other caregivers.

On-line journals

Use the care journal to keep track of changes in the person with the disease; then record

your caregiving journey with the personal journal.

Ask an Alzheimer expert

Learn what an expert in the field of Alzheimer’s disease care or research has to say on issues of concern to caregivers.

Creative expression

Submit photographs or other artwork to hang in the art gallery, or send written works as e-mail attachments to post in the poetry and short story areas.

Useful features found elsewhere include:

Access to archives and on-line applications

Browse through back issues of *Advances*, search for research abstracts on specific Alzheimer topics, or sign up to become an Alzheimer advocate.

Association employment opportunities

Find out about job openings and apply for a position, or tell someone else about an exciting career opportunity.


On-line donations

Make a secure on-line donation, and make a difference in Alzheimer research, treatment, and care. Choose to fund areas of interest and learn how donor contributions are used at the Association.

Timeline

Track the Association’s accomplishments since its founding 20 years ago; witness scientists’ steady progress in unraveling the mysteries of Alzheimer’s disease.

Ultimately, the Association’s Web site will be what the Alzheimer community makes it. The Association will continue to listen carefully to what visitors want.

To see all the exciting changes, visit the new Web site often for updated information, new features, and additional resources. 

Helping caregivers cope



St. Louis chapter offers
educational support program

Kathy O'Brien remembers that day in 1981 all too well. You might say that many of her later accomplishments in Alzheimer care can be traced to that fall afternoon in a physician's office in downtown St. Louis.

O'Brien, her mother, two sisters, and a brother had met there to consult with her father's neurologist. A few years earlier, O'Brien's father, Lyal, began to have trouble remembering things. At times he also seemed disoriented and confused. A trip to the Mayo Clinic in Rochester, Minnesota, proved fruitless. Physicians there provided no diagnosis but did advise O'Brien and her family to take away Lyal's car keys.

After the visit to Mayo, his symptoms grew worse. A physician himself, Lyal attributed his troubles to a series of small strokes. But the family grew more concerned and so scheduled the appointment with his neurologist in St. Louis.

As O'Brien recalls, they waited in the doctor's office "for just 10 or 15 minutes, but it seemed like hours." Then the door opened, and the neurologist stepped in.

O'Brien continues: "He told us, very bluntly, 'Your father has Alzheimer's disease. He's going to lose his mind and die. And there's nothing you can do about it.'"

"Our mouths dropped. We were stunned. We didn't ask any questions. We didn't know what to ask." None of them had heard of Alzheimer's. "I felt a huge sense of frustration," says O'Brien. "And I thought to myself, 'What is this disease? And what can we do about it?'"

Her first step was to contact the National Institute on Aging in Bethesda, Maryland. She received a packet of information on Alzheimer's ("which I still have today") and began to research the disease. Then she decided to get involved.

Six months after her father's diagnosis, O'Brien and several other people founded the St. Louis Chapter of the Alzheimer's Association. One of the first orders of business was to devise an educational program for families of people with Alzheimer's and for health care professionals.

"There was a need to get accurate information to families," says O'Brien, president/executive director of the St. Louis chapter. "We wanted to meet with people in small groups so that we could answer their questions. We knew that if we could provide them with knowledge about this disease, we could 'de-emotionalize' the issue and give people a sense of empowerment. That was our goal."

They called the program How to Cope. During two three-hour sessions, families and health care workers attend five presentations:

- **Medical overview** identifies myths and facts about the disease, including a basic primer on its physical and behavioral manifestations.
- **Communication** explores verbal and nonverbal ways of communicating with a person suffering from dementia.
- **Activities of Daily Living** looks at practical ways to manage such tasks as bathing, dressing, and feeding the person with Alzheimer's. It also covers wandering, combativeness, incontinence, and repetitive behaviors.
- **Community Resources and Caregiving Planning** discusses long-range legal and financial planning, respite care options, and nursing home placement.
- **Family Dynamics** (for health care providers) covers family members' expectations when a loved one is cared for in a nursing home or by a health care worker.

Volunteer physicians, social workers, nurses, and lawyers provide the presentations. And the programs, which are advertised in community newsletters, bulletin boards, and in chapter publications, are held in community halls, churches, and the chapter headquarters. About 15 people attend each session.

Sue Young of St. Louis heard about the program after her father, Thomas, was diagnosed with Alzheimer's. "What the Cope program did for us," she says, "was to explain the different stages of the disease Dad was going through. It cleared up many things we didn't understand. So it made it easier on us, and I really appreciate that." In 1995, leaders of the St. Louis chapter decided to expand the original Cope program (now called How to Cope I) to include information for

caregivers facing the later stages of Alzheimer's disease. How to Cope II presentations cover:

- **Physical Care Issues** deals with the physical care needs and medical risks of late-stage patients. It also covers the impact of caregiving on the entire family and monitoring care provided by paid caregivers.



"We knew that if we could provide them with knowledge about this disease, we could 'de-emotionalize' the issue and give people a sense of empowerment. That was our goal."

—Kathleen O'Brien
President/Executive Director,
St. Louis Chapter, Alzheimer's Association

- **Why Do I Feel Guilty? Understanding Grief, Guilt** deals with the grieving process that can overwhelm caregivers and family members.
- **Difficult Transitions** helps families select the best nursing home. It also offers advice for seeking support and effective advocacy methods for working with long-term care staff.
- **Principles for Ethical Decision Making** provides caregivers with an ethical foundation for treatment decisions. It also introduces principles and criteria families can use to help clarify values and resolve conflicts when they face difficult decisions.

Last April, Maggie Dooley of Florissant, Missouri, began caring for her mother, Alice, who had been diagnosed with Alzheimer's in December of 1998. Ms. Dooley has attended Cope programs I and II.

"I was totally overwhelmed at first," she says. "But the Cope programs had very good speakers and helped me to learn what Alzheimer's is and what it isn't. At the meetings, I'd also learn from other caregivers. I began to feel that I wasn't so alone. And now things are going pretty well."

To date, about 5,000 people have attended the Cope sessions. Despite Cope's success, chapter leaders remain on the lookout for ways to improve the program. "We need to consider whether the seminar format is appropriate for certain ethnic groups and for others who don't share the same language," says Kathy O'Brien. "We also are considering including sessions on early-onset Alzheimer's disease."

For more information about the St. Louis chapter's Cope programs, contact Stephanie Rohls-Young, program manager, at (314) 432-3422. *if*

Q & A presents answers to your research or caregiving questions from leading professionals in the field of Alzheimer's disease. In this issue, Sharon Roberts, RN, provides guidance on assessing pain in people with Alzheimer's.

Q: My father was diagnosed with Alzheimer's disease last year and lives with my family. I'm concerned that he may have problems with pain that he's not communicating to the family. What can I do to help him?

A: Because pain is highly subjective and affected by a number of factors, it is often difficult to assess. Pain is extremely common among the elderly. In fact, individuals over 60 years old are twice as likely to complain of pain compared to their younger counterparts.

Assessing pain in individuals with Alzheimer's disease can be especially difficult. In 1992, the United States Agency for Health Care Policy and Research recommended use of objective guidelines for assessing pain, but this could be of limited use for people who are cognitively impaired.

Pain researchers note that caregivers for family members with Alzheimer's need to be attuned to a variety of verbal and nonverbal cues that could indicate discomfort and pain.

Family caregivers may have an advantage over other caregivers, primarily because they're so familiar with the habits of the person they're caring for. Generally, deviations from usual behavior patterns should be investigated. Aggressiveness or restlessness that's unaccounted for or unusual facial expressions might mean that something is wrong.

In the late 1990s, staff at the Vancouver [Canada] Health Sciences Center compiled a guide for assessing pain among elderly people who are cognitively impaired. Some of the pain cues they cited were:

- **Verbal expressions**— crying when touched, hollering, becoming very quiet, grunting, talking without making sense.
- **Facial expressions**— grimacing, closing the eyes, wincing when touched, having a worried expression.
- **Behavioral expressions**— increased confusion; jumping when a particular spot is touched; not wanting to eat; withdrawing; acting grumpy; rocking, shaking, or experiencing tremors; becoming agitated, anxious, or restless; pushing away or grabbing at people; decreased concentration; increased sleeping; hanging one's head or acting depressed.
- **Physical expressions**— becoming cold, pale, or clammy; having a red or swollen body part; changing color; and, in the case of acute pain, changes in vital signs such as blood pressure, pulse, or respiration.

Any pattern or clustering of the symptoms noted here might be sufficient cause to consult a physician for further evaluation.

Sharon Roberts, RN, is a nurse consultant/gerontologist with the Lake County Health Department in Waukegan, Illinois. #

Send us your questions...

If you have a question you'd like to ask about Alzheimer research or care, please mail it to: Alzheimer's Association, 919 North Michigan Avenue, Suite 1100, Chicago, Illinois 60611-1676, Attn: Michele Pellissier, or send e-mail to: michele.pellissier@alz.org.



[ADVOCATE... CONTINUED FROM PAGE 3]

Walk to help raise funds for the local Alzheimer's Association chapter. As an advocate, Sarah wants to stress to people that the disease affects individuals differently. "The general perception is that Alzheimer's affects only old people, individuals in their 80s and 90s," she says. "But the public does not know that the disease also strikes younger people, like my husband, and will likely kill him because it moves more aggressively in younger individuals."

Sarah has become passionate about increasing funding for respite care programs in Virginia because she has had the chance to benefit from such a program through the National Institutes of Health. Respite care programs, such as day care, offer temporary relief from caregiving responsibilities. In addition to pushing for more funding for respite care and research, Sarah feels

her main responsibility as an advocate is to educate people about the psychological, emotional, physical, and financial toll Alzheimer's has on families. "People want to help, but they don't understand," she says. "If people aren't educated about the impact of the disease on families, then they won't feel compelled to do anything to help." **#**

[10 WARNING SIGNS...

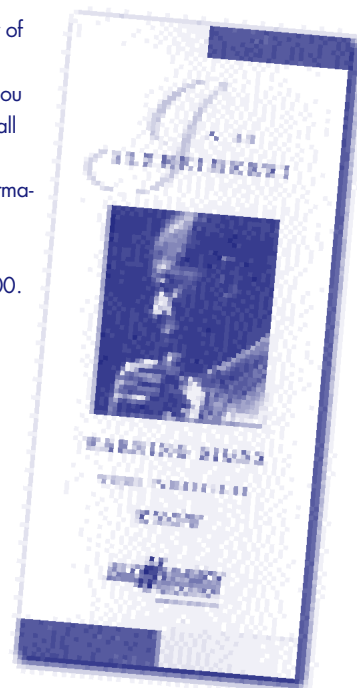
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mark. Ann Stein, the Association's manager of information and referral services, reports that the number of informational packets (which include the brochure) sent out this past December (1,060) was more than triple the number mailed during the same period in 1998 (324).

Educating more people about Alzheimer's warning signs could mark an important turning point in the care

of those with the disease. "Early recognition and diagnosis can help families avoid tragic delays in seeking treatment," says Tangalos. "Medical and behavior interventions can help to sustain a person's quality of life." **#**

To obtain a copy of "Is it Alzheimer's? Warning signs you should know," call the Alzheimer's Association information and referral services at 1(800)272-3900.



Taxes and Alzheimer's disease

Do you know...

- How to benefit from an important tax law change that may allow you to deduct maintenance and personal care services for someone with Alzheimer's disease?
- That long-term care costs, including nursing homes, assisted living facilities, group homes, day care centers, respite care, in-home and companion care, adult diapers, home equipment, and improvements may be deductible medical expenses?
- That the deduction for your parents' medical expenses, including qualified long-term care services, might be deductible on *your* return?
- That deductible medical expenses for the taxpayer and his or her dependents must total more than 7.5 percent of adjusted gross income?
- That it is very important to obtain and retain documentation because there are requirements for the deduction, including annual certification, a plan of care, and other requirements that you must be able to show you meet to take the deduction?
- That medical expenses, including qualified long-term care services, are only deductible if the taxpayer itemizes deductions?

The Alzheimer's Association has a set of fact sheets titled *Taxes and Alzheimer's Disease* that offer general information and guidelines to help you and your tax preparer file your 1999 tax return. Call your local chapter or (800) 272-3900 for a copy.

Alzheimer Advocates

Making a Difference



At the federal, state, and local government levels, Alzheimer advocates are at work, pushing for increased research funding, pressing for ways to ease the strains on caregivers.

This month, advocates from across the country will meet in Washington, D.C., for the Alzheimer's Association's 12th Annual Public Policy Forum. Topics on the agenda include:

- Advancing Alzheimer Issues in an Election Year

- The Changing Nature of Alzheimer Treatment and Care
- Solving the Long-Term Care Workforce Crisis
- The Prescription Drug Debate
- Dementia and Driving: Is Legislation the Answer?
- Long-Term Care Financing
- Advocacy for Quality Care
- Innovations in Caregiver Support

Become an Alzheimer advocate in your community. Contact your local chapter by calling (800) 272-3900 or the Public Policy office in Washington, D.C., at (202) 393-7737.

(800) 272-3900
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