

For more information please

Email:

ggear@umaryland.edu

2024

NAVIGATING DEMENTIA

WZ: Dementia

RESOURCE BOOK

FOR AGING
SERVICES
PROFESSIONALS
& CAREGIVERS

Funded by a generous grant
from the Maryland Department of Aging



CEUS ARE AVAILABLE FOR MANY SPECIALTIES.
APPLY NOW FOR THE UMB AGE-FRIENDLY SPECIALIST CERTIFICATION!
SERIES HOURS COUNT TOWARDS COMPLETION. VISIT: [TINYURL.COM/4EXD8WX7](https://tinyurl.com/4EXD8WX7)

WEBINAR & IN-PERSON* SESSIONS

MARCH 1 1-3 PM

CHANGES IN MEMORY

MARCH 8 1-3 PM

THE DEMENTIAS

* MARCH 22 9-4 PM

COMMUNICATION

APRIL 19 1-3 PM

INTERVENTIONS

APRIL 24 9-2 PM

SERVICES & SUPPORTS

* MAY 10 9-4 PM

ASSESSMENT & REFERRALS

MAY 24 1-3 PM

MARYLAND RESOURCES

*The Meeting House, Columbia, MD

Spring 2024 “Navigating Dementia” Education Series

Description: The Geriatrics & Gerontology Education and Research (GGEAR) program at University of Maryland, Baltimore, with generous support from the Maryland Department of Aging, is pleased to announce our new professional development and community education program entitled “**Navigating Dementia.**” Alzheimer’s disease and related dementias (ADRD) represent a growing public health crisis. Across Maryland, there are an estimated 110,000 individuals aged 65 and older living with ADRD and nearly 240,000 unpaid family members providing care to these individuals. Recognizing the unique needs of these groups, GGEAR is hosting a series of five webinars and two in-person conferences that are FREE and open to the public.

The "Navigating Dementia" educational series is intended for Aging Services professionals, caregivers of persons living with ADRD, and anyone with an interest in matters concerning older adults. The series will provide valuable knowledge, resources, and support on topics related to aging, cognitive health, dementia care, and caregiving in Maryland.

Overall objectives:

1. Advance personal understanding of dementia;
2. Formulate realistic expectations based on effects of dementia on persons living with ADRD and their caregivers;
3. Demonstrate confidence in interactions which reflects evidence-based, unbiased, culturally sensitive approaches to care; and
4. Create meaningful living opportunities for adults living with Alzheimer's disease or a related dementia in Maryland.

Webinar 2: Friday, March 8, 2024 (1:00pm-3:00pm; check-in begins at 12:30pm):

Title: Understanding Dementia: Differentiating Reversible and Irreversible Causes –The Basics of Navigating Dementia

Description: Learn to recognize changes in thinking, functioning, or behavior that are reversible (about 10% of all dementias) as well as the challenges associated with common types of dementia.

Objectives:

1. Learn more about the causes, types, and signs and symptoms of common neurocognitive challenges such as dementia.
2. Consider how an individual's needs and care partner support may change over time.
3. Define and consider how effective person-centered care is created through interactions and in care environments.



TODAY'S PRESENTER

Tabassum Majid, PhD, MAgS

Dr. Majid, PhD is a program officer in the Healthcare Delivery and Disparities Research Program at the Patient-Centered Research Institute (PCORI). In this role, she facilitates the oversight of several funded studies and initiatives focused on the aging population with a special emphasis on those with Alzheimer's and related dementias.



Our Impact



PCORI supports **nearly 2,400 research studies and related projects**, including those that support the methods and capacity for conducting research.



A total of **528 PCORI-funded research studies** are complete with their results posted on the PCORI website.



As of November 2023, PCORI has awarded **more than \$4.5 billion in funding** for research studies and related projects.

ADVOCATE Join an Advisory Panel

The 2023-24 PCORI Advisory Panels application/nomination cycle is now open through March 29, 2024. You can watch a replay of the virtual town hall to learn about the application process and advisory panels.

One of the ways PCORI seeks to bring voices from across the healthcare community into their work is through their Advisory Panels. Panel members help review and prioritize critical research questions for possible funding. Advisory panels must include representatives of practicing and research clinicians, patients, and experts in scientific and health services research, health services delivery, and evidence-based medicine who have experience in the relevant topic, and, as appropriate, experts in integrative health and primary prevention strategies. Appropriate experts from industry are represented as well.

PCORI advisory panels do not serve in an official decision-making capacity, but their recommendations and advice will be taken into consideration by the PCORI staff, Board, and Methodology Committee in:

- Modeling robust patient and stakeholder engagement efforts;
- Refining and prioritizing specific research questions;
- Providing other scientific or technical expertise; and
- Providing input on other relevant questions that may arise to the Institute's mission and work.

View the FAQs including information on how to apply, and the \$1500 stipend if accepted:

[PCORI's Advisory Panels | PCORI](#)



LET'S TALK ABOUT DEMENTIA

It is time to debunk common myths or misconceptions about neurocognitive changes.
Get ready to become an expert!

MYTH: Dementia is a disease	NOT EXACTLY- Dementia is a <i>syndrome</i> . Dementia is an “umbrella term” which describes symptoms that affect the ability to think, remember things, and reason to a degree such that a person’s activities of daily living are impaired. Other changes can include trouble with language or communication, and unexpected changes in mood and behavior.
MYTH: There are a few types of dementia	NEWS FLASH! There are over 100 types of dementia and a person can have more than one type. Some of the more common include: Alzheimer’s dementia (AD), Vascular dementia, Lewy Body dementia, and Frontotemporal dementia.
MYTH: Losing your memory and getting confused are a natural part of aging	FAST FACT~ Dementia is not a normal or natural part of aging. The lifetime risk for Alzheimer’s at age 45 is 1 in 5 for women (20%) and 1 in 10 (10%) for men. However, racial variations exist. American Indian or Alaskan Natives have a 5% greater risk according to research, Asian participants 25%, Black and Latino participants 1.5x greater risk, and it is twice as likely for Hispanic participants ¹ compared to Whites.
MYTH: Dementia is usually diagnosed shortly after the onset of Alzheimer’s disease	A HARD TRUTH: Dementia-causing disease can be present as many as 20 years before symptoms begin to occur. The first signs of a problem are often very mild forms of cognitive (learning or memory) changes which may be too subtle to cause concern.
MYTH: You can tell that someone has dementia because they are unable to communicate and usually live in an assisted living facility or nursing home	TRUTH: The progression of dementia due to Alzheimer’s is usually gradual. Many people with neurocognitive changes live independently but have a plan in place for prioritizing what matters most to them and for meeting future needs.

LET'S LEARN MORE

Understanding Dementia: Differentiating Between Reversible & Irreversible Types Note-Taking Guide

Use this guide to help your brain process the information in the webinar and retain it more effectively! Take time to add your own notes and comments.

Definition: Dementia is a broad _____ term used to describe a range of _____ disorders.

What are the 6 most common forms of dementia?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

What are some common signs and symptoms of dementia?

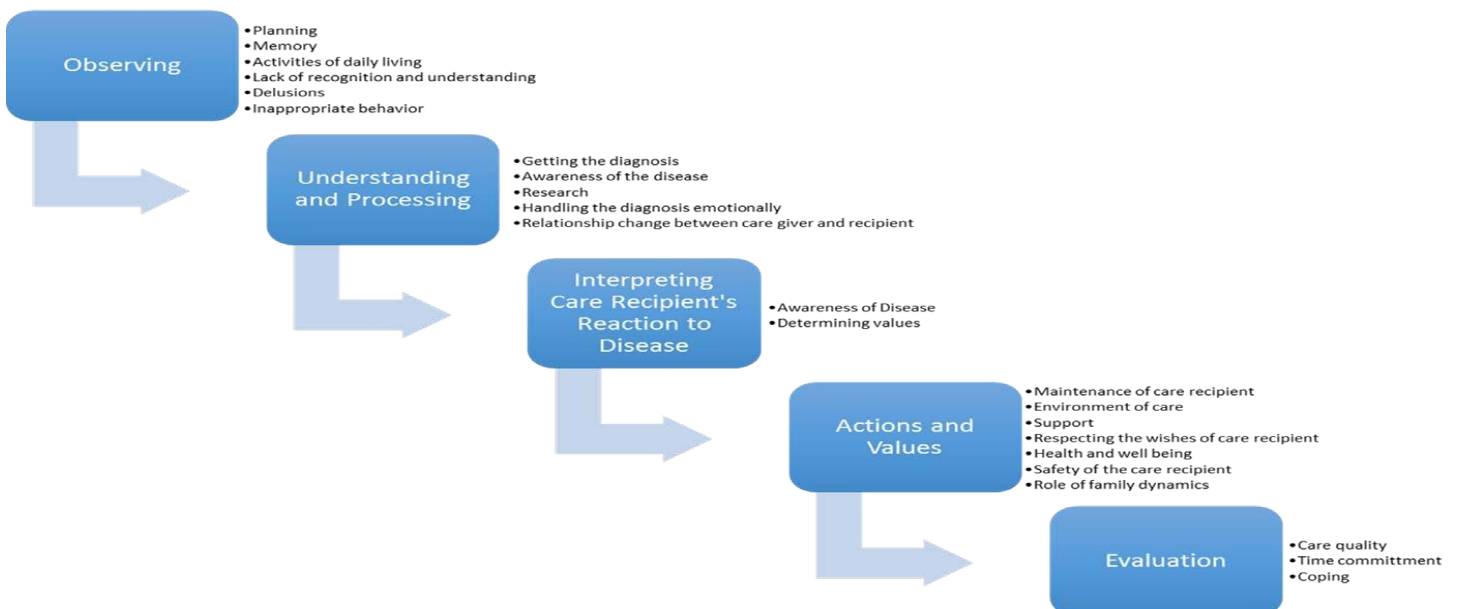
- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Describe some of the changes within the brain and body which occur. You might include details on the internal and external progression, too.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Name a few of the risk factors for dementia in the space below.

Circle the areas where you might be personally involved in the process of care management.



After hearing more about the Principles of Person-Centered Care, what do these mean for you?

Explain the BASICS Model of Care acronym.

B

A

S

I

C

S

Goals for your personal practice for Person Centered-Care:

1. How will you empower those in your care?
2. What evidence-based information can you provide?
3. How can you build trust?

What questions do you have for the presenter?

How will you use this information, both personally and/or professionally?

WORDS USED TO DESCRIBE NEUROCOGNITION

Alzheimer’s dementia (AD) is the most common and most well-known type of dementia. It is a progressive disease that slowly changes the chemistry and structure of the brain, leading to the death of brain cells called neurons. A person may become confused, more forgetful, or experience mood swings.

Brain health equity refers to need for tailored resources, policies, and public health interventions to address disparities in Alzheimer’s and other dementias experienced by racial and ethnic minorities, women, people with disabilities, and people with low socioeconomic status. Brain health equity recognizes the role of both biological and social determinants in shaping risk, healthcare access, and support usage.

Cognitive challenges/impairment - trouble remembering, learning new things, concentrating, or making decisions that affect everyday life.

Dementia is the loss of cognitive functioning — thinking, remembering, and reasoning — and behavioral abilities to such an extent that it interferes with daily life and activities. It is often called an “umbrella term” because this syndrome may include problems with language skills, visual perception, or paying attention. Some people have personality changes. There are different forms of dementia including Alzheimer’s disease, frontotemporal disorders, and Lewy body dementia.

Frontotemporal dementia: This dementia is caused by damage to the front part of the brain. It can affect personality and lead to behavioral changes and eventually memory problems.

Lewy Body dementia: This type of dementia gets its name from protein aggregates that develop inside the nerve cell which cause damage to tissues. With Lewy body dementia, attention, and alertness problems as well as hallucinations may occur.

Neurocognitive disorder - evidence of modest cognitive decline from a previous level of performance in one or more cognitive domains

Parkinson’s dementia: Though Parkinson’s disease first affects the region of the brain that is key to movement, it eventually spreads and can begin to affect mental abilities. Parkinson’s dementia affects memory, attention-span and judgment, and can look a lot like AD.

Subjective Cognitive Decline is *self-reported* (not a diagnosis by a physician) confusion or memory problems that have been happening more often or getting worse during the past 12 months.

Vascular dementia: This type of dementia occurs when the oxygen supply to the brain is cut off due to a stroke or a series of mini strokes. It is a common form of dementia and can cause problems with speed of thinking, concentration, and ability to complete tasks.

MARYLAND

SUBJECTIVE COGNITIVE DECLINE



2021 Behavioral Risk Factor Surveillance System (BRFSS): People Aged 45 Years and Older

1 in 8

people aged 45 years and older are experiencing

Subjective Cognitive Decline



SCD is self-reported MEMORY PROBLEMS that have been GETTING WORSE over the past year.

75% of people with SCD have at least one chronic condition



31% of people with SCD had to give up day-to-day activities



less than half

of people with SCD have discussed their symptoms with a healthcare provider



nearly a quarter

of people with SCD say it interfered with social activities, work, or volunteering



24% of people with SCD need help with household tasks



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

alzheimer's association

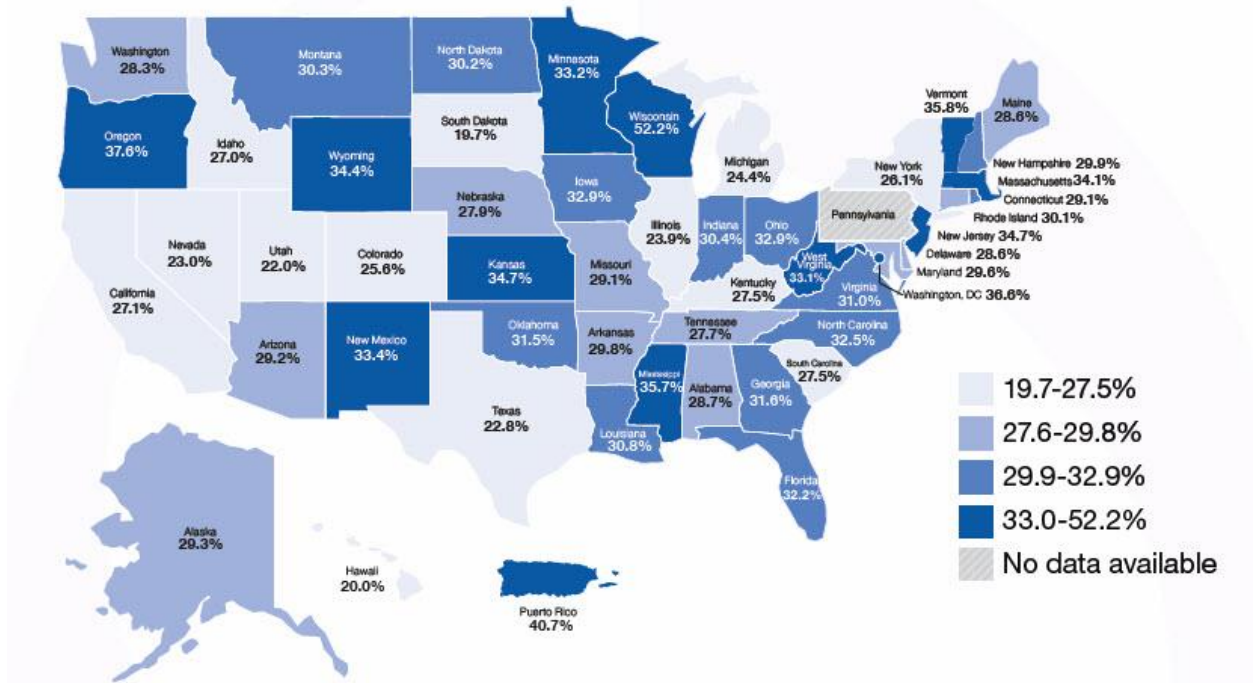
cdc.gov/aging

CS 324033-A

February 2023

Percentage of Adults Living Alone with Subjective Cognitive Decline

Figure 2: Adults 45 years of age and older with Subjective Cognitive Decline who live alone



Neurocognitive Disorder (aka Dementia)

Mild Neurocognitive Disorder

- less severe form of cognitive decline
- impairment is noticeable but does not significantly interfere with independence in daily life.

Major Neurocognitive Disorder

- significant cognitive decline from a previous level of performance in one or more cognitive domains.
- Complex Attention
- Executive Function
- Learning & memory
- Language
- Perceptual Motor Skills
- Social Cognition
- decline interferes with independence in everyday activities.



cognitive decline in maryland

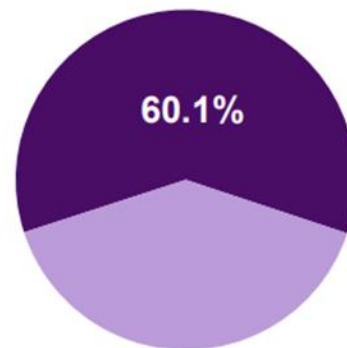
DATA FROM THE 2021 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

In Maryland, 12.3% of those aged 45 and older report they are experiencing confusion or memory loss that is happening more often or is getting worse (“subjective cognitive decline”).

Three in five of them have not talked to a health care professional about it.

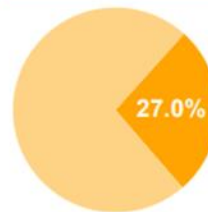
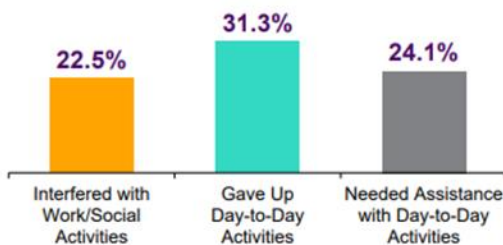
For those with worsening memory problems, 38.5% say it has created “functional difficulties” — that is, caused them to give up day-to-day activities and/or interfered with work or social activities.

Percent with memory problems who have not talked to a health care provider



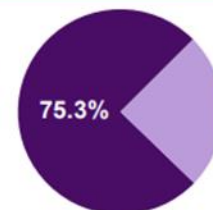
Percent of those Aged 45+ with Subjective Cognitive Decline											
All	Gender		Age					Educational Attainment			
	Men	Women	45-59	60-64	65-74	75-79	80+	< High School	High School	Some College	College Grad
12.3%	11.2%	13.2%	11.7%	10.0%	9.2%	26.9%	15.7%	13.9%	15.5%	15.8%	8.0%

Percent with memory problems who say it created difficulties and burden



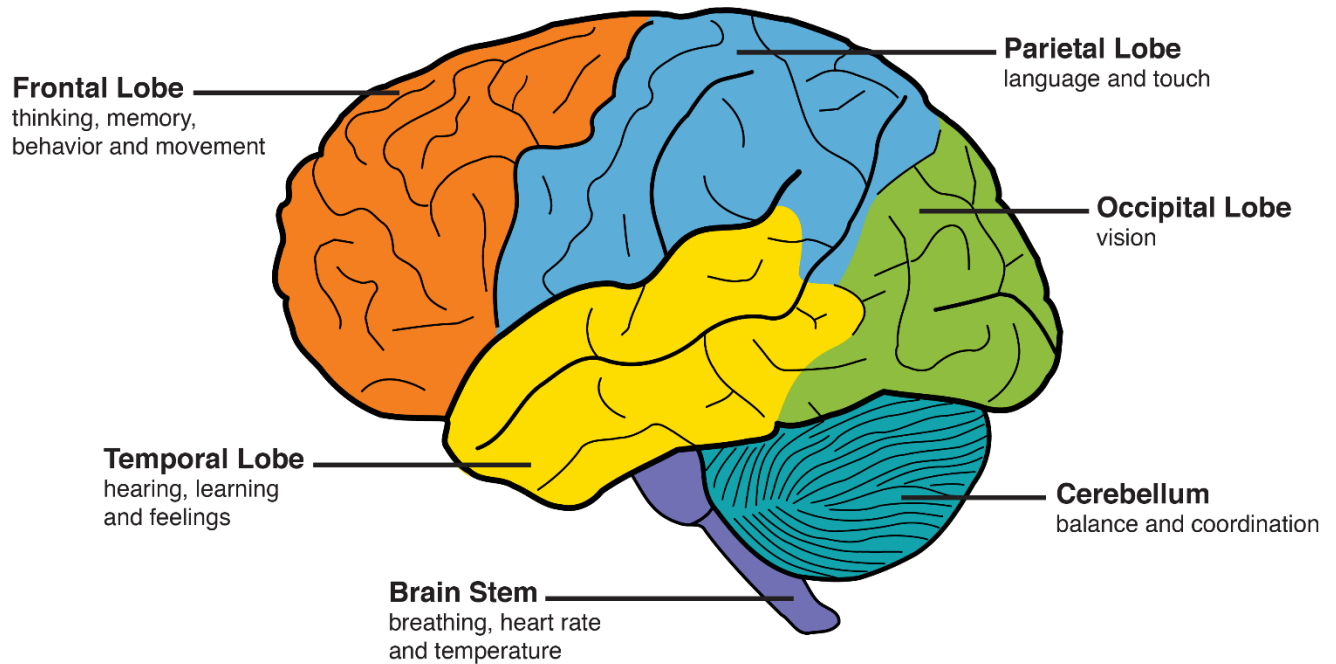
Percent with memory problems who live alone

Percent with memory problems who have at least one other chronic condition*



*Defined as arthritis, asthma, COPD, cancer, cardiovascular disease, and diabetes

This Fact Sheet is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,795,933 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



[Dementia & the Brain | Memory and Aging Center \(ucsf.edu\)](https://www.ucsf.edu/memory/dementia)

10 Signs of a Potential Concern about Cognition

1. Memory loss that disrupts daily life.
2. Challenges in planning or solving problems.
3. Difficulty completing tasks at home, at work or at leisure.
4. Confusion with time or place.
5. Trouble understanding visual images and spatial relationships.
6. New problems with words in speaking or in writing.
7. Misplacing things and losing the ability to retrace steps.
8. Decreased or poor judgment.
9. Withdrawal from work or social activities.
10. Changes in mood or personality.

For more information on "Other Dementias", go to:
www.nia.nih.gov/health/what-are-signs-alzheimers-disease

Understanding Different Types of Dementia

As we age, it's normal to lose some neurons in the brain. People living with dementia, however, experience far greater loss. Many neurons stop working, lose connections with other brain cells, and eventually die. At first, symptoms can be mild, but they get worse over time. Read on to learn more about four different types of dementia.



TYPES OF DEMENTIA

Alzheimer's Disease	Frontotemporal Dementia	Lewy Body Dementia	Vascular Dementia
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What Is Happening in the Brain?*

<p>Abnormal deposits of proteins form amyloid plaques and tau tangles throughout the brain.</p> <p>Amyloid plaques Tau tangles</p>	<p>Abnormal amounts or forms of tau and TDP-43 proteins accumulate inside neurons in the frontal and temporal lobes.</p> <p>Frontal lobe Tau TDP-43 Temporal lobe</p>	<p>Abnormal deposits of the alpha-synuclein protein, called "Lewy bodies," affect the brain's chemical messengers.</p> <p>Lewy body</p>	<p>Conditions, such as blood clots, disrupt blood flow in the brain.</p> <p>Blood clot</p>
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*These changes are just one piece of a complex puzzle that scientists are studying to understand the underlying causes of these forms of dementia and others.

Symptoms

<p>Mild</p> <ul style="list-style-type: none"> Wandering and getting lost Repeating questions <p>Moderate</p> <ul style="list-style-type: none"> Problems recognizing friends and family Impulsive behavior <p>Severe</p> <ul style="list-style-type: none"> Cannot communicate 	<p>Behavioral and Emotional</p> <ul style="list-style-type: none"> Difficulty planning and organizing Impulsive behaviors Emotional flatness or excessive emotions <p>Movement Problems</p> <ul style="list-style-type: none"> Shaky hands Problems with balance and walking <p>Language Problems</p> <ul style="list-style-type: none"> Difficulty making or understanding speech <p><i>There are several types of frontotemporal disorders, and symptoms can vary by type.</i></p>	<p>Cognitive Decline</p> <ul style="list-style-type: none"> Inability to concentrate, pay attention, or stay alert Disorganized or illogical ideas <p>Movement Problems</p> <ul style="list-style-type: none"> Muscle rigidity Loss of coordination Reduced facial expression <p>Sleep Disorders</p> <ul style="list-style-type: none"> Insomnia Excessive daytime sleepiness <p>Visual Hallucinations</p>	<ul style="list-style-type: none"> Forgetting current or past events Misplacing items Trouble following instructions or learning new information Hallucinations or delusions Poor judgment
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Typical Age of Diagnosis

Mid 60s and above, with some cases in mid-30s to 60s	Between 45 and 64	50 or older	Over 65
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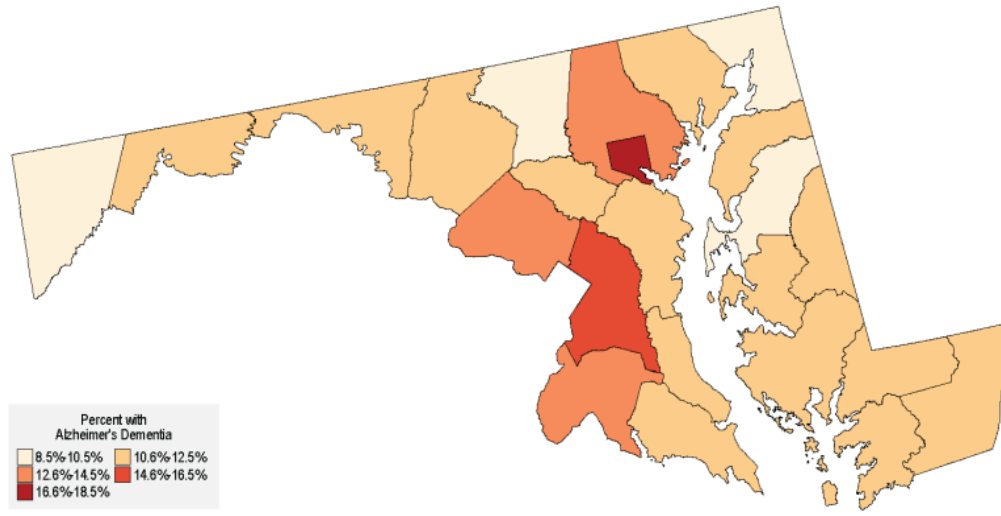
Diagnosis

Symptoms can be similar among different types of dementia, and some people have more than one form of dementia, which can make an accurate diagnosis difficult. Symptoms can also vary from person to person. Doctors may ask for a medical history, complete a physical exam, and order neurological and laboratory tests to help diagnose dementia.

Treatment

There is currently no cure for these types of dementia, but some treatments are available. Speak with your doctor to find out what might work best for you.

Alzheimer's dementia in Maryland -Age 65+



https://www.alz.org/media/Documents/MD_Prevalence-Map-and-Spreadsheet.pdf

State	County	Alzheimer's Dementia Prevalence Estimates, 2020		
		Total Pop. Age 65+ (nearest 100)	AD Cases Age 65+ (nearest 100)	AD Prevalence (Age 65+)
Maryland		987,400	127,200	12.9%
<i>Columns C & D are estimates that have been rounded to the nearest 100 and are not the exact figures used to calculate AD prevalence in column E.</i>	Allegany	14,700	1,600	11.2%
	Anne Arundel	90,300	10,100	11.2%
	Baltimore	148,700	19,400	13.1%
	Baltimore City	87,800	14,600	16.6%
	Calvert	14,900	1,700	11.4%
	Caroline	5,800	600	11.2%
	Carroll	30,100	3,200	10.5%
	Cecil	17,200	1,700	9.8%
	Charles	21,900	2,900	13.1%
	Dorchester	7,200	900	12.4%
	Frederick	40,500	4,400	10.9%
	Garrett	6,800	700	10.4%
	Harford	43,700	4,700	10.8%
	Howard	48,200	5,500	11.4%
	Kent	5,300	600	12.1%
	Montgomery	173,600	22,100	12.7%
	Prince George's	129,900	20,800	16.1%
	Queen Anne's	10,200	1,100	10.5%
	Somerset	4,500	600	12.5%
St. Mary's	15,700	1,800	11.3%	
Talbot	11,300	1,400	12.3%	
Washington	27,000	3,000	11.2%	
Wicomico	17,300	2,100	11.9%	
Worcester	14,900	1,700	11.2%	

State totals were independently modeled (and may not equal a sum of all rounded counties)

Source: Dhana et al., Alzheimer's & Dementia, 2023

Quick facts



In the United States, more than **11 MILLION WOMEN** are either living with Alzheimer's or caring for someone who has it.



Almost **TWO-THIRDS** of Americans living with Alzheimer's are women.



Women in their 60s are more than **TWICE AS LIKELY** to develop Alzheimer's disease over the rest of their lives as they are to develop breast cancer.



MORE THAN 60% of Alzheimer's and dementia caregivers are women. More specifically, over one-third of dementia caregivers are daughters.



Women take on **MORE CAREGIVING TASKS** than their male counterparts – and care for people with more cognitive, functional, and/or behavioral problems.



Nearly 19% of women Alzheimer's caregivers had to **QUIT WORK** either to become a caregiver or because their caregiving duties became too burdensome.



The overwhelming majority of dementia caregivers who indicate a **need for individual counseling and respite care** are women.

[Women and Alzheimer's | Alzheimer's Association](#)

People with Down syndrome have an increased risk of developing Alzheimer's and tend to develop the disease at an earlier age than people without Down syndrome.

It is known that a person with Down syndrome has extra copies of the 21st chromosome where amyloid plaques are created.

- It is not inevitable that a person with Down syndrome will develop Alzheimer's disease.
- The average age of diagnosis in people with Down syndrome is 55.

As with all people, the risk of dementia increases with age.

- 30% of people with Down syndrome in their 50s have an Alzheimer's diagnosis
- 50% of people with Down syndrome in their 60s have an Alzheimer's diagnosis

RESOURCES

EDUCATE - REACH OUT FOR INFORMATION

BrainGuide by UsAgainstAlzheimer's is a free platform that empowers people with knowledge and resources to take the best next steps in managing their own or a loved one's brain health. One can quickly, via an online or phone memory questionnaire (in English and Spanish), figure out whether there is an existing issue with memory problems. [Memory Questionnaire and Brain Health Resources | BrainGuide \(mybrainguide.org\)](#) or call 855-272-4641

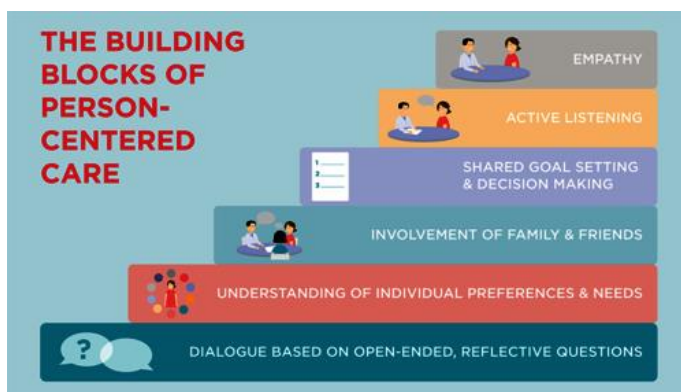
The Dementia Road Map: A Guide for Family and Care Partners [Dementia Road Map: A Guide for Family and Care Partners \(wa.gov\)](#)

NAVIGATE – HELP BUILD A SUPPORT TEAM

- Community resources, such as faith-based organizations, your local [Area Agency on Aging](#), and local chapters of the [Alzheimer's Association](#)
- National nonprofit organizations, such as the [Alzheimer's Association](#), [Alzheimer's Foundation of America](#), [Lewy Body Dementia Association](#), [Lewy Body Dementia Resource Center](#), [Association for Frontotemporal Degeneration](#), and [National Task Group on Intellectual Disabilities and Dementia Practices](#)
- Local and state government or tribal social services and programs, which can be found through the [Eldercare Locator](#) or the [Indian Health Service](#)
- Federal government-funded resources, such as the National Institute on Aging-supported [Alzheimer's Disease Research Centers](#) and the [Alzheimer's and related Dementias Education and Referral \(ADEAR\) Center](#)
- Paid services, which require personal funds to pay for care.

PRACTICE PERSON-CENTERED CARE [Person-Centered Care | CMS](#)

- Care that is guided and informed by patients' goals, preferences, and values
- Success measured by patient-reported outcomes
- Integrated and coordinated care across health systems, providers, and care settings
- Managing chronic and complex conditions
- Relationships built on trust and a commitment to long-term well-being



- [What are the six elements of person-centered care? \(idainstitute.com\)](#)

WHERE TO GO FOR MORE INFORMATION

The ADEAR Center (part of the National Institute on Aging) strives to be a current, comprehensive, unbiased source of information about Alzheimer's disease and related dementias. It is a public, U.S. Government-funded resource. **How to Contact the ADEAR Center:** Call at 800-438-4380 (8:30 a.m. to 5:00 p.m. Eastern Time, Monday – Friday). Send an e-mail to: adear@nia.nih.gov. [About the ADEAR Center | National Institute on Aging \(nih.gov\)](#)

[Alzheimer's Association | Alzheimer's Disease & Dementia Help](#) is an organization which funds research, supports risk reduction and advocates for early detection along with their focus on maximizing quality care and support.

Alzheimer's Disease Association Dementia Singapore, formerly known as 'Alzheimer's Disease Association', is Singapore's leading Social Service Agency in specialised dementia care, caregiver support, training, consultancy, and advocacy. [Home - Dementia Singapore](#)

Alzheimer's Disease International the Global Voice on Dementia: Tackling dementia requires a truly global and local effort. We support and work with Alzheimer and dementia associations in 120 countries, as well as people living with dementia, carers, and all relevant organisations to help raise awareness, challenge stigma and to call for dementia to be the global health priority it needs to be. [Home | Alzheimer's Disease International \(ADI\) \(alzint.org\)](#)

Alzheimer's Drug Discovery Foundation ADDF's portfolio of drug development, biomarker & prevention programs is one of the largest & most diverse worldwide. [Home | Alzheimer's Drug Discovery Foundation \(alzdiscovery.org\)](#)

Alzheimer's Foundation of America Enriching Lives, Creating Hope: We provide support, services and education to individuals, families and caregivers affected by Alzheimer's disease and related dementias nationwide, and fund research for better treatment and a cure. <https://alzfdn.org/>

Alzheimer's.gov is an official website of the U.S. government, managed by the [National Institute on Aging](#) at the [National Institutes of Health](#). Sign up to receive updates and resources delivered to your inbox.

Alzheimer's Research and Prevention Foundation [Home - Alzheimer's Research & Prevention Foundation \(alzheimersprevention.org\)](#) For the last 30 years, ARPF has been leading the way in educating the public and healthcare providers with our 4 Pillars of Alzheimer's Prevention® program and our Brain Longevity® Therapy Training

Being Patient is a destination for science-backed news and educational resources [Being Patient | The Latest Developments on Alzheimer's Disease](#)

Dementia Incidence Report ¹Kornblith, E., Bahorik, A., Boscardin, W. J., Xia, F., Barnes, D. E., & Yaffe, K. Association of Race and Ethnicity with Incidence of Dementia Among Older Adults. *JAMA*. 2022; 327(15):1488–1495. doi:10.1001/jama.2022.3550

How Alzheimer's Changes the Brain This video from the National Institute on Aging gives an introduction into the process (4 min. viewing time). <https://youtu.be/0GXv3mHs9AU>

National Institute on Aging's health information database [Alzheimer's and dementia | National Institute on Aging \(nih.gov\)](#). You can order free publications or download them here: [Alzheimer's Disease Publications | Publication Ordering System and Contact Report System \(nih.gov\)](#)

NIH Solving the mysteries of the brain and nervous system to improve health

[Home | National Institute of Neurological Disorders and Stroke \(nih.gov\)](#)

The Patient-Centered Outcomes Research Institute Register for weekly emails about opportunities to apply for funding, newly funded research studies and engagement projects, results of funded research, webinars, and other new information.

<https://www.pcori.org/subscribe>

Us Against Alzheimer's intends to disrupt and diversify the movement to cure Alzheimer's. Their **Center for Brain Health Equity** addresses the disparate impact of Alzheimer's and related dementias on communities of color and women. [UsAgainstAlzheimer's Center for Brain Health Equity | UsAgainstAlzheimer's \(usagainstalzheimer.org\)](#)

What is Alzheimer's Disease? (video; 3 minute viewing time) [Understand Alzheimer's Disease in 3 Minutes \(youtube.com\)](#)

SIGNS AND SYMPTOMS OF DEMENTIA

T X Y A F A W Y I T H O Y J P F A
X L A W A R D H T I W V A X F N D
L M E R E Y M F Q Z N L C Y X Y W
S S O L Y R O M E M B N K I H L C
T X R Z S X L I Y C V I O K T U I
H I Z X G J H J K C M U N B L F F
C O Q C B H N N J T S V L V O T D
K L Z P X J U O I B N Z S Q M E C
T S K J C L U X I N C K T G R G W
I R G V A K G D E S U F N O C R F
D I S T R A C T E D S P R W H O E
O Z W I Y B E X K L F E O H P F I
R E P E T I T I V E S W R B M B J
G S G N I H T G N I C A L P S I M
N Q C H A N G E I N M O O D E N T
J K E L S C Y X K J V Y I G F D H
B R B H T A V Z B S C W Q L V U Y

DISTRACTED

ANXIOUS

DEPRESSION

REPETITIVE

WITHDRAWAL

CHANGE IN MOOD

MISPLACING THINGS

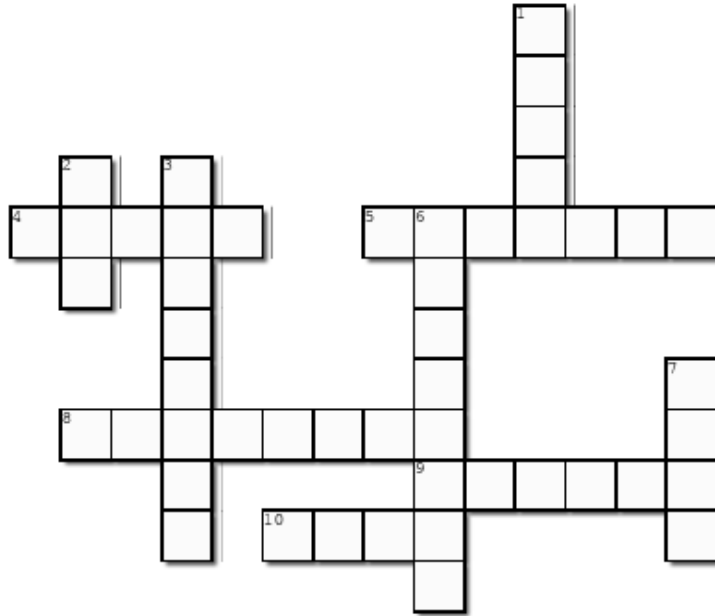
FORGETFUL

MEMORY LOSS

CONFUSED

Famous people with dementia

Complete the crossword puzzle below



Created using the Crossword Maker on TheTeachersCorner.net

Across

4. Mrs. Doubtfire actor
5. A Golden Girl
8. Female prime minister
9. 40th president
10. Activist for equal rights.

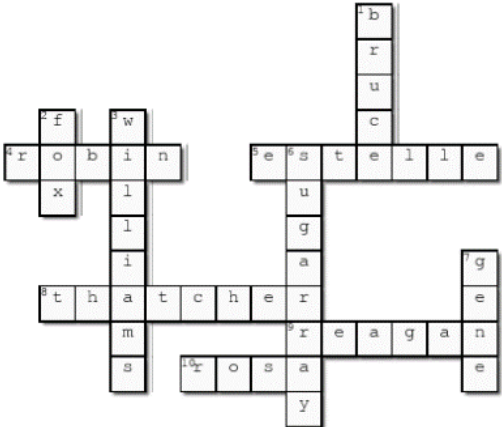
Down

1. Die Hard actor
2. Back to the Future actor
3. Gossip television host
6. American Boxer
7. Willie Wonka actor



Famous people with dementia

Complete the crossword puzzle below



Created using the Crossword Maker on TheTeachersCorner.net

Across

- 4. Mrs. Doubtfire actor (**robin**)
- 5. A Golden Girl (**estelle**)
- 8. Female prime minister (**thatcher**)
- 9. 40th president (**reagan**)
- 10. Activist for equal rights. (**rosa**)

Down

- 1. Die Hard actor (**bruce**)
- 2. Back to the Future actor (**fox**)
- 3. Gossip television host (**williams**)
- 6. American Boxer (**sugarrray**)
- 7. Willie Wonka actor (**gene**)



MISSION

The Geriatrics & Gerontology Education and Research Program

is a University of Maryland, Baltimore-based program that facilitates interprofessional education and interdisciplinary research activities in the field of aging in partnership with campus affiliates and agencies and organizations serving Maryland’s older adults and their caregivers.

VISION

Optimize care provided to older adults to promote quality of life through education, research, and training.

CORE VALUES

Accountability	Excellence
Civility	Diversity
Leadership	Knowledge
Collaboration	

Whether you want to make an impact directly by working with older adults and their families or indirectly through research, changing policy, or developing innovative technology to tackle the complex health and social challenges associated with growing older, a graduate degree from UMB is a great place to start.

Programs such as our graduate certificate in [Aging & Applied Thanatology](#), our [Master’s in Gerontology](#), and our [PhD in Gerontology](#) are designed to help you meet your career goals. Visit our [website](#) for a complete list of academic programs.

[Geriatrics and Gerontology Education and Research Program - UMB: An Age-Friendly University \(umaryland.edu\)](#)

The Graduate School is home to the Geriatrics & Gerontology Education and Research ([GGEAR](#)) program. Educational programs developed by GGEAR and its partners include online training modules through Geri-ED and interprofessional training opportunities such as the Geriatric Assessment Interdisciplinary Team (GAIT) program, in which students learn and work collaboratively in interprofessional settings.

For more information about the GGEAR Program or our offerings, please contact Diane Martin, Ph.D., Director, at diane.martin@umaryland.edu or 410-706-4327.



Spring 2024 “Navigating Dementia” Education Series Dates

[Participant Registration Form](#)

FOR WEBINARS, THE ZOOM LINK OPENS 30 MINUTES BEFORE THE START OF THE WEBINAR.

For example, webinar 1 opens at 12:30pm for check-in and begins promptly at 1:00pm.

Webinar 1: Friday, March 1, 2024 (12:30pm-3:00pm): Understanding Cognitive Aging: Differentiating Between Usual and Unusual Changes in Memory

Webinar 2: Friday, March 8, 2024 (12:30pm-3:00pm): Understanding Dementia: Differentiating Reversible and Irreversible Causes

In-Person Conference 1: Friday, March 22, 2024 (8:30am-4:00pm)The Meeting House, Columbia, MD: Health Literacy and Plain Language Communication in Alzheimer's and Related Dementia

Webinar 3: Friday, April 19, 2024 (12:30-3:00pm): Exploring Medical and Non-medical Interventions to Slow Cognitive Decline Associated with ADRD

Webinar 4: Wednesday, April 24, 2024 (tbd): Spectrum of Services & Supports in Maryland for Persons Living with Dementia (note: this webinar will be one of several offered during the annual caregiver's conference webinar hosted by Eastern Shore MAC, Inc. More information will be provided to individuals registering for this webinar held April 24 from 8:30am-3:00pm)

In-person Conference 2: Friday, May 10, 2024 (8:30am-4:00pm)The Meeting House, Columbia, MD: Assessment Tools Workshop: Tools & Referrals for Non-Clinicians

Webinar 5: Friday, May 24 (12:30pm-3:00pm): Empowering Caregivers: Essential Resources and Supports in Maryland



CEUs available at no-cost for Certified Dementia Practitioners, Certified Senior Advisors, Maryland Social Workers, and Maryland Psychologists and Mental Health Professionals. Certificate of Attendance will be provided to all participants.

Plus, you can earn your Age-Friendly Specialist Certificate by attending our series.

Visit <https://www.umaryland.edu/media/umb/geriatric-programs/GGEAR-AFU-Brochure.pdf> for more details.