Alzheimer's New Jersey



A Gala Benefiting Alzheimer's

April 6, 2017

The Grove, Cedar Grove



Alzheimer's Association, Greater New Jersey Chapter is now Alzheimer's New Jersey

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Dear Friends,

It is my pleasure to welcome you to our Music and Memories benefit gala. I hope that you enjoy a memorable evening of fun and entertainment in the elegant setting of The Grove as we support the important work of Alzheimer's New Jersey.

Just over one year ago, we left the Chicago-based National Alzheimer's Association so that we could focus 100% of our donors' generosity as well as the time and energy of our staff and volunteers on helping New Jersey residents who are impacted by Alzheimer's disease and other dementias; helping in ways that only a local organization can. We are so grateful for the way New Jersey stepped up to ensure that our commitment to our own state remains stronger than ever!

Over 500,000 people in New Jersey are living with Alzheimer's disease or are caring for someone with dementia. Your support of the gala will help to significantly expand our local programs and services for those that are impacted by this life altering disease.

On behalf of our Board of Directors and Staff, I extend sincere appreciation to everyone involved in making this evening a huge success; our corporate sponsors, our generous supporters, our *Music and Memories* Committee and especially our Committee Chair, James Formisano.

As we build on our success, there is so much more on the horizon. Through your continued help and support we will continue to battle this disease together with a strong focus on our Vision to: Improve the lives of people in New Jersey who are affected by Alzheimer's disease or other forms of dementia; offering continuous hope and support.

Thank you for joining us tonight and for your continued support of Alzheimer's New Jersey.

With much appreciation,

Russell Rothman Board Chair





We greatly appreciate the many corporations, organizations and individuals that have made the Music and Memories Gala a success



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Dear Friends,

Welcome to the Music and Memories benefit gala. It has been my honor to serve as the event chair and work with so many dedicated volunteers, corporate sponsors and other generous donors. We have come together for a beautiful evening to celebrate the power of MUSIC, and raise funds and awareness in the fight against Alzheimer's disease.

Music has the power to trigger vivid memories that seem to transport us back in time and space. The songs we love become woven into a neural tapestry entwined with the people, seasons, and locations throughout our lifespan. Music has power—especially for individuals with Alzheimer's disease and other dementias. And it can spark compelling outcomes even in the very late stages of the disease.

Tonight represents months of hard work and dedication from Alzheimer's New Jersey volunteers and staff to support the over 500,000 New Jersey residents who either have Alzheimer's disease or are caring for someone with Alzheimer's or another form of dementia. The Gala raises funds for Alzheimer's disease programs and services in New Jersey and increases awareness of the seriousness of this disease for millions of people.

Congratulations to this year's Circle of Honor Spirit Award Honoree, Stephen Donnelly, for his unwavering strength and commitment to Alzheimer's New Jersey and our mission.

I also congratulate Chelsea Senior Living and Sunrise Senior Living on their strong support of Alzheimer's New Jersey exhibited by their commitment to the Walk to Fight Alzheimer's R. I extend my sincere thanks to all of the Gala Committee members, and to all of tonight's many guests. Your generosity of time and talent sustains the work that Alzheimer's New Jersey is able to do.

Your participation in tonight's event honors and celebrates the lives of those individuals and families that have been forever changed by a diagnosis of Alzheimer's disease. We are very grateful for your support of our work in New Jersey communities. Thanks to your generosity we will continue our fight through expanding our programs and services, supporting advances in research, and advocacy.

You have helped to create an outstanding evening of fun, entertainment and philanthropy. Please accept my deepest thanks for your participation in this Gala and your support of Alzheimer's New Jersey all year.

Warmest regards,

James Formisano Gala Committee Chair









Special Appreciation to the

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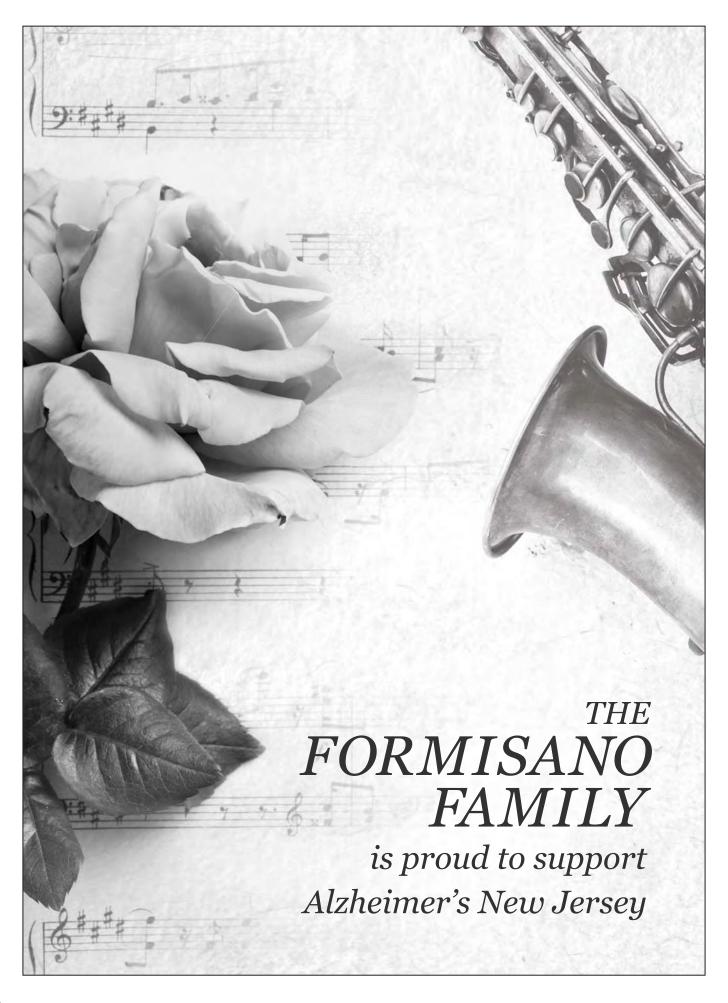
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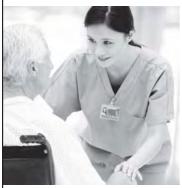
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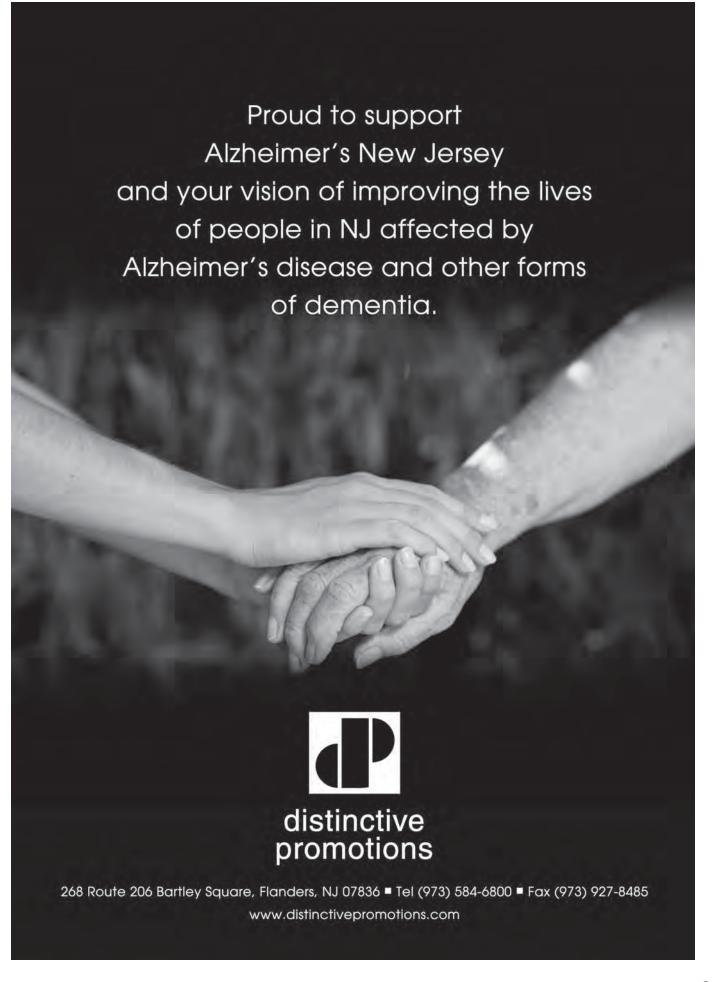
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8 Tips for Caregivers

Caring for a loved one with memory loss can be challenging, especially during family gatherings. The Sunrise Senior Living team has been caring for those with memory loss for more than 30 years. The tips below will help you create meaningful celebrations for you and your loved one.





PREPARE

Encourage family and other guests to introduce themselves, and remind them to validate and empathize with your loved one.



ADAPT

Simplify table settings to limit choices, and if needed, cut your loved one's food prior to serving.



REMINISCE

Incorporate past traditions and share stories—without asking "remember when?"



CUSTOMIZE

When making plans, account for your loved one's comfort with noise, crowds and travel, as well as their general abilities and preferences.



ENGAGE

Cook their favorite dish and have them help if possible—familiar smells can stimulate memories. Another activity: Play a favorite game together.



USE MUSIC

Play your loved one's favorite songs-sing and dance along.



GIVE TIME

It's hard to find the right present, but remember that your continued time and attention is the most important gift you can give.



GET SUPPORT

Your physical and mental health are important, so give yourself a break with Sunrise support groups or short-term stays.

To learn more, visit SunriseSeniorLiving.com/MemoryCare

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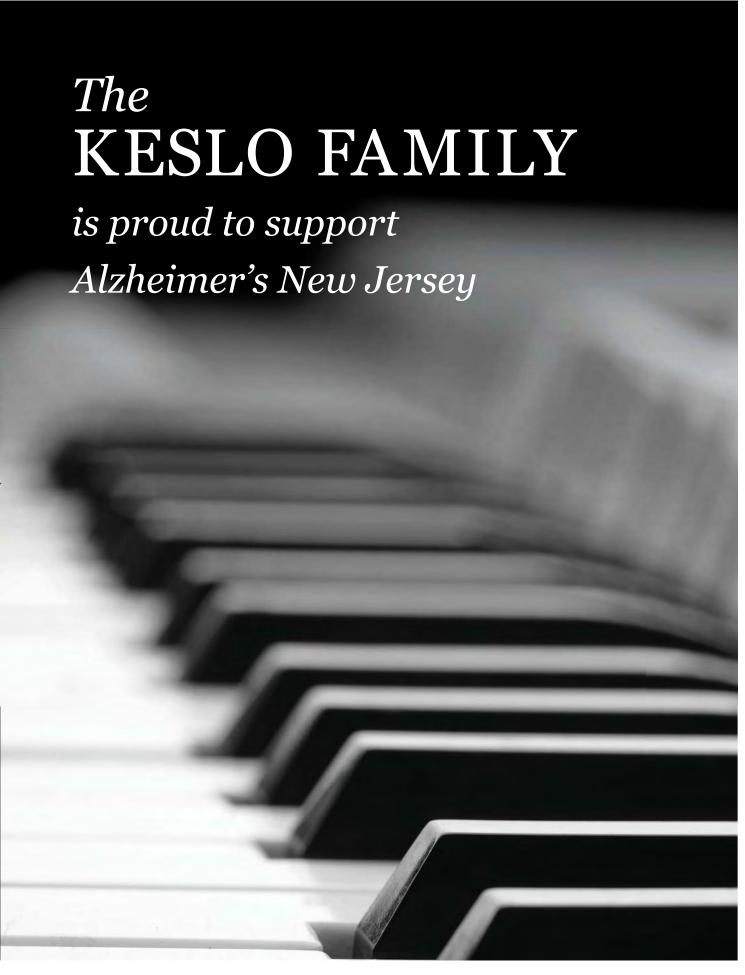
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Many thanks to Alzheimer's New Jersey for all you do on behalf of the families affected by this disease.



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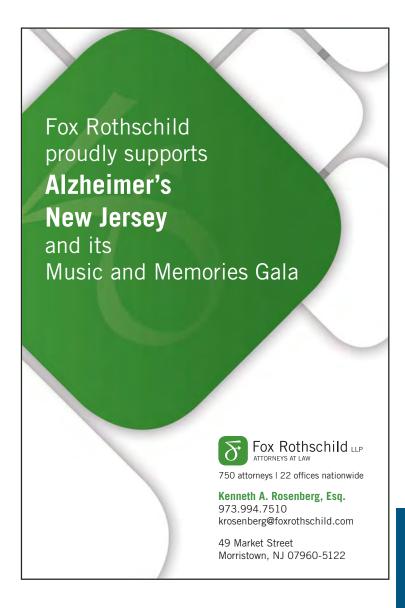
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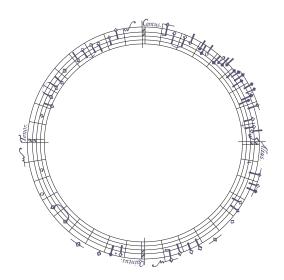
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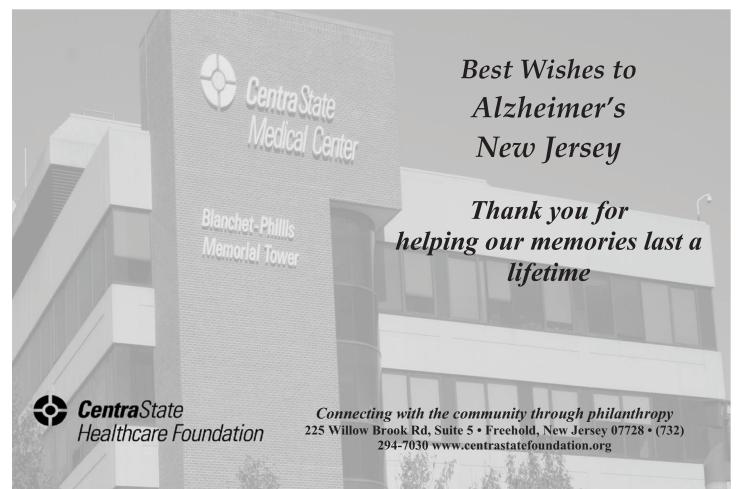
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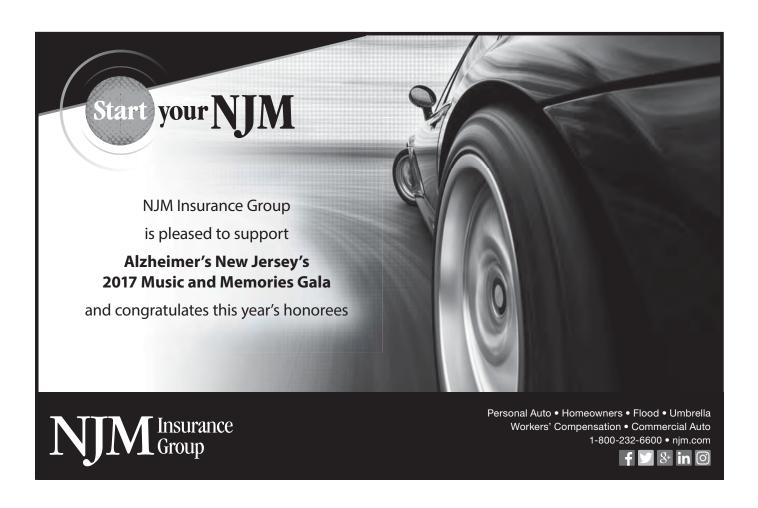
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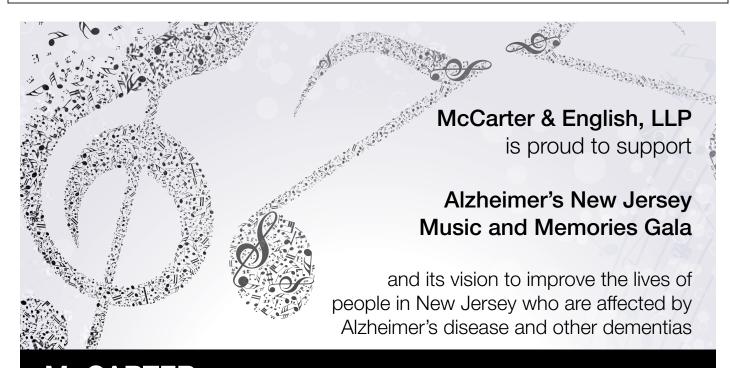
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Kudos to the award recipients and Alzheimer's New Jersey for everything that you do!

- Debbie & Bob Goldsmith









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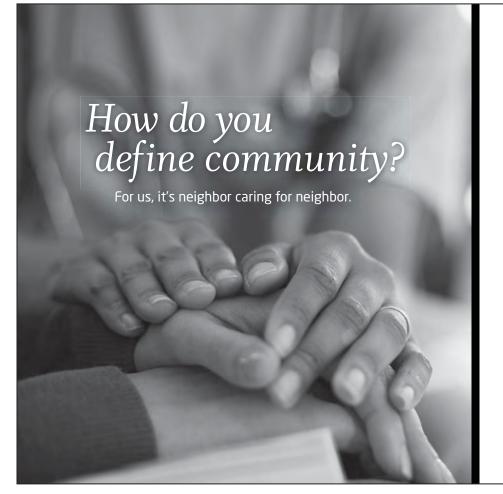


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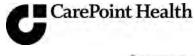


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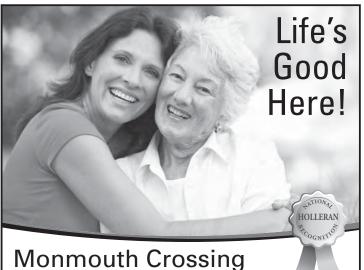








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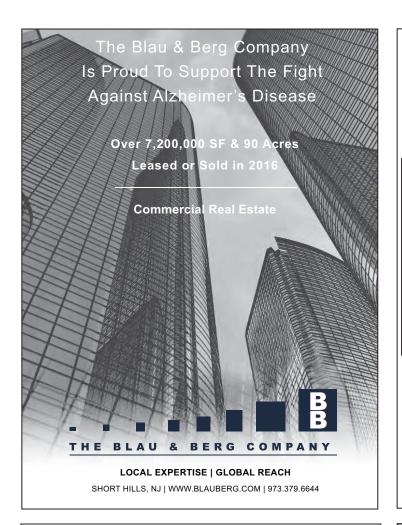
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Horizon NJ Health	51
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6
5
8

If you or a loved one have been diagnosed with Alzheimer's or another dementia, you are not alone.



Alzheimer's Disease Reference and Information Guide



Alzheimer's Disease Reference and Information Guide

Contents

Alzheimer's New Jersey®	65-72
Common Warning Signs of Alzheimer's Disease	73
Is It Alzheimer's Disease?	74
Consultative Hospital-Based Diagnostic Centers	75-76
Alzheimer's Disease: An Overview	77
What Causes Alzheimer's Disease?	78
Alzheimer's Disease and Other Dementias	79-80
When the Diagnosis is Alzheimer's: Information for Family Care Givers	81
FDA-Approved Treatments	82
Communication Tips for Caregivers	83-84
Managing Behavior Changes	85-87
Safety Considerations	88-89
Caring for the Caregiver	90
Important Community Resources	91-92
New Jersey Aging and Disability Resource Connection and Area Agency on Aging (ADRC/AAA)	93-96
New Jersey County Boards of Social Services	97-98
Emergency Resources	99-103

Alzheimer's New Jersey

Since 1985, we have been here for New Jersey and we will continue to be here for our community, providing care and support for New Jersey families today and helping to advance research for a cure tomorrow. As Alzheimer's New Jersey® (formerly known as Alzheimer's Association, Greater New Jersey Chapter) our commitment to local programs and services is stronger than ever.

In December 2015, the Board of Directors of the Alzheimer's Association, Greater New Jersey Chapter announced its decision to disaffiliate from the National Alzheimer's Association[®] in order to maintain our status as an independent, stand-alone non-profit organization committed to serving New Jersey. Our Board made this decision in response to a National Alzheimer's Association vote to end its existing affiliation agreements with all local independent Chapters across the country and merge them into one nation-wide, non-profit organization with national – not local governance – a move that our Board believes would drastically reduce our local programs and services.

Our new name – Alzheimer's New Jersey – reflects our commitment to individuals and families that are impacted by Alzheimer's and dementia right here at home in New Jersey. Our Board, staff and volunteers are excited to now direct 100% of our donors' generosity as well as our time and energy to our local communities.

We have a new name with a dedication to local programs and services that is stronger than ever.

Our Vision

Improve the lives of people in New Jersey who are affected by Alzheimer's disease and other dementias; offering continuous hope and support.

Our Mission

To respond to the needs of people in New Jersey who are affected by Alzheimer's disease and other dementias, by providing programs and community partnerships that increase awareness and access to services.





PROGRAMS & SERVICES

When Alzheimer's or dementia touches your life, we're here for you.



Helpline 888-280-6055

Our Helpline is a professionally staffed, toll-free contact center that provides callers with personal and confidential assistance about Alzheimer's and dementia, and available community resources. Translation service is available in over 200 languages.

Alzheimer's New Jersey

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Care Consultations

Care Consultations offer the opportunity for individuals with dementia, families and caregivers to receive personalized, in-depth guidance. Consultations are available in-person or by phone to assist with planning, problem solving, referrals to community resources and emotional support.

Alzheimer's New Jersey

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Respite Care and Wellness

Caring for someone with Alzheimer's can be emotionally and physically exhausting, and span a period of years.

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Family Support Groups

Family Support Groups are always free and open to the community. Support groups provide families and caregivers with the emotional support and education they need to better understand Alzheimer's disease and dementia.

Our volunteer support group facilitators receive specialized training about Alzheimer's disease and group facilitation techniques, as well as ongoing support and evaluation.



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Always Safe®

Always Safe is a safety awareness program designed for individuals with Alzheimer's disease and dementia. Individuals with Alzheimer's disease and dementia are at a greater risk for personal safety issues due to their impairment in memory and cognition.

Always Safe provides individuals and families with educational information and resources about home and personal safety and provides professional education and training about Alzheimer's and dementia to New Jersey law enforcement and emergency first responders.

Alzheimer's New Jersey

PROGRAMS & SERVICES

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Clinical Trial Connections®

Our Clinical Trial Connections program provides assistance to individuals and families who may be interested in participating in a clinical trial. The program helps individuals and families find available trial programs within their community and within nearby communities.

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Common Warning Signs of Alzheimer's Disease

Alzheimer's disease is not a normal part of aging. Like all parts of the body, the brain works differently as a person ages. However, there is a difference between normal aging and Alzheimer's disease. Every case of Alzheimer's disease is different, but experts have identified common warning signs. Contact your doctor with concerns.

Area of Concern	Normal Aging	Possible Indicator of Alzheimer's Disease or Other Dementia
Memory Loss	Temporarily forget names or where you left your keys.	Difficulty remembering familiar names, places or recent or important events.
Disorientation	Forget the day of the week or why you entered a room.	Get lost on your own street or forget where you are and how to get home.
Challenged by familiar mental tasks	Make a mistake when balancing a checkbook.	Unable to complete tasks that may be familiar to you, such as following a recipe.
Difficulty completing activities of daily living	Sometimes need assistance with an electronic device.	Need assistance with getting dressed or using the phone.
Trouble using words appropriately	Occasionally struggle to find the right word.	Difficulty completing sentences and following directions or conversations.
Poor judgement	Make questionable or debatable decisions at times.	Unsure how to dress or give money to solicitors excessively.
Changes in mood and personality	Fatigued by obligations or irritable when routine is disrupted.	Increased suspicion, withdrawal and disinterest.

Is It Alzheimer's Disease?

How Alzheimer's disease is diagnosed

If you are concerned about changes in memory and thinking or changes in senses, behavior, mood, or movement that do not seem normal in yourself or a family member, talk with a doctor.

To diagnose Alzheimer's, doctors may:

- Ask the person and a family member or friend questions about overall health, past medical problems, ability to carry out daily activities, and changes in behavior and personality
- Conduct tests of memory, problem solving, attention, counting, and language
- Carry out standard medical tests, such as blood and urine tests, to identify other possible causes of the problem
- Perform brain scans, such as computed tomography (CT), magnetic resonance imaging (MRI), or positron emission tomography (PET), to rule out other possible causes for symptoms

These tests may be repeated to give doctors information about how the person's memory and other cognitive functions are changing over time. Tests can also help diagnose other causes of memory problems, such as mild cognitive impairment and vascular dementia.

If a primary care doctor suspects mild cognitive impairment or possible Alzheimer's, he or she may refer you to a specialist who can provide a detailed diagnosis, or you may decide to go to a specialist for further assessment. Specialists include:

- Geriatricians, who manage health care in older adults. They know how the body changes as it ages and whether symptoms indicate a serious problem
- Geriatric psychiatrists, who specialize in the mental and emotional problems of older adults and can assess memory and thinking problems
- Neurologists, who specialize in abnormalities of the brain and central nervous system and can conduct and review brain scans
- Neuropsychologists, who can conduct tests of memory and thinking

Early, accurate diagnosis is beneficial for several reasons. Beginning treatment early in the disease process may help preserve daily functioning for some time, even though the underlying Alzheimer's process cannot be stopped or reversed.

Having an early diagnosis helps people with Alzheimer's and their families:

- plan for the future
- take care of financial and legal matters
- address potential safety issues
- learn about living arrangements
- develop support networks

In addition, an early diagnosis gives people greater opportunities to participate in clinical trials that are testing possible new treatments for Alzheimer's disease or other research studies.

Source: www.nia/nih.gov/alzheimers/topics/diagnosis

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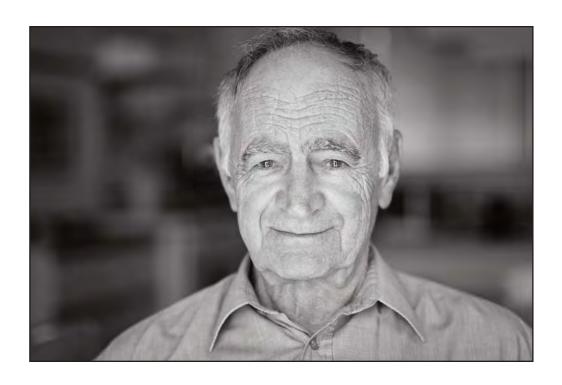
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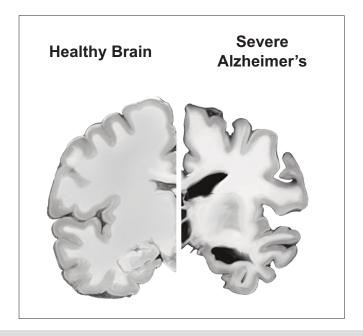


Alzheimer's Disease: An Overview

Alzheimer's disease is a progressive brain disease that destroys memory and thinking skills and eventually, the ability to carry out the simplest tasks of daily living. It is the most common cause of dementia.

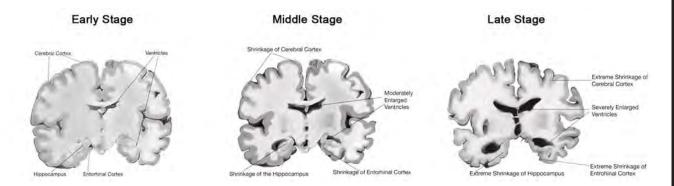
Alzheimer's disease is named after Dr. Alois Alzheimer, a German physician. In 1906, Dr. Alzheimer described changes in the brain tissue of a woman who had died of an unusual illness that robbed her of her memories and caused personality changes. After her death, he found in her brain abnormal clumps (now called amyloid plaques) and tangled bundles of fibers (now called neurofibrillary tangles). These plaques and tangles are now considered the hallmarks of Alzheimer's disease. The images below show how the progression of Alzheimer's disease affects the brain.

Alzheimer's usually starts in a region of the brain that affects recent memory, then gradually spreads to other parts of the brain. While current treatments may temporarily delay the appearance of symptoms in some people with Alzheimer's, there is currently no medication that cures this devastating disease. A good support system is important for the individuals with Alzheimer's disease and their caregivers.



Above: The image of a healthy brain compared to that of a brain severly affected by Alzheimer's.

Below: The physical changes in the brain throughout the stages of Alzheimer's disease.



What Causes Alzheimer's Disease?

Scientists don't yet fully understand what causes Alzheimer's disease in most people. In people with early-onset Alzheimer's, a genetic mutation is usually the cause. Late-onset Alzheimer's arises from a complex series of brain changes that occur over decades. The causes probably include a combination of genetic, environmental, and lifestyle factors. The importance of any one of these factors in increasing or decreasing the risk of developing Alzheimer's may differ from person to person.

One of the great mysteries of Alzheimer's disease is why it largely strikes older adults. Research on normal brain aging is shedding light on this question. For example, scientists are learning how age-related changes in the brain may harm neurons and contribute to the brain tissue damage that accompanies Alzheimer's.

Genetics

Most people with Alzheimer's have the late-onset form of the disease, in which symptoms become apparent in their mid-60s. The apolipoprotein E (APOE) gene is involved in late-onset Alzheimer's. This gene has several forms. One of them, APOE \$\pi4\$, increases a person's risk of developing the disease and is also associated with an earlier age of disease onset. However, carrying the APOE \$\pi4\$ form of the gene does not mean that a person will definitely develop Alzheimer's disease, and some people with no APOE \$\pi4\$ may also develop the disease.

Also, scientists have identified a number of regions of interest in the genome (an organism's complete set of DNA) that may increase a person's risk for late-onset Alzheimer's to varying degrees.

Early-onset Alzheimer's occurs in people age 30 to 60 and represents less than 5 percent of all people with Alzheimer's. Most cases are caused by an inherited change in one of three genes, resulting in a type known as early-onset familial Alzheimer's disease, or FAD. For others, the disease appears to develop without any specific, known cause, much as it does for people with late-onset disease.

Health, Environmental, and Lifestyle Factors

Research suggests that a host of factors beyond genetics may play a role in the development and course of Alzheimer's disease. There is a great deal of interest, for example, in the relationship between cognitive decline and vascular conditions such as heart disease, stroke, and high blood pressure, as well as metabolic conditions such as diabetes and obesity. Ongoing research will help us understand whether and how reducing risk factors for these conditions may also reduce the risk of Alzheimer's.

There is no definitive evidence yet about what can prevent Alzheimer's or age-related cognitive decline. What we do know is that a healthy lifestyle—one that includes a healthy diet, physical activity, appropriate weight, and no smoking—can maintain and improve overall health and well-being. Making healthy choices can also lower the risk of certain chronic diseases, like heart disease and diabetes, and scientists are very interested in the possibility that a healthy lifestyle might have a beneficial effect on Alzheimer's as well. In the meantime, as research continues to pinpoint what works to prevent Alzheimer's, people of all ages can benefit from taking positive steps to get and stay healthy.

Source: www.nia.nih.gov/alzheimers/topics/causes

Source: www.nia.nib.gov/alzheimers/publication/preventing-alzheimers-disease/introduction

Alzheimer's Disease and Other Dementias

What is dementia?

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person's daily life and activities. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living.

Many conditions and diseases cause dementia. The most common cause of dementia in older people is Alzheimer's disease. Other causes include different kinds of brain changes that lead to vascular dementia, Lewy body dementia, and frontotemporal disorders.

In addition, some people have mixed dementia—a combination of two or more disorders, at least one of which is dementia. A number of combinations are possible. For example, some people have Alzheimer's disease and vascular dementia at the same time.

Other causes of dementia include Huntington's disease, Creutzfeldt-Jakob disease, head injury, and HIV. In addition, some conditions that cause dementia, such as normal pressure hydrocephalus, thyroid problems, and vitamin B deficiency, can be reversed with appropriate treatment.

Vascular dementia

Vascular dementia, considered the second most common form of dementia after Alzheimer's disease, results from injuries to the vessels supplying blood to the brain, often after a stroke or series of strokes. Vascular dementia and vascular cognitive impairment arise as a result of risk factors that similarly increase the risk for cerebrovascular disease (stroke), including atrial fibrillation, hypertension, diabetes, and high cholesterol. The symptoms of vascular dementia can be similar to those of Alzheimer's, and both conditions can occur at the same time. Symptoms of vascular dementia can begin suddenly and worsen or improve during one's lifetime.

Research has shown that Alzheimer's and vascular disease-associated cognitive impairment are closely intertwined. For example, a large proportion of people diagnosed with Alzheimer's also have brain damage caused by vascular disease. In addition, several studies have found that many of the major risk factors for vascular disease may also be risk factors for Alzheimer's.

The overlap between these two types of dementia may be important because medications and lifestyle changes known to help prevent vascular disease, such as controlling high blood pressure, lowering cholesterol, and engaging in physical activity, may also help prevent Alzheimer's disease.

Lewy body dementia

Lewy body dementia (LBD) is another common brain disorder in older people. LBD is caused by abnormal deposits of a protein called alpha-synuclein in the brain. These deposits, called Lewy bodies, can lead to problems with thinking, movement, behavior, and mood. For example, symptoms may include changes in alertness and attention, hallucinations, tremors, muscle stiffness, sleep problems, and memory loss.

The two types of LBD are:

- Dementia with Lewy bodies, in which cognitive symptoms appear within a year of movement problems
- Parkinson's disease dementia, in which cognitive problems develop more than a year after the onset of movement problems

Lewy body dementia can be hard to diagnose because Parkinson's disease and Alzheimer's disease cause similar symptoms. Scientists think that LBD might be related to these diseases, or that they sometimes happen together.

Frontotemporal disorders

Frontotemporal disorders are a form of dementia caused by a family of brain diseases known as frontotemporal lobar degeneration (FTLD). These disorders are the result of damage to neurons (nerve cells) in parts of the brain called the frontal and temporal lobes. As neurons die in the frontal and temporal regions, these lobes atrophy, or shrink. Gradually, this damage causes difficulties in thinking and behaviors controlled by these parts of the brain. Many possible symptoms can result. They include strange behaviors, emotional problems, trouble communicating, or difficulty with walking and other basic movements.

Mixed dementia

Autopsy studies looking at the brains of people who had dementia suggest that a majority of those age 80 and older probably had "mixed dementia," caused by processes related to both Alzheimer's disease and vascular disease. In fact, some studies indicate that mixed vascular-degenerative dementia is the most common cause of dementia in the elderly. In a person with mixed dementia, it may not be clear exactly how many of a person's symptoms are due to Alzheimer's or another type of dementia. In one study, about 40 percent of people who were thought to have Alzheimer's were found after autopsy to also have some form of cerebrovascular disease. Several studies have found that many of the major risk factors for vascular disease also may be risk factors for Alzheimer's disease.

Researchers are still working to understand how underlying disease processes in mixed dementia influence each other. It is not clear, for example, if symptoms are likely to be worse when a person has brain changes reflecting multiple types of dementia. Nor do we know if a person with multiple dementias can benefit from treating one type, for example, when a person with Alzheimer's disease controls high blood pressure and other vascular disease risk factors.

Source: www.nia.nih.gov/alzheimers/topics/other-dementias

When the Diagnosis is Alzheimer's:

Information for Family Caregivers

FDA-Approved Treatments

Several prescription drugs are currently approved by the U.S. Food and Drug Administration (FDA) to treat people who have been diagnosed with Alzheimer's disease. Treating the symptoms of Alzheimer's can provide patients with comfort, dignity, and independence for a longer period of time and can encourage and assist their caregivers as well.

It is important to understand that none of these medications stops the disease itself.

Treatment for Mild to Moderate Alzheimer's

Medications called cholinesterase inhibitors are prescribed for mild to moderate Alzheimer's disease. These drugs may help delay or prevent symptoms from becoming worse for a limited time and may help control some behavioral symptoms. The medications include: Razadyne® (galantamine), Exelon® (rivastigmine), and Aricept® (donepezil).

Scientists do not yet fully understand how cholinesterase inhibitors work to treat Alzheimer's disease, but research indicates that they prevent the breakdown of acetylcholine, a brain chemical believed to be important for memory and thinking. As Alzheimer's progresses, the brain produces less and less acetylcholine; therefore, cholinesterase inhibitors may eventually lose their effect.

No published study directly compares these drugs. Because they work in a similar way, switching from one of these drugs to another probably will not produce significantly different results. However, an Alzheimer's patient may respond better to one drug than another.

Treatment for Moderate to Severe Alzheimer's

A medication known as Namenda® (memantine), an N-methyl D-aspartate (NMDA) antagonist, is prescribed to treat moderate to severe Alzheimer's disease. This drug's main effect is to delay progression of some of the symptoms of moderate to severe Alzheimer's. It may allow patients to maintain certain daily functions a little longer than they would without the medication.

The FDA has also approved Aricept® and Namzaric®, a combination of Namenda® and donepezil, for the treatment of moderate to severe Alzheimer's disease.

Namenda® is believed to work by regulating glutamate, an important brain chemical. When produced in excessive amounts, glutamate may lead to brain cell death. Because NMDA antagonists work very differently from cholinesterase inhibitors, the two types of drugs can be prescribed in combination.

Source: www.nia/nib.gov/alzheimers/publication/alzheimers-disease-medications-fact-sheet

Communication Tips for Caregivers

Communication is important at any age and at any stage of Alzheimer's disease. People can benefit from loving gestures and touch long after they lose their ability to communicate with words.

Alzheimer's disease damages parts of the brain important for expressing oneself, and also for processing what others are saying. Called aphasia, this impairment tends to get worse as the disease progresses.

As the person with Alzheimer's disease loses his/her ability to express and understand language, non-verbal communication becomes more important. A loving and gentle tone of voice communicates reassurance and safety, even when the words are not understood. Steady eye contact communicates respect and concern. A head nod, or a soft touch on the hand lets the person with Alzheimer's disease know he/she is cared about.

Communication in Early Stage Alzheimer's:

- Be sensitive.
- · Treat the individual as an adult.
- Allow time for the person to process and respond.
- Do not downplay the disease.
- Have patience for repeated questions.
- Prepare simple answers to the person's questions.
- Offer reassurance and express your desire to provide ongoing support.
- Offer suggestions instead of asking questions.
- Use short statements; avoid multi-clause sentences.

Communication in Middle Stage Alzheimer's:

- Use simple language.
- Don't argue or try to use logic.
- Allow the person to express his or her feelings. Avoid telling them they shouldn't feel that way.
- Decrease background noise and other distractions.
- Approach from the front.
- Encourage the person to use gestures to communicate—"point to what you want."

Communication in Late Stage Alzheimer's:

- Use favorite music from the era of the person with dementia.
- Read or sing to them.
- Reminisce—old memories sometimes remain even after recent memories fade.
- Touch continues to be important. A loving voice and gentle touch are often soothing.
- Smile.
- · Avoid loud noises and fast movement.

Communication Tips for Caregivers

Behavior is Communication

All behavior has meaning. Even if the person is not intentionally communicating, caregivers can pick up on unmet needs or feelings by "tuning in" to their loved ones behavior changes. The person with Alzheimer's disease who is agitated and pacing may be communicating that he/she needs to use a bathroom, is in pain, or is confused. Check to see that basic needs are met, and reassure and comfort the person who is agitated.

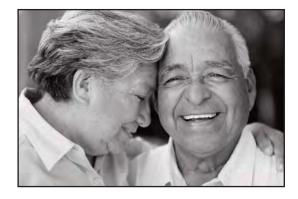
Behavior changes can also be caused by reactions to:

- an unfamiliar or changing environment
- hallucinations or delusions
- the stress or anxiety of the caregiver or others nearby

Often, gentle reassurance and other communication tips will help calm the person. If the person is still very agitated, or if there is a sudden change in the person's behavior, consult the physician, as there may be an underlying infection or other issue that requires medical assistance.

Tips for Enhancing Interactions:

- Speak in a calm and reassuring tone.
- Talk slowly and distinctly.
- Use simple words.
- Approach the individual from the front to avoid startling them.
- Address the person by name.
- Maintain eye contact while speaking.
- Use positive reinforcements, such as smiles and a gentle touch.
- Allow an adequate period for a response when engaging in conversation.
- Ask only one question at a time.
- Eliminate distractions.
- Avoid negative-sounding statements. Instead of "Don't go outside," say "Let's stay inside."
- Use humor whenever possible, though not at the individual's expense.
- Use non-verbal gestures for cueing, such as demonstrating handwashing.



Managing Behavior Changes

A person with dementia may exhibit challenging behaviors for many reasons. Being sensitive to the emotion behind the behavior can help to manage stress and frustration. Try not to take behavior changes personally—it's the disease, not the person.

Potential Causes of Problem Behaviors

Inability to Meet Basic Needs: Hunger, dehydration, elimination problems and fatigue can produce behavioral changes. They may show their discomfort through agitated and aggressive behavior.

Reaction to Loss: We all rely on information from the environment to guide us in activities and relationships. An individual with dementia has difficulty processing information and communicating needs. This may cause fear, insecurity and frustration.

Medical Problems: Pain and discomfort from a medical problem or medication side effects can go unnoticed because of the individual's inability to report it.

Environmental Factors:

- Excessive noise
- Poor or glaring lighting
- Uncomfortable temperatures (hot or cold)
- Change in the environment/routines
- · Boredom and conflicts

Sensory Impairment: Individuals with hearing or visual impairments tend to be more paranoid, hallucinate more, and feel more frightened and frustrated.

Factors Related to the Caregiver: A caregiver's approach and knowledge of dementia affect the care of individuals with the disease. The more one knows about dementia, the more likely they will be to understand behavioral problems.

Coping with Wandering

- Do not leave the person with dementia home alone even just for a few minutes.
- Monitor and record wandering patterns.
- Consult with a physician to see if medications can help.
- Provide activities—music, physical exercise or movies, for example—to reduce boredom.
- Ensure that the individual is well fed, well hydrated, and using the bathroom at regular intervals.
- · Reduce environmental stimuli like loud noise or overcrowding.
- Outfit the individual with an identification bracelet, and put some form of identification in every jacket or pocketbook.

Managing Behavior Changes

- Have a current photo readily available and find out about leaving one on file at the police department.
- Add electronic chimes or doorbells so a caregiver is alerted if the individual is leaving.
- Identify rooms with colorful signs.
- Post a large sign that says "STOP" or "DO NOT ENTER" on exits.
- Mask exit doors with a curtain.
- Place a large black mat or paint a black space by an exit, which may look like an impassable hole to the person with Alzheimer's disease.
- Put away items that trigger thoughts of leaving, such as coats, shoes, pocketbooks.
- Tell neighbors about wandering behavior and make sure they have your phone number.

Coping with Agitation and Aggression

- Seek a doctor's advice to determine if there is a medical cause or if medications are causing adverse side effects.
- Limit outside noise, clutter or the number of persons in a room.
- Keep to the same familiar routines.
- Reduce caffeine intake.
- Do not move objects and furniture.
- Dot the environment with familiar objects that promote pleasant memories.
- Try gentle touch, soothing music, reading or walks.
- Speak in a reassuring voice.
- Distract the person with a snack or activity.
- Learn to recognize behaviors—an agitated state or pulling at clothing, for example, could indicate a need to use the bathroom.
- Do not try to restrain the person during an agitated reaction.
- Keep dangerous objects out of reach.
- If agitation increases at night, a nightlight may reduce confusion.

Managing Behavior Changes

Coping with Paranoia

- Discuss paranoid behaviors with the individual's doctor. Medications may need to be adjusted.
- Explain to family members and caregivers that suspicious accusations are a part of the illness.
- Respond to the feeling behind the accusation.
- Try non-verbal reassurances like a gentle touch or hug.
- If the individual suspects money is "missing," allow him/her to keep small amounts of money in a pocket or pocketbook.
- Help to look for a missing object. Try to learn where their favorite hiding places are for storing objects that are "lost."
- Avoid arguing. The person's reality is very real for him/her.
- Keep individuals awake during the day.
- Increase indoor lighting before dusk.
- Ensure that the individual is not suffering from hunger, thirst, pain or fear.
- · Remove excess stimuli and clutter.
- Consult your doctor to see if medications may help.



Sundowning

Sundowning is a dementia-related symptom that refers to increased agitation, confusion and hyperactivity that typically begins in the late afternoon and builds throughout the evening. To combat sundowning, increase indoor lighting before dusk, plan activities or outings in the morning, and remove excess stimuli and clutter as the day winds down. Consult your physician if sundowning continues to be an issue.

Safety Considerations

As Alzheimer's disease progresses, confusion, disorientation, changes in perception and judgement, as well as balance issues, all affect the individual's safety. Caregivers can adapt the home and daily activities to minimize risk, maximize independence, and assure the individual's access to help in an emergency. Here are some tips to increase safety.

Home Safety Tips

- Make an ongoing assessment of safety, asking the doctor for guidance on the person's care needs, including when 24/7 supervision is required.
- If the person is not safe to be home alone, consider home care, adult day services and/or alternative living situations to assure 24/7 supervision.
- Notify your local police and fire department of the person's need for special assistance in an emergency or community disaster.
- Use grab bars and a bath chair in the tub and shower.
- Keep your floors smooth but not slippery.
- Make sure stairwells are lit.
- · Get nightlights for bathrooms and hallways.
- · Keep walking areas free of clutter.
- Minimize glare and shadows.
- Use contrasting colors. For example, painting the edge of a step a different color than the rest of the floor will make that step easier to see.
- Wear low-heeled, comfortable shoes when walking around. Avoid walking in slippery socks or slippers.
- Make sure carpets are fully tacked to the ground, and avoid throw rugs.
- When the person with memory loss can no longer safely self-administer medication, family
 can dispense medication or arrange for a home care agency to do this. Medication dispensing
 products may be appropriate.
- · Lock up medicines and vitamins, cleaning products and hazardous materials.
- Consider installing a shut-off valve for the stove.
- Remove cords for power tools, and secure tools, gardening equipment and appliances that the person no longer remembers how to operate safely without assistance.
- Assure household safety by developing a plan for removing any guns from the home.
 Contact your local police for help if needed.

Safety Considerations

Driving

- Have ongoing discussion with the doctor about the person's driving abilities. Share information about any changes that may impact driving: Has the person become more confused in handling familiar daily tasks? Has he/she gotten lost? Have there been any car accidents or traffic violations?
- A driving assessment by an occupational therapy driving rehbailitation specialist may assist
 family members and doctors in monitoring the driving safety of a person with dementia. Call
 Alzheimer's New Jersey to locate driver assessment centers in your area.
- Identify alternative transportation options before they are needed so when the person with memory loss is no longer able to drive safely, transportation is available to his/her usual activities.
- When the person is no longer able to drive safely, lock up the car keys so they are not accessible.
- Consider having a kill switch installed in the car.

Wandering

- Be aware that a person in any stage of Alzheimer's disease can get lost, and that wandering can put the person at serious risk.
- Make sure that the person wears an identification bracelet.
- Contact Alzheimer's New Jersey to register in the Always Safe program.
- Consider whether a GPS or tracking device would be helpful.
- Discourage wandering by offering activities of interest every day, and by making sure the
 person is comfortable and not hungry, thirsty or in need of using the restroom.
- Have family/friends/companions join the person on regular walks.
- Consider home care or adult day services to supplement the supervision family can offer.
- Use alarms or bells on bedroom doors and exterior doors so you are alerted when doors are opened.
- Keep items out of sight that may prompt the person to leave (for example, coats, hats, purses, etc.).
- Decorate the door to the outside so it is not easily recognized as a doorway, or put a "STOP" sign on the inside of any exterior door.
- Put a black mat on the floor inside a door leading outside. The person may perceive this as a hole in the floor and avoid the area.
- Be aware that wandering may be more likely in unfamiliar places. Do not leave the person alone when traveling, shopping, etc.
- In the event of a wandering incident, call 911 immediately and be prepared to provide police with a recent picture of the person.

Caring for the Caregiver

Caregivers face a number of challenges when caring for a loved one with Alzheimer's disease. Those challenges can lead to stress and physical issues for caregivers.

If you are a caregiver, there are some very important reasons to develop a daily self-care plan. It is very easy to lose sight of your own physical and emotional needs when you are caring for someone with Alzheimer's. Ignoring your own needs and health can lead to emotional burnout and even serious physical problems. Don't let this happen to you. Here are a few important steps to good self-care to keep your own physical and emotional batteries charged.

- First of all, accept that taking care of yourself is an essential part of taking care of your loved one. Good self-care is essential and you do not need to feel guilty about taking the time for your own needs.
- It is important that you take time for your own medical appointments. Do not put your
 physical and emotional needs on the shelf. If you need to see your doctor about physical or
 emotional symptoms, make sure to do so as soon as possible to avoid problems becoming
 bigger.
- Take time every day for some exercise, including stretching your muscles to relieve tension.
 Exercise is the best medicine for stress relief, and helps avoid muscle aches and other stress symptoms.
- Do not be embarrassed about asking for guidance on how to cope with the demands of caregiving and difficult behaviors that your loved one displays. This is not a job that only one person can do, so do not expect to have all of the answers. Allow people with experience and knowledge to support you with new ideas on how to care for your loved one.
- Ask for help. Asking family, friends, etc. to stay with your loved one while you do errands, see a movie, or have lunch with a friend can go a long way to recharging your batteries. It will make others feel good to know they are helping and can be essential to your mental health. If no one is available, consider hiring help for a few hours a week, to ensure you have a break.
- Educate yourself about the resources available in the community, such as support groups, caregiver trainings, adult day care, overnight respite, financial aid, in-home care, and other resources that can greatly help you on your journey as a caregiver. Call Alzheimer's New Jersey to find out what is available in your area.

Alzheimer's New Jersey's Family Support Groups

Support groups provide caregivers with the emotional support and education they need to better understand Alzheimer's disease and other forms of dementia. Our support group facilitators receive specialized training about Alzheimer's disease and dementia and group facilitation, as well as ongoing support and evaluation.

For a current list of support group locations and contact numbers, please visit **alznj.org**® or call our Helpline at **1-888-280-6055**.

Family caregiver support groups are always free and open to the public. Although there is no need to preregister, we encourage individuals interested in a support group to call the facilitator prior to attending for the first time.

Important Community Resources

Many community resources can assist you throughout the course of Alzheimer's disease. Listed below are a few of the services you may need. Call us at 1.888.280.6055 to find resources in your area.

Legal and Financial Services

Legal and financial planning related to Alzheimer's disease and other dementias is critically important. Alzheimer's disease typically spans a period of many years, and the majority of care and support needs are not covered under traditional health insurance programs. Care costs are high and can mount up quickly. For this reason we strongly advise that individuals and families become educated about financial planning options related to catastrophic long term illness, and learn about what legal tools are important to assist and protect an individual and family impacted by Alzheimer's disease.

Elder law attorneys specialize in issues affecting older adults. A list of elder law attorneys in your area can be found on the website for the National Academy of Elder Law Attorneys (NAELA), www.naela.org or by calling NAELA at 703.942.5711.

For information about financial assistance programs, call your local Area Agency on Aging/Aging & Disability Resource Connection (AAA/ADRC) at 1.877.222.3737 or Alzheimer's New Jersey at 888.280.6055.

Geriatric Care Managers

A Geriatric Care Manager (GCM), also known as an Aging Life Care Professional, is a professional in the field of human services (Registered Nurse, Licensed Clinical Social Worker, Psychologist) who is trained and experienced in assessment, coordination and monitoring of services for older adults. A list of GCMs serving your area can be found on the website of the Aging Life Care Association, www.aginglifecare.org.

Respite Care

A form of short-term relief for the primary family caregiver, respite care allows caregivers a break from day-to-day duties and provides the person with Alzheimer's opportunities to interact with others. Some individuals may qualify for financial assistance for respite care. Contact your local Area Agency on Aging/Aging & Disability Resource Connection (AAA/ADRC) at 1.877.222.3737 and Alzheimer's New Jersey at 888.280.6055 for more information. Three types of respite care most commonly available are:

- Adult Day Services Programs in adult day centers can give the person with Alzheimer's an opportunity to socialize with others, exercise and engage in activities.
- Home Care Homemakers and volunteers can offer companionship while family take a
 break, and certified home health aides can provide services at home such as assistance with
 bathing and dressing.
- Overnight Respite Some residential facilities offer short-term stays of a few days or a few weeks.

Residential Care

The type of residential option you consider will probably vary depending on the care needs of the person with dementia. Housing options include:

Assisted Living – Assisted living facilities are residential care settings that combine housing, meals, and supportive and health care services. These settings offer more services than independent living but fewer than a skilled nursing facility. Assisted living facilities and programs are licensed by the New Jersey Department of Health, which provides information on facilities at their website, nj.gov/health.

Important Community Resources

- Group Homes provide residential care in a single family dwelling for up to 16 people who do not require intensive nursing and medical care. Group homes are licensed by the New Jersey Department of Community Affairs, phone 609.984.1706.
- Skilled Nursing Facilities, also called nursing homes or long term care facilities, provide
 long term care to individuals who require ongoing nursing care and supervision. Nursing
 homes have services and staff to address issues such as medical care, nutrition, care planning,
 recreation, and spirituality. Nursing homes are licensed by the New Jersey Department of
 Health which offers information about long term care on their website, ni.gov/health.

Additional information about long term care facilities can be found in the Nursing Home Compare section of the Medicare website,

https://www.medicare.gov/nursinghomecompare/search.html.

- Continuing Care Retirement Communities (CCRCs), sometimes referred to as "life care communities," provide increasing levels of care that meet the need of individual residents, beginning with independent living, and including, if necessary, assisted living, and nursing home care. The New Jersey Department of Community Affairs, which regulates CCRC's, provides information online including a downloadable consumer guide, Continuing Care Retirement Communities, A Consumer Guidebook:
 http://www.state.nj.us/dca/divisions/codes/offices/ccrc.html.
- "A Guide to Community-Based Long Term Care in New Jersey" is a free publication from the New Jersey Department of Human Services, Division on Aging Services. It is available online at http://www.state.nj.us/humanservices/doas/home/ltcguide.html

Hospice Services

Designed to help people near the end of life, hospice programs, licensed by the New Jersey Department of Health, combine at-home and skilled nursing services. Today, more hospices are offering specialized programs for persons with Alzheimer's disease. Information about hospices in your area is available from the New Jersey Department of Health at, ni.gov/health.

Call Alzheimer's New Jersey at 888-280-6055 for information about local community resources. You may also contact your local Aging & Disability Resource Connection/Area Agency on Aging (ADRC/AAA) at 877-222-3737 to learn about local services.



New Jersey Aging and Disability Resource Connection...

An Area Agency on Aging (AAA) is designated in each of New Jersey's 21 counties to serve as the primary entity responsible for developing comprehensive, coordinated systems of community-based services for older adults. AAAs also serve as Aging & Disability Resource Connection (ADRC) lead agencies in their county, ensuring seniors, adults with disabilities and their caregivers have easy access to information and long term services and supports. Your local county can be reached by calling 1-877-222-3737.

Atlantic County

(1-888-426-9243 or 609-645-5965) Atlantic County Division of Intergenerational Services Shoreview Building, Office 222 101 South Shore Road Northfield, NJ 08225

Website: www.aclink.org/webadmin/MainPages/SocServ/SocServ_aging.asp

Bergen

(201-336-7400) Bergen County Division of Senior Services One Bergen County Plaza, 2nd Floor Hackensack, NJ 07601-7076

Website: www.co.bergen.nj.us/index.aspx?NID-578

Burlington

(609-265-5069) Burlington County Office on Aging 795 Woodlane Road Westhapton, NJ 08060 PO Box 6000 Mount Holly, NJ 08060

Website: www.co.burlington.nj.us/

Website: http://capemaycountynj.gov/

Camden

(856-858-3220) Camden County Division of Senior & Disabled Services 512 Lakeland Avenue, 4th Floor Blackwood, NJ 08012

Website: www.camdencounty.com/health/senior-services/senior-services-guide

Cape May

(609-886-2784/2785) Cape May County Department of Aging and Disability Services Social Services Building 4005 Route 9, South Rio Grande, NJ 08242

...and Area Agency on Aging (ADRC/AAA)

Cumberland

(856-453-2220/2221)

Cumberland County Office on Aging and Disabled

Administration Building

800 East Commerce Street

Bridgeton, NJ 08302

Website: www.co.cumberland.nj.us

Essex

(973-395-8375)

Essex County Division of Senior Services

900 Bloomfield Avenue

Verona, NJ 07044

Website: www.essex-countynj.org/index.php?section=dept/cs/a

Gloucester

(856-384-6900)

Gloucester County Division of Senior Services

115 Budd Boulevard

West Deptford, NJ 08096

Website: www.gloucestercountynj.gov/depts/h/hedss/senservices

Hudson

(201-369-4313)

Hudson County Office on Aging

830 Bergen Avenue, Suite 3B

Jersey City, NJ 07306

Website: www.hudsoncountynj.org/about-office-on-aging

Hunterdon

(908-788-1361/1362/1363)

Hunterdon County Division of Senior, Disabilities and Veterans' Services

4 Gauntt Place, Building 1

PO Box 2900

Flemington, NJ 08822-2900

Website: www.co.hunterdon.nj.us/aging.htm

Mercer

(609-989-6661/6662)

Mercer County Office on Aging

640 S. Broad Street

PO Box 8068

Trenton, NJ 08650

Website: http://nj.gov/counites/mercer/departments/hs/aging.html

New Jersey Aging and Disability Resource Connection...

Middlesex

(732-745-3295)

Middlesex County Office of Aging and Disabled Services

75 Bayard Street, 5th Floor

New Brunswick, NJ 08901

Website: http://co.middlesex.nj.us/aging/index.asp

Monmouth

(732-431-7450)

Monmouth County Division of Aging, Disabilities and Veterans Services

3000 Kozloski Road

Freehold, NJ 07728

Website: www.visitmonmouth.com/page.aspx?ID=170

Morris

(973-285-6848)

Morris County Division on Aging, Disabilities and Veterans

340 West Hanover Avenue

Morris Township, NJ 07961

Mailing Address:

PO Box 900

Morristown, NJ 07963-0900

Website: www.morrishumanservices.org/adv/

Ocean

(732-929-2091)

Ocean County Office of Senior Services

1027 Hooper Avenue, Building #2

PO Box 2191

Toms River, NJ 08754-2191

Website: www.co.ocean.nj.us/seniorservicesmainpage.aspx

Passaic

(973-569-4060)

Passaic County Department of Senior Services, Disabilities and Veterans' Affairs

930 Riverview Drive, Suite 200

Totowa, NJ 07512

Website: ww.passaiccountynj.org/index.aspx?NID-494

Salem

(856-339-8622)

Salem County Office on Aging

98 Market Street

Salem, NJ 08079

Website: www.salemcountynj.gov/departments/office-on-aging/

...and Area Agency on Aging (ADRC/AAA)

Somerset

(908-704-6346)
Somerset County Office on Aging and Disability Services
27 Warren Street, 1st Floor
PO Box 3000
Somerville, NJ 08876
Website: www.co.somerset.nj.us/njease.html

Sussex

(973-579-0555) Sussex County Division of Senior Services Sussex County Administration Building 1 Spring Street, 2nd Floor Newton, NJ 07860

Website: www.sussex.nj.us/Cit-e-Access/webpage.cfm?TID=7&TPID=933

Union

(908-527-4870 or toll-free 888-280-8226)
Union County Division on Aging
Administration Building
Elizabeth, NJ 07207
Website: www.ucnj.org/government/human-services/division-of-the-aging/

Warren

(908-475-6591)
Warren County Division of Aging & Disability Services
Wayne Dumont Jr. Admin. Bldg.
165 County Road, Suite 245
Route 519 South
Belvidere, NJ 07823-1949

Website: www.co.warren.nj.us/Humanservices/dosshome.html



New Jersey County Boards of Social Services

Atlantic County

Department of Family and Community Development 1333 Atlantic Avenue Atlantic City, NJ 08401 (609) 348-3001 www.aclink.org

Bergen County

Bergen County Board of Social Services 218 Route 17 North 17 Park Office Center - Building A Rochelle Park, NJ 07662 (201) 368-4200 www.bcbss.com

Burlington County

Burlington County Board of Social Services Human Services Facility 795 Woodlane Road Mount Holly, NJ 08060 (609) 261-1000 www.bcbss.org

Camden County Board of Social Service

Camden County

Althea R. Wright Administration Bldg.
600 Market Street
Camden, NJ 08102-1255
(856) 225-8800
www.camdencounty.com/government/offices-departments/board-social-services

Cape May County

Cape May County Board of Social Services 4005 Route 9 South Rio Grande, NJ 08242 South Rio Grande, NJ 08242 (609) 886-6200 www.cmcbss.com/contact.html

Cumberland County

Cumberland County Board of Social Services 275 North Delsea Drive Vineland, NJ 08360-3607 (856) 691-4600 www.co.cumberland.nj.us

Essex County

Essex County Department of Citizen Services Division of Welfare 18 Rector Street - 9th Floor Newark, NJ 07102 (973) 733-3000 essexcountynj.org

Gloucester County

Gloucester County Division of Social Services 400 Hollydell Drive Sewell, NJ 08080 (856) 582-9200 gloucestercountynj.gov/services/s/socialserv.asp

Hudson County

Hudson County Dept of Family Services
Division of Welfare
257 Cornelison Avenue
Jersey City, NJ 07302
201 420-3000
hudsoncountynj.org/department-of-family-services/

Hunterdon County

Hunterdon County Department of Human Services Division of Social Services PO Box 2900 6 Gauntt Place Flemington, NJ 08822 (908) 788-1300 www.co.hunterdon.nj.us

Mercer County

Mercer County Board of Social Services 200 Woolverton Street Trenton, NJ 08611 (609) 989-4320 www.mcboss.org

Middlesex County

Middlesex County Board of Social Services 181 How Lane New Brunswick, NJ 08903 (732) 745-3500 middlesexcwa.newark.rutgers.edu

New Jersey County Boards of Social Services

Monmouth County

Monmouth County Division of Social Services PO Box 3000
3000 Kozloski Road
Freehold, NJ 07728
(732) 431-6000
co.monmouth.nj.us/page.aspx?ID=163

Morris County

Morris County Office of Temporary Assistance 340 W. Hanover Avenue
Morristown, NJ 07960
PO Box 900
Morristown, NJ 07963
(973) 326-7800
morriscountynj.gov/hs/ota/

Ocean County

Ocean County Board of Social Services 1027 Hooper Avenue Toms River, NJ 08753 PO Box 547 Toms River, NJ 08757 (732) 349-1500 www.co.ocean.nj.us

Passaic County

Passaic County Board of Social Services 80 Hamilton Street Paterson, NJ 07505-2057 (973) 881-0100 www.pcbss.org

Salem County

Salem County Board of Social Services 147 South Virginia Avenue Penns Grove, NJ 08069 (856) 299-7200 www.scbssnj.org

Somerset County

Somerset County Board of Social Services PO Box 936 73 East High Street Somerville, NJ 08876 (908) 526-8800 www.socialservices.co.somerset.nj.us

Sussex County

Sussex County Division of Social Services 83 Spring Street, Suite 203
Newton, NJ 07860
PO Box 218
Newton, NJ 07860
(973) 383-3600
www.sussex.nj.us/Cit-eAccess/webpage.cfm?TID=7&TPID=994

Union County

Union County Division of Social Services 342 Westminster Avenue Elizabeth, NJ 07208 (908) 965-2700 ucnj.org/departments/human-services/

Warren County

Warren County Division of Temporary Assistance and Social Services 1 Shotwell Drive Belvidere, NJ 07823 (908) 475-6301 www.co.warren.nj.us/humanservices

New Jersey Office of the Ombudsman for the Institutionalized Elderly

The Office of the Ombudsman for the Institutionalized Elderly investigates allegations of abuse and neglect of people, age 60 and older, living in nursing homes and other long-term healthcare facilities.

If you or someone you know may be abused or neglected, please contact the Elder Ombudsman Office. We investigate, resolve and/or refer complaints to the appropriate agency. By law, callers may remain anonymous and case files are closed to the public. For more information call 1-877-582-6995 or 609-826-5090 or go to www.nj.gov/ooie.

To file a complaint:

Call the Complaints Hotline: 1-877-582-6995

Email: ombudsman@advocate.state.nj.us Write: The Office of the Ombudsman

P.O. Box 852

Trenton, NJ 08625-0852

Fax: 609-943-3479

Adult Protective Services – County Provider Agencies

Adult Protective Services (APS) programs have been established in each county in New Jersey, to receive and investigate reports of suspected abuse, neglect and exploitation of vulnerable adults (person 18 years or older) living in the community. Reports may be made by anyone, and the person making the report is assured anonymity if requested. In cases where abuse, neglect or exploitation is confirmed, APS can assist with putting into place services to help protect the vulnerable person. These services may include home health care, meals on wheels, mental health services, legal and consumer protection services, and other vital community-based or long-term care services. To make a report, contact the appropriate County office.

Atlantic

Atlantic County Division of Intergenerational

Services

Shoreview Building, Room 210

101 South Shore Road Northfield, NJ 08225 Phone: 609-645-5965

After Hrs: 1-888-426-9243 or 911

Bergen

Bergen County Board of Social Services 216 Route 17 North

Rochelle Park, NJ 07662 Phone: 201-368-4300

After Hrs: 1-800-624-0275

Burlington

Burlington County Board of Social Services

Human Services Facility 795 Woodlane Road Mount Holly, NJ 08060 Phone: 609-518-4793 After Hrs: 911

Camden

Camden County Board of Social Services 600 Market Street, Lower Level

Camden, NJ 08102 Phone: 856-225-8191 After Hrs: 211

Adult Protective Services - County Provider Agencies

Cape May

Cape May County Board of Social Services 4005 Route 9 South Rio Grande, NJ 08242 Phone: 609-886-6200

After Hrs: contact local police or 911

Cumberland

Resources for Independent Living 614 E. Landis Avenue Vineland, NJ 08360 Phone: 856-825-0255

After Hrs: contact local police or 911

Essex

FOCUS, Hispanic Center for Human Dev., Inc. 441-443 Broad St.
Newark, NJ 07102
Phone: 866-903-6287

After Hrs: 911, local police, first aid or hospital

Gloucester

Gloucester County Board of Social Services 400 Hollydell Drive Sewell, NJ 08080 Phone: 856-582-9200, 856-256-2267

After Hrs: 1-800-648-0132

Hudson

Hudson County Protective Services, Inc. 6020 Hudson Avenue West New York, NJ 07093 Phone: 201-537-5631 After Hrs: 911

Hunterdon

Hunterdon County Department of Human Services Division of Senior, Disabilities and Veterans Services P.O. Box 2900

Flemington, NJ 08822-2900 Phone: 908-788-1300

After Hrs: 911

Mercer

Mercer County Board of Social Services 200 Woolverton Street Trenton, NJ 08650 Phone: 609-989-4320 After Hrs: 911

Middlesex

Middlesex County Board of Social Services P.O. Box 509 New Brunswick, NJ 08903 Phone: 732-745-3635 After Hrs: 911 or local police

Monmouth

Family and Children Services 191 Bath Avenue Long Branch, NJ 07740 Phone: 732-531-9191 After Hrs: 911 or local police

Morris

Morris County Aging, Disabilities and Veterans P.O. Box 900 Morristown, NJ 07963-0900 Phone: 973-326-7282 After Hrs: 911 or Sheriff's communication center: 973-285-2900

Ocean

Ocean County Board of Social Services 1027 Hooper Avenue P.O. Box 547 Toms River, NJ 08754 Phone: 732-349-1500, ask for Intake worker After Hrs: 732-240-6100

Passaic

Passaic County Board of Social Services 80 Hamilton Street Paterson, NJ 07505-2057 Phone: 973-881-2616 After Hrs: 973-345-2676

Salem

Salem County Office on Aging 98 Market Street Salem, NJ 08079 Phone: 856-339-8622 After Hrs: 911

Adult Protective Services - County Provider Agencies

Somerset

Somerset County Board of Social Services 73 East High Street Somerville, NJ 08875-1144 Phone: 908-526-8800

Phone: 908-526-8800 After Hrs: 1-800-287-3607

Sussex

Sussex County Division of Social Services P.O. Box 218 83 Spring Street Newton, NJ 07860 Phone: 973-383-3600 Ext. 5170 or Ext. 5150

A for Hrs. 011 or local police

Afer Hrs: 911 or local police

Union

Catholic Community Services 505 South Avenue E Cranford, NJ 07016 Phone: 908-497-3902

After Hrs: 911 or local police

Warren

Warren County Division of Senior Services 165 County Route 519 South Belvidere, NJ 07823 Phone: 908-475-6591

After Hrs: 911 or local police

Emergency Psychiatric Screening Services

In each of New Jersey's 21 counties, there are designated screening centers staffed 24 hours/7 days a week to assess the needs of individuals in crisis. The staff of the screening centers evaluate whether or not hospitalization is necessary in situations where there is concern about individuals being at risk to themselves or others. Screening center staff work in conjunction with other community emergency personnel.

Atlantic

Psych Intervention Program at Atlanticare Regional Medical Center 1925 Pacific Avenue Atlantic City, NJ 08401 24 Hour Hotline: 609-344-1118

Bergen

Care Plus NJ at Bergen Regional Medical Center 230 East Ridgewood Avenue Paramus, NJ 07652 24 Hour Hotline: 201-262-4357

Emergency Psychiatric Screening Services

Burlington

Legacy Treatment Services 218 A Sunset Road Willingboro, NJ 08046 24 Hour Hotline: 609-835-6180

Camden

Oaks Integrated Care 2201 W. Chapel Avenue Cherry Hill, NJ 08002 24 Hour Hotline: 856-428-4357

Cape May

Cape Counseling Services at Cape Regional Medical Center 2 Stone Harbor Blvd. Cape May Court House, NJ 08210 24 Hour Hotline: 609-465-5999

Cumberland

Cumberland County Guidance Center at Inspira Medical Center 333 Irving Avenue Bridgeton, NJ 08302 24 Hour Hotline: 856-455-5555

Essex

East Orange General Hospital 300 Central Avenue East Orange, NJ 07019 24 Hour Hotline: 973-266-4478

Newark Beth Israel Medical Center 201 Lyons Avenue Newark, NJ 07112 24 Hour Hotline: 973-926-7444

University Behavioral Healthcare 150 Bergen Street Newark, NJ 07101 24 Hour Hotline: 973-623-2323

Gloucester

Newpoint Behavioral Health Care at Inspira Medical Center-Woodbury 509 N Broad Street Woodbury, NJ 08096 24 Hour Hotline: 856-845-9100

Hudson

Jersey City Medical Center 355 Grand Street Jersey City, NJ 07302 24 Hour Hotline: 866-367-6023

Hunterdon

Hunterdon Medical Center Emergency Services - Behavioral Health 2100 Wescott Drive Flemington, NJ 08822 24 Hour Hotline: 908-788-6400

Mercer

Capital Health Regional Medical Center 750 Brunswick Avenue Trenton, NJ 08638 24 Hour Hotline: 609-396-4357 / 609-989-7297

Middlesex

University Behavioral Health Care 671 Hoes Lane Piscataway, NJ 08855 24 Hour Hotline: 732-235-5700

Monmouth

Monmouth Medical Center 300 Second Avenue Long Branch, NJ 07740 24 Hour Hotline: 732-923-6999

Morris

Prime Healthcare Services – St. Clare's, LLC 25 Pocono Road Denville, NJ 07834 24 Hour Hotline: 973-625-0280

Ocean

Kimball Medical Center (PESS) 600 River Avenue Lakewood, NJ 08701 24 Hour Hotline: 866-904-4474/732-886-4474

Emergency Psychiatric Screening Services

Passaic

St. Joseph's Hospital Health Care System

703 Main Street Paterson, NJ 07514

24 Hour Hotline: 973-754-2230

Salem

Healthcare Commons Inc. at Memorial Hospital of

Salem County

310 Woodstown Road Salem, NJ 08079

24 Hour Hotline: 856-299-3001

Somerset

Somerset County PESS 110 Rehill Avenue Somerville, NJ 08876

24 Hour Hotline: 908-526-4100

Sussex

Newton Medical Center 175 High Street

Newton, NJ 07860

24 Hour Hotline: 973-383-0973

Union

Trinitas Regional Medical Center 655 East Jersey Street

Elizabeth, NJ 07206

24 Hour Hotline: 908-994-7131

Warren

Family Guidance Center of Warren County

370 Memorial Parkway Phillipsburg, NJ 08865

24 Hour Hotline: 908-454-5141





Alzheimer's New Jersey

Congratulations to our 2017 Circle of Honor Award Recipients

Stephen Donnelly *Volunteer of the Year*

Chelsea Senior Living Corporate Philanthropy

Sunrise Senior Living Corporate Philanthropy











Point Pleasant Beach, Baltimore & Arnold Avenues - September 23

Jersey City, Liberty State Park - October 7

Princeton, ETS - October 22

Paramus, Bergen Community College - October 29

Registration 8:30 am, Kick-Off Rally 9:30 am, Walk 10:00 am

REGISTER AT:

WWW.ALZNJ.ORG/WALK

Enjoy a fun-filled day of music and laughter while raising funds for New Jersey individuals and families affected by alzheimer's disease.

Now 100% of all funds raised at the Walk to Fight Alzheimer's® stay in New Jersey and support New Jersey individuals and families!

For more information, call 888-280-6055



