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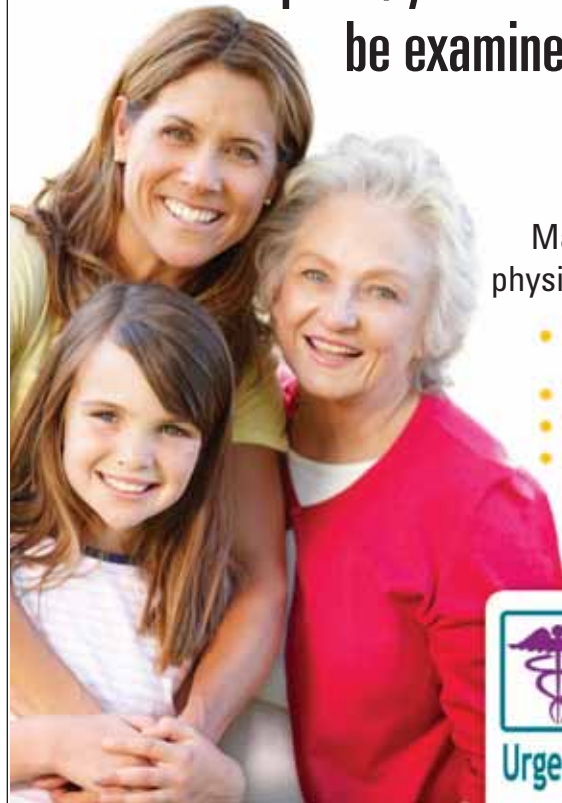
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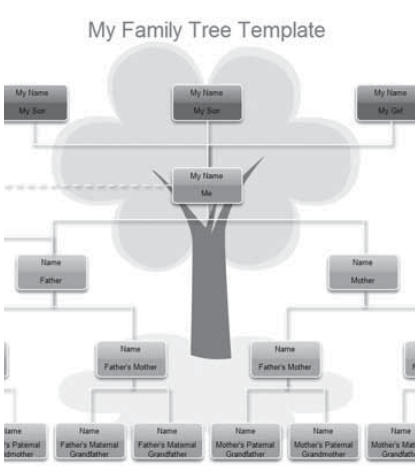
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# Mediation offers solution to gut-wrenching family disputes

By Brian Goslow

There are few things harder in life than watching a parent slowly age and fall into physical, mental and emotional decline. But the process is made even more difficult when important issues arise concerning the parent's health, whether mom or dad can safely continue to live at home or what should be done with the family estate, and the subject hasn't been addressed beforehand.

When these issues need to be addressed in an emergency situation, rational thinking



Veglia

frequently falls by the wayside to be replaced by frantic decision-making that may not be in the best interests of all involved — or even worse, the person in question may suddenly be incapacitated and no longer able to express his or her concerns and intentions.

Regardless of how many times one recognizes, "We need to have that talk" about what happens should a parent suddenly be in need of long-term care or placement in assisted living or a nursing home or what will happen to a loved one's property once he or she passes on, the talk rarely occurs for fear of creating a hostile situation.

Then that dreaded phone call arrives — mom has had a bad fall and has been hospitalized or dad has had a severe stroke and may not fully recover — and a family is forced to face not only the short-term, but the long-term challenges of covering the costs of whatever care and housing might become necessary. When there are a number of children involved, the siblings may find themselves at odds over how to proceed.

The nightmarish weeks of paperwork, bureaucracy and family in-fighting that follow a sudden crisis don't have to happen if a parent takes the big step of getting his or her desires known and contingencies in place in advance of any eventual life emergency — or, if a child feels comfortable enough in doing so, encourages and helps the parent get the process underway.

"The majority of the time, people do not want to talk about this before things start going downhill," said Eileen Millane, co-founder of The Mediation Collaborative, LLC, a group of professional mediators who bring experience in a variety of backgrounds from law and social work to education and business to the table with the goal of helping parties resolve their differences with the help of impartial mediators. The Mediation Collaborative recently opened offices in several Greater Boston and MetroWest locations.

"A lot of times it's almost too late," Millane said. "With my own mother, I had really wanted her to go to assisted living and give

up the house, but then it got to the point she was way beyond assisted living and had to go right to a nursing home. A lot of people wait too long to act on these issues."

Millane said requests for mediation on senior health issues usually happens when a major change has occurred, the older person is in a clear state of decline and there's growing concern about the parent's ability to take care of him- or herself. Calls to mediate come from an adult child trying to do the right thing for a parent's wellbeing as well as adult children in conflict about what should be done for their parent.

"You can have so many different scenarios," Millane said. Sometimes one sibling is out of state, the other has been overseeing their parent and the two can't agree on whether it's time to start looking to move their parent into assisted living.

"(For example,) One of the sisters is adamant the mother can still stay in the house and wants to get (home) care in the house," she said. "Then there are many issues around financial stuff, who's going to pay and how they're going to pay for it and that kind of thing."

When the parent is incapacitated and unable to participate in the discussion, Millane said, a major piece of what she does as a mediator is talk to the person who calls her and determines which family members are going to participate in making the decisions.

"If the older person is not part of the mediation process, as mediators, we're totally neutral," she said. "But in that case, the mediator's role is to make sure that the elder's interests are taken care of and everything is happening in the best interests of the older person. So there'll be a slight bias against anything that would not be good for the elder."



Zimmerman

According to the Mediation Collaborative, among the benefits of mediation are:

It avoids the stress of litigation, reducing costs and time.

It maintains confidentiality with all mediation discussions remaining private.

It allows for self-determination with the participants controlling the outcome and therefore being more likely to adhere to the agreement.

Sometimes a judge will court order mediation in order to help battling parties reach an out-of-court agreement. When that happens, said Millane, who has overseen a wide variety of mediation sessions, an agreement is reached 70 percent of the time, with 95 percent adhering to it. "You don't see them back, because it's their agreement and they crafted it" she said.

Josephine L. Veglia, an attorney at Durbin

and Veglia in Oxford, said she doesn't often get a request for formal mediation. "It is something we can advise clients about as a possible solution to heal family divisiveness, but it is their decision as to whether they wish to participate," she said.

It is in a less formal setting, she said, and "getting everyone to meet face to face sometimes diffuses some of the emotion and creates a productive environment to find a practical solution." It allows everyone a chance to be heard. "Often the dispute is



Cammuso

because someone feels that their opinions or suggestions are being ignored," she added.

Overall, Veglia said, the mediation process will work if everyone involved truly sees it as an opportunity to find a resolution and is committed to the process. Participants also need to have the best interest

of the senior adult always as the top priority, she said.

What tends to work best is when the parents seek to have their financial, estate and health matters addressed while they're in relatively good health with a clear mind. "Many times, clients want their children to come with them to my office when we meet about their estate plans," Veglia said. "That is perfectly fine and often works well, since then, all children have an opportunity to hear their parents' intentions, and understand the different estate planning documents that are used."

When this occurs, she said, attorneys have the opportunity to explain the legal obligations associated with each subject and by talking a family through the process, can "mediate" the issues.

That doesn't occur when family members suddenly find themselves faced with a life-changing health emergency resulting in one of their parents being hospitalized. Such circumstances regularly lead to heated disputes over whether the parent can continue to live alone and if so, whether some type of home care is needed, if a family member can help with caregiving and how the cost of care would be covered.

"Hopefully, that opens up a family discussion during which everyone is involved and contributes what they can," Veglia said. "However, some families are separated by distance or relationship, and the people living locally feel that they are carrying all the weight and doing the best they can with a difficult situation and yet are being criticized by other family members, or alternatively, those at a distance really don't understand the parent's needs and don't agree with the level of care being provided."

Veglia has had instances where these discussions began too late, starting after the

parents had reached a state of diminished capacity to think and communicate their wishes and intentions clearly and their ability to remain safely in their own home had been compromised. Earlier talks had ended after the parent stated, "I don't want to go to a nursing home."

When this situation occurs, Veglia said, there is still the opportunity for the family members to mediate the issue. "After all, they are the ones, not the senior, who are having the dispute. The senior should not be placed in the middle — just as children should not be put in the middle when their parents are divorcing," she said. "I had a client tell me that she was really upset that all her children were fighting. She didn't want them to fight. They did not understand how they were hurting her. She unfortunately passed away before things were resolved."

As an attorney, Linda T. Cammuso of the Estate Preservation Law Offices in Worcester is professionally obligated to carry out the directives of her clients; in most instances, it will be the parent who makes the decisions. "They have to decide their family situation and decide how involved or not they want their kids to be," she said.

If there are several children, the parent might have one he or she is especially close with who is privy to all of the parent's financial matters while the other children are not as involved with the parent's day-to-day life or are perceived as troublemakers looking for a fight.

Some of Cammuso's clients will tell her, "I don't even want my kids to know I saw an attorney." In that instance, Cammuso isn't allowed to tell the children anything about any of her discussions with their parent.

"If the kids called us and said, 'I want to know what you're doing for my mom, I heard that she's drafting a will with you and I want to know what's going on,' we would say, 'I'm sorry, we can't even confirm to you that we represent your parent because we don't have authority to do that,'" she said.

Those calls can become hostile.

"A lot of times it comes from the kids who maybe aren't as involved in their parents' legal or financial matters and who perceive because they have not been included in meetings or things like that, it's possibly because the other kids are conspiring to try to diminish their inheritance. Or maybe they feel they need to be involved in key decisions," Cammuso said. "But it's the client's call as to who they want to involve and how they want them involved."

In the past 10 years, as the country's population has aged, Beverly Hills psy-



Lieberman

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**fifty plus**  
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# Study shows oldest boomers are original and conventional

By Sondra Shapiro

As a typical age-denying boomer I was floored to hear the oldest members of my cohort are eligible for full Social Security benefits. It just isn't possible that the generation that coined the phrase, "Don't trust anyone over 30," is now in its golden years. Let alone the fact that Jack Weinberg, the guy who coined the phrase, is 73.



## Just My Opinion

As I get used to the idea that most of my fellow high school graduates, class of '71, are turning 60, the lyrics of an old Sonny & Cher song come to mind: "The beat goes on."

Narcissistic by nature, our 78 million strong — born between 1946 and 1964 — have thought of ourselves as unique and wonderful. Perhaps our perceptions are shaped by the intense media and marketing fascination with my generation. After all, our every move has been documented, analyzed and criticized — from our self-indulgent, rabble-rousing ways to our obsession with staying "forever young."

Now, the oldest among us, who turned age 66 in 2012, are the subject of a study by MetLife Mature Market Institute aptly named, "The Oldest Boomers are Healthy, Retiring Rapidly and Collecting Social Security."

Subjects were followed from age 62 to 67 as the study collected data on their finances, housing status, family lives and their views on generational issues.

One surprise. The figures show this group is rather conventional in its retirement decisions. Out of the 86 percent collecting Social Security, 43 percent said they began tapping benefits earlier than they expected. So, what happened to the generational boast that we would work till we drop?

More than half of the boomers born in 1946 are fully retired. Of those, 38 percent said they were financially ready, while 17 percent cited health reasons and 10 percent attributed a job loss.

In 2007 and 2008, only 19 percent of the oldest boomers were retired; by 2011, that figure had made a significant leap to 45 percent who were retired.

True to our health conscious leanings, it isn't surprising to learn most of this group is feeling hale and hearty and won't view themselves as "old" until they reach the average age of 78.5. Most questioned feel mentally sharp, but 30 percent admit that they aren't as on the ball as when they were in their 40s.

Many who are retired say they have less income than when they were working, yet lower income does not always

equal a lower standard of living, as only 20 percent felt theirs had declined.

"As the oldest boomers dive into retirement, even though some have been forced to do so earlier than expected, they seem to be 'feelin' groovy,' as this group would have said during their formative years," said Sandra Timmermann, director of the MetLife Mature Market Institute. On the negative side, she said, "a good half of this group may not have achieved their retirement savings goals and are not confident about paying for the next phase of their lives."

Boomers are notoriously known as spenders not savers. And now the oldest among us are paying the price.

One of the major concerns is not being able to pay for long-term care. Only a small percentage owns a long-term care insurance policy.

Unlike our parents' generation who moved to warmer climates in old age, boomers would prefer to age in place, though 8.6 percent report being "upside down" on their mortgage, owing more than the value of their home.

Almost 80 percent of the oldest boomers don't have a living parent, but more than one in 10 is providing regular care for an older relative. Surprisingly, only 4.8 percent have grandchildren.

At our core, we boomers are a caring, nurturing group despite our self-indulgent proclivities.

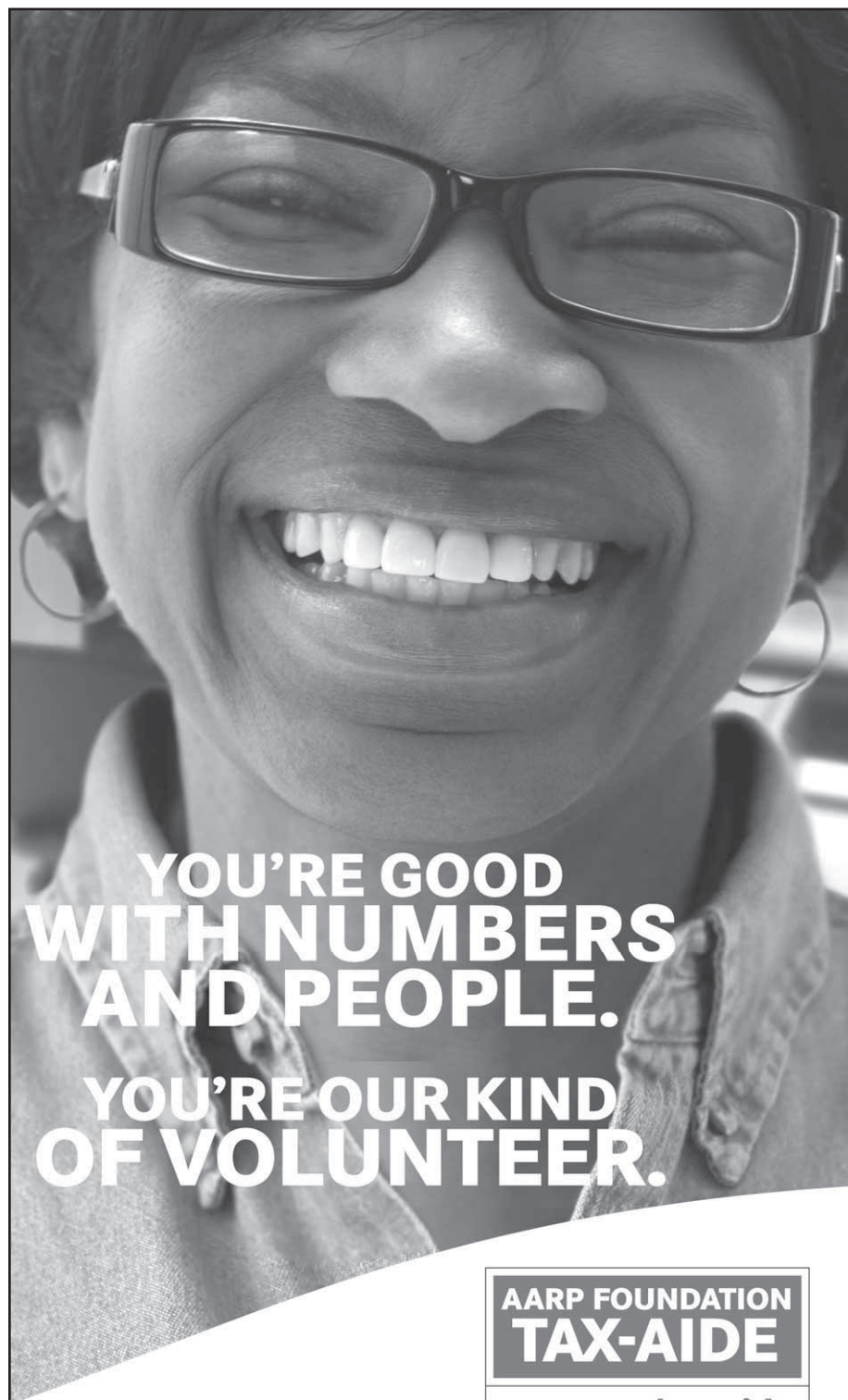
We have championed civic involvement. We joined the Peace Corp. We demonstrated against the Vietnam War and for equal rights for women and racial equality. So it is no surprise to hear that the oldest members of my generation are committed to remaining active and engaged, with more than half believing we are leaving a positive legacy for future generations.

There is no denying we have redefined every stage of life. Where our parents grew up being seen but not heard, we spent our youth shouting from rooftops. Where our parents aged gracefully, we have spawned an entire industry dedicated to making us feel and look young.

I have heard many stories of boomers re-defining themselves in later life — pursuing educational, volunteer and career opportunities.

Though I am occasionally overwhelmed by the passage of time, I remember that it has been time well spent. These generational pathfinders prove the days to come offer more opportunity to live a fulfilling life, dispelling another line from the Sonny & Cher hit: "Grandmas sit in chairs and reminisce." Nope, that's not for us. Instead, "The beat goes on."

Sondra Shapiro is the executive editor of the *Fifty Plus Advocate*. Email her at [sshapiro.fiftyplusadvocate@verizon.net](mailto:sshapiro.fiftyplusadvocate@verizon.net). And follow her online at [www.facebook.com/fiftyplusadvocate](http://www.facebook.com/fiftyplusadvocate), [www.twitter.com/shapiro50plus](http://www.twitter.com/shapiro50plus) or [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com)



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# With help, seniors getting past technophobia

By Brian Goslow

As more people of all ages become attached to their electronic gadgets, technology analyst Karl Hakkarainen, a teacher for the Assumption College-based Worcester Institute for Senior Education (WISE), has watched the evolutionary progression from computers and laptops to smartphones and tablets — and a growing number of those users are seniors.

“Just in the past year, I’ve seen a tremendous increase in the number of people in class with tablets,” said Hakkarainen, who noted that the introduction of Kindle and Nook tablet readers helped break down a fear many seniors had about using electronic devices. “The basic Kindle is sometimes referred to as the gateway for many people because it gets people used to the idea of reading something electronically.”

While many traditionalists hold onto the belief that they like the physical feel of a newspaper with their morning coffee or that they like turning the physical pages of a book, he’s found that when you talk to people about their reading habits, many don’t read as often as they used to because their vision isn’t as good as it used to be or the book is too heavy to hold over an extended period of time. “So they start using

a Kindle or maybe they get a new or hand-me-down laptop or an iPad for Christmas and the more they become curious with, familiar with and finally users of this mobile technology, it starts to open up their world,” Hakkarainen said.

Many of the technological problems new users encounter are small ones, he said, adding, “but they don’t know that they’re small because they don’t have a context. It might be something as simple as when you have a Mac laptop, you might not know you have two passwords — one for the laptop itself and one to buy applications on the Apple Store.”

Other users can get paralyzed by knowing how much these devices cost and the fear that they’re either going to break it or mess up the software or home network so badly they won’t be able to use it anymore. They also can get confused when they hear technological jargon, wondering what the differences are between a 3G, 4G or Wi-Fi network.

“Most people think that anyone born after 1990 has had a genetic transplant and automatically intuitively how to use these devices,” Hakkarainen said. “They (members of the

younger generation) know it because it’s part of their lives. They practice, they learn from one another and they have a purpose. Most often, the purpose is either play or being social. Seniors have the same motivation and have the same opportunities.

“They want to communicate with family; they want to write the book they’ve always wanted to write or they might want to organize their photographs. They just need to find places where they can learn from contemporaries — and then they need to practice.”

When seniors see other seniors using electronic gadgetry, it helps them become more comfortable about trying them too because they’re seeing contemporaries using it, instead of just kids. One of Hakkarainen’s students, a 93-year-old woman, got an iPad last year — and she’s been setting an example for other classmates ever since. “We’ve had a number of conversations on how you use it to find better news sources, how to get radio channels she wants to listen to and how to get her music off of her laptop and onto her iPad,” he said.

Hakkarainen’s WISE courses, which begin

again in the fall, run for five weeks and are held at The Willows in Worcester and at Assumption College. He also gives presentations at local senior centers and retirement communities, where the majority of questions asked are whether someone should get a new computer or a tablet. “What kind of smartphone should I get?” and “I’ve got this smartphone, what do I do with it?” are also frequent questions.

When it comes to smartphones, Hakkarainen first makes sure the person knows how to make a phone call with it. “In many cases, they’re so bedazzled by the apps that are on these phones that they forget how to use the basics of making a call or how to silence it when they’re going into a place where the phone shouldn’t be ringing,” he said.

His goal as a teacher is to get his senior audiences excited about the possibilities the new technology offers them and “getting people of like minds to join together, cultivating serendipity, allowing them to discover things that they might not otherwise discover,” Hakkarainen said. “That doesn’t stop at 50, that doesn’t stop at 60, that doesn’t stop at 70.”

For more information on Karl Hakkarainen’s WISE courses, visit [assumption.edu/WISE](http://assumption.edu/WISE).



Hakkarainen

## A respite for Medicare, Social Security no worse

By Ricardo Alonso-Zaldivar and Alan Fram

WASHINGTON —

Medicare’s long-term health is starting to look a little better, the government recently reported, but both Social Security and Medicare are still wobbling toward insolvency within two decades if Congress and the president don’t find a way to shore up the trust funds established to take care of older Americans.

Medicare’s giant fund for inpatient care will be exhausted in 2026, two years later than estimated last year, while Social Security’s projected insolvency in 2033 remains unchanged, the government reported.

An overall slowdown in health care spending is helping Medicare. Spending cuts in President Barack Obama’s health care law are also having a positive impact on the balance sheet, but they may prove

politically unsustainable over the long run.

The relatively good news about two programs that provide a foundation of economic security for nearly every American family is a respite, not a free pass. Program trustees urged lawmakers anew to seize a current opportunity and make long-term changes to improve finances. Action now would be far less jarring than having to hit the brakes at the edge of a fiscal cliff.

Politically, however, this positive report and the absence of a crisis could make legislative action less likely, especially in light of the lack of trust between President Barack Obama and Republicans in Congress. No end is in sight for the partisan standoff over what to do about Social Security and Medicare, two of the government’s costliest programs, and the mammoth budget deficits they help fuel.

Still, fresh warnings were sounded.

“Under current law, both of these vitally important programs are on unsustain-

able paths,” said economist Robert D. Reischauer, one of two independent public trustees overseeing the annual reports.

The window for action “is in the process of closing even as we speak,” said his counterpart, Charles Blahous III, also a prominent economist.

Social Security provides monthly benefit checks to about 57 million people, including 40 million retirees and their dependents, 11 million disabled workers and dependents and 6 million survivors of deceased workers. Medicare covers nearly 51 million people, mainly retirees but also disabled workers.

If the funds ever become exhausted, the nation’s two biggest benefit programs would collect only enough money to pay partial benefits.

Social Security could cover only about 75 percent of benefits, while Medicare’s fund for hospital and nursing rehabilitation care could pay 87 percent of costs.

With 10,000 baby boomers turning 65 every day, America’s aging population is straining both programs.

While the combined Social Security fund was projected to be depleted in 2033, the trustees warned that the threat to one of its component trust funds that makes payments to workers on disability is much more urgent. They projected that the disability trust fund would deplete its reserves in just three years, in 2016. That date is unchanged from last year’s report.

Blahous said he hoped that would prod lawmakers to act on the broad challenges facing Social Security.

The remaining trustees are senior administration officials, including Treasury Secretary Jacob Lew and Health and Human Services Secretary Kathleen Sebelius. While acknowledging the need for long-term changes to improve program

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# Social Security, Medicare still face big challenge

By Tom Raum

WASHINGTON —

As the U.S. recovery slowly gathers steam, federal deficits are finally coming down from their nosebleed \$1 trillion-plus heights. That will postpone until fall a new budget showdown between Congress and the White House — and also will probably delay the days of reckoning, feared by millions of aging Americans, when Social Security and Medicare could become insolvent.

Why does it matter? If those programs' money dries up, benefits must be reduced.

What next? Here are some central questions and answers about deficits, the national debt and the outlook for the government's two biggest entitlement programs.

Q: What if no agreement is reached

between the White House and Congress to guarantee the future solvency of Social Security and Medicare?

A: If funds become exhausted, the two programs will find themselves collecting only enough money in payroll taxes to pay partial benefits to the millions of American recipients. Payroll taxes are in addition to — and collected along with — your federal income taxes.

Q: What will forced reductions mean in dollar terms for those receiving benefits?

A: The Social Security trustees have suggested that once the reserves are gone, incoming payroll taxes will cover roughly 75 percent of the program's promised benefits. So that could mean an immediate 25 percent cut in benefits. That would reduce the average monthly Social Security check — now \$1,266 — to roughly \$950 a month. Medicare's giant hospital fund

could pay only 87 percent of costs.

Q: How likely is this to happen?

A: Such deep mandatory cuts seem highly unlikely, given the political heat that would be sure to rise to unbearable levels as the deadline neared and if the White House and Congress still failed to act. A compromise of some sorts to avoid a cut in benefits seems inevitable. But as recent events have shown, finding common ground is becoming increasingly difficult in partisan and polarized Washington.

Q: Won't any improvement in Social Security and Medicare finances just let Congress "kick the can down the road" again?

A: Today's sharply divided Congress does have a history of procrastinating. Its inability to find common ground on spending cuts by a deadline last March 1 resulted in the "sequester" of automatic

spending cuts that are trimming \$42 billion from government programs through Oct. 1. Social Security and Medicare were exempted. But long delays and squabbles over Obama's 2011 request to raise the national debt ceiling resulted in a first-time-ever credit downgrade on U.S. bonds.

Q: With the army of retiring baby boomers, what are the future prospects for Social Security and Medicare?

A: "The real problem starts about 2017 or 2018, when the deficits start going up again," said veteran budget analyst Stanley Collender. And there's little in the way of congressional fixes that are under serious consideration.

House Budget Committee Chairman Paul Ryan, R-Wis., has proposed some major revisions in the structure of

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## ► Respite

Cont. from page 6

finances, they used the occasion of the annual report to assert that Obama's policies are working, particularly his health care overhaul.

White House spokesman Josh Earnest saw validation in the reports, too. The Medicare numbers showed Obama's health overhaul "is having a positive effect on the deficit," he said, while the Social Security report supports the president's contention that the retirement program is "not driving our short-term deficit."

Motivation for both sides to tackle federal spending deficits — always risky because of the pain that could cause voters — has already declined because the improving economy has also pushed projected federal deficits downward. This year's shortfall is now expected to be \$642 billion, down from \$1.1 trillion last year.

Obama has proposed significant changes to both benefit programs, in the context of budget talks. Those include a formula change that would pare cost-of-living increases for retirees, and nearly \$400

billion in Medicare savings, mainly from cuts to service providers. Congressional Republicans want to do more, particularly on Medicare, by converting the program into a private insurance system.

Social Security is financed by a 6.2 percent tax on the first \$113,700 of workers' wages, paid by both employers and workers. Congress temporarily reduced the tax on workers to 4.2 percent for 2011 and 2012, though the program's finances were being made whole through increased government borrowing.

The Medicare tax rate is 1.45 percent on all wages, paid by both employees and workers.

Blahous said if Social Security's shortfall were to be fixed immediately by boosting the payroll tax alone, that rate for workers and employers together would have to be increased from its current 12.4 percent to nearly 15.1 percent. If action were delayed until 2033 — the year of insolvency — the tax would have to rise to 16.5 percent.

If the savings were to come only from reducing benefits and were made imme-

diately, the benefits would have to be cut 16.5 percent for both current and future recipients.

Targeting future beneficiaries alone would mean benefit cuts of nearly 20 percent.

Waiting until 2033 to impose the changes would mean benefit cuts of 23 percent for current and future recipients. If policymakers wanted to limit the cuts to future beneficiaries, even wiping out all of their benefits would not close the shortfall, said Blahous.

"The window of opportunity to deal with Social Security closes well before the early 2030s," he said.

Not all the news was bleak.

The trustees projected a 2 percent Social Security cost-of-living increase for 2014. And the monthly Medicare Part B premium for outpatient care was projected to remain the same as this year. That's generally \$104.90, although upper-income retirees pay more.

The good news for Medicare may not last. The program's future costs are difficult to estimate, subject not only to economic

fluctuations and the aging society, but also to the impact of the latest blockbuster drug or technological breakthrough.

Nonetheless, the trustees said the overall slowdown in health care spending is providing relief for Medicare. It was the main reason for extending the life of the trust fund by two years. The report said there was a particularly sharp drop in spending on nursing home care. Medicare pays for limited nursing home stays while patients recuperate from hospitalization.

Also cited were reductions in payments to popular Medicare Advantage plans, the private insurance alternative within the program. About 1 in 4 Medicare beneficiaries are in such plans, which offer lower out-of-pocket costs usually in exchange for limitations on the choice of hospitals and doctors. The plans had once been overpaid when compared to the cost of care in traditional Medicare, but Obama's health care law cut back those payments.

Public trustee Reischauer, who specializes in health care economics, said he's hopeful and cautiously optimistic that the slowdown in health care costs will continue.

AARP said it will continue to fight cuts in either program. — AP



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# Five summer road trip safety tips

By Michael E. Festa

Whether heading to the Cape, the Berkshires or beyond, nothing says summer in New England more than an old-fashioned road trip. But as more families plan staycations and day trips, the roads can get crowded quickly. AARP Driver Safety has five tips to ensure an enjoyable and safe journey for road trippers of all ages.



## AARP and You

1. Plan ahead. When mapping a drive to a new destination, make sure you have a thorough understanding of the route. Be aware of any potential obstacles, such as heavy traffic or construction areas, and plan your trip so that you can avoid these dangerous and stress-inducing areas if possible.

You might also want to be aware of fun roadside attractions. Remember to pack any essential road trip supplies such as snacks, water and an audio book (and chargers for smart-

phones and electronic devices), and if you are traveling with children, pack games and activities to keep them entertained.

2. Give yourself plenty of time. According to the Insurance Institute of Highway Safety, drivers who have been behind the wheel for more than eight hours have nearly twice the risk of crashing, compared with drivers who have been on the road less than two hours. To stave off drowsy driving, make plenty of stops — at least one every two hours — to stretch your legs, use the restroom and get some fresh air. If you have passengers who can drive, alternate drivers every few hours.

And don't skimp on sleep each night: People who slept less than five hours before driving increased their risk of crashing four- or five-fold compared to people who slept the recommended eight hours.

3. Be prepared. A vehicle breakdown can quickly turn a road trip from fun to nerve-racking and stressful. Take precautionary measures a few days in advance to reduce your chances of experiencing a car problem on the road. Make sure to check the air pressure in all four tires, check your tire tread wear, and make sure your vehicle's fluids are at proper levels. Also, pack an emergency roadside kit that contains, at a minimum, signaling devices, a pocketknife, a first aid kit,

water and nonperishable food items. It may also be worthwhile to invest in a roadside assistance service.

4. Sharpen your driving skills. The most important safety feature — and the key to ensuring that you reach your destination safely — is a safe driver. Refresh your defensive driving skills and knowledge of the rules of the road through a safe driving course, such as the AARP Driver Safety classroom or online courses. These classes are an excellent way to hone your skills and keep you and your family safe. Visit [aarp.org/drive](http://aarp.org/drive) to learn more.

5. Enjoy the ride. Many fantastic memories are born through road trips, so make sure that you're taking advantage of the best views, tourist attractions and roadside diners along the way. There are a variety of tools and apps available for smartphones, designed to describe all of the road trip must-sees along any given route.

Michael E. Festa is the state director of AARP Massachusetts, which represents more than 800,000 members age 50 and older in the Bay State. Connect with AARP Massachusetts online at [www.aarp.org/ma](http://www.aarp.org/ma); Like us at [www.facebook.com/AARPMMA](http://www.facebook.com/AARPMMA) and follow us on [www.twitter.com/AARPMMA](http://www.twitter.com/AARPMMA).

## What has happened to the Gerontocracy in this country?

By Al Norman

I was honored to speak recently to the graduating class of the UMass Boston B.A. in Gerontology Program. Here is a summary of my remarks:

MIT economist Lester Thurow once warned that entitlement-hungry baby boomers would pose a fundamental threat to our democracy. "Will democratic governments be able to cut benefits when the elderly are approaching a voting majority?" Thurow asked. "In the years ahead, class warfare is apt to be redefined as the young against the old, rather than the poor against the rich."

Thurow was totally wrong. Class warfare still exists, and it's still rich against poor, the 99 percent vs. the 1 percent. It turns out that "greedy geezers" are not a voting bloc. Pundits talk about the Latino vote, or the Walmart Moms, or the Tea Party Vote. But politicians do not talk about the elderly vote anymore.

If you think we are heading towards a Gerontocracy, explain how it is possible that a sitting Democratic president, on his own, offered to cut the Social Security cost of living adjustment? The elderly today are an invisible constituency.

Let me show you how "elder irrelevance" affects social policy at the state level:

Although seniors have made it clear they want to avoid nursing facility care, two-thirds of our Medicaid long term care spending still goes to nursing facilities. By state law, people on Medicaid have a civil right to be cared for in the least restrictive setting — but most of our funding for long term care in this state goes to nursing facilities — a form of care that elders pray to avoid.

Second example: the University of Massachusetts bachelor's of gerontology program has been 'inactivated.' In a December 7, 2012 memo, the provost's office notified the academic community of plans to suspend the program "due to a pattern of low enrollment."

Less than a month later, I sent the provost's office a letter signed by more than 100 groups across the country, urging the provost to "strategize ways to reconfigure and strengthen the undergrad major... to secure the future of a bachelor's of gerontology program, because

we believe there is a growing demand in this field, and that eldercare employment will be expanding, not contracting." The bachelor's of gerontology program is still on a forced sabbatical today, this class of 2013 graduates notwithstanding.

## Push Back

These two examples — one from academia, one from human services — illustrate the low profile of senior power today. Programs like Medicare, Medicaid and Social Security have been cast as burdens on society, rather than part of an intergenerational pledge of support.

Almost one in five Massachusetts residents today is age 60 and older. There are more than 653,000 households in this state with someone over the age of 60. By the year 2032, Massachusetts will have the eighth largest cohort of people age 65 to 74 in America.

But there is no Gerontocracy in this state. The elderly agenda is not driving any debate.

With White House blessing, politicians of all stripes have put their hands on the Third Rail of Politics: Social Security — and have lived to tell about it. The devastation of the middle class has swallowed the greedy geezers, who are living a nose above the poverty line on their Social Security check.

Like the Gray Panthers, the "senior power" movement has tripped into obscurity. The needs of older people are really part of the grievances suffered by the once-middle class that now struggles to get back into mainstream America. Out of this huge, disaffected class comes the promise of a coalition much stronger than one built on age alone.

Al Norman is the executive director of Mass Home Care. He can be reached at [info@mass-homecare.org](mailto:info@mass-homecare.org) or 978-502-3794.

## ► Mediation

Cont. from page 4

chiatrist Carole Lieberman, who works as a mediator, said she has seen a remarkable growth in conflict between seniors and their adult children.

"This mainly focuses on money and inheritance, although issues regarding residence and health decisions also come up," she said. "Increasingly, litigation ensues when siblings feel they have been done wrong in the division of property and money, as described in their parents' will. It is not solely a matter of finances or greed, although the current recession has made this more of an issue; it is wanting to feel that a parent loves them as much or more than their siblings, as finally proven by what the parent bequeathed to them."

When children are unhappy with the provisions of a will, they often bring up the question of a parent's competency. Was the parent in his or her right mind when the will was written or was there undue influ-

ence? Mediation between seniors and their adult children can often avoid these issues by working them out beforehand and allowing children to understand what their parent was thinking.

When some adult children feel money is being unfairly kept from them, they'll threaten to take the issue to court, an act that could leave a lasting split between relatives.

Celeste Zimmerman, a professional mediator based in Colorado who works with seniors and their adult children, said the benefits to using mediation versus litigation are significant.

"The most important of these, is maintaining the relationship between the siblings while trying to hash out any differences and coming to solutions that all of them can live with," she said. "Mediation provides the vehicle to possibly retaining relationships. If lawsuits get filed, there most likely won't be any relationship when all is said and done. Besides relationship building/retaining, mediation normally is less costly, less time consuming and less emotionally devastating."

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## Consumer group flags high SPF ratings on sunscreen

By Matthew Perrone

WASHINGTON — Sunbathers headed to the beach this summer will find new sunscreen labels on store shelves that are designed to make the products more effective and easier to use. But despite those long-awaited changes, many sunscreens continue to carry SPF ratings that some experts consider misleading and potentially dangerous, according to a consumer watchdog group.

A survey of 1,400 sunscreen products by the Environmental Working Group finds that most products meet new federal requirements put in place last December. The rules from the Food and Drug Administration (FDA) ban terms like "waterproof," which regulators consider misleading, and require that sunscreens filter out both ultraviolet A and B rays. Previously some products only blocked UVB rays, which cause most sunburn, while providing little protection against UVA rays that pose the greatest risk of skin cancer and wrinkles.

Despite that broader protection, one in seven products reviewed by the watchdog

group boasted sun protection factor, or SPF, ratings above 50, which have long been viewed with skepticism by experts. In part, that's because SPF numbers like 100 or 150 can give users a false sense of security, leading them to stay in the sun long after the lotion has stopped protecting their skin.

Many consumers assume that SPF 100 is twice as effective as SPF 50, but dermatologists say the difference between the two is actually negligible. Where an SPF 50 product might protect against 97 percent of sunburn-causing rays, an SPF 100 product might block 98.5 percent of those rays.

"The high SPF numbers are just a gimmick," said Marianne Berwick, professor of epidemiology at the University of New Mexico. "Most people really don't need more than an SPF 30 and they should reapply it every couple of hours." Berwick said sunscreen should be used in combination with hats, clothing and shade, which provide better protection against ultraviolet radiation.

Some dermatologists say there may be some rationale for using higher SPF sunscreens, since users often don't apply enough of the lotion to get its full effect.

"The challenge is that beyond 50 the increase in UV protection is relatively small,"

said Dr. Henry Lim, chair of dermatology at the Henry Ford Hospital in Detroit.

The SPF number indicates the amount of sun exposure needed to cause sunburn on sunscreen-protected skin compared with unprotected skin. For example, a SPF rating of 30 means it would take the person 30 times longer to burn wearing sunscreen than with exposed skin.

There is a popular misconception that the SPF figure relates to a certain number of hours spent in the sun. However this is incorrect, since the level of exposure varies by geography, time of day and skin complexion.

The FDA itself said in 2011 that "labeling a product with a specific SPF value higher than 50 would be misleading to the consumer." At the time the agency proposed capping all SPF values at 50 because "there is not sufficient data to show that products with SPF values higher than 50 provide greater protection for users." But regulators have faced pushback from companies, including Johnson & Johnson, which argue that higher SPF products provide measurable benefits.

As a result, the FDA says it is still review-

CONSUMER page 10

## Southern diet, fried foods, may raise stroke risk

By Marilyn Marchione

Deep-fried foods may be causing trouble in the Deep South. People whose diets are heavy on them and sugary drinks like sweet tea and soda were more likely to suffer a stroke, a new study finds.

It's the first big look at diet and strokes, and researchers say it might help explain why blacks in the Southeast — the nation's "stroke belt" — suffer more of them.

Blacks were five times more likely than whites to have the Southern dietary pattern linked with the highest stroke risk. And blacks and whites who live in the

South were more likely to eat this way than people in other parts of the country were. Diet might explain as much as two-thirds of the excess stroke risk seen in blacks versus whites, researchers concluded.

People who ate about six meals a week featuring these sorts of foods had a 41 percent higher stroke risk than people who ate that way about once a month, researchers found.

In contrast, people whose diets were high in fruits, vegetables, whole grains and fish had a 29 percent lower stroke risk.

SOUTHERN page 10



## Meet Ginny

Ginny lives in her own apartment and enjoys going out to dinner often with friends. A true social butterfly, her wheelchair doesn't hold her back, she is an active member of the Red Hat Society, Handicapped Commission and

the Multiple Sclerosis Society.

Ginny has been attending a PACE day center for five years. Knowing the PACE team is there to support her as her needs change, she says "I am able to focus on enjoying and living my life."

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# Summertime eye health care is an ounce of prevention

By Dr. Steven A. Nielsen

Summer is here with its sights, sounds and smells that make it the season of leisure, vacation and relaxation.

But with summer comes the responsibility of taking good care of our eyes. As we grow older, our vision begins to weaken, which can affect our lifestyles and decrease our independence. While we can't prevent the aging process, we can slow age-related damage by taking the following measures:

- Continue to have regular eye exams. Being consistent with this practice not only ensures the health of the eyes, but should



## Vision Quest

any abnormalities be discovered, early detection of age-related eye conditions — such as cataracts, glaucoma and macular degeneration — will provide the opportunity for a better outcome.

- Wear sunglasses that have quality ultraviolet (UV) filters. UV rays can contribute to cataracts and possibly accelerate macular degeneration. The long days of summer expose the eyes to more direct sunlight. Wearing sunglasses with UV filters will also prevent burned corneas. Sunglasses with gray lenses allow objects to be seen in their most natural color.

- Wear a hat with a brim, especially during extended periods of outdoor activity. Not only

do hats shade the eyes, but they also protect the eyelids and the skin surrounding the eyes from developing melanoma.

- Eat fresh fruits and vegetables. Enjoy summer's bounty. Yellow, orange and dark green vegetables are packed with vitamins and minerals essential for eye and body health. Treat yourself to a refreshing smoothie made with strawberries and blueberries. Or enjoy a spinach salad.

- Wear protective eyewear. Many outdoor summer activities include yard care, home improvement projects, swimming and spending time at the beach. Protect your eyes by wearing either safety goggles or swim goggles. Sport goggles are also essential when playing racquetball or squash.

- Remove contact lenses when eye fatigue sets in. Give your eyes the opportunity

to breathe. Rinsing your lenses removes unwanted, often microscopic debris that can cause infection and discomfort. Swimming with contact lenses is not recommended, as chemicals and/or salt will rest under the lenses.

No matter the season, being proactive in caring for your eyes will lead to years of enjoying all the beauty of the earth. As Benjamin Franklin once said, "An ounce of prevention is worth a pound of cure."

*Dr. Steven A. Nielsen is the chief ophthalmologist at The Nielsen Eye Center. To schedule a consultation or examination with Dr. Nielsen, call 617-401-8542 daily between 8 a.m. and 4 p.m. or email [resco@golasik.net](mailto:resco@golasik.net). Archives of articles from previous issues can be read at [www.fiftyplusadvocate.com](http://www.fiftyplusadvocate.com)*

## ► Southern

Cont. from page 9

The federally funded study was launched in 2002 to explore regional variations in stroke risks and reasons for them. More than 20,000 people 45 or older — half of them black — from all 48 mainland states filled out food surveys and were sorted into one of five diet styles:

- Southern: Fried foods, processed meats (lunch meat, jerky), red meat, eggs, sweet drinks and whole milk.

- Convenience: Mexican and Chinese food, pizza, pasta.

- Plant-based: Fruits, vegetables, juice, cereal, fish, poultry, yogurt, nuts and whole-grain bread.

- Sweets: Added fats, breads, chocolate,

desserts, sweet breakfast foods.

- Alcohol: Beer, wine, liquor, green leafy vegetables, salad dressings, nuts and seeds, coffee.

Over more than five years of follow-up, nearly 500 strokes occurred. Researchers saw clear patterns with the Southern and plant-based diets; the other three didn't seem to affect stroke risk.

There were 138 strokes among the 4,977 who ate the most Southern food, compared to 109 strokes among the 5,156 people eating the least of it.

There were 122 strokes among the 5,076 who ate the most plant-based meals, compared to 135 strokes among the 5,056 people who seldom ate that way.

The trends held up after researchers took into account other factors such as age, income, smoking, education, exercise

and total calories consumed.

Fried foods tend to be eaten with lots of salt, which raises blood pressure — a known stroke risk factor, Judd said. And

## ► Consumer

Cont. from page 9

ing studies and comments submitted by outside parties, and there is no deadline for the agency to finalize an SPF cap.

It took the agency decades to put in place last year's sunscreen changes. FDA first announced its intent to draft sunscreen rules in 1978 and published them in 1999. The agency then delayed finalizing the regulations for years until it could address concerns from both industry and consumers.

The FDA is also reviewing the safety of

sweet drinks can contribute to diabetes, the disease that celebrity chef Paula Deen — the queen of Southern cuisine — revealed she had a year ago. — AP

effectiveness of spray-on products, which use different formulations from other sun-protection solutions. Among other concerns, the agency is looking at whether the sprays can be harmful when inhaled.

The survey by the Environmental Working Group found that one in four sunscreens sold in the U.S. is a spray product.

"People like the sprays because they are quick to put on and cover a lot of area," said Dr. Darrell Rigel, a dermatologist in New York. "The downside is that you usually have to apply two coats."

On the Web: [www.ewg.org/2013sunscreen](http://www.ewg.org/2013sunscreen)

# Stroke prevention device misses key goal in study

The future is unclear for a promising heart device aimed at preventing strokes in people at high risk of them because of an irregular heartbeat.

Early results from a key study of Boston Scientific Corp.'s Watchman device suggested it is safer than previous testing found, but may not be better than a drug that is used now for preventing strokes, heart-related deaths and blood clots in people with atrial fibrillation over the long term.

More than 2.7 million Americans and 15 million people worldwide have atrial fibrillation. The upper chambers of the heart quiver instead of beating properly. That lets blood pool in a small pouch. Clots can form and travel to the brain, causing a stroke.

The usual treatment is blood thinners such as warfa-

rin, sold as Coumadin and other brands. But they have problems of their own and some are very expensive. The Watchman is intended to be a permanent solution that would not require people to take medications for the rest of their lives. It's a tiny expandable umbrella that plugs the pouch, and is inserted without surgery, through a tube pushed into a vein.

A study four years ago suggested the device was at least as good at preventing strokes as warfarin is, but the procedure to implant it led to strokes in some patients. Advisers to the U.S. Food and Drug Administration narrowly recommended approving the Watchman but the federal agency required a second test of its safety and effectiveness.

The study involved 407 patients — 269 assigned to get

the device and 138 to get warfarin. It had three main goals, and it clearly met the first on safety — strokes, heart-related deaths, blood clots and serious complications a week after implant or release from the hospital.

"The early concerns about safety of the device ... have been alleviated," said Dr. David Holmes Jr., who led the study.

The other two goals were estimated based on just 88 patients who have been tracked for 18 months after treatment. Strokes and blood clots occurred no more often with the device in those patients. However, the results suggest the device will not prove better than warfarin at 18 months on a wider measure — a combination of strokes, heart-related deaths or clots. — AP



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# Travel and Entertainment

# Vancouver, a multi-cultural odyssey

By Victor Block

I was mesmerized by the beauty and tranquility of the Ming Dynasty Chinese garden through which I was strolling. Images of intricately sculpted roofs and covered walkways are reflected in jade-green pools. Growths of willow, bamboo and other delicate plant life are set against a backdrop of graceful pavilions and gazebos.

This magnificent setting could be in China — but it isn't. It's half a world away in Vancouver, Canada, which has the largest Chinatown in that country.

The Dr. Sun Yat-Sen Classical Chinese Garden is among reasons why Vancouver earned a *Conde Nast Traveler* magazine's "Best city in the Americas" award in 2010. Another is its location, nestled between the sea and towering mountains. The proximity of ocean and parks that dot the urban landscape provides a playground teeming with a long list of inviting things to do and see.

The diversity begins with the city's multicultural population. Many residents trace their ancestry back to men from China who arrived during the Gold Rush in Canada, and another immigration wave brought in for construction of the Canadian-Pacific Railroad in the 1880s. Among more recent arrivals are people from the Philippines, Taiwan and other Southeast Asian countries.

Earlier travelers from that area also impacted the region's culture. Ancestors of present-day Indians began to arrive from Asia around 16,000 B.C. Finding abundant seafood in the bay and wildlife roaming the forests, they settled in to stay.

The influence of people of the First Nations, as those original dwellers and their descendants are known, is everywhere. Elaborately carved, brightly painted totem poles stand as proud reminders of this native heritage. Visitors may board cedar canoes to experience the songs and legends of the Coast Salish culture. Members of the Squamish First Nation demonstrate their heritage as they preserve centuries-old customs like spear fishing for salmon.

A good way to encounter reminders of First Nations

culture, along with other major sights in Vancouver, is aboard a sightseeing trolley. Passengers may remain on board for the entire two-hour tour, as drivers deliver information and unabashedly corny puns in equal doses. Or get off the trolley at any of 23 stops along the route, then reboard to continue the ride.

Stanley Park, a major trolley destination, is a Vancouver "must see." Sprawling over 1,000 acres, this popular urban retreat is large enough to encompass a variety of ecosystems.

The park is laced with 23 miles of gentle hiking paths. My hour-long stroll led through dense woods, around marshy ponds and past fields where some of the 230 species of resident and migrant birds joined together in a symphony of song.

The nosier Granville Island — a former industrial park — was built during the 1920s. Brightly painted warehouses and corrugated iron buildings today house craft shops, artists' studios, clothing stores and other retail and entertainment establishments.

Much of the action is centered at the Public Market, a sprawling covered space with row after row of produce tables, poultry stalls, seafood

vendors and specialty shops. Take-out food counters are jammed with an eclectic crowd of laborers wearing work clothes, business people sporting the latest fashions and ladies out for a day of shopping.

Here, too, the First Nations culture holds court. In addition to prints, blankets and jewelry, the Wickaninnish Gallery sells small stones adorned with hand-painted crabs, lizards and other animals. Items I spotted for sale at the nearby Creekhous Gallery ranged from simple human figures carved out of caribou antler to foot-long soapstone seals priced at more than \$3,000.

After the hustle and bustle of Granville Island, the Dr. Sun Yat-Sen Classical Chinese Garden provides "refreshment for the heart." Modeled after gardens created during the



Granville Island Market Deli

Ming Dynasty (1368-1644), the Vancouver version was built of components shipped from China. Every architectural structure was perfectly fitted in the traditional manner, without use of screws, nails or glue.

Among other stops on the trolley tour route is Yaletown, once a somewhat rundown industrial neighborhood. An old railway repair shed has been transformed into a community theater. Warehouses have been restored as artists' lofts, trendy restaurants and nightclubs.

Another district, which bears the unfortunate name Gastown, is inviting for several reasons, including the fact that is Vancouver's birthplace. In 1867, a riverboat captain named John Deighton showed up near what is now Stanley Park with a keg of whiskey, threw a plank across two barrels and began selling to workers in nearby timber mills. Deighton's reputation as a talkative chap, who on occasion stretched the truth, earned him the nickname "Gassy Jack."

The little community that rose around his place of business became known as Gassy's Town, and from that modest beginning a city grew. The area retains its brick sidewalks, cobbled streets and Victorian buildings. Restaurants, bars and boutiques now attract both visitors and locals.

For more information about Vancouver, log onto [www.hellobc.com](http://www.hellobc.com) or call 800-435-5622.



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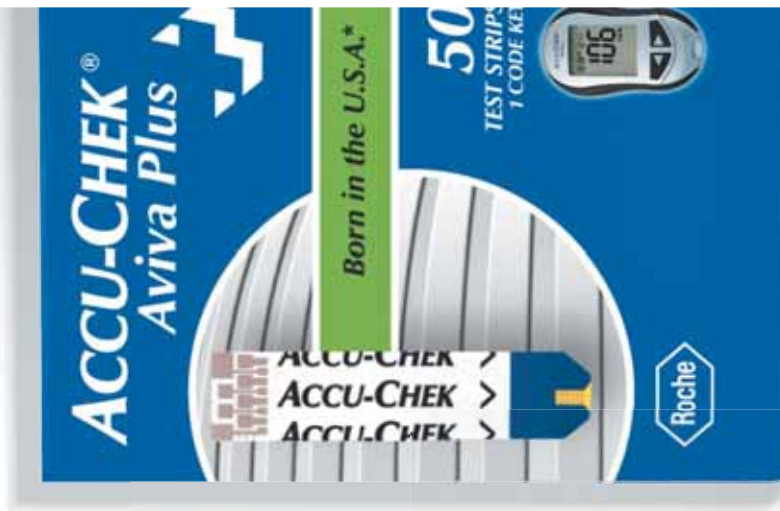


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## Testing brain pacemakers to zap Alzheimer's damage

By Lauran Neergaard

WASHINGTON —

It has the makings of a science fiction movie: Zap someone's brain with mild jolts of electricity to try to stave off the creeping memory loss of Alzheimer's disease.

And it's not easy. Holes are drilled into the patient's skull so tiny wires can be implanted into just the right spot.

A dramatic shift is beginning in the disappointing struggle to find something to slow the damage of this epidemic: The first U.S. experiments with "brain pacemakers" for Alzheimer's are getting under way. Scientists are looking beyond drugs to implants in the hunt for much-needed new treatments.

The research is in its infancy. Only a few dozen people with early-stage Alzheimer's will be implanted in a handful of hospitals. No one knows if it might work, and if it does, how long the effects might last.

Kathy Sanford was among the first to sign up. The Ohio woman's early-stage Alzheimer's was gradually getting worse. She still lived independently, posting reminders to herself, but no longer could work. The usual medicines weren't helping.

Then doctors at Ohio State University explained the hope — that constant electrical stimulation of brain circuits involved in memory and thinking might keep those neural networks active for longer, essentially bypassing some of dementia's damage.

Sanford decided it was worth a shot.

"The reason I'm doing it is, it's really hard to not be able, sometimes, to remember," Sanford, 57, said from her Lancaster, Ohio, home.

Her father is blunter.

"What's our choice? To participate in a program or sit here and watch her slowly deteriorate?" asked Joe Jester, 78. He drives his daughter to follow-up testing, hoping to spot improvement.

A few months after the five-hour operation, the hair shaved for her brain surgery was

growing back and Sanford said she felt good, with an occasional tingling that she attributes to the electrodes. A battery-powered generator near her collarbone powers them, sending the tiny shocks up her neck and into her brain.

It's too soon to know how she'll fare; scientists will track her for two years.

"This is an ongoing evaluation right now that we are optimistic about," is how Ohio State neurosurgeon Dr. Ali Rezai cautiously puts it.

More than 5 million Americans have Alzheimer's or similar dementias, and that number is expected to rise rapidly as the baby boomers age. Today's drugs only temporarily help some symptoms. Attempts to attack Alzheimer's presumed cause, a brain-clogging gunk, so far haven't panned out.

"We're getting tired of not having other things work," said Ohio State neurologist Dr. Douglas Scharre.

The new approach is called deep brain stimulation, or DBS. While it won't attack Alzheimer's root cause either, "maybe we can make the brain work better," he said.

Implanting electrodes into the brain isn't new.

Between 85,000 and 100,000 people around the world have had DBS to block the tremors of Parkinson's disease and other movement disorders. The continuous jolts quiet overactive nerve cells, with few side effects. Scientists also are testing whether stimulating other parts of the brain might help lift depression or curb appetite among the obese.

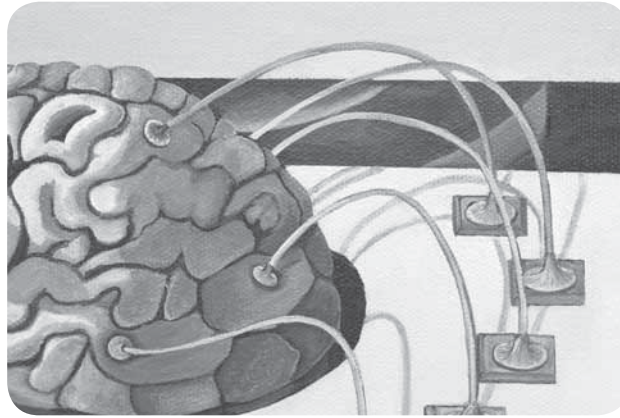
It was in one of those experiments that Canadian researchers back in 2003 stumbled onto the Alzheimer's possibility. They switched on the electrical jolts in the brain of an obese man and unlocked a flood of old memories. Continuing his DBS also improved his ability to learn. He didn't have dementia, but the researchers wondered if they could spur memory-making networks

in someone who did.

But wait a minute.

Alzheimer's doesn't just steal memories. It eventually robs sufferers of the ability to do the simplest of tasks. How could stimulating a brain so damaged do any good?

A healthy brain is a connected brain. One circuit signals another to switch on and retrieve the memories needed to, say, drive a car or cook a meal.



At least early in the disease, Alzheimer's kills only certain spots. But the disease's hallmark gunky plaques act as a roadblock, stopping the "on" switch so that healthy circuits farther away are deactivated, explained Dr. Andres Lozano, a neurosurgeon at Toronto Western Hospital whose research sparked the interest.

So the plan was to put the electrodes into hubs where brain pathways for memory, behavior, concentration and other cognitive functions converge, to see if the jolts reactivate those silenced circuits, added Ohio State's Rezai.

"It's like going through Grand Central Station and trying to affect all the trains going in and coming out," he said.

Lozano's team found the first clue that it's possible by implanting six Alzheimer's patients in Canada. After at least 12 months of continuous stimulation, brain scans showed a sign of more activity in areas targeted by

Alzheimer's. Suddenly, the neurons there began using more glucose, the fuel for brain cells.

"It looked like a blackout before. We were able to turn the lights back on in those areas," Lozano said.

While most Alzheimer's patients show clear declines in function every year, one Canadian man who has had the implants for four years hasn't deteriorated, Lozano said, although he cautioned that there's no way to know whether that's due to the DBS.

The evidence is preliminary and will take years of study to prove, but "this is an exciting novel approach," said Dr. Laurie Ryan of the National Institutes of Health's aging division, which is funding a follow-up study.

In research under way now:

- The Toronto researchers have teamed with four U.S. medical centers — Johns Hopkins University, the University of Pennsylvania, University of Florida and Arizona's Banner Health System — to try DBS in a part of the

brain called the fornix, one of those memory hubs, in 40 patients. Half will have their electrodes turned on two weeks after the operation and the rest in a year, an attempt to spot any placebo effect from surgery.

- At Ohio State, Rezai is implanting the electrodes into a different spot, the frontal lobes that his own DBS work suggests could tap into cognition and behavior pathways. That study will enroll 10 participants including Sanford.

Surgery back in October was Sanford's first step. Then it was time to fine-tune how the electrodes fire. She took problem-solving tests while neurologist Scharre adjusted the voltage and frequency and watched her reactions.

Sanford was cheered to see her test scores climb a bit during those adjustments. She said she knows there are no guarantees, but "if we can beat some of this stuff, or at least get a leading edge on it, I'm in for the whole deal." — AP

## How do I know when my parents need help at home?

By Judith Boyko

Caregiving advice is plentiful, but how do we know when our aging parents need assistance or when we need to become a caregiver?

Certain indicators may help determine whether it's time to begin supportive care. These include frequent forgetfulness, balance, walking or mobility difficulties, a decline in maintaining personal hygiene and mismanaging medications.

Compounded with others, these issues contribute to additional dangers for elders and may further warrant reliability on caregivers.

Frequent forgetfulness may be due to the onset of Alzheimer's disease or dementia, which, according to the Mayo Clinic, "describes a group of symptoms affecting thinking and social abilities severely enough to interfere with daily functioning."



It's one thing to forget where he put the house keys, but when dad forgets where he lives or whether or not he ate lunch, he probably has significant memory issues.

Falling is the leading cause of death among elders. Thirty percent of seniors fall annually, and in 2010, 2.3 million fall injuries among older adults were treated in emergency departments, according to the Centers for Disease

Control and Prevention.

Elders with balance, walking or mobility issues might be hesitant to get in and out of the shower for fear of falling. They might withdraw socially for the same reason, leading to feelings of isolation and despair.

Many factors contribute to a decline in personal hygiene, including depression, arthritis, memory impairment, loss of sense of smell and/or sight and loss of energy.

Mom can't get to the store to purchase

### Caregiving Tips

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Fifty Plus Advocate (Zone 3)

## The joys of a budget conscious summer

By Brenda Diaz

During the hot summer months, many seniors choose to stay at home and retreat by watching television and reading to avoid the heat. Living on a fixed income or tight budget may also contribute to staying at home. However, studies show staying active is the key to maintaining physical and mental agility. There are economical activities that allow you to stay fit, active and enjoy the summer months.

Join a senior center: Senior centers provide a robust calendar of activities daily. They offer day trips to local beaches, casinos, theatre events and other daytime events that may be enjoyed with peers. Senior centers typically have a nicely landscaped outdoor space where games such mahjong, scrabble and cards can be played. They may also provide a tai chi class or walking club in which seniors may participate.

Visit your local library: The library is a great resource for free events within the community. Most libraries have a community board that allows non-profits and local companies to post their events.

Your local community: Many towns offer free concerts and movies in a park setting. Tell a

friend or two, bring a lawn chair, some treats and drinks and enjoy.

Eat Out: Many restaurants offer senior discounts. State and local parks may have a community grill that can be used for a get-together cookout.

Learn a new hobby: Many local crafts stores offer free monthly classes. Check for a local Michael's store or A.C. Moore location for a calendar of dates and classes being offered. Classes allow you to participate alone or with a friend.

Take a dip: Nothing beats a hot sum-

BUDGET page 16

www.fiftyplusadvocate.com

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July 1, 2013



# Heart-lung machines prove safe even in the elderly

One of the scariest parts of bypass surgery — having your heart stopped and going on a heart-lung machine while doctors fix your clogged arteries — is safe even in the elderly and doesn't cause mental decline as many people have feared, two landmark studies show.

Bypass surgery is one of the most common

operations in the world. There is great debate about the best way to do it, and patients often are given a choice.

Usually doctors stop the heart to make it easier to connect new blood vessels to make detours around blocked ones. But some patients later complain of “pumphead” — mental decline thought to be from the heart-

lung machines used to pump their blood while their hearts could not.

So surgeons started doing “off-pump” bypasses on beating hearts. Nearly one quarter of bypasses are done this way now. But that brought a new complaint: Results on the blood vessels seemed not as good.

The new studies were aimed at testing all these factors in a rigorous way to see which method was best.

Dr. Andre Lamy of Canada's McMaster University led a study of 4,752 people in 19 countries. They were randomly assigned to have bypasses with or without the use of heart pumps.

After one year, there were no big differences in the rates of death, heart attack, stroke or kidney failure in the two groups. Slightly more people who had bypasses without

a heart-lung machine needed a follow-up procedure to open clogged arteries but the difference was so small it could have occurred by chance alone.

Mental sharpness and quality of life also was similar in the two groups. That suggests that whatever decline occurred was temporary or a result of anesthesia or something other than the way the operations were done, said Dr. Timothy Gardner, a surgeon and an American Heart Association spokesman.

That was true even in people 75 or older, a group most worried about going on a heart-lung machine. The second study tested the two bypass methods in 2,539 of these elderly patients in Germany. Again, the methods proved equally safe and effective a year later. — AP



## ► Parents

Cont. from page 15

soap, shampoo and other personal items; or her arthritis is bothering her and it's too difficult to get dressed. If she's depressed, maybe mom “just didn't feel like it.”

According to the Family Caregiver Alliance's Home Alone study, more than 96 percent of family caregivers provided activities of daily living (ADLs) supports (e.g., personal hygiene, dressing/undressing or getting in and out of bed). However, what happens if family members are unavailable to help mom or dad with ADLs?

Are items throughout mom's house — mail, newspapers or laundry — piling up? Maybe she isn't sleeping well at night and is too tired to read mail or fold laundry.

Is an odd smell emanating from the kitchen or bathroom? Maybe cleaning has become too difficult or cleaning equipment too heavy.

Many older adults live with multiple chronic conditions and take several medications daily. The Center for Improving Medication Management says they are at greater risk for adverse drug interactions

and are more likely to consult multiple healthcare providers, each of whom may prescribe medicines. This makes it difficult for a pharmacist or doctor to identify potential dangers.

Many medications must be taken more than once daily — and some only once daily — making it confusing for older adults to keep track of them. Elders may also be in danger of taking expired medications, overdosing or under-dosing.

If family members are not nearby or work full-time, it might be difficult for your parents to feel engaged and part of a community. It might be time, therefore, to consult a professional caregiver who can provide companionship, support and stimulation. After all, feelings of isolation can lead to early onset dementia, risk of physical and mental decline and even an increase in the risk for death.

Judith Boyko, MBA, MS, RN, is CEO of Century Health Systems, Natick Visiting Nurse Association and Distinguished Care Options. She can be reached at [info@natick-vna.org](mailto:info@natick-vna.org). For additional information, visit [www.centuryhealth.org](http://www.centuryhealth.org), [www.natickvna.org](http://www.natickvna.org) or [www.dco-ma.com](http://www.dco-ma.com).

## ► Budget

Cont. from page 15

mer day than taking a dip in a pool. Local YMCAs, hotels or community pools will offer day passes, senior discounts or special times seniors can reap the benefits of aquatic exercise. Not only is the pool refreshing, but also provides gentle support that helps with balance, stress and improves the mental state of participants.

Morning stroll: Start the day with a walk in the park or walking trail. Don't forget your water bottle, hat, sunscreen and sunglasses.

Volunteer: Today's economy has created several volunteering opportunities. A simple phone call may be able to place a senior with the right organization. Most churches, civic organizations and non-profits are always seeking volunteers.

Brenda Diaz is the director of community relations at Wingate Healthcare. She can be reached at Wingate of Needham or Wingate of Sudbury, 781-707-6106. Visit their website at [www.wingatehealthcare.com](http://www.wingatehealthcare.com) and [wingatehealthcare.com/location\\_needham](http://wingatehealthcare.com/location_needham). Archives of articles from previous issues can be read on [fiftyplusadvocate.com](http://fiftyplusadvocate.com).



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# No easy answers for long-term care

By Ron Pollack

It's never too early to begin financial planning for long-term care. If you plan ahead, you're more likely to get the kind of care you want. Here are some questions and answers to help you jump-start the process.

*If you need long-term care, what are your preferences?*

Once, long-term care meant staying in a nursing home. Not anymore. Today, there are assisted living facilities, retirement communities with many levels of care, and devices that can help you stay in your home longer. If you want to stay in your home, make modifications like adding grab bars and accessible entryways.

*Should you consider buying long-term care insurance?*

The average cost for a year in a nursing home is \$84,000, and it is not covered by Medicare. Evaluate your finances and see what you can afford. You might consider buying long-



term care insurance, but it doesn't make sense for everyone. Policies are expensive, what they cover varies, and you'll have to be able to keep up with premium payments for years or even decades. Talk to a financial planner or an elder care attorney to help you evaluate what's best for you. The website [www.eldercare.gov](http://www.eldercare.gov), operated by the U.S. Administration on

## Families USA

Aging, can help you find an elder care attorney.

*When should*

*you start thinking about buying long-term care insurance?*

Financial advisors suggest that it is best to purchase long-term care insurance when you are in your 50s. You can still get a policy if you are older, but the longer you wait, the more a policy will cost.

*What should you look for in a long-term care insurance policy?*

Here are some things you'll need to understand before you sign up. Make sure the policy includes inflation protection. Policies usually pay up to a certain amount per day and have

a lifetime maximum. You might not need care for decades after you buy the policy, so you need to make sure that the amount it will pay keeps up with inflation.

Most policies don't start paying until after you need care for a certain period of time, which is known as the elimination period. You need to know how long that is. Also ask how disabled you'll need to be before coverage begins: Policies require different levels of disability before they start to pay. Make sure the policy covers both home care and nursing home care, and check to see if it excludes coverage for certain conditions. In the end, you need to balance what a policy costs and covers with what you're able to pay. Some experts recommend that you spend no more than 5 percent of your income on long-term care insurance.

*What if you can't afford long-term care insurance and end up needing expensive long-term care?*

If you don't have insurance and need care, you have to

LONG-TERM CARE page 19

## Challenge

Cont. from page 7

Medicare. And President Barack Obama has proposed altering the formula for automatic cost-of-living Social Security increases that would result in lower future benefit increases. But neither proposal has gained much traction on Capitol Hill.

Q: "Deficit" and "debt." Where do budget deficits come from, anyway, and how do they relate to the national debt?

A: The deficit, the amount the government must borrow when its annual spending exceeds its receipts, is just a one

year-slice — as if someone only looked at how much his credit-card and other household debt increased or decreased in a single year without regard to total debt owed. The budget deficit for 2013 is now projected by the Congressional Budget Office to fall to \$642 billion from \$1.1 trillion last year and a record \$1.4 trillion in 2009. The national debt, meanwhile, is the nation's total indebtedness, the still-outstanding amount owed from the accumulation of many annual deficits going back to the Revolutionary War, offset only slightly by rare years of surplus, most recently 1998-2001. The Treasury's Office of the Public Debt, which keeps track to the penny, said that near the end of May,

the national debt was \$16.74 trillion.

Q: How much of this debt has happened on Obama's watch compared to other recent presidents?

A: The national debt first passed the \$1 trillion mark in Ronald Reagan's first year and stood at just over \$3 trillion when he left office. George H.W. Bush took it to over \$4 trillion after serving a single term. Under Bill Clinton, it grew to nearly \$6 trillion, despite those back-to-back budget surpluses at the end of his second term. By January 2005, as George W. Bush began his second term, the debt was \$7.6 trillion. When Obama was sworn in on January 2009, it stood at \$10.6 trillion. So it has grown by just

over \$6 trillion so far in his presidency, which has included two major wars and the deepest economic downturn since the 1930s.

Q: Finally, what is the debt ceiling that Washington keeps arguing about?

A: It's the legal limit Congress sets on the allowable size of the national debt. Routinely raising it was seldom controversial until recently. Reagan raised the debt limit 18 times, and Congress generally went along obligingly. As a senator, Obama voted against George W. Bush's request to raise the ceiling in 2006, calling the increase "a sign of leadership failure." He later called his no vote a political gesture and a mistake. — AP

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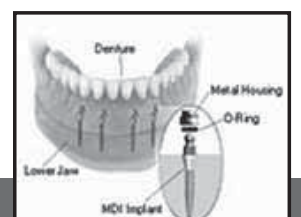
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## Retired couples may need \$220K for health care

By Matthew Perrone

WASHINGTON —

After years of increasing health care costs, the outlook is improving for seniors worried about paying their medical bills during retirement.

For the second time in the last three years, estimated medical expenses for new retirees have fallen, according to a study released by Fidelity Investments. A 65-year-old couple retiring this year would need \$220,000 on average to cover medical expenses, an 8 percent decrease from last year's estimate of \$240,000. The study assumes a life expectancy of 85 for women and 82 for men.

Fidelity attributes this year's decrease to several factors, including a slowdown in healthcare spending that hasn't rebounded with the economy.

"When times are tough, people tend to cut back on health care expenditures," said Sunil Patel, a senior vice president for benefits consulting at Fidelity. "I think what surprised many people is that in recent years, even as the economy recovered, you've still seen a fairly significant slowdown."

Although fewer doctor's visits can help seniors save money, Patel stressed that skipping necessary care can lead to more serious health problems and higher expenses down the road.

The 2013 decrease is significant since

Fidelity's estimates had increased 6 percent per year, on average, between 2002 and 2012. The estimate decreased only once before, in 2011, due to changes in the Obama administration's health care overhaul, which have reduced seniors' out-of-pocket spending on prescription drugs.

Fidelity's projections assume that a 65-year-old couple retires this year with Medicare coverage and no additional coverage from former employers. The estimate factors in the federal program's premiums, co-payments and deductibles, as well as out-of-pocket prescription costs. The estimate doesn't factor in most dental services, or long-term care, such as the cost of living in a nursing home.

The company's projection has fallen 12 percent from its high of \$250,000 in 2010. But Americans continue to drastically underestimate how much money they're likely to spend on health care during retirement. A recent poll of people in their 50s and 60s conducted by Fidelity found that nearly half of respondents think they will need just \$50,000 to cover medical expenses.

Although many Americans underestimate the scale of medical expenses they'll need in

retirement, the financial burden remains a serious concern.

A recent survey by Merrill Lynch found that health care expenses were the number one retirement worry among people preparing to retire. Three out of five retirees surveyed said they were forced to retire earlier than expected due to a health problem.

"This is a generation that is living longer than any previous generation and because of that longevity they have a whole new set of risks they're worried about," said David Tyrie, managing director of Merrill Lynch's personal wealth and retirement business.

Here are some initial steps to help prepare for medical expenses during retirement:

- Talk to a financial planner: Experts agree there is no universal formula to plan for retirement costs. The amount of savings needed for medical care can vary depending on whether seniors continue working during retirement or retire before they become eligible for Medicare.

The Employee Benefit Research Institute (EBRI), an independent nonprofit, conducts similar research to Fidelity, but doesn't focus on an average cost because there are so many variables that impact a retiree's circum-

stances. The group recommends working with a financial professional to develop a retirement plan that factors in medical bills.

"In general, people need to sit down and figure out what they want and talk to a financial planner to realize their goals," said Paul Fronstin, EBRI's director of health research and education.

In its most recent estimate, EBRI projected that a couple with typical drug expenses would need \$163,000 for a 50 percent chance of covering all medical expenses in retirement. They'd need \$283,000 to have a 90 percent chance.

- Consider a health savings account: One of the best vehicles to begin saving for medical costs in retirement are health savings accounts offered by many employers and financial institutions. Workers can begin contributing to health savings accounts while they are younger and generally healthier. The money is invested tax-free and rolls over each year, regardless of whether you change employers. Unlike retirement accounts like IRAs and 401ks, the money is not taxed when it is withdrawn as long as it is spent on health care. Currently health savings accounts are only available to people enrolled in high-deductible health plans. These plans have lower premiums but a fixed deductible that



RETIRED page 19

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## Does a dementia diagnosis mean it's too late for estate planning?

By Linda T. Cammuso

If you or a loved one are among the millions of individuals diagnosed with dementia or Alzheimer's disease, it is possible to create or modify an estate plan. Taking that step quickly is crucial.

A whole range of emotions and decisions follow such a life-changing diagnosis. It is natural to experience concerns about your future and that of your family and loved ones. Dealing with your new reality will not be easy and it will take time and support.



### Legal Briefs

Unfortunately, a complication of Alzheimer's disease and dementia is declining cognitive and physical health. Since these changes may affect your ability to participate meaningfully in decision-making at some point in your illness, timing is critical when it comes to estate planning.

You will need to have sufficient mental capacity to understand and approve the estate planning documents — and to sign documents that allow other people to act on your behalf. The sooner you act, the greater control you will have over legal decisions regarding your health and finances.

A diagnosis of dementia or Alzheimer's does not necessarily mean a person lacks legal capacity to make decisions and sign documents. To the contrary, medical advancements and greater public awareness have resulted in these conditions being diagnosed earlier, when cognitive function may still be well intact.

The treatment and care of people with these types of degenerative conditions can be extremely costly because the disease can span many years. As you undertake the process of securing a team of care professionals, make sure you include legal and financial professionals who have the knowledge and resources to handle elder

care matters. An attorney qualified in this area can assist you in developing legal documents that communicate your wishes regarding health care, financial decisions and the disposition of your assets upon your death. A critical component to this plan is strong lifetime documents to ensure you have the right people lined up to make decisions when you are no longer able to do so. Additionally, your attorney can work with you to ensure your plan helps preserve your assets from nursing home spend down.

If you are the family member of a person who has reached a stage where sufficient mental capacity is questionable, it is still possible to undertake planning. A medical evaluation regarding legal capacity can help determine whether a person is able to sign documents. Additionally, an existing durable power of attorney may authorize the agent to engage in planning on the principal's behalf.

Where no planning has been done and a person has lost legal capacity, a family member or other trusted individual can petition the Probate Court for a guardianship/conservatorship to handle financial and health care decisions. The court can even authorize the creation of an estate plan, for example, to provide long-term care/nursing home asset protection.

Don't consider it too late to contact an estate planning attorney if you, or a family member, has been diagnosed with dementia. Schedule the appointment as soon as possible: the sooner you act the greater control you will have over your legal decisions now and in the future.

*Linda T. Cammuso, a founding partner at Estate Preservation Law Offices and an estate planning professional, has extensive experience in estate planning, elder law and long-term care planning. She may be reached at [www.estatepreservationlaw.com](http://www.estatepreservationlaw.com) or by calling 508-751-5010. Archives of articles from previous issues may be read at [www.fifty-plusadvocate.com](http://www.fifty-plusadvocate.com).*

### ► Retired

Cont. from page 18

must be paid out of pocket before coverage begins. They are generally a good idea for people in good health with few health care needs.

•Consider an annuity: For workers who don't have a health savings account an annuity can be another useful investment tool. Under a deferred annuity, a person can set aside a large amount of savings in return for a steady stream of payments in the future. The

advantage of an annuity is that it provides a guaranteed minimum monthly payment, no matter what happens to the value of the principal investment.

A couple that knows they are likely to face \$220,000 in expenses over their retirement could setup an annuity to provide about \$11,000 a year over 20 years. The downside to an annuity, versus a healthcare savings account, is that withdrawals are taxed as income. Annuities can be very complex and investors need to do their homework about the related fees. For more info, visit: [www.choosetosave.org](http://www.choosetosave.org). — AP

### ► Long-term care

Cont. from page 17

pay for it yourself. There is a safety net: Every state's Medicaid program pays for long-term care. While it's best to not have to qualify for Medicaid, it's there if you need it. It's the only reliable long-term care insurance we have right now.

*Are there other options or resources?*

Visit [www.longtermcare.gov](http://www.longtermcare.gov), a resource clearinghouse for senior services that includes information on long-term care options.

*Are there any policy changes on the horizon that might help?*

Unfortunately, we don't have anything like Medicare for long-term care — a national insurance program for everyone. But there is hope for progress. President Obama and congressional leaders recently appointed members to a Long-Term Care Commission. Over the next six months, they'll be developing a plan to improve consumers' long-term care choices.

*Ron Pollack is the executive director of Families USA, a national organization for health care consumers. It is nonprofit and nonpartisan, and its mission is to secure high-quality, affordable health coverage and care for all Americans. For more information, visit [www.familiesusa.org](http://www.familiesusa.org).*

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# 91-year-old US man sets weightlifting record

PHOENIX —

A 91-year-old U.S. weightlifter didn't just break a world record for the bench press, he powered through it by 52 pounds.

Sy Perlis set the record by benching 187.2 pounds at the National Bench Push-Pull Press and Dead Lift Championships recently.

The *Arizona Republic* reports that the World Association of Benchers and Deadlifters previous record in the 90-and-over age division was 135 pound and had

stood since 2005.

Perlis took up weightlifting when he was 60 but didn't enter his first championship competition until five years ago.

"I got a lot of satisfaction out of it, and it made me feel good, and it was good for me," he said.

Association President Gus Rethwisch said Perlis



Perlis

is an inspiration.

"We've had a lot of lifters in their middle 80s, late 80s and occasionally we get one 90 and over, but they've never inspired people (like Perlis has)," Rethwisch said.

Chhanda Dutta, chief of the Clinical Gerontology Branch of the National Institute on Aging, said it's a common misconception

that exercise is unsafe for older people.

"The risk of leading a sedentary lifestyle is much greater than anything related to exercise," Dutta said. "I think it's important for people to realize that age alone doesn't determine the intensity of your workout."

Perlis said his doctor knows he participates in the sport and has told him, "If you can do it, do it."

His five-day-a-week training routine includes cardiovascular exercise and weightlifting. — AP

## In senior word games, 104-year-old is one to beat

By Joe Sakata

GREAT BARRINGTON —

"When it comes to a monthly wordsmith competition, the folks at the Claire Teague Senior Center know they're actually competing with Joe Tuzzo, who, at 104, is the man to beat.

Senior center officials in Great Barrington promote brain fitness activities, such as the monthly competition that starts with one word and from which players then form new ones using the available letters.

In May, the word was "memorial."

When Tuzzo turned in his list, he had

come up with 216 words. With words scribbled on both sides of a sheet of paper, his list included names like "Mira," historical figures like "Mao," and a range of other words from "liar" to "Lima."

Tuzzo pointed to the word "Amare" and said, "That's a basketball player," referencing New York Knicks player Amare Stoudemire.

"I've always had a fascination for words," said the former science teacher and Great Barrington resident. "Occasionally I check the dictionary to see a word."

Tuzzo also describes himself as a formidable bridge player. During a recent visit, he was deep into one of the card games — so

focused, in fact, a reporter couldn't break him away for an interview.

Tuzzo said he's a nonsmoker and he doesn't drink hard liquor. He eats healthy and attributes his health to good genes.

"I don't feel 104; I feel 70," he said.

Polly Mann, the director the Claire Teague Senior Center, said, "It's really interesting to keep your mind going that way."

For the wordsmith competitions, senior center officials review the submitted lists of words and make sure the words are familiar.

"Everybody is shocked" when Tuzzo announces how many words he's come up with, Mann said.

"I am pretty sure I couldn't do it," she said.

"He'll get over 200, and I don't think I've ever come up with 200," said fellow competitor Joe Lockwood, of Alford. "I think I've come up with 182."

Tuzzo attributes his wordsmithing to a methodical review of each letter of a word and then pairing it with a neighboring letter to identify potential matches.

Following his win for coming up with 216 words from "memorial," Tuzzo said he received a book of word puzzles. — AP: The Berkshire Eagle

## FDA reviewing heart risks of Glaxo diabetes pill

WASHINGTON —

The Food and Drug Administration recently held a meeting to reassess the safety of GlaxoSmithKline's former blockbuster drug Avandia, which was

severely restricted in 2010 due to concerns about its impact on the heart.

The FDA asked a panel of outside experts to review a new analysis of the key study examining Avandia's heart risks.

A spokeswoman for Glaxo said the drug company commissioned researchers at Duke University to reanalyze the study, called RECORD, which followed patients for five years and tracked rates of heart

attack, stroke and death. The new analysis "did not show a statistically significant difference," in heart safety between Avandia

FDA page 21

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### 3 creative projects for passing down memories

By Melissa Rayworth

Debbie Corrigan will turn 55 this year. A baby boomer with children and grandchildren, she loves researching her family history.

Last year, Corrigan, of Winchester, Va., wanted to create something permanent out of her research — a tangible representation of her family tree that could hang on a living room wall. But nothing she found was quite right.

"When I did some searching on the Web to see what was being done for family trees, you'd see all these family trees that looked like real trees," she said.

"I wanted to make something people could give their kids that their kids would actually want to hang on a wall."

So Corrigan used her computer to design her own modern family tree. Relatives liked it so much they asked her to design

ones for them, and soon she began offering her services on the craft website Etsy.com as a researcher and designer of graphic family trees.

Many of her customers are fellow baby boomers seeking to illustrate their personal histories in creative ways. Some make printed books and wall art to celebrate their past.

The website Blurb.com has become a popular destination for creating personal books that preserve thoughts and memories.

"There's something really powerful about the printed book," to baby boomers in particular, said Brenna Lewis, head of marketing and products at Blurb. Young enough to use web-based tools enthusiastically, they're also old enough to appreciate the value of a tangible, hard copy.

Many boomers, Lewis said, are creating impressive, coffee-table books of their own photos, accompanied by long paragraphs of text, or personal cookbooks detailing favorite family recipes and memories.

Some write about the life lessons they want to teach the next generation. Others chronicle their recollections of the moments captured in old family photos. Children of aging boomers are also using Blurb and similar websites to create history books for their families, interviewing their parents and grandparents to preserve their wisdom.

Finding raw material is easier than ever: Along with writing out their personal thoughts, many boomers are using tools like Ancestry.com to gather copies of census forms, military records and other data that can be used in books or works of art.

"Technology has absolutely been a game-changer for family history. It has made global

records available from the comfort of your home," said Ancestry.com's family historian Michelle Ercanbrack.

With all this data and a lifetime of experiences to share, the creative options are unlimited. Here are three relatively easy and inexpensive projects that make great vehicles for preserving history and knowledge, and also could be memorable gifts for relatives and friends:

1: Photo Book With Lengthy Captions: Many websites, including Shutterfly.com and Blurb.com, offer easy-to-use templates for creating photo books. Choose one that offers customizable pages with plenty of room for text. Choose a focus for the book, perhaps zeroing in on images from a particular period of your life or one specific place you lived. Then write long captions related to these photos, sharing personal observations and details with future generations.

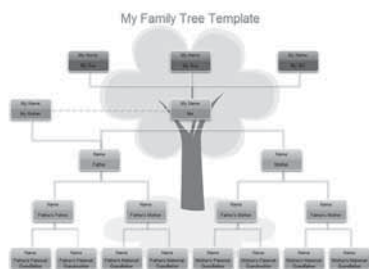
Another option: Schedule a photo session with your extended family, and then write your recollections about what was happening in your life and in the world when each family member was born, or what you'd like each person to know about your life as they grow up. Pair the best photos from the shoot with your observations to create a keepsake book for the family.

2: Graphic Family Tree with Annotations: Genealogy websites can provide family tree data. Once your research is done, use your imagination to decide how to lay out the information. Surf websites like Etsy.com to find an artist to help you design your tree, or just browse for inspiration. Consider collaborating with artistic family members, and perhaps even getting grandkids involved in the research or design work.

Go back as far as you can, adding brief details or photos of each ancestor. And pair the graphic family tree with a booklet of notations about things that were happening in local or world history at the time each person was born and how these events might have affected their lives.

3: Family Cookbook: Gather recipes from relatives or provide your own, perhaps focusing on dishes you loved as a child or ones you remember family members cooking on long-ago special occasions. Add paragraphs that detail your recollections. What was happening in your life when you first tried or most enjoyed each dish?

Add photos of each finished recipe and also photos of family members from the era the dishes were served at your house. Printing can be done inexpensively and instantly at FedEx/Kinko's, or more impressively through a personal publishing website like Blurb. — AP



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### ► FDA

Cont. from page 20

and older diabetes drugs, according to company spokeswoman Mary Anne Rhyné.

The reliability of the study's results was a key topic of debate in the FDA's previous review of Avandia.

Glaxo argued that the study showed Avandia was as safe as other diabetes drugs. But some FDA scientists said that the study was unreliable because it under-reported heart attacks and other problems.

Ultimately, the agency decided to severely limit which patients could take the drug, concluding that the potential risks of heart attack and stroke outweighed the drug's benefits.

Currently U.S. patients can only receive Avandia after signing a waiver from their doctor indicating that they understand the risks and have tried other drugs to treat their disease. London-based Glaxo voluntarily stopped marketing the drug in 2010.

Presumably, the FDA could loosen restrictions on the drug if new evidence suggests it is not as dangerous as previously thought. — AP



## Style in a small outdoor space, easy and economical

By Melissa Rayworth

Design magazines and home decorating catalogs tend to feature sprawling backyards with big wooden decks and room for everything from decorative fountains to artificial ponds.

But few of us have that much outdoor space.

Still, with a few strategic choices, you can create something truly special out of even the smallest yard or porch, said Los Angeles-based designer Brian Patrick Flynn.

Here, he and two other design experts — small-space specialist Kyle Schuneman and landscape designer Chris Lambton — offer advice on the best furnishings, plants and decorating strategies for making the most of a small yard, modest deck or petite patio.

"With a small outdoor space, I really like to think double duty," said Schuneman, author of *The First Apartment Book: Cool Design for Small Spaces* (Potter Style, 2012). Look for seating that has hidden storage space inside and tall planters that add privacy.

And choose items that can easily be moved, such as lightweight flowerpots or planters on wheels, said Lambton, host of the gardening design series *Going Yard* on HGTV. "It's an easy DIY thing," he said, to buy an assortment of inexpensive plastic pots and paint them to match your outdoor décor.

If planters are lightweight or on wheels,

you can move them to get proper sunlight at different times of day, and rearrange them if you're entertaining guests and need more space. And, Lambton said, they can be moved inside to a sunny window or doorway when cold weather arrives.

"The easiest way to make small outdoor spaces appear smaller is to fill them with lots of pieces," said Flynn, founder of the design website *decordemon.com*.

"Instead, go big with sectionals, or flank perfectly square or rectangular areas with identical love seats or sofas. This not only maximizes the seating potential, but it also keeps the space from becoming too busy or even chopped up. In my outdoor living room, I used a U-shaped outdoor sectional which seats up to seven comfortably."

When arranging furniture, consider the view: If the home's exterior is more attractive than the outdoor view, Flynn said, consider positioning seats so that you'll face your home rather than looking away from it.

All three designers say your choice of plants is especially important when space is limited.

Lambton also suggests putting up a trellis as a privacy wall, and planting it with colorful wisteria or climbing hydrangea. Or choose a tall holly or cypress plant in a large planter.

If you love plants but have minimal space,

add a wall-mounted garden filled with succulent plants to one wall, said Schuneman. "It's a great way to add life and texture without actually taking any real estate up on your small balcony or patio."



He also suggests using narrow planters to create "long, narrow, raised flower beds that go the length of the space." They provide room for plants to grow, while also creating a ledge that's "great for coffee cups or a casual lunch," he said.

Flynn suggests playing up the height of your space by adding long outdoor curtains or hanging pendant lights.

"I usually paint concrete slabs (on the floor) a bold color or an accent color carried out from an adjacent room," Flynn said. "This

helps the patio feel like an extension when you look out to it through a door. On the flip side, when seated out in the patio looking inward, the consistent use of color flowing inside and outside makes the patio itself feel much more open."

Flynn also suggests using outdoor curtains for a burst of color, and to block an unattractive view or hide items like electrical boxes and storage bins. "Outdoor draperies are, hands-down, the easiest way to soften an otherwise all-concrete and stucco space, while also being able to control how much or how little neighbors can see."

And for a burst of natural color, Lambton suggests adding a small, table-top fire pit for a golden glow at night. "Some are small enough, and they don't put off a lot of heat," he said.

"Most people don't think of using art outside, but it can be done, especially in a DIY manner," Flynn said. "My favorite trick is to use tent canvas and stretch it across a DIY frame made from pressure-treated lumber, and add some gesso to the surface for texture."

Once you've created your canvas, he said, "pick up some exterior latex paint, then get as abstract as you want to play with color shape and texture. Once the art is dry, add a sealer to protect it from moisture, then hang it up to create a focal point, and/or add another layer of privacy." — AP



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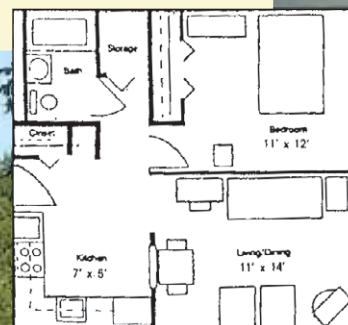
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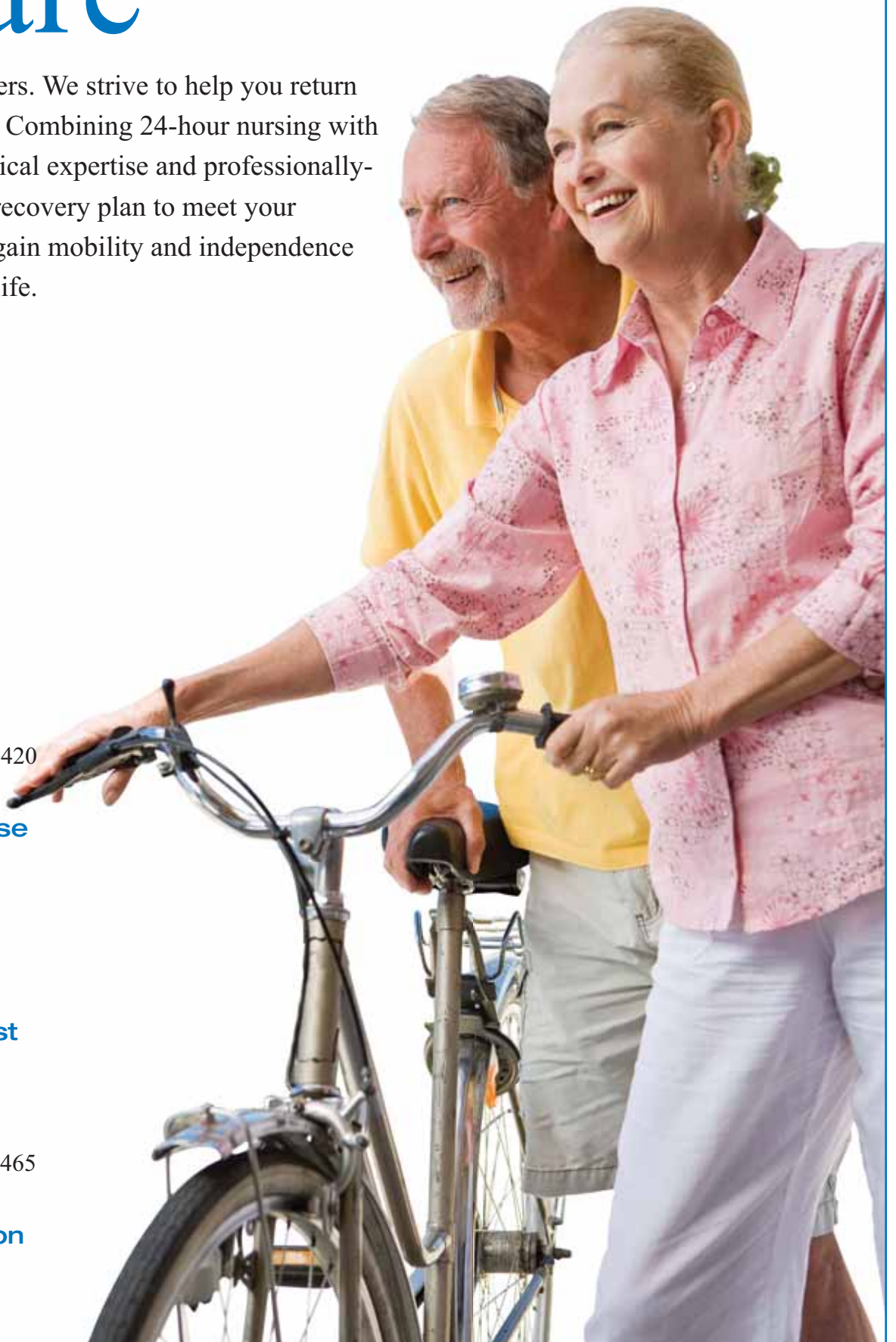
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age, disability, status as a Vietnam era veteran, qualified special disabled veteran, recently separated veteran, or other protected veteran, or source of payment. GLS-06867-11-IE