

IN MEMORIAM... We offer our sympathy to families who have lost their loved ones and express our thanks to family members and friends who made donations in their memory.

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|-------------------|------------------------|--------------------|
| Adams, Donald | Channell, Doug | Firth, Tom |
| Armstrong, Odessa | Chater, Joyce | Fitzsimmons, Fran |
| Babin, Kay | Chefero, Anthony | Flatt, Ruth |
| Baker, Libbie | Chippino, Maria | Fowler, Clayton |
| Barber, Russell | Ciafaloni, Ferinando | Gammieri, Linda |
| Bargent, Irma | Contarin, Flora | Gane, Diana |
| Baxter, James | Corrigan, Lorne | Gerlewych, Edward |
| Baxter, William | Coulton, Shirley | Giancola, Reffaele |
| Bender, Frank | D'Andrea, Antonia | Green, Mona |
| Biffis, Albert | De Cunha, Anne | Guaragna, Giuseppe |
| Binnions, Doreen | DeBacker, Stan | Hamilton, Olive |
| Blieske, Ursula | Deidun, Teresa | Hargreaves, Miriam |
| Bolletta, Bruno | Dickenson, John | Henning, Norma |
| Borneman, Mark | Dickinson, Major. John | Herzan, Volker |
| Boynton, William | D'ovidio, Maria | Heslesic, Gayle |
| Breaton, Jack | Duquette, Arthur | Hill, Dorothy |
| Brown, Jerry | Early, James | Hiscock, Pauline |
| Caranfa, Maria | Faga, Domenico | Holland, Doreen |
| Cavanaugh, Hubert | Fenn, Peter | Isadori, Rosa |
| Chan, Oi Chun | Finney, Sally | Jansen, Christiana |

- | | |
|-------------------------|--------------------|
| Japp, Jean | Parr, Linda |
| Jones-Skelhorne, Audrey | Passera, Ruth |
| Keep, Albert | Paterson, James |
| Killoch, William | Perego, William |
| Langley, Edward | Pereira, Maria |
| Leach, Margaret | Pinheiro, (Mrs.) |
| Letman, Ruth | Posada, Maria |
| Lew, Helen | Robertson, Robert |
| Linklater, Joan | Rolfe, Vera |
| Lisanti, Phyllis | Rolland, Ann |
| Logan, John | Scatton, Catherine |
| Lorett, John | Shaw, Olive |
| Lowe, Thelma | Sherliker, Robert |
| Lundy, Lorna | Simon, Glenys |
| MacNeill, Sadie | Simpson, Betty |
| Mansfield, Annie | Skells, James |
| Marcinkovski, Emma | Swackhammer, Ruth |
| May, Shirley | Smidt, John |
| McClement, Benjamin | Smith, Rose |
| McFarland, Isabell | Starman, Hilde |
| Miller, Kenneth | Stein, Lucy |
| Montgomery, Molly | Thomorat, Eileen |
| Moretti, Emilia | Tureot, Pegg |
| Nicoll, Shirley | Verrico, Paolina |
| Nicols, John | Vis, Mary |
| Norris, Janet | Vlcko, Irene |
| Okopny, Morris | Watts, Randolph |
| O'Kurley, Mary | Weller, Doris |
| Ormand, Lorie | West, Ena |
| Ould, Dorothy | Williams, Bruce |
| Ouzounis, Helen | Woods, Betty |
| Pandolfi, Maria | Woods, Vetty |
| | Wright, Vera |

As a friend of Alzheimer Society Peel I would like to:

- Make a donation of: \$ _____
- Renew my membership Become a member
- Individual** **Student / Senior** **Corporate**
 \$20.00 \$10.00 \$50.00

Visa / Mastercard / Amex # _____
 Expiry: _____

You can make an online donation at
www.alzheimerpeel.com

Name: _____
 Address: _____
 City: _____ Prov.: _____
 Postal Code: _____
 Telephone: _____
 E-mail: _____

Please mail or fax this form to:
Alzheimer Society Peel
 60 Briarwood Avenue, ON L5G 3N6
 Telephone: 905-278-3667 Fax: 905 278-3964

Alzheimer Society Peel has a Grief Support Group available. Offering guidance and support at the end of the journey.

For further information regarding this group, please call: Brunel site Outreach Counsellor, Christine Longo at: 289-632-2273

"The pain passes, but the beauty remains." Renoir

If your address has changed, please let us know both your new and old address so we can update our database.

Charitable Reg # 132657396 RR0001



Volunteering and Board of Directors

I can't believe that it is 12 years since my wife Lisa and I decided to start volunteering with the Alzheimer Society Peel (ASP). We had both lost relatives at that time and after watching them go through their Alzheimer's journey we wanted to do something to help others.

Our journey with the ASP has been educational, rewarding and memorable working with the staff and other great volunteers. We really felt like we were part of something wonderful from the moment we went to our first event. We jumped in with both feet helping out with the Coffee Break delivering participant packages and posters, the Walk for Memories as guides along the route stamping passports, the Golf Marathon delivering water to the players and the Teddy Bear Campaign. Although I don't knit I recruited my mother to help out and she didn't hesitate to start knitting. When the ASP held an education series about Alzheimer's and related dementias I jumped at the chance to learn more from the experts at ASP. The knowledge I received has been very helpful to me in my work to better understand the disease and provide a little help to people in my professional career. Although I didn't work directly with any of the ASP clients, being at the events where you could see the smiles on their faces was rewarding to say the least. That feeling was reinforced when a family member would stop and say thank you, or when you had an opportunity to speak with a family member and share stories of their experiences and yours.

Through the years some of the activities have changed, along with some of the faces of both staff and other volunteers, although not many. The consistency of the faces really speaks to the great team at ASP and the wonderful cadre of volunteers. There is always a smile and a kind "Hello" to greet you at every meeting, making you always feel welcome. The events haven't changed much over the years but as they say "why fix it if it ain't broke!"

I was surprised to learn that it had been 12 years since I started to volunteer, and still do with my wife. We really look forward to getting together each time with some familiar faces and welcoming some new faces to the group, as they start their volunteer journey with ASP. My years of volunteering and the enlightenment I received as a result left me wanting to do more. I made some enquiries and decided to apply to the Board of Directors this year.

My time with the Board has been minimal to date but enjoyable and even more rewarding. Getting a closer look at the level of professionalism and the breadth of talent within the employees at ASP has given me a new appreciation for the great work they do. So much is done that you don't see as a volunteer. I look forward to my future with ASP and the great people involved in all aspects of the Society.



Barry Leslie,
ASP Board Member

Mr. Barry Leslie is a Staff Sergeant with Peel Regional Police (PRP) with twenty-five years experience. Barry has held numerous roles in various divisions within the PRP and is currently assigned to the Organizational Wellness Bureau. He is an active volunteer, both within PRP and in the community and has been a very active volunteer with Alzheimer Society Peel since 2002.

Port Credit
60 Briarwood Avenue
Mississauga, ON L5G 3N6

Head Office & Counselling
905-278-3667

Sam McCallion
157 Queen Street E.
Mississauga, ON, L5G 1N2

Day Program 905-278-2989

Meadowvale
1-6535 Millcreek Drive
Mississauga, ON L5N 2M2

Day Program 905-542-7424
Counselling 905-542-7415

Brampton / Evelyn's Place
150 East Drive
Brampton, ON L6T 1C1

Day Program 905-789-1306
Counselling 905-792-1319

Brunel
385 Brunel Road
Mississauga, ON L4Z 1Z5

Day Program,
Bathing Program
& Counselling
289-632-2273 (CARE)

Nora's House
905-232-6016

E-mail:
n.bhamra@alzheimerpeel.com

Website:
www.alzheimerpeel.com

Office hours: Mon - Fri
8:30 am - 4:30 pm

Charitable Reg #
132657396 RR0001



UPCOMING *Fundraising* EVENTS

MARCH 5, 2015 "ALIVE INSIDE"

Join us on Thursday, March 5th
at Mentor College for a
screening of the film *Alive Inside*.

RSVP 289-632-2273 ext 353 or
r.watkiss@alzheimerpeel.com

APRIL 18, 2015 ASP BOWLATHON

Get your teams together for another great
time at our annual bowlathon fundraiser!!

To register your team, contact Lisa at
lisa.benedikt@alzheimerpeel.com

JUNE 6, 2015 5K UNFORGETTABLE RUN

Join us at the beautiful
Lakefront Promenade Park in Mississauga.

Watch our website for more information about
online registration - *coming soon*.
Or visit www.events.runningroom.com

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Mississauga, ON

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HomeInstead.com/Mississauga-on



Contact: Dani Depetrillo
905-331-4663
Right at Home Canada

Alzheimer Society
PEEL

THE BLACK & WHITE BALL

The Alzheimer Society Peel thanks the many who attended and supported The Black and White Ball.

With over \$55,000 raised, The Black and White Ball goes on record as the most successful Gala to date.

Special Thanks to:
Home Instead
A Place For Mom
Diversicare
Jones Deslauriers
Lyon & Butler
BDO
Nurse Next Door

Cheque Presentations



Home Instead Senior Care Foundation presented Alzheimer Society Peel with a cheque for \$10,000 to go towards online education resources.

The Loyal Orange Association presented Alzheimer Society Peel with a cheque for \$5000 raised at their very successful Coffee Break.



Risk Assessment and Disease Prevention in Alzheimer's Disease

Submission to Alzheimer Society of Peel
Sharon Cohen MD.



Preventing disease rather than waiting until symptoms arise or become disabling is the time-honoured approach taken for many illnesses as evidenced, for example, by the use of mammography for breast cancer detection and colonoscopy for colon cancer detection. Regrettably, the concept of prevention has been ignored far too long for Alzheimer's disease (AD) where a combination of factors including social stigma and lack of awareness, have been obstacles to early detection and intervention.

Nonetheless, the concept of AD has been expanded in recent years to include risk states rather than focusing only on individuals who have already lost the ability to function independently. Furthermore, this concept of risk states lies at the heart of several landmark prevention and treatment studies currently underway for those at risk or in the earliest detectable stages of AD.

Many of us who have seen AD close up are eager to embrace prevention opportunities. But how does one know whether one is at risk? The answer comes in part from a better appreciation of key risk factors and how they are assessed. Some of these are easily determined while others require special tests and new technology.

Age as a risk factor

Age remains the most significant risk factor for AD. While AD can occur in individuals under age 65, the age-related risk rises steadily after that age. 10% of 65 year olds have AD, however this number climbs to 35% - 50% for those at age 85. The fact that AD usually occurs late in life provides an important opportunity to implement a brain healthy lifestyle (including mental and physical exercise) well in advance of these risk years. In addition, those over age 65 who are cognitively well and wish to be proactive about their brain health, now have the opportunity to join a study to determine whether a medicine under development can prevent seniors from developing AD.

Mild Cognitive Impairment as a risk factor

Individuals with Mild Cognitive Impairment (MCI) are often younger than 65 and have experienced a decline in memory to a greater degree than expected for their age but not so great as to impact daily activities. While these individuals function well, MCI is not a benign state. Individuals with MCI progress to AD at a rate of about 15% per year. Within 4 years, more than half will develop AD.

Most of us notice changes in our short-term memory as we age, however, it generally takes a careful assessment in a memory clinic to determine whether the change is greater than expected for age. For those diagnosed with MCI, preventing progression to AD is an important goal. Fortunately, there are a number of medicines under development which may reduce the risk of progression from MCI to AD.

Family history as a risk factor

The genes that we inherit from our parents can be thought of as comprising two separate categories where AD risk is concerned. Firstly, there are abnormal genes or gene mutations that directly cause AD; secondly, there are gene variations that influence our chance of developing AD without being enough in themselves to cause AD. An example of the former is a presenilin mutation. An example of the latter is APO E4. Gene mutations and risk conferring genes can be determined through blood tests. However, these must be ordered by a physician familiar with the implications of genetic testing and who provides adequate information for a patient to decide whether to go ahead with the test.

Gene mutations directly causing AD are rare and account for a small proportion of all individuals with AD. Nonetheless, these mutations lead to a devastating situation in which multiple members of a family are affected and each of the offspring of an affected parent has a 50% chance of inheriting the AD causing gene. Symptoms tend to arise at a younger age, sometimes as early as 35. Until recently, individuals with such family histories were excluded from AD treatment studies. Fortunately, there are now several important prevention studies available for those with a family history of an AD gene mutation.

For the more common type of AD (known as sporadic AD), where gene variations confer greater or lesser risk of developing AD, family history is still important. The risk of developing AD approximately doubles if you have a close family member (parent or sibling) with AD. This should give one cause to think about early detection as well as whether participation in a prevention study might be worthwhile. Obtaining a cognitive baseline may be also hold value.

Amyloid Plaque as a risk factor

An abnormal protein called beta-amyloid builds up in the brain in AD. Of great interest is the fact that this protein starts building up 10 years or more before an individual develops symptoms. Until recently, there was no available means of detecting amyloid plaque in the living brain. That changed dramatically with the advent of PET amyloid scans which actually take pictures of the abnormal protein. These scans are now approved for use by neurologists in the United States and in Europe. In Canada, this is available to research participants only. However, many of the AD prevention and treatment studies offer amyloid scanning as one their entry procedures.

In summary, individuals with one or more of the following have some degree of risk for AD and should consider assessment, prevention or treatment opportunities:

- Age greater than 65
- Mild cognitive impairment
- Family history of AD (one or multiple family members)
- Amyloid plaque on PET brain scan

To find out more about your risk for AD and about prevention studies, contact: **416-386-9606** or email Toronto Memory Program at research@memorydisorders.ca



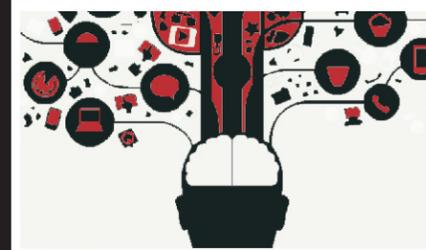
Technology For Dementia

by David Dukoff

Over the next few decades, Canadian dementia rates are forecasted to dramatically increase, creating new challenges for our overburdened healthcare system and the aging population. New technologies aimed at improving the quality of life in people living with dementia offer a means through which some of these new issues can be met and overcome. Dementia can affect day-to-day life in a variety of ways ranging from forgotten car keys to inability remembering words during conversations. These memory issues are often magnified by the effects of normal aging like vision or mobility, making common tasks nearly impossible. In the field of dementia care, assistive technology refers to any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed. Assistive technologies are used to improve speech, hearing, eyesight, movement, memory, cognition and social performance. They can assist people living with dementia by promoting independence and autonomy, helping with the management of potential risks around the home, reducing early entry into care homes and decreasing stress on carers.

Assistive technological devices for dementia come in a variety of forms to help individuals in a range of ways. This includes dementia specialized devices like GPS that can be worn by people living with dementia to help family and emergency personal find them if they become lost. It also includes devices associated with general aging like hearing aids that have recently become a more common component of dementia care as recent research has supported their inclusion. The prevalence rates of hearing loss and

cognitive loss, such as mild cognitive impairment and dementia, both increase with age. In people living with dementia hearing issues can affect an individual's ability to understand what is being said, but be mistakenly attributed as a symptom of dementia inhibiting proper treatment. Feelings of isolation, depression and increases in the rates of cognitive decline can result, supported by recent large-scale epidemiological studies that found higher rates of cognitive impairment in individuals with greater degrees of hearing loss. Modern therapy is starting to couple dementia care with hearing tests to try and identify auditory issues and treat them early. Modern innovations in hearing aid technology over the last decade are helping this process by giving participants access to devices that are



cheaper, offer improved sound quality, have longer battery lives and come in a variety of forms that offer individuals choice in the type of equipment that is best for them.

Advances in modern technology are also providing means through which the effectiveness of existing technological devices for dementia can be enhanced using software that connects equipment to common personal technology. Programs can be loaded onto home computers, mobile phones, and tablet devices to improve the functionality of other devices. Fifteen years ago GPS devices were far rarer and required very specific and expensive systems to keep track of. However, today computer programs can be used to track devices like GPS watches in real time, allowing family and health care professionals to find people living with dementia without external assistance.

Software applications can also be used for standalone purposes, designated as assistive technological systems. These are programs that can be loaded onto personal devices and make use of existing capabilities to assist in a variety of daily activities. A recent example of these are programs that make use of tablet computers, general purpose computers contained in a single panel and distinguished by a touch screen as the method for user input, called tablet applications of "tablet apps." Millions of tablet apps are available on the electronic market place for download from anywhere in the world offering uses from entertainment to education. Recently, some applications have begun to be developed and released specifically for assisting in dementia care. These programs are being built on tablet capabilities that have been shown to be useful in aging care including: large backlit screens that can have text size increased for users with vision problems, simple interface capabilities that rely on touch, low device weights for easy manipulation, and prices that are affordable for most seniors. These programs come in a variety of forms from game applications that provide stimulation to music applications that provide comfort. The Alzheimer Society of Ontario will soon be releasing Suvien, a tablet application developed by the society to promote conversation and reminiscence by giving people living with dementia access to electronic versions of personal photos, music and videos provided by friends and family. The application was pilot tested at the Alzheimer Society of Peel and will be released for free download on the App and Google Play stores later this year. Dementia is a growing problem, but new technologies offer hope for helping to improve quality of life and potentially delay disease symptoms. Variations in available devices and software offer a choice in how individuals can respond to a diagnosis and plan supports for the future. Dementia organizations including Alzheimer Societies across Canada are embracing these innovations and trying to give people living with dementia help for today and hope for tomorrow.

View from
ROBIN'S nest
by Robin Stainton, ASP Public Education Coordinator



“If what you are doing is not working, then change what you are doing because the person with dementia can't change”

(Len Fabiano)

I can't count the number of times I have quoted Len Fabiano in presentations. Here are some more of my favorites:

“Remember to connect not to correct” (unknown)

“They will never forget how you make them feel”
(Angela Lunde)

“All behaviours have meaning”
(Gentle Persuasive Approaches in Dementia Care).

It's so easy to stand up in front of a group and share the truth about Alzheimer's disease. But I'm realizing more and more that communicating effectively with someone with dementia is a lot harder than it sounds. It's actually completely foreign to our natural way of communicating.

Our journey since dementia came to our house has taught me a lot about this communication thing, something I thought I had a pretty good handle on after 20 years in the field. Boy is it ever different when the one you are trying to communicate with is family.

It's hard not to remind someone of their memory loss when you know the problem is that they forgot. One day Mom was very upset because she “didn't know” that my Sister in law was coming to pick her up to go to her place for a couple weeks. In frustration she shared her heart with me, “How long do I have to stay there? I didn't know she was coming. How come nobody consulted me?” I tried to help by saying “Mom do you think maybe she told you but you forgot?” She responded with more frustration and anger. “I would not forget something like that!” **I knew better.**

Often people with dementia forget that they forget. Their brain is telling them they are fine and really who would forget that they were going on a two week vacation? My comment was insulting, no wonder she was angry. I would be too if someone said that to me!

It's hard not to try to reason with someone when you know the problem is that they are not thinking it through logically. Just a few weeks ago, I made arrangements for care for Mom's dog as we were going to a family wedding. A neighbour was going to stop by to walk and feed him. A couple hours before leaving she was in tears because she “couldn't bear the thought of something happening to him when he was alone...if anything happens to him I don't know what I'd do without him.” I tried to reason explaining that he was often left alone all day “He will be fine!” She responded with more anxiety and more tears; probably as much out of frustration with me as with concern for the dog. **I knew better.**

As a person with dementia loses their ability to reason through a situation, decisions and behaviour are based solely on emotion. Thankfully I remembered Len's quote and realized that I needed to change as did my well thought out plans. It was annoying, but the only way Mom was going to enjoy this wedding was if she knew her dog wouldn't be alone.

It's hard to validate emotions when you know the problem is they are not based on reality. Right now Mom is very upset about something a neighbour said. She's dwelling on it and repeats the story over and over. In the past she would have been able to shake it off, to not take it personally, but not now. I told her not to worry about it, “that's just what she's like”...It didn't help. I think I made her feel worse. **I knew better.**

We need to validate the emotion and go behind the words to find out the real meaning when communicating with someone with dementia. It hit me the other day that it's not so much the neighbour's words that hurt so much as the losses they highlighted. When I talked to her about how hard it must be to have to depend on others for rides now that she has lost her license, she seemed to feel better.

Don't we all feel better when we can talk through something that's bothering us, even if no solutions are given? Maybe it's not so foreign to normal communication after all.

One thing this journey has taught me is how important it is to understand what changes are going on in brain function. It's the only way we can even begin to connect with the person we are caring for. Only then will we stop trying to correct, reason, remind and “fix” the person. Emotions are where it's at, and we can connect emotionally. If we can meet the person there, I've learned (all be it the hard way), we can still have successful and meaningful communication!

Robin Stainton has worked with the Alzheimer Society Peel for 13 years. Robin has held roles in both Day Program and Education Services.

For more information regarding Alzheimer Society Peel Services, please see our website at www.alzheimerpeel.com

ASP Education

Caregiver Stress and Burnout 1.5 hours

It is so important for caregivers to take care of themselves in order to prevent burnout. This session explains the warning signs of caregiver stress. It also provides practical tips on how to take care of oneself on this dementia journey.

Virtual Dementia Tour™ 2 hours

This interactive session allows participants to step into the shoes of someone with dementia to experience the challenges that are faced when attempting to carry out every day simple tasks. This session can be delivered to family and friends of someone with dementia or to professional caregivers.

Dementia Education for Children 1.5 hours

2 different sessions are available for children touched by Alzheimer disease and related dementias (Ages 7-9 years and 10-12 years) The Children engage in activities such as crafts, skits, stories and games in order to answer the following questions; What is Dementia? Why is my family member acting differently? And what can we do together now that things have changed?

Dementia Education for Teenagers 2 hours

This interactive session is designed for teenagers that find themselves touched by Alzheimer's disease or a related dementia. It includes the Virtual Dementia Tour™, as well as group work, games and a movie.

Other ASP Education Sessions offered:

- Getting started
- Heads up for Healthier Brains
- Putting together your Caregiving P.I.E.C.E.S
- Visiting Someone with Dementia
- Resident Education



Have you included Alzheimer Society Peel in your Will?

If you would like to make a gift to Alzheimer Society Peel, either now or in your estate, please consult with your **legal** and **financial** advisor to ensure that you will receive all the **tax** benefits possible. We are also available to consult with you about how a gift may be directed or recognized.

For more information please call us at **905-278-3667**



You can follow ASP on **Twitter and Facebook.**



See our website links at: **www.alzheimerpeel.com**