

**Easter Seals**  
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**The Real Scoop on Brain Health Webinar**

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>> OPERATOR: Ladies and gentlemen, this is the OPERATOR. Today's conference is scheduled to begin momentarily. Until that time your lines will be placed on music hold. Thank you for your patience.

>> LISA PETERS BEUMER: Hello all. Greetings on behalf of Easter Seals and welcome to the real scoop on brain health. On today's webinar you will hear from two national experts about healthy aging and factors influencing brain health based on current science.

My name is Lisa Peters Beumer and I will be taking a few minutes to make introductory remarks as well as introduce our speakers. Let me begin by thanking our operator, April, for her support.

And now some logistics for today's call. The phone lines will be muted throughout today's webinar. Should you have any questions or comments during the webinar, please use the online chat feature of our webinar software. That will be found on the left hand side of your screen.

We will address content related questions towards the end of the hour once our speakers conclude their presentation and you will be able to do that both via the chat feature and through an audio line that we'll explain at the end - at the conclusion of the presentation.

This webinar is being recorded. Transcripts and the recording will be posted to Easter Seals dot com slash brain webinar later this month. We are pleased to provide live captioning for today's webinar. To turn on this feature, click

on the closed caption icon next to audio and video on the upper left section of your screen.

Now I would like to review our agenda and learn a bit about our audience before giving a brief overview of Easter Seals and introducing our esteemed presenter.

During our time together today, Dr. Jane Tilly will share the National Alzheimer's plan goals as well as an exciting new brain health resource developed through a collaboration with the Administration on Community Living, Centers for Disease Control and Prevention, and the National Institute on Aging.

Following that, Dr. David Reuben will discuss healthy aging, key factors that influence brain health, memory, and learning, potential threats to brain health, and lifestyle behaviors that can help protect brain health.

We are delighted that you have logged on today and it will be helpful to know who is with us and specifically your reason for joining us. Please use the poll feature found on the left side of your screen, okay, to check a response to the following question.

Is your interest in brain health A, for yourself; B, to help a family member or friend; or C, for clients or professional interest? Again that's for yourself; B, to help a family member or friend; or C, for clients and your professional interest. If you could please enter that on the side and then we'll be able to have a little more information about the folks who have joined us today.

Okay. It looks like most of the people that have joined us have joined us because their interest is for clients and professional interest.

Just a bit of background on Easter Seals. Easter Seals is one of the nation's largest health and human service organizations. For nearly a hundred years we have been advocating for and providing services for individuals with disabilities and special needs including older adults and their families across their life span through our network of seventy-three affiliates and five hundred service sites across the United States.

Easter Seals is committed to creating a world of inclusion, health, dignity, empowerment and independence. It has been my

pleasure and privilege to be affiliated with this wonderful organization for almost thirteen years now.

And it is my pleasure also to take a moment and introduce today's speakers. Dr. Jane Tilly joined the administration's community living in 2008. She is a team leader for brain health and dementia activities at ACL. She has extensive experience with research and policy analysis on a variety of health, long term services and supports, and public benefit issues through her work as an Urban Institute and the AARP's public policy institute.

Prior to joining the Administration for Community Living, she worked on dementia policy and practice issues for the Alzheimer's Association. Welcome Jane.

Our second speaker is Dr. David Reuben. Dr. Reuben is a director of the multi-campus program in geriatric medicine and gerontology and chief of the division of geriatrics at the University of California Los Angeles Center for Health Sciences. He is the Archstone Foundation Chair and professor at the David Geffen School of Medicine at UCLA and director of the UCLA Claude D. Pepper older Americans Independent Center and the UCLA Alzheimer's and Dementia Care Program.

He sustains professional interest in clinical care, education, research, and administrative aspects of geriatrics, maintaining a clinical primary care practice of frail older persons and attending on inpatient and geriatric psychiatric units in UCLA.

He has won seven awards for excellence in teaching and Dr. Reuben's bibliography includes more than one hundred and ninety peer reviewed publications and medical journals, thirty-three books and numerous chapters, and he is the lead author of the widely distributed book 'Geriatrics at your Fingertips.'

Our many thanks to Dr. Tilly and Dr. Reuben for presenting today and to the organizations that supported us by getting the word out about today's webinar. I'll now turn things over to Dr. Jane Tilly. Dr. Tilly?

>> JANE TILLY: Hello everyone and thank you for joining us this afternoon. I'm very pleased to talk to you about a new brain health resource that as Lisa mentioned was developed by the science agencies at the Department of Health and Human Services and the place where I work which is the Administration

on Aging which is part of new Administration for Community Living.

Our next slide, please. This new brain health resource is - stems from the National Alzheimer's Project Act which was enacted into law in 2011 and that act requires the Secretary of Health and Human Services to do five things.

One is to create a national plan to overcome Alzheimer's disease and the second one, a very important one, is to coordinate research and services across federal agencies, speed up development for treatment of the disease, and improve care for those who have it now, and also to improve outcomes for people at high risk of developing Alzheimer's.

And as part of the National Alzheimer's Project Act the secretary released the first - thank you - the first National Alzheimer's Plan in 2012. That plan has five goals. We set a time frame for developing a treatment or prevention methods for Alzheimer's disease by 2025. We are on the beginnings of that path but we are hoping we make progress continually on that.

The second goal of the secretary's plan is to optimize care quality and efficiency, expand supports for people with a disease in their families. The fourth goal, and this is to enhance public awareness and engagement around dementia issues, and that's what part of this brain health resource is part of, and then finally with the plan of this goal is to track our progress and continually drive improvement towards meeting the plan's goals. Next slide.

This new resource that is part of the secretary's national plan and responses to the National Alzheimer's Project Act is called Brain Health as You Age.

What this resource is designed to do is to help people learn how to reduce risks that may be related to brain health. It contains information from current research from our science agencies and I would mention that this resource discusses a variety of risk factors related to brain health and the strength of the evidence for those risk factors does vary by factor and Dr. Reuben will talk more about that in a little bit.

We do - the PowerPoint that you will be seeing today is designed for professionals to use with lay audiences and it uses plain language so that the science that we are discussing is

understandable to people who aren't necessarily healthcare professionals.

Next slide, please. There are four parts to the brain health resource. The first is a PowerPoint that Dr. Reuben will present. There is an accompanying guide for educators who provide the PowerPoint and that guide provides additional information in case there are questions from the audience, and then we have two resources designed specifically for consumers.

One is a fact sheet and another is a resource. I won't call it a manual but it is a resource that can help consumers that want more information on specific topics.

Next slide. What you see here is the two-page - it is one page both sides but the two page fact sheet and this is designed for consumers and it talks about risk factors associated with brain health and gives some general websites where people can go for free resources.

Next slide. This is the guide that I talked to you about. It is called key facts and resources and it covers twenty topics affecting brain health. You can see that basically the table of contents in this slide, it covers things from alcohol use to stroke.

Each topic has several paragraphs of background information as well as links to free resources that I have mentioned. And those resources, for example, someone who is interested in quitting smoking, we give information about the free quit line that's available. And there are a lot of topics, you know, a variety of topics people can get more help with.

Next slide. Finally I just wanted to let everyone know how to get the full set, the four parts of our brain health resource, and the website that's listed is [www.acl.gov/get\\_help/brain health/index.aspx](http://www.acl.gov/get_help/brain_health/index.aspx).

If anyone has any questions about use of the resource or any content, I am happy to reply to anyone who sends me an email at [Jane.tilly@acl.hhs.gov](mailto:Jane.tilly@acl.hhs.gov).

And I am going to turn it over now to Dr. Reuben to give you the presentation that we developed and I'm - we are all looking forward to hearing from you Dr. Reuben.

>> DAVID REUBEN: Great. Thank you so much. Everybody okay with hearing me? Good.

So as mentioned, this is a joint effort of the ACL, National Institute of Health, and the CDC and if I can go to the next slide, please. There we go. Thank you.

So aging and health really depends upon three things; your genes, what you were born with, the environment, kind of the where you are, and your lifestyle. And for each of these it really - it really depends on what you were born and what you are doing with yourself.

For example, for myself I have very poor genes. We have early death in our family so I have to maximize both my environment and my lifestyle to try to overcome some of those genes.

If you have genes that your parents live to one hundred and ten, maybe you have something that I don't have and you can get away with things, but for the most part these are the three.

The ones that are most influential - that you can influence the most are really your healthy lifestyle choices. Next slide.

So where we talk about aging and memory and aging and learning, there are some normal changes. First of all, difficulty finding words. This is like things that are on the tip of your tongue. And, for example, if you want to see how old you are getting and it happens to me all the time, if you travel and you get a little bit of jet lag, geez you will find your word finding difficulties, they just pop up, and those are probably previews of coming attractions because we all have difficulty finding words as we get older.

We also have more problems with multi-tasking, the kinds of things that kids can do very well on a computer. We really have to focus more on one task at a time and finish that and then do the next one.

There are slight decreases in attentiveness. We tend to get a little more restless a little quicker in terms of our attention to tasks.

On the other hand, the good news is that you can still learn new things. I am at a stage in my life where it is probably the third chapter of four chapters but I was living in dread of our

new electronic health record which is very complicated and can I learn this or not. In fact, despite some anguish, in fact I am able to learn it and within a few months I am probably as good as the kids are.

Creating new memories; this is something that still happens. We lay down new memories, we meet new people, we remember them, and finally increasing vocabulary and language skills.

In fact as we get older, we have more words. Who would have thought twenty years ago that we would have words like blog in our vocabulary but indeed we know what we are talking about when we say that.

One thing that's not on this slide which I would like to add is one of the other things that we gain as we get older is wisdom and that's a very important feature, wisdom and generally judgment. We have been there, done that and kind of know how to move on.

Next slide, please. So we are going to go through these in greater detail on an individual basis, but just an overview of some things that can actually harm brain health; some medications or taking them inappropriately, smoking, excess use of alcohol, health problems such as heart disease and diabetes, poor diet, insufficient sleep, lack of physical activity, and lack of social activity.

Now as Jane mentioned, some of those we have very good data on in terms of their risk and some of them - and how modifiable that risk is and some of them are more from observational studies rather than clinical trials.

Next slide, please. So medications; medications and combinations can affect your thinking and the way your brain works and here medications kind of fall into two categories. The first are over the counter medications and in particular medications that are used to help people sleep are - can be very bad actors here.

In fact, what I tell my patients is anything that has a PM on the medication is probably something that can actually impair your memory or impair your intellectual functioning. These are known side effects of these kinds of medicines and there have been some studies that show taking a medicine like a Benadryl that is available over the counter can have as much effect on

people's functioning and intellectual capacity as a drink of alcohol, so - and for older people it tends to be worse.

The second big category in medications that can affect your brain are medications that are prescribed to you by a physician or another provider, and here these are also somewhat dangerous, particularly hypnotics, medicines that are trying to reduce anxiety, the classes of drugs like Valium and those - Ativan, and those kinds of drugs.

And also we see this a lot with medications that are used to treat epilepsy or they are called sometimes mood stabilizers and these drugs almost all tend to have sedating affects and also can impair cognition.

So the take home message from this slide is number one, make sure that when you are buying medicines to treat yourself to over the counter types of things, home remedies, cold preparations, etcetera like that, just to make sure that they don't have anti-histamines and don't use these for sleep.

The second is if you are getting started on new medications from your doctor, a good thing to ask is whether this might have sedating or cognitive side effects.

Next slide, please. Smoking; smoking is bad for almost everything that you do but in particular with brain health it is a major risk factor for cerebral vascular disease and that means having strokes and strokes are the second most common cause of dementia after Alzheimer's disease is many strokes. In fact, that this is not only - smoking is not only a cause of heart disease but also brain disease and cognitive function.

As mentioned here, there are free resources available to help people quit smoking. It is one of the best things, not always the easiest, but one of the best thing you can do for yourself if you smoke is to quit.

Next slide, please. Alcohol; so alcohol's effect on brain health has been a moving target here. There were some studies, observational studies that showed that people who drank moderate amounts of alcohol were at lower risk for having - for developing later Alzheimer's disease, but in fact this is still pretty controversial.

So as most people know that the acute effects of alcohol, in other words having a few drinks at a time, impairs cognition.

There is just no two ways about it. That impairs memory. It impairs judgment. It impairs reflexes. This is what causes automobile accidents when people have been drinking and unfortunately as we age, we are more sensitive to the effects of alcohol and that's partly because of the body changes where we have more fat and less free water distribution in our bodies. This happens to everyone so that we are more sensitive to the effects, including the cognitive effects of alcohol as we get older.

The other effects that you see are alcohol itself can cause dementia and indeed one of my patients who is a retired physician, the best thing we ever did for this guy in terms of his memory was to get him to stop drinking and he has done very well.

So as it says here, staying away from alcohol can reverse some of these changes and as we get older, we really have to drink much more in moderation.

In addition, medications, particularly the medications we talked about earlier do not interact with alcohol. In fact, the combination is especially detrimental to cognitive function.

Next slide, please. So common conditions that affect brain health, so these are medical conditions that people have and they manifest in a variety of different ways. Heart disease, hypertension, and diabetes all function on the blood vessels that go to the brain. And just as we talked about earlier that mini strokes or vascular disease to the brain is a very common cause of cognitive dysfunction in the long run to older people and indeed, there is at least some evidence to say that by treating blood pressure, by preventing heart disease, by treating diabetes, that there can be some preservation of a cognitive function.

Many times this is manifested strictly through the prevention of cerebral vascular disease. The other - the next one is the big gorilla in the show and that is Alzheimer's disease.

Alzheimer's disease is an epidemic. It is a disease of aging. So that the prevalence when you are sixty-five to seventy-four is very low, about 3%, but among those eighty-five years or older it can be as much as 50% which means that everybody in the United States is affected by Alzheimer's disease if you look long enough.

Either you will develop it, your spouse will develop it, your brother, your sister, and even today's generation's parents and grandparents are developing this disease. Very, very common disease. We will talk a little bit more about it in just a couple of minutes.

Stroke as we mentioned; traumatic brain injury. This can be a lifetime of trauma. One of my patients was a boxer and developed what they call dementia pugilistica. Even those who have less repetitive and less frequent brain injuries can develop cognitive impairment as a result.

Depression is - and we will talk a little bit more about depression. It is a very interesting thing because depression and cognitive impairment can be independent of each other. Depression and cognitive impairment can be co-existing or cognitive impairment can be independent of just progressing on its own, but these kinds of different scenarios make it very difficult to diagnose and treat depression and dementia.

And finally sleep problems. We will talk a little bit more about this in just a couple of minutes. So can I have the next slide, please?

So as is mentioned, heart disease and high blood pressure can lead to stroke and blood vessel changes that are what we call multi-infarct dementia or vascular dementia, and here we know a lot about trying to reduce this risk.

Controlling cholesterol and hypertension, and the American Heart Association and the American College of Cardiology within the past year re-examined its goals and treatment of both high blood pressure and cholesterol. So there are new guidelines out that should, if followed, reduce this risk.

The good news here is that we are making some progress in reducing heart disease and cerebral vascular disease over the past several decades.

Exercise, we are going to talk a little bit more about this later but it certainly prevents heart disease and can lower blood pressure.

Eating healthy foods; there is a lot of data now on both the Mediterranean diet which is high in certain fishes and certain oils, as well as what they call the dash diet which has been very effective in reducing blood pressure. And in both of those

are - they don't require buying special foods. There is stuff that you can buy off the shelves in the markets. We've spoken about quitting smoking and limiting the use of alcohol.

Next slide, please. Diabetes; diabetes causes both what we call macro vascular which is the large blood vessels that go to your brain and also micro vascular which are the small blood vessels that go to your brain and both can be affected.

It increases your risk for stroke and heart attack and there's some evidence that it may also predispose to Alzheimer's disease, blood sugar being higher and high blood sugars predisposing to Alzheimer's disease.

For many of us, the best way to prevent diabetes is to maintain an ideal body weight, that this is largely a disease -- - that type II diabetes that occurs mostly in people who are overweight or obese or some older people who are thin, but most of the population who has diabetes now, and this is increasing dramatically, are those who are overweight.

We know that physical activity can reduce the risk of developing diabetes and we also know that it can improve blood glucose control and reduce some of the consequences of diabetes.

So here's something where you really need to talk with your provider about lifestyle and medications for diabetes that work the best for you.

Next slide. So Alzheimer's disease, we talked a little bit about this. Alzheimer's disease is one of the consequences of living longer. When you think about fifty or sixty years ago when most people did not live to their seventies and eighties and nineties, this was much less of an issue. But now that people are living much longer that in fact, it is a very prevalent and many say an epidemic disease.

The known risk factors are age as I mentioned earlier. The older you are, the higher likelihood you have of developing Alzheimer's disease, and this particularly takes off around the ages of eighty, eighty-five.

Genes. And people ask me, patients ask me a lot about it. They say their brother and father and their sister had Alzheimer's disease and generally what I ask is what age were they when they developed the disease because the genetic component is most important to people who develop early onset

dementia, people who develop it in their forties, fifties, and maybe sixties.

And there has been a lot of recent publicity about, for example, Down Syndrome and Down Syndrome children developed Alzheimer's disease in their late thirties and forties and that's obviously very genetically linked with Trisomy 21.

The other risk we talked about earlier was head injury and I mentioned dementia pugilistica. Let's go back - go back. There we go.

So the other suspected risks are heart disease as we talked about, blood pressure, lack of physical activity, and this is pretty interesting because it has held up in a number of studies that exercising less really predisposes you to developing dementia later in life.

Depression, we talked about that relationship, depression and dementia, and indeed we see a number of patients who present with the kind of apathy and social withdrawal that for all the world looks like depression but over time and with further testing what you really find is that they had in fact, early dementia. So this very peculiar relationship between depression and dementia and we talked about diabetes.

Now next slide. Good. So where we are with Alzheimer's right now, basically Alzheimer's is an incurable disease and the medications we have for Alzheimer's disease are not all that powerful. They're not all that great and what they tend to do is to slow the trajectory of the decline but they don't, in the vast majority of people, don't prevent the progression of the disease.

So by and large when people do develop Alzheimer's disease, most of the care is focused on managing the complications of the disease, managing other illnesses, and helping the care givers, helping the caregivers and helping the social aspects of managing and living with this disease for a lifetime.

There are some promising approaches to reducing the risk of cognitive decline in Alzheimer's. The best of these, and I've recently reviewed this, has been exercise. What we do know is that by exercising regularly, you do reduce your risk. What is right amount of exercise and what is the right type of exercise and how frequently it needs to be done is still a matter of

debate. But in fact, getting out and just doing it is probably the best thing that you can do for yourself.

A healthy diet as I alluded to; the Mediterranean and the dash diets, those all show some promise but they have not really been evaluated yet in clinical trials.

Similarly, controlling blood pressure, heart disease, diabetes show promise largely through their reducing the risk on cerebral vascular disease and stroke.

And finally the one that is getting a lot of attention now is cognitive brain training and I think we have another slide on that in just a moment and I will tell you about that. Next slide please.

So brain injury, we talked about this in context of injuries that were repetitive injuries, but in fact one of the other major injuries that happen is falls and in fact, that falls are largely preventable.

An another aspect of my life I am working on a very large project to try to reduce falls but the interesting thing about it is that these - the things that work for falls are available today and some of these are exercises, particularly Tai Chi, falls prevention classes, there is something called Otago, O, T, A, G, O, and these are all CDC approved recommended approaches to reducing falls and many of these are offered in the community, at senior centers, and other ACL supported programs.

Making your home safer; this includes reducing - removing throw rugs, making sure there is not clutter, and having handrails and guardrails. This is particularly important for people who have vision problems.

Medications we refer to this; anything that can make you groggy or unsteady is going to increase your risk of falling. Wearing safety belts when you are in a car and helmets if you are on a bicycle or a motorcycle and getting enough sleep. Next slide.

So depression; depression works in many ways. These are true depressive symptoms are these feelings of sadness, loneliness loss of interest, difficulties with sleeping, particularly early morning awakening and sometimes getting to sleep at night. It is not just feeling blue for a day. They have to persist over

time. Depression is common in aging but it is not a normal aspect of aging. You don't get depressed because you are old.

Medications; sometimes it is a side effect of - depression can be a side effect and because of the effect on mood and level of interest and being engaged, oftentimes depressive symptoms can look a lot like dementia.

There can be some memory impairments with it but things being oriented and knowing where you are, what the situation is, those kinds of things are very uncommon in depression but tend to be more common particularly in moderate or severe dementia.

Treatment of depression; the good news is that there are effective treatments and the even better news is that most patients will have a choice between therapy and medications and indeed my patients sometimes would prefer to have medications if they can just take once a day and not have to go through the therapy once a week or once every two weeks, and others say geez I don't want to be on any medicines. I prefer the therapy and they both work in mild to moderate depression.

Next slide, please. Sleep apnea; this is a disease that's increasing and it is an unusual disease where basically when people go to sleep, their tongue moves a bit. It relaxes the muscles in the tongue and it tends to occlude the airway. What happens with that, if your airway is occluded when you are sleeping, the natural reaction is to wake up.

What happens is people stop breathing, they wake up, and most of the times they get back to sleep but in fact, they haven't really had a full night's sleep. They have woken up sometimes fifteen, twenty times an hour even though they don't remember having woken up. Frequently their spouses will tell you they are up all night waking up, kind of a jerking, waking up, but in fact, this is not a benign condition. It can lead to hypertension, it can lead to stroke, and some memory loss, all which can affect brain health.

Treatment; people who are overweight, losing weight can help. Avoiding alcohol, stopping smoking, but the mainstay treatment of this are special devices. Many have heard of CPAP or BiPAP. Sometimes if it's mild, you can use an appliance that goes in the mouth and moves the jaw forward but in fact, most of the treatment is - are special devices.

Next slide. So what can you do to protect brain health? The kinds of things that you need to do are taking care of your health, eating healthy foods, being active, and I think it is more than just being active. It is really exercising. Learning new things and connecting with family, friends, community.

Next slide. Next slide. Okay. First in terms of taking care of your health, this is getting your recommended health screening. The preventive health service has been very rigorous about evaluating what people - what should be done, what shouldn't be done and in terms of preventive care. It should be a no brainer. If - if the preventive service task force recommends it, you should do it.

Managing the health conditions such as diabetes, high blood pressure, and high cholesterol. Being vigilant about your medications, being vigilant. It is too easy for doctors to just prescribe. That's what we do very frequently and it is incumbent upon patients to question. Do I really need this medicine? What are the side effects? Can we manage this condition without medications?

Reducing the risk of falls, quitting smoking.

Next slide. Eating healthy. These are the kinds of things that you'll see in a Mediterranean diet or a dash diet, fruits and vegetables.

One of things that didn't make it on the slide but it is some interesting stuff that there is some recent data suggesting that nuts, eating nuts daily may reduce your risk of heart disease and stroke.

Whole grains. If you are going to eat meat, it should be lean meat or eat fish or poultry. Low fat or non-fat dairy products. Less solid fat, sugar, and salt and proper portion sizes. I am really glad this is included because we tend to go to restaurants and think about how much you're getting - how much value you are getting, but the value is kind of measured in how big the portions are.

In fact the food industry has got - has learned about this and they use that to attract people into their restaurants, but in fact you don't have to eat everything on your plate.

And finally adequate fluids. There are many healthy meal programs that are provided through the Area Agency on Aging.

Next slide please. All right. Get moving. So I am going to stand on my soapbox here and physical activity is probably the best therapy that we have for almost everything. It reduces the risk of diabetes, heart disease, depression, stroke. It helps prevent falls. It helps with our memory but it comes at a price and that price is you have to do it.

You have to get off your fanny and get to work. And here the recommendation is about one hundred and fifty minutes of exercise. This doesn't have to be intense but it has to be - it has to be motion. It has to be motion and walking is a great start.

Many of my patients are using pedometers with that magic number of ten thousand steps and that's a good place to start. What I tell my patients and what I live by is that every day you just have to build this into your day every day. You have an exercise time and that exercise time is taking care of yourself. It is taking care of that body that was given to you.

There are many programs that are available in the community, generally at low cost or free to help people move smoothly and safely.

If you haven't been active, it is a good idea to talk to your doctor to see if there is any kind of clearance that needs to be done but for most things such as walking, by and large you can get started with.

Next slide. Keeping your mind active. So here it is all about thinking about the mind as a muscle. If you don't use it, you are going to lose it. So there are many ways of doing this. Mentally stimulating activities, reading, playing games, a lot of people like to do crossword puzzles and there is some evidence to suggest that that may be beneficial. Learning new things. One of my patients is learning a new language in her seventies and what a great thing to do.

Taking or teaching a class and there is actually some pretty interesting data now that - that in fact, there are some programs in the arts such as acting classes that may actually help cognitive function, so being a participant in these, especially if they stretch you.

Being social through work and volunteering. There is some interesting data that are coming out of something called the

Experience Corps where seniors are volunteering at schools to help kids and it seems to help both the seniors and the children.

Now we don't have clinical trials that suggest that these are going to prevent Alzheimer's disease but in fact, they can help with brain health.

Next slide. Staying connected and this is one of the things I tell my patients all the time because I think it is really - it is really critical is that it is important at any stage of your life, particularly when you are older, to have meaning, to have meaning, to be connected, to be connected to people, to have a purpose.

And indeed we just did some focus groups on patients who have early Alzheimer's disease and what was most important to them was to have meaning in their life. That's one of the things that actually promotes brain health. It reduces the risk for many things and it is easy. It is pretty easy. What you can do is there are many kind of activities that are aimed at seniors. A number of these are through the ACL or senior centers or basically available in the community.

Next slide, please. So what can you do today? Today is - and we always think about small steps here. What is the one thing that you can do? And indeed when I prescribed exercise prescription to patients, I tell them, I say the worst thing that you can do is get on the bike for forty-five minutes or try to jog because you are going to be very sore tomorrow and it's going to end.

I tell them to start with a five minute to ten minute walk every day and then a week later go up to a ten minute or a fifteen minute walk every day.

You can change your diet pretty easily. You don't have to completely rearrange your diet. If you are overdue for health screenings, then you can schedule your appointment.

And make a list. Lists are very valuable. Lists are things that you are going to do that day including these healthy behaviors.

Finally, getting support from family, friends, or community groups. I remember very well with my mother-in-law, when she

started wanting to get healthy again, she talked to us and we were just cheering her on. We were her cheerleaders.

Next slide. So there is an abundance of information available. Jane gave some - one website through ACL. There are a number of other community programs through the Area Agencies on Aging, through the aging and disability resource centers, through National Institute of Health, and National Institute of Aging.

You can follow what's going on with research for brain health through clinical trials dot gov and finally, the CDC control and prevention has a couple of good websites and they have been really very proactive in identifying what works for older people, particularly with falls prevention but other healthy behaviors as well.

Next slide. It may be the last one. So we are up to the questions and comments section.

>> LISA PETERS BEUMER: Thank you, David, very much. Thank you Dr. Reuben and Dr. Tilly for your very, very informative presentation.

Now we will take the next five minutes to answer any questions that any of you in the audience may have. The first question is may we get a copy of the slides and the answer is twofold. Yes, we have archived, we have recorded this session, and we will archive this and it will be available on our website at - near the end of the month. We can send an email out to folks when it is out.

The slides that are the brain health resource that Dr. Reuben just went through are also available on that website for the Administration on Community Living and so that's a resource available to you, and then this webinar as a whole will be archived and available to you on our Easter Seals website and I will give you that link shortly.

Are there other questions that the audience has? You can either put it in the chat feature on the left-hand side of your screen or you can press star one on your telephone keypad to ask a live audio question. That's star one on your telephone keypad. So I'm going to circle back to April, our operator. Are there any questions waiting on the line?

>> OPERATOR: There are no audio questions at this time.

>> LISA PETERS BEUMER: Okay. Thank you. Can - can you please give, Dr. Reuben or Dr. Tilly can you please give an example of a program that helps you learn to move safely.

>> JANE TILLY: This is Jane. Go ahead David.

>> DAVID REUBEN: Okay. So there are several CDC programs that are CDC approved programs. One is called OTAGO that was - that is aimed at people who are at high risk of falling and it has been shown to reduce the risk of falls. Another is Tai Chi and Tai Chi is ancient martial arts but in fact it has been shown to reduce falls and keep people moving much better.

>> LISA PETERS BEUMER: Thank you. Thank you. We have another question and that is how is Alzheimer's disease different from dementia?

>> DAVID REUBEN: So dementia is the umbrella term. So if that's the umbrella there are many other - there are many diseases that fall under that category.

So Alzheimer's disease is the largest by far but there are others including we mentioned vascular or multi infarct dementia. There is something called Louis body dementia, frontal temporal dementia, dementia, Parkinson's disease. There are a variety of other ones and those are just the most common but the big heading is dementia.

>> LISA PETERS BEUMER: Thank you very much. Are there any other questions from the audience? April, is there anyone on the audio line? Not at this time. Okay.

Can you go to the next slide, please? Okay. Yes, so I will go through where the slides are available. It is up on your screen now. You will have my contact information, Lisa Peters Beumer, Cheryl Irmiter, my colleague here at Easter Seals, and you can see the webinar recording will be available later in September. It gives you the link, Easter Seals dot com slash brain webinar and we can send this out to - when it's out, to participants that joined us today.

As a final question before we wrap up, somebody is asking are there any manual activities that have been helpful in maintaining brain health? So are there any manuals available that you are aware of other than this sort of information?

>> DAVID REUBEN: Nothing that I have. I don't know whether the materials that were mentioned a little earlier that ACL has developed might fit that bill.

>> JANE TILLY: Yeah, this is Jane. If there was something existing, we would have probably just had a link on our website to it. There are lots of different products being marketed out there but in terms of, you know, a fairly simple description of reducing risk factors related to brain health, we do have the PowerPoint that Dr. Reuben just gave as well as an educator's guide which might be considered a manual, the consumer fact sheet and resource list.

And those are available now if people go to W, W, W, dot ACL dot gov slash get underscore help slash brain health slash index dot ASTX. You can download the four part brain health resource now. I do think it is a good idea - a really good idea to refer back to the presentation that Dr. Reuben just gave because he gave a really, you know, full explanation of the risk factors and, you know, that's more nuanced than what's available on the PowerPoint.

>> LISA PETERS BEUMER: Thank you, Dr. Tilly. That was a great way to wrap up. Thank you all those of you who joined us today and just a final thank you to Dr. Tilly and Dr. Reuben for joining us and sharing their resources and expertise.

You will be hearing from us with a follow-up email that will contain an evaluation survey and we look forward to hearing back from you on that. Thank you so much and have a nice day.

>> OPERATOR: This concludes today's call. You may now disconnect. Presenters please hold one moment.