

Aging with Alzheimer's: A Sister's Tale

Sisters Ethel P. and Matty B. have been the closest of friends for over eighty years. So no one was surprised when, four years ago, they decided to move together from New York City into an independent living community in Westchester County, New York. They quickly made friends with two other new arrivals, and the foursome began enjoying dinner together virtually every night. Recently, however, Matty has been finding it hard to muster the energy to dress herself, put on makeup, and walk to the dining hall.

"I try to give her a pep talk sometimes," Ethel says, "But she's my older sister so she doesn't really listen to me, and the last thing I want to be is a nag."

Matty's apathy is just one symptom of mild or A1 stage Alzheimer's disease. Her other symptoms, including limited concentration and impaired planning, are also typical.

"Matty is such a perfectionist, and so sharp," Ethel recalls, "She used to edit the newsletter for The National Council for Jewish Women, a really big deal. In fact, Matty was honored just three years ago at a New York City gala for her fifty years of service! Now she won't work on our community newsletter because she's positive she won't be satisfied with the end product."

Ethel sees changes in Matty's living patterns almost daily. A generous and fastidious volunteer and benefactor to numerous charities, Matty is overwhelmed by the deluge of mail asking her for donations. The pile builds on her desk and, though she fully intends to sort through the giving pleas and make educated decisions, as she has always done, the volume stifles her motivation.

Matty remains very proud to live independently. Ethel checks in each morning and, if everything seems okay, often won't communicate with her sister again until they meet with their friends for dinner.

"All four of us share similar politics and intellectual pursuits so the dinner conversation becomes quite lively," Ethel laughs. "Matty is usually in the thick of it, though she may ask the same question or make the same point numerous times during the meal."

Alzheimer's disease usually begins gradually, affecting 20% of people over 80. (Matty is 88, Ethel 84.) The number increases to 50% by the time people reach 90 years old. The symptoms, primarily caused by the progressive destruction of nerve cells in the brain, begin to increase rapidly as well. First, short term memory fades, then planning and judgment become impaired, followed by personality changes, and finally, difficulties speaking and walking.

For primary caregivers like Ethel, the changes can be dramatic.

"Matty loves chamber music so I bought us a subscription to a concert series," Ethel notes, "By the time the concert series started a couple of months later, she couldn't muster the energy to attend the evening performances. It saddens me to see her so tired that she misses out on activities she loves."

"Still," Ethel continues, "I wouldn't have it any other way at this point. My sister and I are very close, most of our children live far away, we have always had each other and we still do."

Ethel's role as her sister's caregiver remains consistent. She always accompanies Matty to her doctor's appointments for fear that Matty may miss an important piece of information, such as a recent change in her prescription. Ethel also insists that the doctor call her as well as her sister when they need or deliver information.

"I insist that Matty schedule the courtesy van to take her to the doctor. That way she remembers she has the appointment," Ethel confides.

Physical activity is considered an important element to slowing the onset of the disease. Staying active can be challenging, as fatigue from consistent frustrations of memory loss as well as general lack of acuity often lead to depressive symptoms. It is important, therefore, that the caregiver be active herself, both physically and intellectually. And to exercise Matty's brain, Ethel asks her to preview each day's schedule, keeping her mind active. This type of mental exercise is commonly thought to offer one of the best retardants to the onset of Alzheimer's disease.

In addition, patients with early stage dementia are often aware of their short-term memory loss, contributing to feelings of inadequacy and frustration, which also contribute to depressive symptoms. This can prove especially challenging for patient and caregiver alike.

Like many independent living centers, Ethel and Matty's residence offers a full itinerary of activities. There are buses into Broadway, nightly movies, weekend dances, trips to galleries, generally all the activities we might associate with college campus life, except perhaps the nightly bridge club.

Matty participates in activities when she feels up to it, but only if they occur during the day. She is too exhausted most evenings. It helps that she has made close friends here. Each friend is aware of Matty's situation, so they also try to keep her active and aware whenever possible, and they are always patient with her repeated questions and comments.

As we age, the obstacles to an active life increase. Aches and pains provide ample excuse to skip the walk, and impaired short-term memory can make the reading of that novel seem like a waste of time. Yet these are exactly the kinds of activities that help slow dementia. And, if we remove the communicative activities of taking a walk or discussing a mystery from our daily lives, we are in effect also removing ourselves from our social environment, which can further accelerate the dementia.

"Matty decided not to attend dinner with my son and his family when they visited two weeks ago," Ethel tells me, "She just wasn't up for it. But I am sure being around her nephew and grandnephews would have felt really good to her and been very positive for her."

"She remains a proud woman," Ethel continues, "It isn't about throwing on a robe for her. She wants to look pretty, to wear a flattering dress and apply her makeup. It takes a lot to prepare oneself even when you are feeling fine, so when you're always tired getting ready can seem like too much. That's what happened when my son's family was here."

Ethel makes it clear that she wouldn't choose any other task than caring for her sister as she does. "My sister is a wonderful person who has helped me through plenty of hard times.

She is never too demanding on me and always appreciative that I am looking out for her. And she remains great company."

For Ethel, like many other caregivers during the A1 stage of dementia, being her sister's primary caregiver may change suddenly. It is often difficult even for the most loving family members to cope with the advancement of Alzheimer's disease and other forms of dementia. Mood swings increase, as do physical challenges including incontinence and impaired mobility. Independent living is ultimately replaced with assisted living.

Presently Ethel and her nephew, who lives closest to the sisters, provide a comprehensive team. Matty's son took over his mother's finances two years ago after Matty's early symptoms became consistent. He regularly attacks the pile of envelopes on Matty's desk, "though he is hardly as judicious as his mother," Ethel confides. He also has all bills directed to his house, alleviating a major cause of anxiety even among those who can easily pay.

And Ethel is aware of her own needs. Since they live in separate apartments, Ethel attends evening activities without "leaving" her sister behind. She also rarely misses dinners with her friends, though she will dine in with Matty in one of their apartments as necessary.

"I complete the shopping for both of us," Ethel offers, "but my sister still washes her own clothes and prepares her breakfast and lunch. It is just as important to her, as it is to me, that she maintains as much independence as possible. After all, this is called independent living for a reason."

Thus far, Matty's speech and mobility are not affected by the disease. One complication has occurred, however—her reaction to the medicines designed to slow the progression of her symptoms. She has said that when on the medications she feels as if her head is floating above her body, a particularly disorienting feeling for someone who has lead such an intellectually active life.

Three years after showing the first signs of dementia, Matty's medication regimen remains unsettled. Recently her doctor removed one prescription in hopes that Matty would regain some of her energy. Because these drugs only slow the progression of symptoms but cannot cure the dementia, frequent changes in medication are not uncommon as doctors try to tailor the course of therapy to each individual patient's needs.

Ethel believes that she and her sister have plenty more to look forward to as the best friends experience their ninth decade together. She knows that Matty will have other opportunities to visit with her grandchildren and children. The family is aware of Matty's condition, and making more of an effort to visit with her.

On days when no grandchildren visit however, Matty takes tremendous comfort in knowing that her kid sister is always close by, ready to discuss the latest Broadway craze or the upcoming gubernatorial election, even if Ethel has to repeat the candidates' names a few extra times.

Heart Attack and Sudden Cardiac Arrest: Know the Difference

"The heart is a very resilient muscle," says Woody Allen in his film *Hannah and Her Sisters*. And indeed it is. Charged with pumping blood throughout the entire circulatory system, the heart is also a muscle that reflects the treatment by its host more than any other muscle in the human body. Treat the heart well with frequent exercise, a good diet, and no smoking, and its potential to remain healthy improves dramatically. Treat the heart poorly with a cholesterol-laden, sedentary lifestyle and the chance of heart disease increases.

Two primary heart diseases, often caused by a combination of the above, are the heart attack and sudden cardiac arrest. "It is important to clarify the differences between these two conditions because people frequently lump them together," says Dr. Michael Chen, assistant professor of medicine at the University of Washington in the division of cardiology.

THE HEART ATTACK

The heart attack is medical shorthand for myocardial infarction and is the more common of the two conditions. Heart attacks occur when one or more of the arteries supplying blood to the heart become blocked from a buildup of cholesterol or other substances. Once often fatal, today victims in the U.S. usually survive heart attacks.

Symptoms

Early symptoms of a heart attack often occur days or even weeks before the victim notices that something is wrong. The earliest predictor of a potential heart attack is recurrent chest pain triggered by exertion that is then relieved by rest. Abnormal fluid retention and fatigue are also factors.

The actual heart attack itself may often occur over several hours as the heart tissue is deprived of blood and begins to deteriorate or die.

"Heart attack victims often deny that the sensations they are experiencing are actually a heart attack," Chen says. "They worry that sounding a false alarm will be embarrassing. However, every minute of treatment during a heart attack is important. The sooner blood flow is restored the greater chance that damage to the heart can be reduced or averted."

If the early symptoms go undetected, breathing difficulty increases, the victim may feel a tingling or numbing in the left arm and shoulder and will also often clutch his left chest as the sensation of pressure builds in the chest's center. Women often identify pain in the back of the jaw as well. The victim may also become sweaty, nauseous, and light-headed and feel an impending sense of doom.

Risk factors

While congenital heart disease may occur, doctors today agree that a healthy lifestyle, a balanced diet, and reduced stress are three key factors to successfully combating heart attacks.

Conversely, these risk factors increase the likelihood of heart attacks:

- Smoking and long term exposure to second hand smoke
- High blood pressure (hypertension)
- High cholesterol
- Sedentary lifestyle
- Obesity
- Diabetes
- Stress
- Alcohol
- Family history of heart attacks and heart disease
- Higher levels of homocysteine (a sulfur-containing amino acid), C-reactive protein (a protein involved in acute inflammation), and fibrinogen (a blood clotting protein that helps stop bleeding)

Treatment

Treatment of the heart attack begins with the first symptoms. If your loved one experiences the symptoms of a heart attack, you should call 9-1-1 immediately. If your loved one has doctor-prescribed nitroglycerin she should take it as instructed while awaiting the EMT. Another reason that immediate treatment is essential is because heart attacks can trigger ventricular fibrillation (sudden cardiac arrest; see below). Once your loved one arrives at the hospital she will likely receive medication, undergo a surgical procedure, or both. Restoring blood flow is the key to keeping heart tissue alive and healthy.

Doctors will prescribe medications based on the patient's personal health history and the cause and severity of his heart attack. Some of the common drugs given to treat and prevent heart attack include: aspirin to prevent clotting, thrombolytics or clot-busters to keep blood flowing; superaspirins, more potent aspirin given in tandem with thrombolytics to prevent clotting; pain relievers; nitroglycerin, designed to open arterial blood vessels; beta blockers to relax the heart muscle, slow heartbeat, and decrease blood pressure; and cholesterol-lowering medications to lower cholesterol and improve survival rates.

In some cases surgery may be warranted, which usually take one of two forms:

Coronary angioplasty: This procedure involves the insertion of a catheter with a balloon tip that inflates to open a blocked artery, increasing blood flow. A mesh stent may then be inserted as a permanent solution.

Coronary artery bypass surgery: This procedure involves bypassing blocked coronary arteries with a segment of healthy blood vessel taken from another part of the patient's body. Unlike angioplasty, which is most successful when completed immediately after a heart attack, bypass surgery usually occurs after the heart has had time to strengthen.

Doctors will often recommend rehabilitation begin while the patient is completing hospital recovery. Rehabilitation includes new medications, changes in lifestyle, and reductions in stress, often through counseling.

Prevention

Some of the medications used to treat the aftermath of a heart attack are also the same ones used in the prevention of heart attacks, such as blood thinners, beta blockers, and cholesterol lowering medications. In addition, there are also angiotensin-converting enzyme (ACE) inhibitors that ease blood flow to the heart. Doctors may also recommend changes in lifestyle that include: regular exercise and healthy diet; stopping smoking if the patient is a smoker; maintaining a healthy weight; regular checkups and monitoring of cholesterol and blood pressure; reducing or managing stress; and moderating alcohol consumption.

SUDDEN CARDIAC ARREST

Unlike a heart attack, which involves a blockage of the coronary artery and can lead to damage to the heart itself, sudden cardiac arrest is the result of a severely abnormal heart rhythm that stops the flow of blood to the rest of the body. A heart attack can actually cause sudden cardiac arrest when the arterial clot triggers an irregular heart beat. But although sudden cardiac arrest and heart attacks may occur together, it is possible to experience sudden cardiac arrest without a blockage in the artery.

"However," according to Chen, "determining the patterns of sudden cardiac arrest can be a very complicated question, because it can also come out of the blue with no symptoms whatsoever."

The most common symptoms of sudden cardiac arrest are sudden collapse, lack of pulse, no breathing, and loss of consciousness. Though sudden cardiac arrest can strike without warning, people experiencing heart palpitations; rapid or irregular heart beats; persistent chest pain; shortness of breath; blackouts, dizziness, or fainting; fatigue; and/or vomiting should see a doctor immediately..

The first step in treating sudden cardiac arrest is usually cardiopulmonary resuscitation (CPR), followed by a shock to the heart (defibrillation), an attempt to establish a normal heart rhythm. Advanced life support procedures (with EMT or in the emergency room) should follow.

Every moment becomes critical when a victim goes into sudden cardiac arrest. "The reason time is so important," Chen continues, "is because when a person's heart stops there is a very small window before the brain is lost. In fact, every minute that passes without defibrillating the heart reduces the chance of survival by 20 percent. And even if the victim does survive, neurological impairment often occurs."

According to Chen, several research studies at the University of Washington are investigating the severity of cardiac arrest, including a potential breakthrough that involves cooling the patient to preserve the brain tissue and reduce stress while the patient's body is under treatment. Chen also points out that defibrillation is considered so important, most airlines carry portable defibrillators. And because most cardiac arrests occur at home, keeping a home unit makes sense for high-risk individuals. However, if the high-risk individual lives alone, it may be time to consider a change of living arrangement, such as a move to assisted living. A person experiencing sudden cardiac arrest is simply unable to administer a defibrillator on herself.

Risk factors

"Like with heart attacks, healthy living is one of the best ways to lower the risk of sudden cardiac arrest. This includes eating a well-rounded diet of fruits, vegetables, and fish, exercising regularly, and reducing stress levels," Chen observes. "Of course, not smoking is a given."

Risk factors are not unlike those of heart attack and other coronary diseases:

- Hypertension
- Diabetes
- Smoking
- Advanced age
- Cholesterol
- Male gender
- Sedentary lifestyle
- Obesity
- Family history of early coronary artery disease
- People who have heart attacks when younger (Male less than 55, female less than 65)

The doctor will consider a number of tests to analyze the patient's likelihood of a sudden cardiac arrest. These may include an electrocardiogram (ECG); blood tests such as a cardiac enzyme test, an electrolyte test, a drug test, and a hormone test. Imaging tests may also be performed, such as chest X-rays, nuclear scans, and echocardiograms. Finally, electrophysiological testing and mapping (to locate where in the heart an arrhythmia occurs), ejection fraction testing (to measure heart pumping capacity), and angiograms (to show narrowing or blockage of arteries) are also used as diagnostics.

Treatment/Prevention

Defibrillation is the most important response to a sudden cardiac arrest. In addition, doctors prescribe a variety of medications to assist recovery, alleviate pain, or prevent recurrence, including anti-arrhythmias drugs that slow the heart rate. Doctors also prescribe beta blockers, ACE inhibitors, calcium channel blockers, and amiodarone for high-risk patients.

The surgical implantation of an *implantable cardioverter-defibrillator* (ICD) may be the most effective method of preventing fatal arrhythmias in high-risk patients. This device monitors the patient's heart rhythm and sends a shock to the heart to reset its rhythm when it detects an abnormal pacing or rhythms. Other surgical treatments may include:

Coronary angioplasty and/or bypass surgery (these procedures are described above in the heart attack section)

Radiofrequency catheter ablation: An electrode designed to create an electrical block is implanted, stopping the arrhythmia.

Corrective heart surgery: This procedure is designed to repair congenital deformity, a faulty valve, or diseased heart tissue.

Heart transplantation

The usual preventive measures that apply to all cardiovascular diseases and conditions are equally important in preventing sudden cardiac arrest, including a well-balanced diet, a smoke free

environment, and exercise. Frequent screening is advised after a certain age (determined by your doctor), especially for those with heart disease in the family.

THE EMOTIONAL TOLL

Both heart attacks and sudden cardiac arrest force their victims to reevaluate their lifestyles and often their lives. This reflection often, but not always, leads to anxiety and depression, as the survivor believes his "time is almost up," or laments the missed opportunities thus far in his life.

According to Chen, many survivors also suffer some degree of neurological impairment, from short term memory loss to persistent vegetative states (comas). The severity of the survivor's impairment correlates with the swiftness of resuscitation, specifically how quickly she received electrical defibrillation (shock).

But even the placement of the implanted defibrillator, a common physical treatment after sudden cardiac arrest, can engender worry in the survivor. The devices occasionally discharge in error, shocking the user. Of course they are also a constant reminder to the patient of his new physical vulnerability.

"[The patient's family] should also be closely monitored for depression and guilt," Chen says. "They often feel they did not do or know enough to help prevent the traumatic events of a sudden cardiac arrest. Their loved one's impaired state serves as a constant reminder of this inadequacy."

Heart attacks and sudden cardiac arrest starkly remind us of our physical vulnerabilities, often a consequence of unhealthy lifestyle choices. They are the heart's way of telling us in no uncertain terms that we need to change our routines, if not our entire way of life, if we want to continue living.

Over 25 percent of the deaths in 2003 were the result of heart disease, by far the leading cause of death in the United States. Someone dies from heart disease every forty-six seconds. The onset of heart disease forces people to confront death, an experience that makes most of us feel frightened and helpless. Yet we can make daily decisions to fight heart disease when we choose to exercise, to avoid smoking, and to eat a healthier diet high in fruits and vegetables and low in saturated fats, and encourage those we love to do the same. Modern medical advances, together with our determination to change, can now give us and our loved ones a second chance to fully live our lives for years, even decades, to come.

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"By the time my husband died," Eileen A. remembers, "I had already experienced much of my grieving because the man I had nursed through his cancer was not the same man I'd been married to for fifty-four years."

Eileen, now eighty-eight, met Roy at a Whidbey Island bonfire when she was eighteen, gave birth to the first of her three children at twenty-one and settled into the life of mother and wife for the next fourteen years, when she entered college. Roy was twenty-five when they met, though he had told her he was twenty-one so as not to scare her away.

Like many children of the Depression, Ray and Eileen were not used to having much, so they developed a love for simple pleasures like camping, an experience her children have thanked her for many times.

"You have to understand," Eileen states, "money was very tight, so Ray moved in with my mother and me until we could scrape together \$500 to buy a little house. And then my mother moved with us. To support us, Ray drove a truck during the week and played guitar in a dance band on the weekend."

Along the way, Eileen earned her degree and became a well-published professor of early child development at the Universities of Washington and Kansas. An accomplished, well-spoken woman, she speaks with great pride about her marriage, describing Ray as "a perfect husband to me, an ideal father to our children."

Their relationship changed inextricably when in 1991, Roy was diagnosed with colon cancer. Though Roy had suffered a major heart attack several years before, resulting in an unusual 5-way bypass surgery, he appeared to be in excellent health.

"Roy experienced three excruciatingly painful rounds of major surgery during the course of the disease. Each time the cancer appeared to be removed, only to return three months later."

In less than a year, Eileen saw her husband, once 190 pounds with a robust sense of humor, reduced to a mere 110 pound shadow, his laughter displaced by a meek, distant smile. "

She remains stunned at Roy's reserve in the face of impending death.

"My husband detested inconvenience and abhorred pain, complaining woefully at a splinter or a persistent cough. But he faced his cancer heroically, as if he didn't want to burden his family and friends."

At the time, doctors insisted on keeping patients alive at all costs, even if death was delayed by physically cruel methods like forced feeding.

"We would cajole his appetite, putting the best face on it," Eileen recalls. "He once asked me to make Cup Custard, an old favorite of his I hadn't made in years. I found the recipe, bought the tins and ingredients and gave him this treat. He took a large bite, swirled it around in his mouth, and swallowed. He took a tentative, smaller bite the next time, but simply couldn't swallow. He just felt awful about it.

"Today I realize that his body was already preparing for death, shutting down naturally. And, since death is the next major event in my life, I hope that my caregivers realize this

when my time comes. I wish we had known better and not tried to force life on Roy at the end.”

Like in every aspect of her life, she has learned numerous lessons from the experience of watching her husband die.

“I became much more aware and observant of my life. . For example, Roy died a half hour after my son and I left his bedside. Some might think this is tragic, but I realize, and a number of others have experienced the same thing, that even though he was ready, when we were there he couldn’t let himself go.”

After Roy died, his sons arranged a deathbed celebration, complete with music, laughter, tears, and plenty of stories. The nurse dressed Roy in a soft shirt over his hospital gown and moved most of the medical equipment away.

“The kids and I told stories in which Roy starred,” Eileen remembers, “It was wonderful closure. I hope my children do the same thing for me.”

According to Dr. Robert Polakoff, a specialist in geriatric psychiatry in Seattle, reminiscing is a very healthy way to begin a grieving process.

“It’s important to understand that bereavement is a very normal process and should never be considered a depressive disorder, unless there is no reduction in grief after a few months,” he says. “The main difference is untreated bereavement improves over time; untreated depression worsens.”

Separating the two experiences can be challenging because a number of symptoms, including insomnia, lack of appetite and weight loss, apply to both.

“This is not to dismiss the importance of potential counseling, for it can be extremely helpful as an outlet for the bereaved, a time to process that is removed from friends and family, or to resolve delicate situations surrounding one’s relationship with the deceased,” says Polakoff. “Also, friends sometimes shun the bereaved because they themselves feel uncomfortable with the intensity of emotions.

“Interestingly , anti-depressant medication tends not to reduce the feeling of bereavement.

According to Dr. Polakoff, and most studies, each person experiences grief differently, due in large part to personal experiences, upbringing, and cultural influence.

“Clearly, Eileen experienced her grief during Roy’s illness,” observes Polakoff. “And eleven months of mourning is quite normal. People tend to feel quite sad upon the death anniversary but also realize that they generally feel better than expected.”

Polakoff recommends familiar steps to help alleviate the grief period. Consistent exercise not only establishes routine, many studies show activity is a natural antidepressant and increases social interaction. Staying active in social clubs and the church community also diminishes the fear of being alone.

“Avoiding isolation proves an absolute key,” he says. “This is especially important for the elderly, who often contend with isolation already.”

Eileen, for example, found herself living alone for the first time of her entire life at seventy-four. Rather than lament her independence, Eileen embraced it.

"I amazed myself with how quickly I adapted to being single," muses Eileen. "I am sure it is because I had been saying goodbye for so long."

"I decided to toss conventional wisdom aside," she laughs, "so I sold the house of our dreams and moved into a top floor condo [in another neighborhood], across the hall from my dearest friend.

"One big change I made came with our cabin. Roy had always resisted change there, even if I suggested adding some new trees. I decided to add a small addition, and have the property landscaped. I subcontracted the work by myself, also found a great gardener. Every time I arrive, I revel in the fact that I essentially did this myself."

Eileen's transition to becoming an independent senior has not evaded all obstacles, however. She suffers from macular degeneration, and as a result has been legally blind for eight years. She gave up driving when she almost hit a bicyclist and then nearly struck a mother and child during the same week.

"It is one thing to risk your own life, but it is ruinous of your life to hurt someone else. So I parked my old, red Buick in the garage, patted her on the rump and said, 'that's it old girl, that's the last time I will ever drive you,'" Eileen recalls. "I also had to give up living completely alone, too many stove-related near accidents." Faced with these challenges, she sold her condo and moved into The Hearthstone, an assisted living community in Seattle's Green Lake neighborhood.

"Eileen's experience is a lesson for us all," Dr. Polakoff concludes. "She understood her grieving was healthy, processed her bereavement with friends and family, and remained engaged socially in familiar activities."

"I watched my husband, a strong heroic man, die little by little; it was almost like watching him disintegrate," reflects Eileen, her voice filling with emotion at the painful memories. "What do you do with your life when you have never lived alone and have been married for 54 years?"

"But then I began to make all of these self-discoveries about myself, and learned how much I could do if I put my mind to it. I decided to take some risks and chances, to recognize my own strengths and try things I've never tried before. I realized it was still best to live my life to its potential."

Ruth Kimmerer greeted late middle age by traveling the globe. Not satisfied with simply seeing the sites, the spirited woman would devise a mission to her travels. Once, she even smuggled birth control devices behind the Iron Curtain into Romania.

"My mother-in-law loved to learn languages, so traveling offered a natural extension," Judy Kimmerer remembers. "She spoke seven languages fluently at one point."

Described as 'fiercely independent,' Judy raised four children (Her husband died when her eldest child was 15.) while working as an administrative assistant for the Department of Pharmacology at the University of Rochester.

But as Ruth aged, it became clear to her children, who had all left Rochester for points west, that her living situation required change. Her doctor cited early onset Alzheimer's as the reason Ruth should relocate closer to one of her children. Her son Rob was the natural choice.

"We began noticing small changes in Ruth's demeanor," Judy recalls. "Once while visiting, we returned from the store having purchased hamburger for dinner. Ruth looked at the meat just a few minutes later and declared we should throw it away because she'd had it for a couple of weeks. At first these incidents were quirky, then—as she started missing doctor's appointments—worrisome."

"The winter that same year was very harsh," Rob remembers, "and my mother spent long hours cooped up in her house with few visitors or conversations. Her doctor noticed a real difference in her mental abilities that spring. I don't know if her isolation played a role or not."

Still, convincing Ruth to move across the continent was a formidable task.

"It's hard to comprehend how independent Ruth was," Judy observes. "Since her husband's death, self-preservation served as her *modus operandi*. So it was critical that she felt the relocation was completely her decision. Leaving her friends, limited as they had become, was also a significant obstacle.

"We reminded Ruth of how harsh the upstate New York winters can be, presented the prospect of seeing her grandchildren regularly, and advertised Seattle like a new travel adventure. Finally, she announced she was ready."

Rob and Judy, along with Rob's siblings, now faced the challenge of determining the proper living situation for Ruth. They considered having her live with them or renting her an apartment, but they worried one situation would prove too cramped, the other too independent.

Then a friend mentioned Ida Culver House, which made a great impression upon them when they visited. They liked the size, the garden, and the respect that the residents were given.

"I had yet to begin my career as an elder health care professional," Judy says, "So this was all new to me. Like so many people, I thought Ruth was too self-directed for assisted living. I have since learned many times over that assisted living actually fosters independence."

Even though the children thought Ida Culver would be perfect for Ruth, convincing Ruth of such a significant change required more strategizing. Ruth perceived she was coming to Seattle to live independently near family, not to move into an eldercare facility.

"We decided that Ruth's first visit to Ida Culver would be our 'first visit' also," Judy recalls. "We even asked the manager to act as if we hadn't met previously, a persona he had clearly assumed before. We presented Ida Culver as an apartment where you don't have to fix your meals. Whether she just played along with our little ruse or not remains a mystery."

Ruth, who felt increasingly frustrated with her forgetfulness, clearly appreciated knowing assistance was right around the corner. Always forthright and standing six feet tall, she galvanized her new community to be more physically active. Even the geography turned out to be perfect.

"My mother was a former tennis pro who walked absolutely everywhere; in fact she never learned to drive!" Rob says with a laugh. "In Seattle, she was able to leave her apartment, follow 65th St. to Green Lake, circle the lake, and return home without ever needing to turn. So she could get her exercise without any anxiety of getting lost.

"She was also a very musical person, so she really liked the concerts. And, like all of her kids, she loves to eat, so she thought the variety of meals was great also. Forming an intimate friendship with Joe, another resident, was an additional bonus. She really sparkled there!"

"Having a community increases the quality of their lifestyle immensely," Judy states. "If you are living alone, how comfortable are you asking your neighbor to run out to the store for you? But when you are part of a community, asking your friend in the room next door to pick up some mayonnaise when she's running errands is easy.

"I think freedom comes from self-confidence and personal security, and assisted living supports this."

Ruth remained at Ida Culver until, with the onset of second stage dementia, she required a more care-intensive situation. After visiting over fifty facilities, Rob relocated his mother to a small facility in Kenmore, Washington, with a beautiful view of Lake Washington, where he visits her every Sunday.

Today the 84 year-old former globetrotter lives with several other elderly women, often surrounded by the 23 grandchildren of her caregivers on the staff at the facility.

"She spends much of her day in her recliner looking not like a patient but like just another older woman relaxing," says Rob.

"We are fortunate, because we were able to move my mom into another situation that is full of life, with lots of people around which I believe, even though she is nonverbal now, she really likes because she smiles all the time."