Worth Repeating: Mickey Rooney Claims Elder Abuse. Actor Mickey Rooney's dramatic March 2, 2011 testimony as a victim of elder abuse helped dramatize an underreported crime that costs millions of older Americans nearly \$3 billion a year and prompted Washington lawmakers to escalate efforts to focus federal and state prosecutors' attention on the crime.

A veteran of more than 300 film roles, the **90-year-old** Rooney took the congressional spotlight, telling a U.S. Senate committee investigating abuse that he had been financially exploited and "stripped of the ability to make even the most basic decisions about my life." His daily life, he said, became "unbearable." Rooney's testimony comes as the Senate Special Committee on Aging examines the prevalence of elder abuse in America. The **American Psychological Association** estimates that more than 2 million older adults suffer from physical, financial or other forms of abuse, often at the hands of family members. However, authorities say the actual figure is likely to be much higher, since many incidents go unreported.

The signs of elder abuse:

Financial

- Bank withdrawals that are inconsistent with an older person's typical bank activity.
- New authorized signers on person's accounts, or changes in beneficiaries.
- Increased activity on credit card accounts.
- Caregiver, relative or friend showing excessive interest in person's finances or assets, or who doesn't allow an older person to speak for himself or herself.

Physical

- Suspicious bruises or other injuries.
- Sudden change in behavior. (Person is extremely upset, withdrawn, unresponsive.)

Where to turn for help: The elder care locator (1-800-677-1116), for a referral to a local agency that can help. Additionally, local **Adult Protective Services** is the government agency responsible for investigating cases, intervening and providing help. Source: **AARP Bulletin - March 2, 2011 ggd** ©

Meeting Date/Time:
Wednesday - April 27, 2011/10:00 A.M.
Guest Speaker:
Tina Fletcher/Pharmacist
Tina Fletcher/Pharmacist
(Houston Medical Center)

P.O. Box 7481 Warner Robins, GA 31095 www.Choice1952.com Tel: 478/953-3297





April 2011 Volume 15 - 4 Monthly

The Newsletter Of AARP Chapter 1952

Warner Robins, Georgia "To Serve – Not To Be Served" www.Choice1952.com

Meeting Dates/Time: Wednesday, April 27th (10:00 A.M.) and Wednesday, May 25^{rh} (10:00 A.M.)

Location: Wellston Center - 155 Maple Street | Warner Robins, GA 31093

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WE CARE

For each new morning with its light, For rest and shelter of the night, For health and food, For love and friends, For everything Thy goodness sends. Ralph Waldo Emerson (1803-1882) "Blessed are those who mourn, For they shall be comforted." Matthew 5:4 NKJV

Highlights From March's Meeting: Sherri Goss/Certified Financial Planner with the Rosenberg Financial Group shared lots of good/great information on the current economic situation. Topics included foreclosures, world events, housing, oil prices, the middle east "influence", commodities, the food industry, reverse mortgages and much, much more! Additionally, Sherri recently wrote a book - "Women and Money, Building Confidence ~ Creating Security" - that speaks to the unique financial issues women face. Chapter members and Sherri - with a little "arm twisting" - also enjoyed different (delicious) covered dish items!



Welcome to new members **Swarn Arora** and **Justine Nolan!**



Several men were in the locker room of a golf club. A cell phone on a bench rang. One man engaged the hands-free speaker function and began to talk. Everyone else stopped to listen. "Hello," said the man. "Honey, it's me," replied a woman. "Are you at the club?" "Yes" he said. "I'm at the mall now and found a beautiful leather coat. It's only \$1,000. Is it OK if I buy it?" "Sure," he answered, "if you really like it that much." "I also stopped by the Mercedes dealership. The latest models are in, and I found one I really like. "How much?" asked the man. "It's \$70,000," she replied. "OK," said the man. "But for that price I want it with all the options." "Great!" she said. "Oh, and one more thing. The house we wanted last year is back on the market. They're asking \$950,000." "Well, then go ahead and make an offer," he said. "OK!" she replied. "See you later. I love you!" "Bye, I love you, too," he said. The man turned off the phone as the others looked at him in astonishment. Then he asked, "Anyone know who this phone belongs to?" — Submitted By Ivis Bedrick

Editor's Notes: UPDATE YOUR LOCAL (Chapter 1952) MEMBERSHIP - STILL A "BARGAIN" AT \$5.00/YEAR!

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New Guidelines for Diagnosing Alzheimer's Disease - Disease develops years before symptoms show ...

New guidelines for diagnosing Alzheimer's disease were recently published by the National Institute on Aging and the Alzheimer's Association. The guidelines set forth methods for identifying the disease before it progresses to full-blown dementia, and for the first time include lab and brain-imaging tests that can help identify Alzheimer's as the likely cause of a person's mental decline.

The guidelines, revised for the first time in 27 years, reflect a firm consensus among Alzheimer's researchers that the disease begins to attack the intricate structures of the brain 10 years or more before the disabling mental problems appear — and, to be effective, drug or other therapies will have to begin work early in that process.

New tests outlined in the guidelines involve looking at the brain with imaging technologies like magnetic resonance imaging (MRI) and positron emission tomography (PET), and examining the fluid obtained by a spinal tap. The imaging studies can reveal so-called plagues made up of a protein called amyloid, a defining feature of Alzheimer's. They also can indicate characteristic patterns of shrinkage or reduced metabolic activity in the brain. The cerebrospinal fluid tests look for levels of amyloid as well as of another protein, tau, which makes up the twisted strands or "tangles" that, like plaques, are a signature brain pathology in Alzheimer's.

Weaknesses Of The Tests: Research studies have demonstrated that all these tests can help identify Alzheimer's as the cause of a patient's dementia, and can help predict which patients with milder symptoms will go on to develop dementia. But the tests aren't conclusive in themselves. They aren't standardized so that a certain result means the same thing in every medical center. And there's no clear cutoff separating normal findings from those indicating a problem. In addition, they're not available from most primary care doctors.

Three Stages Of Alzheimer's: The new guidelines, published online in the Alzheimer's Association journal Alzheimer's & Dementia, separate Alzheimer's into three stages: "preclinical" Alzheimer's, a category defined only for research purposes that encompasses people with suggestive brain changes but no readily apparent symptoms; "mild cognitive impairment", in which mental decline is noticeable and measurable but doesn't compromise independence; and Alzheimer's dementia, once the only form of the disease but now seen as a relatively late development.

Even in diagnosing people with frank dementia, the new guidelines confine the "biomarkers" tests to a strictly supporting role. "We're asking the physician, with the help of an informant — the patient and family — to make a judgment about whether dementia is occurring," said Guy M. McKhann, M.D., a neurologist at Johns Hopkins University School of Medicine and lead author of the guideline on dementia, in a media teleconference on the new guidelines. "Biomarkers can assist the diagnosis but are not essential."

For people with signs of mild cognitive impairment, a problem that may affect millions of people, guidelines writers said the goal was to create a clear framework for evaluating their condition. The guidelines provide methods for combining biomarker test results with observed symptoms to judge the likelihood that a patient's problem will progress to Alzheimer's dementia. But because of the uncertainties that still surround these tests, the experts propose their use mainly for research.

In a clinical setting, the workup for these patients would be very similar to what's been standard for the last decade, including tests to rule out non-Alzheimer's causes of mental impairment like a stroke or tumor. Currently there are no drugs approved to treat mild cognitive impairment. "For many people, it is important to know, to make plans, to discuss with their family the plans at a time when they are still able to make decisions for themselves," said Reisa Sperling, M.D., a neurologist at Harvard-affiliated Brigham and Women's Hospital in Boston and lead author of the guideline on presymptomatic Alzheimer's. CONTINUED >>>>>>

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<<<<<< CONTINUED The quidelines propose even less of a role</p> for the tests in diagnosing people with milder symptoms, except in clinical trials and other research settings.

Indeed, it's in research on the early pathology of Alzheimer's that the biomarker measurements will likely play a key role. These measurements can help scientists study just which biological changes predict progression to dementia, and help them tease out which factors actually cause the decline — and are therefore the best targets for experimental drugs.

"We believe that it's critically important, when we do have more effective drugs, to intervene as early as possible," said Marilyn Albert, director of the Johns Hopkins Alzheimer's Disease Research Center and lead author of the guideline on mild cognitive impairment. Source: AARP Bulletin - April 19, 2011 ggd ©

A first grade teacher decided to teach her class about plants. She began by telling her students that the poinsettia is a plant that symbolizes Christmas. "Who can tell me what plant symbolizes **Easter?"** she asked. One little boy's hand shot up immediately. "That's easy," he said. "It has to be the eggplant."

Know how to catch a unique bird? **Unique** up on him. And how do you catch a tame bird? The tame way. — Submitted By Ivis Bedrick qqd