Are Seniors Getting Too Much Medical Treatment?

By Howard Gleckman – http://howardgleckman.com/blog

Older adults are getting too much medical treatment.

No, I am not suggesting we ration treatment for seniors or empower the mythical death panels. Rather, the health system should replace aggressive but ultimately useless medical interventions with more care.

This means rethinking the way we care for older adults with chronic disease. We should organize care around the goal of improving their quality of life rather than on aggressively treating their specific medical conditions. Rather than doing that third scan on the same body part, we could better spend our dollars on home delivered meals or an adult day program for an otherwise homebound senior. Every decision should be based on the answers to two simple questions: Is it what the patient wants? Will it improve her quality of life?

The idea isn’t new, of course. It has been floating around the edges of medicine for years. More hospitals are developing palliative care programs. People at the end of life are increasingly relying on hospice, though still for a too-short period of time. And many are taking more control of their end-of-life care though advanced directives, do-not-hospitalize orders, and right-to-die laws.

But these initiatives are either modest or focused only on people at the very end of life. Many completely miss those who will live for years with chronic conditions. As many 12 million Americans need some level of personal assistance to help with their daily activities. And recent research by my Urban Institute colleague Melissa Favreault finds that 6 million people over 65 will live an
She may have forgotten that she’s your mother, but we never will.

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A message from the EXECUTIVE DIRECTOR

Spring has arrived, sending any remaining memories of winter on their merry way. As I write this article, students are off for their school break, signaling an “official” start to Spring. How fortunate we are to have several fine colleges and universities in Central Florida, which are educating a new generation of employees for local businesses.

ADRC is pleased to have added a talented young man from UCF to our top-notch staff. Eric Rodriguez’s position as Donor Development Coordinator includes a wide range of duties starting with handling all of our agency’s social media needs. According to Wikipedia’s definition, Social media are computer-mediated tools such as facebook, Youtube, Twitter, LinkedIn, etc., that allow people or companies to create, share or exchange information, ideas, pictures and videos in virtual communities and networks.

These tools allow ADRC to provide caregivers, family members, colleagues, etc. with content on a wide array of topics that are timely, interesting and useful. Many of these platforms also allow our agency to raise critically needed funding by keeping in touch with the thousands of folks who utilize social media and tend to donate to causes that matter to them.

Some of you have already interacted with Eric because he and Lorraine spearheaded two online fundraising sweepstakes for our agency recently. Rest assured you’ll be hearing more about these efforts as Lorraine and Eric use their expertise to bring ADRC into the 21st Century through expanded use of these new tools.

The staff and I wish to extend a warm welcome to Eric and to those folks who have been “following” ADRC on social media. Of course, the staff and I will continue to provide caregiver information and programs the “old fashioned way” (in person) but ADRC is proud to extend our reach into the virtual world of social media. We have exciting plans for the future, so stay tuned!

Warmest regards,

Nancy Squillacioti

Did you know that ADRC offers:

• A lending library of current books about dementia, caregiving and brain health. Come check them out!
• Mary’s Caregiver Garden – a memorial garden for all of our caregivers to enjoy, located in front of our office.
• “Care Counseling” – for individuals and family members who have questions about caring for their loved one.
• Referral lists to community resources, such as elder law attorneys, neurologists, memory disorder clinics and assessment centers, adult day care facilities, in home care agencies (both medical and non-medical), nursing homes and assisted living facilities and much more!
• Educational information on topics such as the importance of getting a proper diagnosis, communication tips, activities to do with your loved one, general caregiver tips, driving behavior warning signs, checklist for doctor’s appointments, Florida’s Silver Alert system, factors to consider when choosing a nursing home…and many more.
• A practical and comprehensive caregiver guide called “Caring for Someone With Dementia – A Practical Guide,” written by ADRC staff and currently in its third edition. The cost is $10.00 and the guide can be purchased through our office or via Amazon.
average of two years with a very high level of need for assistance, and one in seven older adults will live five years or more needing significant help. But how will they get that support?

Slowly, the medical mainstream is starting to think about this part of the care equation. Even as many people get too much medical treatment, many receive too little assistance with those daily activities that can improve their lives.

A few weeks ago I was asked to present to the Institute of Medicine’s Board on Health Care Services. I don’t know if IOM will adopt this issue as a priority, but the fact that it is even thinking about the overmedicalization of care for older adults is a great step forward. There is surprisingly little research about the attitudes of American doctors towards the elderly (though there is much more on this topic in Europe). But physicians tell me their colleagues tend to gravitate to the extremes. On one hand, some physicians write off older patients. This is the attitude that leads them to say something like: “Of course it hurts. You’re 85. What do you expect?”

On the other, there are those doctors who can’t bring themselves to stop aggressive treatment when it no longer helps, or may even harm, a patient’s quality of life. Some physicians can’t do this even after a patient has requested an end to over-the-top treatment.

One problem is common to both kinds of docs: Their inability to guide patients to the personal assistance and social supports that could do them the most good. Many physicians don’t even know these services exist, much less have the interest or time to lead their patients to them. Others can’t even imagine that care beyond their specialty is in any way useful.

It will not be easy to turn this ship. It will take changes in culture and in the way Medicare pays.

Patients must have access to the information they need to understand that more treatment is not necessarily better care. Some hospitals do this when they show videos of what it is like to be on a ventilator before asking whether a patient wants to use that device.

For their part, doctors must learn that more aggressive treatment is not always best for their patients. Better data about life expectancy and quality of life in palliative care would help.

Better communication among physicians, patients, and families is essential. Docs need to explicitly ask older patients what they want for treatment. If they must choose between quality of life and prolonged life, which do they prefer? And if patients ask where they can get social supports, docs must be prepared to respond, even if the answer is to send them to a trusted social worker or other expert.

And the payment system has to adjust. If Medicare is going to pay doctors to do more procedures, no one should be surprised to see doctors do more procedures. That too is changing, though only in fits-and-starts. And we need to find resources to pay for those non-medical services that Medicare does not pay for. So far, that’s barely changing at all.

IOM’s interest in this topic is enormously important. It could help signal a fundamental shift in the way physicians think about their older patients (to say nothing of their younger ones). In an era of hyper-specialization, it is not easy to get physicians to care for people rather than treat diseases. But it is not impossible.
In Loving Memory of Our Founder, Pat Jimison

It is with heavy hearts that we pay tribute to our agency’s beloved founder, Patricia (Patsy) Goodwin Jimison, who passed away at 88 years on February 26, 2016. Throughout her life, Patsy was a true champion and compassionate advocate for the plight of Alzheimer’s disease and dementia, a women whose vision and efforts virtually made the very existence of the Alzheimer’s & Dementia Resource Center and its tremendous work and mission possible.

In 1982, Pat’s husband Jack Jimson was diagnosed with Alzheimer’s disease and catapulted her and her family into the (then) unorganized and daunting world of caregiving. Quickly realizing how unprepared her family was for the challenges of what lay ahead and the lack of local caregiver resources in Central Florida, Pat, Jack and their family decided to start the Winter Park Alzheimer’s Disease Family Support Group in 1984. Seeing the clear demand and need to fill Central Florida’s caregiving vacuum, her grand vision for this small support group quickly evolved into the far-reaching, 501(c)(3) nonprofit the Alzheimer’s & Dementia Resource Center is today, 32 years later.

For the rest of her incredible life, Patsy dedicated her time and efforts to advocate for patients and caregivers living with Alzheimer’s disease. She served on the Florida Alzheimer’s Disease Initiative Committee and was appointed by then Florida Governor Lawton Chiles to be a delegate to the 1995 White House Conference on Aging. Instrumental in starting the Alzheimer & Dementia Resource Center, she served as the director for 13 years.

Pat also helped establish the Alzheimer Brain Bank Program of Central Florida, a program that served as the precursor to the current State of Florida Brain Bank. The Brain Bank is a critical autopsy research program (one of only a few state-run initiatives in the country) that coordinates brain tissue donations for medical research across the country aimed at ultimately curing Alzheimer’s disease.

Beginning in 1996, Pat worked at the Memory Disorder Clinic at Orlando Regional Healthcare until her retirement in 2001. She served on various boards and committees related to issues of aging and was recognized as Public Citizen of The Year by The National Association of Social Workers, Central Florida Chapter, in 1999.

Dear Pat, you served as an inspiration for all and your mission of providing hope and support for caregivers and their loved ones lives on through the Alzheimer’s & Dementia Resource Center and your family. Rest in peace knowing that made a noticeable impact on the world.

To read her full obituary: http://www.tributes.com/obituary/read/Patricia-Pat-Goodwin-Jimison-103337709
Anyone who has a close relative with Alzheimer’s shares the same worry: Am I next?

However, a growing body of research indicates that our lifestyles — particularly what we eat and whether we’re obese — play a greater role than our genes in determining our brain health as we age.

“For years, scientists thought that Alzheimer’s was primarily genetic,” said Gary Wenk, professor of neuroscience at Ohio State University. “We now believe that, while there’s a genetic component, Alzheimer’s is primarily a lifestyle disease.”

People do carry genes, including APOE-4, that predispose them toward the disease, but whether they activate those genes depends heavily on their lifestyles, said Dr. Stuart Lipton, professor at Sanford-Burnham Research Institute, where he’s scientific director of neuroscience, aging and stem-cell research.

“A myth exists that if the Alzheimer’s gene is in your family, you’re going to get it. But that only affects 1 percent of cases,” Lipton said. “What matters most is how you superimpose your lifestyle on top of your genetic background.”

A degenerative brain disorder that causes progressive loss of memory and intellectual and social skills, Alzheimer’s is the most common form of dementia, affecting 5.4 million Americans, nearly half a million in Florida alone, according to the Alzheimer’s Association. Though no cure exists, medications can slow progress.

Good, bad news

Although Americans may have more control over whether they develop Alzheimer’s than they thought, the primary risk factors are all on the rise.

“Looking at the rising rate of obesity, diabetes and metabolic syndrome, we’re in a bad state of affairs,” Lipton said.

Obesity is linked to Alzheimer’s because it’s a risk factor for diabetes, and diabetics have a two to three times greater risk of developing Alzheimer’s, said Ira Goodman, a neurologist at Orlando Health. “We believe that’s because their impaired ability to use or make insulin contributes to neurodegeneration” —in other words, brain breakdown.

Goodman, like other neuroscientists, recommends eating fewer carbohydrates, which keeps insulin levels down.

He cited a study out of the University of Cincinnati that found that carbohydrate restriction helped participants who had mild cognitive impairment regain mental function. Researchers divided the 23 participants into two groups. One group went on a typical diet consisting of 50 percent of calories from carbohydrates for six weeks. The other group went on a low-carbohydrate diet, where fewer than 10 percent of calories came from carbohydrates.

Afterward, cognitive function stayed about the same in the first group, while in the low-carb group, function improved, according to the 2010 study, published in the Neurobiology of Aging.

Brain experts also recommend a diet high in protein and rich in colorful fruits and vegetables. The latter are strong in polyphenols and anti-oxidants, which have proven to boost brain health.

Role of stress

Controlling stress is also important for optimizing brain function. Stress increases cortisol, a hormone, in the blood, which increases blood sugar, which increases insulin, Goodman said. The neuroscientist also does research at Compass Research in Orlando, where studies are under way looking for medications to prolong brain health and slow mental demise.

Continued on Page 7
In a recent study at Yale, scientists found that stressful events appeared to cause gray matter — the brain tissue that contains dendrites, which transfer information between brain cells — to shrink. The cumulative effects of stress lead to cognitive impairment and probably to memory loss, said researcher Rajita Sinha, professor of psychiatry at Yale Medical School and director of the Yale Interdisciplinary Stress Center.

Yale researchers asked 103 healthy volunteers ages 18 to 48 to fill out questionnaires to quantify the amount of stress they’d had in their lives. Then participants underwent brain scans.

Subjects who had experienced recent stressful events, such as loss of a job, house or loved one, showed markedly lower amounts of gray matter in the prefrontal cortex, according to the study published in a recent issue of Society of Biological Psychiatry.

“The dendrites shrink with high levels of stress,” Sinha said. “But all is not lost. The brain is dynamic and plastic. If the stress is dealt with in a healthy manner, dendrites grow back.”

A healthful manner includes all the behaviors that help keep Alzheimer’s at bay: keeping blood-sugar levels steady, exercising, building good personal relationships and engaging in positive activities, Sinha said.

Of course, another primary risk factor for Alzheimer’s is getting older. Today, the chances of having Alzheimer’s by the time a person reaches age 85 is 50 percent, Goodman said. That risk rises to 75 percent by age 100.

“Even if you do carry a genetic predisposition, lifestyle modifications in midlife can greatly reduce the risk and delay onset,” Goodman said.

More ways to ward off Alzheimer’s

• Coffee drinkers and those who partake in a little wine each day also enjoy some protective benefits, said Gary Wenk, professor of neuroscience at Ohio State University, and author of “Your Brain on Food.”

  Long-term global studies have shown that those who consume five cups of coffee a day reduce their incidence of diabetes by 50 percent, and that protection increases as coffee consumption goes up.

• Other brain-healthy behaviors include keeping cholesterol levels, blood pressure and inflammation under control. “What’s good for your heart is good for your brain,” said Ira Goodman, a neurologist who conducts Alzheimer’s studies at Compass Research in Orlando.

• Patients who’ve taken statins for years to control their cholesterol seem to have some protection, as do those who keep their blood pressure down, with or without medication, Wenk said.

• Large epidemiological studies have suggested that anti-inflammatory medications also help. “Those who developed arthritis early and began taking nonsteroidal anti-inflammatoryatories were at lower risk of developing Alzheimer’s,” Wenk said.

• Exercising your body and your brain also proves protective. “The more you learn, the more synapses you make,” Goodman said. “Brain degeneration involves the breaking down of synapses, so the more you have the longer the brain takes to break down. This is why we think people who are highly educated have a lower incidence of Alzheimer’s.”

• Socializing with friends and being active in your faith also help, researchers say.

mjameson@tribune.com or 407-420-5158
Upcoming Events

Please RVSP or call for more information 407-843-1910

Free Community Workshop
Caregiving Matters

Friday, May 6, 2016
“How to Survive Your Role as Caregiver”
Presented by: Jerry Hamilton, MS Ed
Registration: 1:30 pm
Program time: 2:00 pm – 4:00 pm

Location:
Oviedo YMCA
7900 Red Bug Lake Rd.
Oviedo, FL 32765

Free Community Workshop
Caregiving Matters

Friday, June 3, 2016
“How to Survive Your Role as Caregiver”
Presented by: Jerry Hamilton, MS Ed
Registration: 1:30 pm
Program time: 2:00 pm – 4:00 pm

Location:
Oviedo YMCA
7900 Red Bug Lake Rd.
Oviedo, FL 32765

Free Community Workshop
Caregiving Matters

Friday, July 1, 2016
“How to Communicate When Logic Doesn’t Work”
Presented by: Jerry Hamilton, MS Ed
Registration: 1:30 am
Program time: 2:00 pm – 4:00 pm

Location:
Reeves United Methodist Church
1100 N Ferncreek Ave.
Orlando, FL 32803

Free Community Workshop
Caregiving Matters

Friday, August 5, 2016
“How to Survive Your Role as Caregiver”
Presented by: Jerry Hamilton, MS Ed
Registration: 9:30 am
Program time: 10:00 am – 12:00 pm

Location:
Reeves United Methodist Church
1100 N. Ferncreek Ave.
Orlando, FL 32803
Savvy Caregiver is an evidence based training program developed by Ken Hepburn, PhD, and colleagues Marsha Lewis, PhD, RN, Jane Tornatore, PhD, Carey Wexler Sherman, MA, and Judy Dolloff, MSW. The program is a series of six consecutive 2 hour classes that meet weekly.

Savvy Caregiver has been extensively tested in several states and has been demonstrated “…to improve caregiving confidence and reduce caregivers’ sense of distress.” Savvy Caregiver encompasses ideas and theories from many disciplines incorporating information that comes from a diverse range of sources.

The program is primarily aimed at reaching the home or family caregiver who is most often thrown into the unexpected caregiving role when a loved one is diagnosed with some form of age related progressive dementia, such as Alzheimer’s disease. However, those professionals who work with persons who have been diagnosed with a form of age related dementia have found the program to be not only informative, but a means to improving service delivery skills.

The family caregiver does not ask for this role, nor are most people who become non- professional caregivers prepared for the real work of caregiving. Caregivers most often do what they do for love, frequently combined with a sense of duty, or filial responsibility. Caregivers usually do not have the information, skills or strategies needed to provide care that will result in the contented involvement of the person (for whom the care is being provided) with daily life, or for themselves.

The Savvy Caregiver program provides knowledge, skills and strategies that will increase caregiver confidence, and improve the quality of life for both caregiver and the person for whom the care is being provided. The knowledge presented through this program is based in the understanding that age related dementias are illnesses of a progressive type. It provides information on the nature of the illnesses of dementia, and teaches the aspects of clinical distance. Caregiving is a type of clinical work, and because of this, caregivers need a measure of clinical training. This allows the caregiver to develop the skill to assess a given situation and then develop a strategy to address the situation. The program encourages and teaches experimentation in when developing and then applying those strategies. If a given intervention doesn’t work exactly as intended, then the caregiver will know how to tweak the strategy to make it more effective within the context of the issue s/he is trying to address.

The developers of the Savvy Caregiver program explain the impetus for this program in this way:

“Family caregivers are under a tremendous amount of stress. Not only do they have to deal with the day-to-day reality of the situation – making sure the person gets safely and securely (and, hopefully, pleasantly) through the day – they are also dealing with their own feelings of sadness, loss, disappointment, etc. Caregivers typically take on added responsibilities both within the family (becoming the chief financial officer as well as the full-time laundry and housekeeping staff) and outside of it (they come to manage all the boundaries between the person and the various institutions with which they interact (physicians, nurses, bankers, social workers, lawyers, etc.)). They are often faced with added financial pressures (having now to consider spending their own or their loved one’s assets on care-providing services). Very often they are also at the center of the cyclone of a family system trying to deal with a situation they don’t want and don’t understand.”

The Savvy Caregiver program will provide participants with strengthened skills that will result in more
positive outcomes. As the caregiver’s quality of life is improved, so is the quality of life for the person for whom s/he is providing care.

Through the acquisition of information and knowledge, skills, outlook (or attitude) the caregiver will experience an increase in self-confidence and come to understand they must appreciate their own work and worth. The central focus of the program represents these four basic areas of content: managing daily life, managing behavior, managing own well-being, and managing resources. Recurring themes are, “you are in control,” “all behavior has meaning,” and “curbing expectations.”

If you are caring for someone with any form of age-related progressive dementia, such as Alzheimer’s Disease, Lewy Body Disease, Frontal Temporal Dementia, Vascular Dementia, or any others, the Savvy Caregiver program is a tested and effective means by which you will not only be successful in your work, but also increase your confidence and satisfaction with life.

ADRC will be presenting the six week series at various locations in the greater Orlando area throughout 2016. Participants are expected to attend all classes in the series; however you do not need to be currently caring for someone to be eligible to attend the series. Although the classes are intended for the family or “non-professional” caregiver, professional caregivers, and other professionals who provide service to persons diagnosed with any form of age-related progressive dementia are welcome to attend. Savvy Caregiver Facilitator is Edith Gendron, ADRC, COO.

Each Savvy Caregiver series is capped at 20 participants, so pre-registration is required.

To learn more about the program, or to register for an upcoming six week series, call ADRC at 407-843-1910.

About Our Agency’s Funding

The Alzheimer’s & Dementia Resource Center (ADRC) has been providing dementia-specific programs in our community for over three decades. As a nonprofit agency, we offer most of our services for free or at very low cost, and scholarships are available for those who are unable to pay.

ADRC receives a small amount of federal and state funding, but most of our income is derived from grants, corporate sponsorships, and fundraisers, and through the generosity of individuals who support our mission. Many of our families have provided for us in their wills through bequests, annuities and other financial arrangements.

ADRC is not affiliated in any way with the national Alzheimer’s Association, nor do we receive funding from them in any capacity.

We receive no funding from our local United Way except for “designated” donations from individuals who specifically earmark ADRC as their charity of choice. Those who take part in United Way campaigns through their employers may also specifically designate that their donations be given to our agency by writing in our agency’s name and our United Way “agency code” (# 8090) on your pledge form.
If you have been diagnosed with Alzheimer’s, consider participating in a research study that is investigating a way to slow the progression of the disease.

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- Age Advantage
- Alzheimer's Foundation of America
- Amedisys Home Health Services
- American In-Home Care
- Atria Park at Lake Forest
- Jack and Annis Bowen Foundation
- CarePatrol of North Orlando
- The Chattos Foundation
- Chesley G. Magruder Foundation
- Columbia Restaurant
- Combined Research
- Comfort Keepers
- Compass Research
- Cornerstone Hospice
- Disney EARS to You Fund
- The Walt Disney Company Foundation
- Elder Law Center of Kirson and Fuller
- Encore at Avalon Park
- FirstLight Home Care
- Kathleen Flammia, PA
- Florida Hospital Centre of Senior Health
- Florida Hospital Medical Group
- Fraternal Order of Eagle Aerie and Auxiliary #3496
- The Galloway Foundation
- Gentry Park Orlando
- Golden Pond Communities
- Grand Palms
- Halifax Health Hospice
- Hospice of the Comforter
- IU Translation
- Jean Rinh Central Branch
- Seminole County Library
- Joseph G. Markoly Foundation
- Life Care Services
- One Senior Place
- Orlando H.I.P. Networking Group
- Orlando Health Center for Aging and Memory Disorder Clinic
- Orlando Lutheran Towers
- Oviedo YMCA
- Partners in Healthcare
- Premier Senior Consultants
- Publix Super Markets Charities
- Ranger Printing
- Reeves KnitWits
- Reeves Memorial United Methodist Church
- Right at Home
- Rotary Club of Winter Park
- Charitable Foundation
- The Ryan Foundation
- Sanford Alumnae Chapter of Delta Sigma Theta Sorority
- Senior Helpers
- Senior Resource Alliance
- Serenades by Sonata Winter
- Garden and Longwood
- Signature Home Now
- Spring Hills Home Care Services
- State of Florida Department of Elder Affairs
- Sutton Homes
- TenderCare Home Health
- The Thirsty Topher
- Thomas P. and Patricia A. O'Donnell Family Foundation
- Towers Home Care & Rehabilitation Services
- VITAS Healthcare
- VNA Foundation
- Watercrest Senior Living Group
- Young Living Essential Oils
Support Groups

The Alzheimer’s & Dementia Resource Center provides staff-facilitated support groups for caregivers and family members as noted below. No reservation is necessary.

APOPKA
3rd Wednesday @ 10:00 A.M.
First Baptist Church of Apopka
441 S. Highland Avenue
Apopka, FL 32703

CASSELBERRY
2nd Thursday @ 6:15 P.M.
Seminole County Public Library - Central Branch
215 N. Oxford Road
Casselberry, FL 32707

OCOEE
2nd Tuesday @ 6:00 P.M.
West Orange: Health Central Hospital
10000 W. Colonial Drive
Ocoee, FL 32761
(Meeting is in Suite 281 Conference Room. Next to South Elevators on 2nd floor)

OVIEDO
1st Wednesday @ 1:30 P.M.
Oviedo YMCA
7900 Red Bug Lake Road
Oviedo, FL 32765

ORLANDO
2nd Tuesday @ 10:00 A.M.
Reeves United Methodist Church
1100 N. Fern Creek Avenue
Orlando, FL 32803
(Please use Fellowship Hall entrance in the back of the church.)

SANFORD
1st Tuesday @ 6:30 P.M.
Atria at Lake Forest
5433 West State Road 46
Sanford, FL 32771

WINTER PARK
1st Tuesday @ 10:00 A.M.
Easter Seals Daybreak at the Miller Center
2010 Mizell Avenue
Winter Park, FL 32792
(Respite care is available during the meeting. Call to reserve: 407-629-4565)

WINTER PARK - MEN’S
1st & 3rd Thursday @ 10:00 A.M.
Men’s Breakfast Club at Denny’s
2684 Lee Road
Winter Park, FL 32789
(An informal and unstructured gathering of male caregivers.)

SUMTER COUNTY: (Near the Village)

WILLOWOOD
Every Monday @ 9:30 A.M.
Brownwood Care Center (formerly Arbor Village)
490 S. Old Wire Road
Wildwood, FL 34785
(Respite care is available during the meeting. Call to reserve: 352-748-3322)

WILLOWOOD
First Fridays @ 12:30 P.M.
Continental Country Club
50 Continental Blvd. Hwy. 44 East
Wildwood, FL 34785

The Alzheimer’s & Dementia Resource Center is Central Florida’s community resource for families and professional caregivers affected by Alzheimer’s disease and related dementias through education, advocacy, research opportunities and compassionate support.

Sponsored by ADRC, the State of Florida Department of Elder Affairs, the Senior Resource Alliance and the Orlando Health Memory Disorder Clinic.