

DEMENTIA PREVENTION: THE BEST GAME IN TOWN

By Dr. Tom Harding, PsyD, MA

Forensic Neuropsychologist · Brain Rehabilitation Specialist

Researchers from around the world gathered in Honolulu in July, 2010, for the International Conference on Alzheimer's Disease (ICAD>10). There, keynote speakers shared some disturbing facts: "We have no cure for Alzheimer's," and "The U.S. does not have a national strategic plan in place to deal with this growing problem that has the potential to bankrupt an already failing healthcare system."

This July at the 2011 International Conference in Paris, it was announced that there is "still no cure and no disease-modifying treatment- so the best hope lies in identifying prevention strategies." For the past few years, researchers have focused their efforts toward prevention strategies, and have discovered that a significant majority of the future cases of non-familial dementia are *preventable*

(familial diseases are genetically-based and unavoidable; however, they represent only a fraction of dementia cases). 'Dementia' is a general term used to describe the symptoms that occur (memory loss being the most common) when the brain is damaged by one of several degenerative diseases, such as Alzheimer's or cerebral vascular disease.

Research has identified many 'risk factors' that contribute to the loss of brain function. A risk factor is something that increases a person's chances of developing a disease. Think of brain function as a continuum spread out between two endpoints (see chart). The end on the left represents normal brain function, while the one on the right represents dementia. The more risk factors you have in your life, the more likely you are to move down the continuum toward dementia. Frequent 'senior moments' are signs that a person is moving down the continuum.

Subjective Cognitive Impairment (SCI) is a point at which a person knows s/he is experiencing changes in memory, such as forgetting where s/he placed a familiar object. The good news is that s/he still scores adequately on memory test, and can handle employment and social situations.

INSIDE THIS ISSUE

- 1-2 DEMENTIA PREVENTION:
THE BEST GAME IN TOWN
- 2 ALCOHOL
- 3 DEPRESSION IN THE OLDER
ADULTS
- 4-5 KNOW THE 10 WARNING
SIGNS
- 5, 8 MYTHS OF AGING
- 6 ENJOY AN OCCASIONAL GLASS
OF WINE OR BEER?
- 7 CALENDAR OF EVENTS

Mild Cognitive Impairment (MCI) is a diagnosable point along the continuum that indicates a person is scoring poorly enough on memory tests and exhibiting behavior changes, to the extent that co-workers may notice a decline in his/her work performance. Word-and/or name-finding problems become evident to people close to her/him, and s/he may not retain much of a book passage s/he has just read.

Continued on page 2

BRAIN FUNCTION CONTINUUM

[-----|-----|-----]
NORMAL SCI MCI DEMENTIA

← CLINICAL DISEASE STAGE →

SCI = SUBJECTIVE COGNITIVE IMPAIRMENT
MCI = MILD COGNITIVE IMPAIRMENT

EDITOR'S NOTE

The articles in this issue of the Aloha Pumehana are written by members of the Oahu Geriatric Mental Health Hui, a consortium of individuals representing various agencies. The consortium is committed to improving the health of Hawaii's Kupuna by providing information on various topics involving mental health and home-and-community based services to the elderly.

Continued from page 1

Next on the continuum are the early, moderate and late stages of Alzheimer’s disease and related dementias.

To slow or even halt the progression of cognitive decline (before reaching dementia), researchers are discovering that the most effective approach is via a “multi-modal” strategy. In a nutshell, an effective multi-modal strategy for better brain health includes 4 key factors:

- 1- Proper Brain Stimulation
- 2- Physical Exercise & Rest
- 3- Proper Nutrition
- 4- Avoiding known risk factors

Looking over the list, it is easy to realize that these are all behavioral factors (habits) that are within our control. What this all boils down to is this: only you can change your habits, so only you (with professional guidance) can stop your cognitive decline.

Chances are there are some habits (risk factors) in your life that increasingly move you down the continuum. The road to dementia starts at middle age. You have a 50/50 chance of

progressing from senior moments toward dementia later in life. The good news is, you can improve your odds to remain dementia-free by applying the 4 key factors to your life.

Early detection and early intervention are a key. The sooner you have your “senior moments” checked out, the better. There are many factors that may be causing your senior moments: thyroid condition, mood disorder, an old head injury, cerebral vascular dysfunction, or early stages of Alzheimer’s, just to name a few. Proper diagnosis by a multi-disciplinary team of brain experts can correctly diagnose your situation and prescribe proper medication or lifestyle behavioral changes. If you wait until the symptoms get worse and find out later that you do, in fact, have some type of dementia, it could be too late. Again, early detection and intervention are critical.

Your future brain function lies within your hands. Don’t wait until tomorrow to take action.

Have questions? Need more answers? Call **261-4476** or write to Dr.Tom@Be-Dementia-Free.com. ☎



Ever wonder if your drinking is within safe limits? Answer these 4 quick and easy questions and see where you stand.

- 1) Have you ever felt you should cut down on your drinking?
- 2) Have people ever annoyed you by criticizing your drinking?
- 3) Have you ever felt bad or guilty about your drinking?
- 4) Have you ever had a drink first thing upon awakening to steady your nerves or to get rid of a hangover (eye opener)?

Scoring: Answering yes on any question indicates that you have some problem drinking. If you answered yes to 2 or more questions, this may be a more serious concern. Regardless of your actual score, you should seek help immediately if you answered yes to any of the questions. Start with your physician, counselor, minister, or someone you trust. You are not alone, and help is available. Take a step toward wellness. ☎

AN ASSORTMENT OF STATISTICS RELATED TO MENTAL HEALTH ISSUES

Number of persons in Hawaii with Alzheimer’s Disease in 2010 (projected from 2000)	27,000
Number of Caregivers caring for persons with Alzheimer’s or Dementia (2010)	58,782
Number of Unpaid Hours of Care that Caregivers Provided in a Year	66,940,708
Economic Value of this Unpaid Care	\$798,602,641
Between 2000 and 2025, the number of persons with Alzheimer’s Disease in Hawaii is expected to increase by <i>[Above are from 2011 Alzheimer’s Disease Facts and Figures by the Alzheimer’s Association]</i>	48%
Percentage of Adults in Hawaii Meeting the Definition of Current Depression in 2008 <i>[Above from BRFSS in CDC’s MMWR October 1, 2010/59(38); 1229-1235]</i>	9.7%
Percentage of Hawaii adults aged 60 or older who live alone <i>[Above from Hawaii Health Survey 2007-2008]</i>	34%
Percentage of Hawaii adults aged 65 or older who report they rarely or never get the emotional support they need <i>[Above from Hawaii BRFSS 2009]</i>	14.1%

ACCESS LINE
O’ahu call: (808) 832-3100
Neighbor Islands call toll free:
1-800-753-6897

If you or someone you know is feeling overwhelmed with a crisis or need mental health services, we are here to help 24 hours a day/7 Days a Week



DEPRESSION IN THE OLDER ADULTS

By *Eva Kishimoto, CSAC, DCSW*
AMHD MISA and Other Special Populations
Service Director

Most seniors report they are satisfied with their lives, despite the many challenges faced by older adults. And while we all experience life's ups and downs, losing all hope and joy is not normal. It's depression, often referred to as "clinical depression" or "depressive disorder". When a person has depression, it interferes with daily life, normal functioning and causes pain for both the person with depression and those who care about him or her.

Depression may be a common problem among older adults, but it is NOT a normal part of aging. There are many reasons depression in older adults is overlooked. Some assume that depression is a normal part of aging. Elderly adults are often isolated. Physicians may miss it because people may be less willing to talk about their feelings of sadness or grief, but would rather discuss physical complaints.

The National Institute of Health reports that of the 35 million Americans age 65 and older, 2 million suffer from full blown depression and another 5 million suffer from less severe forms of the illness. If left untreated, depression can lead to suicide. <http://nihseniorhealth.gov/depression/aboutdepression/01.html>

SIGNS AND SYMPTOMS OF DEPRESSION IN THE ELDERLY

Recognizing depression starts with knowing the signs and symptoms. The symptoms listed below are a normal part of life, but become a concern when they are present for most of the day, stretching into two or more weeks. Depression red flags include the following:

- Sadness
- Fatigue
- Abandoning or losing interest in hobbies or other pleasurable pastimes
- Social withdrawal or isolation
- Weight loss or loss of appetite
- Sleep disturbances (difficulty falling asleep, staying asleep, oversleeping or daytime sleepiness)
- Loss of self worth (worries about being a burden, feelings of worthlessness, self-loathing)
- Increased use of alcohol or other drugs
- Fixation on death; suicidal thoughts or attempts
- Excessive anxiety or worrying
- Irritability, criticalness

This is not a complete list, but changes like those mentioned above that are persistent for two weeks should be referred to a professional for an assessment.

Up to 90% of older adults who are treated for depression show significant improvement. Treatment works!

WHAT CAN YOU DO?

As with most conditions, early detection and treatment is preferred. Get support and information. Your personal physician can usually treat depression. When seeking treatment, communication is crucial. There are no lab tests for depression, so what you communicate is important in achieving good outcomes. Here are some strategies that will improve your condition:

- Make a list of all the concerns you would like to discuss before going to your appointment.
- Let your provider know all the medications you are taking, including over-the-counter ones.

- Communicate any concerns about your medication and any possible side effects you are experiencing. There are many effective medications and sometimes it may take a few tries before finding the right one for you.

Medication alone is not enough. There are other things you can do to help your recovery:

- Counseling or therapy. Studies have found that therapy works as well as medication in relieving mild to moderate depression. HOWEVER: a combination of the two yields even greater outcomes.
- Spending time with friends and loved ones. Keeping the body and mind active to provide mental and physical stimulation speeds recovery.
- Eat healthy meals rich in fruit, vegetables, whole grain and some protein. A poor diet can worsen depression.
- Follow through with treatment. Depression can recur when treatment is stopped too soon, increasing the likelihood of recurrence.
- Take medications as instructed. Medications usually take some time to reach effectiveness, so follow the doctor's instructions. If there are problems or concerns, express them to your health care provider.
- Exercise: Even if you are frail, there are many safe forms of exercise you can do to build your strength and boost your mood.
- Manage your stress. For tips on stress management see http://www.helpguide.org/mental/stress_management_relief_coping.htm
- Start with a few small goals, take things one day at a time, and reward yourself for each accomplishment. 🎉



KNOW THE 10 WARNING SIGNS alzheimer's association®

By Elizabeth Stevenson, Executive Director & CEO, Alzheimer's Association, Aloha Chapter

Some change in memory is normal as we grow older, but the symptoms of Alzheimer's disease are more than simple lapses in memory. People with Alzheimer's experience difficulties communicating, learning, thinking, and reasoning — problems severe enough to have an impact on an individual's work, social activities, and family life. The Alzheimer's Association believes that it is critical for people with dementia and their families to receive information, care, and support as early as possible. To help family members and health care professionals recognize warning signs of Alzheimer's disease, the Association has developed a checklist of common symptoms.

This list can help you recognize the warning signs of Alzheimer's:

1. Memory changes that disrupt daily life:

One of the most common signs of Alzheimer's is memory loss, especially forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aides (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.

What's a typical age-related change? Sometimes forgetting names or appointments, but remembering them later.

2. Challenges in planning or solving problems:

Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble

following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

What's a typical age-related change? Making occasional errors when balancing a checkbook.

3. Difficulty completing familiar tasks at home, at work or at leisure:

People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.

What's a typical age-related change? Occasionally needing help to use the settings on a microwave or to record a television show.

4. Confusion with time or place:

People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

What's a typical age-related change? Getting confused about the day of the week but figuring it out later.

5. Trouble understanding visual images and spatial relationships:

For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not realize they

are the person in the mirror.

What's a typical age-related change? Vision changes related to cataracts.

6. New problems with words in speaking or writing:

People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a "watch" a "hand-clock").

What's a typical age-related change? Sometimes having trouble finding the right word.

7. Misplacing things and losing the ability to retrace steps:

A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time.

What's a typical age-related change? Misplacing things from time to time, such as a pair of glasses or the remote control.

8. Decreased or poor judgment:

People with Alzheimer's may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.

Continued on page 5

Continued from page 4

What's a typical age-related change? Making a bad decision once in a while.

9. Withdrawal from work or social activities:

A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced.

What's a typical age-related change? Sometimes feeling weary of work, family and social obligations.

10. Changes in mood and personality:

The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.

What's a typical age-related change? Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

If you recognize any warning signs in yourself or a loved one, the Alzheimer's Association recommends consulting a physician. Early diagnosis of Alzheimer's disease or other disorders causing dementia is an important step in getting appropriate treatment, care, and support services. To contact the Alzheimer's Association, call (800) 272-3900 or log on to www.alz.org/hawaii. 

MYTHS OF AGING

By Eryn Nakamura, LSW

Director of Social Services, Community Case Management Corporation

MYTH 1: BECOMING SENILE IS INEVITABLE WITH AGE

FALSE. There are many changes that occur in the brain as we age. Though our ability to process information may slow down a bit, our ability to recall past experiences and to use abstract reasoning remains constant throughout life. Older adults are able to analyze problems and inconsistencies better than young adults and, based on their knowledge and experience, have a more comprehensive approach to problem solving. Even in terms of learning, Psychology Today reported that, though "learning patterns may change and speed of learning may diminish, the basic capacity to learn is retained."

For example, Stanley Kunitz was appointed as a United States Poet Laureate at age 95, and Dr. Hilary Koprowski continues to conduct research at Thomas Jefferson University in Philadelphia at the age of 91. If your loved one is suffering from memory loss, whether mild or severe, it may be a good time to see a doctor since some types of dementia can be treated, or the process slowed down.

MYTH 2: BEING OLD MEANS BEING TIRED ALL THE TIME

FALSE. In nursing homes, we often see elderly people sleeping, yet the truth is that they are still very capable of doing some form of exercise to keep flexible and strong. The World Health Organization published a study in which frail nursing home residents between 87-90 years old were given a special weight-training program. By the eighth week, their muscle strength increased by 300%, improving their coordination and balance and increasing the level of activity in their lives. Improving balance has been shown to decrease the risk for falls and injuries, and some form

of exercise can be done at any age with great benefits.

For instance, in December 2010, Gladys Burill, a part-time resident of Honolulu, became the oldest woman to finish the Honolulu Marathon at age 92. If you see changes in the activity or energy level of an older adult, it may be an indication of other conditions that need to be treated. Dehydration and sufficient nutrition can cause changes in energy and activity, and seeking medical advice could assist in resolving these concerns.

MYTH 3: EVERYONE WHO GETS OLD IS GRUMPY AND MEAN

FALSE. The Baltimore Longitudinal Studies of Aging showed that, from middle-to old-age, personalities don't change very much. Whether you're grumpy or cheerful by nature at age 40, this will most likely be the personality you keep for life. Stereotypes to the contrary, not everyone who gets old is grumpy! However, changes in personality can occur due to stroke or dementia. If your loved one shows persistent changes in temperament, it is a good time to see a doctor.

MYTH 4: DEPRESSION COMES WITH GETTING OLDER

FALSE. Depression is not a normal part of growing older. Elders do experience significant losses in life, such as the death of friends and family members, and feelings of sadness, anger and remorse are normal and to be expected. Under the same circumstances, such feelings would be experienced by anyone at any age. These feelings typically diminish in time, especially when bereavement support is provided through counseling, support groups or other opportunities to express one's

Continued on page 8



ENJOY AN OCCASIONAL GLASS OF WINE OR BEER?

HERE ARE SOME THINGS YOU NEED TO KNOW TO KEEP FIT AND HEALTHY

*By Eva Kishimoto, CSAC, DCSW
AMHD MISA and Other Special
Populations Service Director*

Half of the elderly (65+) enjoy light to moderate drinking (Adams, 1997). We need to be aware of changes in our bodies to keep this a healthy part of our lifestyles. As we age, our body changes in the way it processes the things we eat and drink. Most adults over 65 years of age are on one or more medication(s). Understanding how that reacts with the “spirits” we enjoy will go a long way in keeping our lives fit and in harmony.

Aging affects our response to drugs (prescribed and non-prescribed) as well as alcohol. As we age, there is a natural loss in body mass, which leads to a decrease in body water and a higher concentration of alcohol in the blood. While this is happening, there is also a decline in stomach enzymes that break down alcohol before it reaches the bloodstream. These occurrences combine with a reduction in liver and kidney functioning, causing our bodies to eliminate alcohol more slowly from the blood stream. (Brody, 2002)

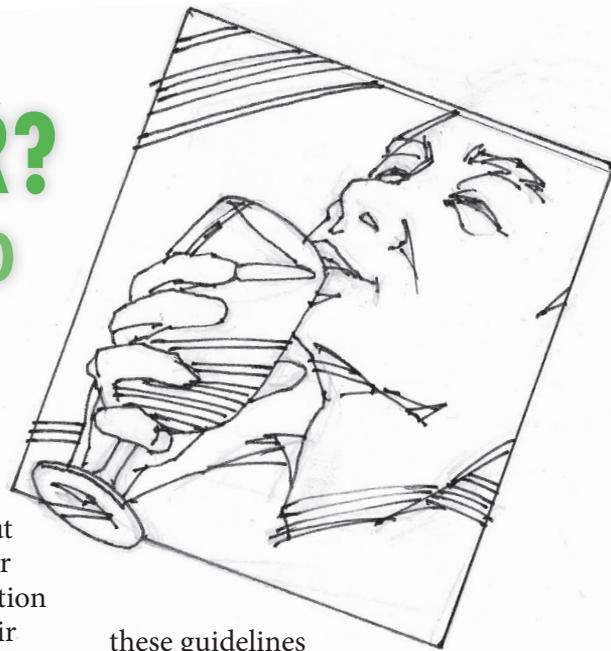
Medications combined with alcohol increase our risk for harm. That is multiplied as we increase the number of medications we take.

What does this mean? One drink will increase our alcohol levels higher, and keep its effect for a longer period than it did at younger ages.

Here are some tips to enjoy safe and healthier drinking.

- Take the lead in asking your physician or pharmacist about any interactions between your medication or physical condition and alcohol...then, follow their guidance.
- Limit your alcohol intake to 1 standard drink per day, or 7 standard drinks per week. (Somewhat lower for women.)
- Consume a maximum of 2 standard drinks on any drinking occasion (i.e. New Year’s Eve, weddings, etc. - Somewhat lower for women).
- Take time and enjoy your drink over hours. Avoid ingesting the entire drink in one hour. Sip it over a longer period. This will allow you to enjoy and savor it and keep your alcohol to safer levels.
- Keep yourself well hydrated when drinking alcohol. Alcohol acts as a diuretic, drawing liquids out of your body. This can increase the concentration of alcohol in your system. Good hydration keeps your entire system in good working order.

A few words of caution. These are guidelines designed for healthy older adults. Certain health conditions and medications can affect your body’s response to alcohol. Be sure to check



these guidelines with your physician to ensure a healthy, safe, and enjoyable lifestyle.

While there are some health benefits associated with light alcohol use, abstinence is still recommended if there is a history of alcoholism or drug abuse. The goal is to foster sensible drinking that avoids health risks.

Standard Drinks:

- One 12 oz can of beer or ale
- A single 1.5 oz shot of hard liquor
- A 5 oz. glass of wine
- A small glass (4 oz.) of sherry, liqueur, or aperitif

Adams, W.L. (1997). Interactions between alcohol and other drugs. In A.M. Gurnack (Ed.) Older adults' misuse of alcohol, medicines, and other drugs (pp. 1850205). New York, NY: Springer Publishing Co.
Brody, J.R. (2002, April 2). Hidden plague of alcohol abuse by the elderly. New York Times, p. D7. 

CALENDAR OF EVENTS 2011

SEPTEMBER 2011

2 AARP Driver Safety Program: This is the first and most recognized comprehensive nationwide course designed especially for the older driver. This course is presented in a one-day, 4-hour session. There is a \$14 fee for each attendee. A \$2 discount will be given to AARP members who bring in their 10-digit membership card number. A valid driver's license is also required. A Certificate of Completion will be issued to each attendee at completion of the course. Registration is required.

AARP Information Center, **843-1906**, Fri, Sep 2, 12 noon - 4 p.m.
 Waikiki Community Center, **923-1802**, Wed, Sep 7, 9 a.m. - 1 p.m.
 Lanakila Multipurpose Senior Center, **847-1322**, Fri, Sep 9, 9 a.m. - 1 p.m.
 Queen's Medical Center, **537-7117**, Sun, Sep 18, 9 a.m. - 1 p.m.
 Kaiser Honolulu Clinic, **843-1906**, Tue, Sep 27, 12 noon - 4 p.m.

8 Senior Golf Tournament at the Ala Wai Golf Course, sponsored by the Department of Parks and Recreation, Thu, Sep 8. Please call **768-3045** for more information.

8 Strategies for Enhancing Brain Health: Memory Workshop, presented by Castle Medical Center, Thu, Sep 8, 10 a.m. - 12 noon. Learn from some of Hawaii's leading experts and specialists on how you can improve your brain health with better diet, exercise and brain stimulation games. Registration required. Call **808-263-5400** or register on line at www.castlemed.org.

10 2011 Walk to End Alzheimer's, sponsored by the Alzheimer's Association, Aloha Chapter, Sat, Sep 10, 7:30 a.m., Magic Island. Help raise awareness of the impact of the disease and related dementia on the more than 31,000 people living with the disease in Hawaii. Entertainment by Island Storm and prizes for the largest team, most funds raised and biggest individual fundraiser. To register, call **591-2771** or visit www.alz.org/walk.

19 Living with Early Stage Alzheimer's: For Persons with Alzheimer's and Caregivers, presented by the Alzheimer's Association, Mon-Wed, Sep 19-21 9:30 a.m. - 11 a.m. Learn about the Early Stage of the disease, what you need to plan for, and what you can do to navigate this chapter in your life. Presentation for family caregivers and persons with Alzheimer's disease will be held concurrently. Free but need to register. Call **591-2771**.

23 Hawaii Seniors' Fair: The Good Life Expo, Fri-Sun, Sep 23-25, 8:30 a.m. - 4:30 p.m. each day. The expo showcases products, services, facilities, programs, and organizations designed especially for the 50+ community. It features over 250 exhibits, live entertainment on 2 stages, workshops, flu and pneumococcal vaccinations, and much more. Admission is free! For more information, please call **832-7878**.

28 Stress Reduction for Family Caregivers, presented by Attention Plus, Wed, Sep 28, 9 a.m. - 11 a.m. It is important for caregivers to recognize and not ignore the physical and emotional symptoms, which may impact their health and well-being. Caregivers need to guard against caregiver burnout, and remember to create a balance between caring for others and caring for themselves. For registration and information, please call **739-2811**.

OCTOBER 2011

7 AARP Driver Safety Program
 AARP Information Center, **843-1906**, Fri, Oct 7, 12 noon - 4 p.m.

7 Talk Story Festival, sponsored by the Department of Parks and Recreation, Fri & Sat, Oct 7 & 8, 6 p.m. - 9:30 p.m. McCoy Pavilion, Ala Moana Beach Park. Free admission. Call **973-7258** for more information.

26 Safety for Seniors, presented by Attention Plus, Wed, Oct 26, 9 a.m. - 11 a.m. Find out ways to protect yourself from crime and learn tips on how to make your home a safer place. For registration and information, please call **739-2811**.

NOVEMBER 2011

2 AARP Driver Safety Program
 Waikiki Community Center, **923-1802**, Wed, Nov 2, 9 a.m. - 1 p.m.
 AARP Information Center, **843-1906**, Fri, Nov 4, 12 noon - 4 p.m.
 Kaiser Waipio Clinic, **843-1906**, Wed, Nov 9, 8:30 a.m. - 12:30 p.m.
 Queen's Medical Center, **537-7117**, Sun, Nov 20, 9 a.m. - 1 p.m.
 Kaiser Honolulu Clinic, **843-1906**, Tue, Nov 22, 12 noon - 4 p.m.

10 Transformation: Enhancing Care; Containing Costs; Maximizing Satisfaction, hosted by Kokua Mau, Thu, Nov 10, 8 a.m. - 5 p.m. the Queens Conference Center. The summit brings together individuals and organizations with passion and opportunity to transform health care and reduce suffering for the seriously ill in Hawaii. For registration and information, call **585-9977** or go to their website at www.kokuamau.org.

16 Diabetes Care, presented by Attention Plus, Wed, Nov 16, 9 a.m. - 11 a.m. Familiarize yourself with the risks, causes, symptoms, and treatments for this increasingly common disease. Learn from a Registered Nurse about blood glucose levels, the symptoms of hypo- and hyperglycemia, and discover how to prevent diabetic emergencies. For registration and information, please call **739-2811**.

17 Federal Surplus Food Distribution, Thu, Nov 17, 8 a.m. - 12 noon or until food runs out. Distribution at Lanakila Multipurpose Senior Center, 1640 Lanakila Ave., back parking lot. All recipients must have an ID, know the household's gross yearly income, fall within the income criteria, and sign a Declaration of Eligibility. Call **847-1322** for more information.

19 Mayor's Craft and Country Fair, sponsored by the Department of Parks and Recreation, Sat, Nov 19, 8:30 a.m. - 2:30 p.m. Arts and crafts, food, door prizes and entertainment. Admission is free. For more information, please call **973-7258**. ☺

Continued from page 5

feelings of loss in a safe environment. However, if bereavement becomes complicated by persistent depression, this is a clinical concern and, like any illness, should be treated by a doctor or psychotherapist.

MYTH 5: OLDER PEOPLE ARE NOT USEFUL AT WORK

FALSE. Studies on the behavior of older workers show that they display traits of strategic thinking, deliberating and considering issues, presenting logical grounds for decisions and taking a comprehensive perspective. So even though it may take some time for them to make a decision, it is shown that they take the time to consider all the parameters and all of the possibilities before making a choice. Older workers have also proven to be more loyal and committed to their work. 

ELDERLY AFFAIRS DIVISION

715 South King Street, Suite 211

Honolulu, Hawaii 96813

Phone: 768-7705

Elderly Affairs Division is the Area Agency on Aging for Oahu. Our mission is to develop and support opportunities that enable older adults to live their fullest capacity in their own homes and communities.

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ALOHA PUMEHANA is published four times a year to provide the public with information on aging issues and programs. To be placed on the mailing list, please send us your e-mail address or call **768-7700**. Written contributions are welcomed.



Peter B. Carlisle
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