



Hamaspik Gazette

News of Hamaspik Agencies and General Health

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<p>GAZETTE SURVEY</p> <p>The GAZETTE asks YOU: HOW OFTEN DO YOU VISIT AN EYE DOCTOR? Respond to: survey@hamaspik.org</p>	<p>HEALTH FACT</p> <table border="0"> <tr> <td>\$53.8 BILLION GLOBAL PHYSICAL-INACTIVITY HEALTHCARE COSTS 2013</td> <td>\$13.7 BILLION GLOBAL PHYSICAL-INACTIVITY PRODUCTIVITY LOSSES 2013</td> <td>\$5 MILLION GLOBAL YEARLY DISEASE-RELATED DEATHS FROM PHYSICAL INACTIVITY</td> </tr> </table>	\$53.8 BILLION GLOBAL PHYSICAL-INACTIVITY HEALTHCARE COSTS 2013	\$13.7 BILLION GLOBAL PHYSICAL-INACTIVITY PRODUCTIVITY LOSSES 2013	\$5 MILLION GLOBAL YEARLY DISEASE-RELATED DEATHS FROM PHYSICAL INACTIVITY	<p>HEALTH QUOTE</p> <p>“ALZHEIMER’S DISEASE IS UNDERDIAGNOSED IN NEARLY HALF OF THE AMERICAN POPULATION.”—Boston University researcher Dr. Robert Stern, on brain changes that may occur years before symptoms.</p>	<p>HEALTH TIP</p> <p>REPEL MOSQUITOS NATURALLY: USE LEMON EUCALYPTUS INSECT REPELLENT TO AVOID BUG-SPRAY CHEMICALS; THE “REPEL” BRAND WORKS BEST, SAYS CONSUMER REPORTS ports.</p>
\$53.8 BILLION GLOBAL PHYSICAL-INACTIVITY HEALTHCARE COSTS 2013	\$13.7 BILLION GLOBAL PHYSICAL-INACTIVITY PRODUCTIVITY LOSSES 2013	\$5 MILLION GLOBAL YEARLY DISEASE-RELATED DEATHS FROM PHYSICAL INACTIVITY				

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PUBLIC POLICY NEWS

NO BIG DEAL: DOJ BLOCKS BIG INSURANCE MEGA-MERGERS

ON JULY 21, THE U.S. DEPARTMENT OF JUSTICE (DOJ) AND 16 STATES, INCLUDING NEW YORK, ANNOUNCED TWO LAWSUITS TO SEPARATELY BLOCK ANTHEM’S PROPOSED ACQUISITION OF CIGNA AND AETNA’S PROPOSED ACQUISITION OF HUMANA. THOSE MEGA-MERGERS WOULD REDUCE AMERICA’S REMAINING LARGE NATIONAL PRIVATE HEALTH INSURERS FROM FIVE TO THREE. ANTITRUST REGULATORS SAY THE TWO DEALS WILL STIFLE COMPETITION, GIVING CONSUMERS FEWER CHOICES.



ON AUGUST 1, MOODY’S ANALYSTS PREDICTED THAT THE \$37-BILLION AETNA-HUMANA DEAL WILL PREVAIL BUT THE \$45-BILLION ANTHEM-CIGNA DEAL WILL FAIL.

PUBLIC POLICY NEWS

U.S. Teen E-cig Ban Looms as NYC, U.S. “Vaping” Booms

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HAMASPIK NEWS

Responding to Hamaspik of Rockland County Need, NYSHA Hires New Staff Psychologist

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HAMASPIK NEWS

Strong Hamaspik Presence at Long Island/Queens Special Needs Expo

The cutting-edge, comprehensive community services offered by Hamaspik were robustly represented at SpecialCare+ Expo 2016, a community special-needs expo hosted by Achiezer (AH-khi-EH-zehr, lit. “My Helping Brother”) Community Resource Center.

The disability advocacy, which serves Long Island and Queens communities, hosted the event at Congregation Beth Shalom, a prominent synagogue in Lawrence, New York. About 24 vendors and ten professional presenters provided attendees with a wealth of critical and empowering information.

HamaspikCare Downstate Director Mordechai Wolhendler and Hamaspik of Kings County Medicaid Service Coordinator (MSC) Julie Bergmann were both on hand throughout the event, manning

Hamaspik’s eye-catching table, fielding questions and offering the agency’s wide-ranging suite of solutions to the community.

In addition to helping man Hamaspik’s table, Mrs. Bergmann provided critical assistance in the planning and delivery of one of the expo’s 11 informative presentations—a talk on *self-direction*, or the ability of the individual to choose and direct the quality and quantity of services that he or she receives.

That talk was presented by Atara Sternman, a Support Broker with the OPWDD’s Long Island regional office, with additional questions on the application process fielded by Mrs. Bergmann.

Hamaspik’s presence on Long Island, particu-

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Services Provided by NYSHA AGENCIES

OPWDD

COMMUNITY HABILITATION

Providing: A personal worker to work on daily living skill goals

HOME BASED RESPITE

Providing: Relief for parents of special needs individuals

AFTER SCHOOL RESPITE

Providing: A respite program for after school hours and school vacations

DAY HAB PROGRAM

Providing: A day program for adults with special needs

SUPPLEMENTAL DAY HAB PROGRAM

Providing: an extended day program for adults with special needs

CAMP NESHOMAH

Providing: A day program for children with special needs during summer and winter school breaks

INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA)

Providing: A supervised residence for individuals who need out-of-home placement

INDIVIDUAL SUPPORT SERVICES

Providing: Apartments and supports for individuals who can live independently

ENVIRONMENTAL MODIFICATION

Providing: Home modifications for special needs individuals

SUPPORTED EMPLOYMENT

Providing: Support and job coaching for individuals with disabilities to be employed and to maintain employment

ENHANCED SUPPORTED EMPLOYMENT

Providing: Job developing and coaching for people with any type of disability

MEDICAID SERVICE COORDINATION

Providing: An advocate for the individual to access and coordinate available benefits

HOME FAMILY CARE

Providing: A family to care for an individual with special needs

INTERMEDIATE CARE FACILITY

Providing: A facility for individuals who are medically involved and developmentally delayed

IBS

Providing: Intensive Behavior Services

PLAN OF CARE SUPPORT SERVICES

Providing: Support for families of individuals with special needs

FAMILY SUPPORT SERVICES

Providing: Reimbursement for out of ordinary expenses for items or services not covered by Medicaid

PARENTAL RETREATS

Providing: Getaways and retreats for parents of special needs individuals

DOH

TRAUMATIC BRAIN INJURY

Providing: Service Coordination · Independent living skills training · Day programs · Rent subsidy · Medical equipment · E-Mods · Transportation · Community transmittal services · Home community support services

CHILD & ADULT CARE FOOD PROGRAM

Providing: Breakfast · Lunch · Supper · Snack

EARLY INTERVENTION

Providing: Multidisciplinary and supplemental Evaluations · Home and community based services · Center based services · Parent/child groups · Ongoing service coordination · Physical therapy · Occupational therapy · Speech therapy · Special education · Nutrition · Social work · Family training · Vision services · Bilingual providers · Play therapy · Family counseling

CARE AT HOME

Providing: Nursing · Personal care aide · Therapy · Respite · Medical supplies · Adaptive technology · Service coordination

NURSING HOME TRANSITION AND DIVERSION WAIVER PROGRAM (NHTD)

Providing: Service Coordination · Assistive technology · Moving assistance · Community transitional services · Home community support services · E-Mods · Independent living skills · Positive behavioral interventions · Structured day program

LHCSA - HAMASPIKCARE

PERSONAL CARE & SUPPORT SERVICES

Providing: Home Health Aides · Homemakers · Personal Care Aides · Housekeepers · HCSS aides

COUNSELING SERVICES

Providing: Dietician/Nutrition counselors · Social Workers

REHABILITATION SERVICES

Providing: Physical therapy · Speech therapy · Occupational therapy · individuals

PACE-CDPAP

Providing: Personal care aides for people in need

SOCIAL AND ENVIRONMENTAL SUPPORTS

Providing: Minor maintenance for qualified

SOCIAL MODEL

Providing: A social day program for senior patients

NURSING SERVICES

Providing: Skilled observation and assessment · Care planning · paraprofessional supervision · clinical monitoring and coordination · Medication management · physician-ordered nursing intervention and skill treatments

HAMASPIK CHOICE

A Managed Long Term Care Plan (MLTCP) approved by New York State

HCR

ACCESS TO HOME

Providing: Home modifications for people with physical disabilities

RESTORE

Providing: Emergency house repairs for senior citizens

HOME REHABILITATION PROGRAM

Providing: Remodeling dilapidated homes for low income home owners

NYSED

VOCATIONAL REHABILITATION SERVICES

Providing: Employment planning · Job development · Job placement

JOB COACHING

Intensive and ongoing support for individuals with physical, mental and/or developmental disabilities to become employed and to maintain employment

NYSHA

ARTICLE 16 CLINIC

Providing: Getaways and retreats for parents of special needs individuals · Parent

TRAINING

Providing: Physical therapy · Occupational therapy · Speech therapy · Psychology · Social work · Psychiatry · Nursing · Nutrition

CENTRAL INTAKE

Providing: The first contact for a person or family in need of Hamaspik services

HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper informing the community of available Hamaspik services

► HAMASPIK NEWS

With Colors and Brand Names, Hamaspik's Camp Neshoma Furthers Its Own Brand

AFTER-SCHOOL RESPITE (ASR)'S CAMP-THEMED PROGRAM KEEPS KIDS CAPTIVATED, STIMULATED

It's summertime. And for the children and teens who attend Hamaspik's After-school Respite (ASR) programs in Orange or Rockland County, it's also... Camp Neshoma time!

Modeled after the summer day camps that open seasonally everywhere in the communities served by Hamaspik, Camp Neshoma gives ASR regulars a taste of summer camp each year.

This year was no different.

Coinciding with local school districts' summer breaks as they are, the first session of Camp Neshoma this season was held from June 26 through July 4 at both Hamaspik of Orange County and Hamaspik of Rockland County.

The former, run capably by ASR Director Mrs. Tzippy Loeb, ran this year with the theme of brand names—using word plays based on the names of various retail kosher products to give each day of the session its own theme.

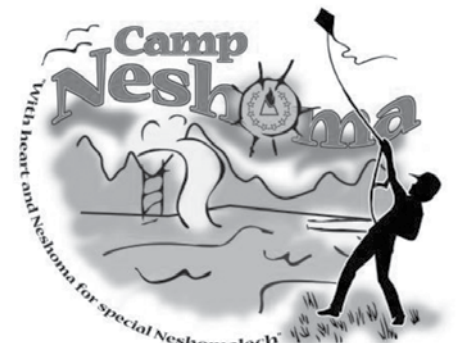
At Hamaspik of Rockland County, the Girls Division, run equally capably by Director Mrs. Raizy Landau, “campers” thrilled to the first session's theme of colors, with each day bearing a color of its own.

For their first day at Camp Neshoma, for example, the children at Hamaspik of Orange County's program thought that a visit by an actual Klein's Ice Cream truck, or at least the ice cream popsicles and cones that it dispensed, was rather cool, especially in the summer heat.

The kids also “kliked together” on a unity-themed day accentuated by the Kliks chocolate snack. Ditto for staying positive, a message augmented another day with Postiv brand fresh lettuce—or with being energetic and bouncy with some help from an inflatable moon bounce and the Jump brand soft drink. Another Camp Neshoma day was marked by the theme of water, with Mayim Chaim brand water bottles rounding out a day filled with water activities, including visiting Kiryas Joel's fire station.

Down in Rockland County, the Hamaspik ASR Camp Neshoma program kept up colorful daily regimen of activities, and quite literally so.

Led by their “amazing” head counsel-



ors, plus 20 “devoted” counselors and other staff members, close to four dozen children with various disabilities in the Girls Division thrilled to a full spectrum of captivating and stimulating daily activities, Mrs. Landau reports.

From 10:00 a.m. to 3:00 p.m. each day, the “campers” enjoyed, variously, the themes of Yellow, Red, Purple, Green and even the self-explanatory Rainbow.

Woven through that tapestry were such exhilarating activities as a carnival day complete with a moon bounce, a visiting petting zoo and farm, regular swimming, arts and crafts and baking.

They also enjoyed pizza parties and a special visit by Macaroni the Clown (a children's entertainer who's been a part of the Hamaspik family for years now).

The Boys Division of Hamaspik of Rockland County's ASR program, led by the hard-working Joel Friedman, enjoyed a concurrent Camp Neshoma program of their own—featuring all of the exciting and stimulating camp-themed daily activities enjoyed by their peers.

And in keeping with an annual tradition observed by Camp Neshoma's boys for years now, the boys paid another visit this just-passed season to the boys of Camp Yachad.

That Monsey-based summer day camp, and its counselors and campers, has opened its grounds and hearts to its Camp Neshoma peers, who also by the way happen to have disabilities, for a friendly soccer match each season.

As reported in *Gazettes* past, the meet-ups not only give campers from both camps something fun and healthy to do, but—in keeping with the mission of Hamaspik, and that of the OPWDD in its background—of furthering ongoing integration, embrace and mainstreaming of people with disabilities.

For Camp Neshoma, which means soul, the annual match is indicative of putting the soul and spirit and not the body, those things that truly define the individual, above externals—reflecting the truest colors and ultimate theme of Hamaspik, too. ★

●► PUBLIC POLICY NEWS

With Senate Vote, One Step Closer to Funding for Local Police Disability Tracking Devices

If a long-fought-for bill gets through the U.S. House of Representatives to President Barack Obama's desk, police departments in communities across the country could get federal funding to pay for tracking devices to provide to local families whose loved ones who have autism, Alzheimer's or other disabilities make them dangerously prone to wander and bolt.

The bill, dubbed "Kevin and Avonte's Law," has been championed by New York's very own Sen. Charles "Chuck" Schumer since he introduced it on Capitol Hill in 2014.

The bill is named partially for Avonte Oquendo, a 14-year-old Queens, New York boy with autism and associated flight risk who bolted from public school and shortly drowned.

Young Avonte's tragic case prompted New York City Council legislation that put door alarms on most exits of most public schools for an added measure of student safety and security.

On July 14, Kevin and Avonte's Law was unanimously approved by the U.S. Senate.

Kevin and Avonte's Law would reauthorize usage of federal tax monies to fund a little-known U.S. Dept. of Justice (DOJ) Alzheimer's missing persons tracking program.

That program, a federal grant, would provide local police departments nationwide with funding for personal tracking devices to provide to communities.

As currently worded, the bill would provide some \$2 million in annual funding to the program, which would include tracking

SEN. SCHUMER'S "AVONTE'S LAW" GOES TO HOUSE; COPS TO TRACK COMMUNITY WANDER RISKS

devices as well as training and other efforts to address wandering.

Local police departments that successfully apply for and receive the grant would be responsible for advertising and distributing the devices to local families of children with autism, adults with Alzheimer's or people with other disabilities who tend to wander or flee.

According to the text of the legislation, law-enforcement entities applying for the grant, which could be local or state-level departments, will be given preference by the DOJ based on their history of working with state or local disability non-profits.

The wearable devices would make it

critically easier to find chronic wanderers in the event of missing-person search scenarios like that of Mr. Oquendo, who very well may have been found alive had he been wearing a non-removable electronic tracking bracelet.

The bill now heads to the House, where it currently has 23 co-sponsors from ten states—including New York Reps. Daniel Donovan, Jr. (R-11), Brian Higgins (D-26), Peter King (R-2), Sean Patrick Maloney (D-18) and Charles Rangel (D-13).

President Obama's track record on disability-related bills would indicate that he'd be likely to sign Kevin and Avonte's Law should it reach the White House. ★

●► PUBLIC POLICY NEWS

U.S. Army IDs 2nd Case of 'Superbug' Gene Resistant to Powerful Last-ditch Antibiotic

But Other Antibiotics Still Beat Infection in 1st Case, Still Strong against Most Bugs

Ominous headlines that would fail most "fear-spreading tests" were delivered via news outlets this past May, June and July—scaring the public into fearing a coming pandemic.

The news involved two U.S. cases of Americans infected by a strain of the E. coli bacterium that was also found to be carrying a gene called MCR-1.

That gene gives E. coli resistance to colistin, the powerful last-ditch antibiotic used to treat infections where all others fail. But MCR-1 does not give bacteria resistance to other antibiotics.

E. coli with MCR-1 were first discovered in China in November of 2015. The resistance-lending gene has since been found on bacteria all over the world.

The first U.S. case of human infection by E. coli with MCR-1 was reported in May of this year, and was confirmed by the Walter Reed Army Institute of Research, the country's top bug lab.

That case was a sample of bacteria extracted from a 49-year-old Pennsylvania woman with an E. coli infection that did not respond to prolonged antibiotic treatment (though it eventually did).

The second U.S. case was identified in July, also by a sample analyzed at the Walter Reed lab.

BACKGROUND AND HISTORY

Escherichia coli, commonly known as E. coli (ee-COAL-eye), is a bacterium whose many strains are mostly harmless. E. coli is commonly found in the guts of animals and humans alike.

Some E. coli strains, however, are known to cause debilitating infection, illness or worse if not treated with antibiotics.

The problem is that these strains of E. coli, along with quite a few other bugs out there, have become resistant to antibiotics.

This is because modern medicine has overprescribed antibiotics in the past several decades since the discovery and mass production of penicillin, the first global antibiotic.

As a result, bacteria developed a natural resistance to penicillin, rendering it basically useless. Science responded by developing new antibiotics, only to see the process repeat itself.

Today, 60-plus years since the 1943 mass

production of penicillin, newer antibiotics like tetracycline, methicillin and ceftazidime have run up against bacteria that resist their powers.

Hospital-acquired infections (HAIs) remain a huge U.S. public health concern, with thousands of Americans dying each year of infections contracted in hospitals that don't respond to antibiotics.

The CDC says that over two million people in the U.S. get infections each year that resist one or more of the antibiotics that normally clear those infections. Thankfully, most people survive.

Further good news is that there are a number of efforts being made to reduce HAIs, including rigorous hospital hygiene-control systems and increased federal funding for better numbers.

At the same time, in worst-case scenarios where bacterial infections resist every major antibiotic, doctors and hospitals can fall back on carbapenems, a class of anti-

otics stronger than all others.

Of the dozen or so carbapenems, which were created in the mid-1970s in response to the decreasing effectiveness of penicillin, thienamycin is the most common. Colistin is another.

So here's the real news here:

The MCR-1 gene lets E. coli resist specifically colistin—but not other antibiotics.

Various strains of E. coli resist other antibiotics.

So, experts now worry that the MCR-1 gene will spread to those various strains of E. coli that resist other antibiotics—making them resistant to both colistin and other antibiotics.

If that should happen, carbapenem-resistant enterobacteriaceae (CRE) infections could get even harder to treat. (Enterobacteriaceae is the family of bacteria to which E. coli belongs.)

KEEP IT A BIT DIRTIER?

Experts generally agree on three major changes modern medicine can make to keep that scenario from ever occurring.

The first is being "stingier" with prescribing antibiotics. Many doctors, particularly pediatricians, will now follow the

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● ► **DISABILITY NEWS**

Federal TSA Agents Sued for Attacking, Injuring Young Traveler with Disabilities

Brain-tumor Treatment Patient Beaten, Cuffed at Memphis Airport Security Check

Teens with disabilities who cannot hear or respond to instructions are greater security threats than terrorists, apparently.

That's why Stuart and Shirley Cohen of Chattanooga, Tennessee are slapping the federal Transportation Security Administration (TSA) with a hefty lawsuit after TSA agents at Memphis International Airport attacked and injured their daughter with disabilities on June 30.

Hannah Cohen, 19, is partially deaf, partially blind, has limited mobility, and suffers from confusion because of a tumor on her brain stem, for which she has been traveling to a Memphis hospital each year since age two for treatment.

Metallic sequins on Ms. Cohen's blouse set off an alarm as she passed through an airport metal detector. With two agents approaching the young traveler to conduct a handheld wand scan, Mrs. Cohen repeated attempted to explain her daughter's multiple disabilities to them.

"She didn't understand what they were about to do," Shirley Cohen told a local media outlet.

"(She) became disoriented and confused by the warning alarm and the actions of the personnel manning the security checkpoint to try to search her person because of her disability," attorneys Kelly Pearson and Wil-

liam Hardwick later wrote.

"The security personnel failed to recognize that she was confused because of her obvious disability," they explained, "and was unable to cooperate with the search."

When the younger Cohen shrunk back from being searched, the agents proceeded to bodily throw her to the floor and handcuff her, causing her head to bleed in the process.

"She's trying to get away from them but in the next instant, one of them had her down on the ground and hit her head on the floor," said Cohen. "There was blood everywhere."

Her mother's protestations were repeatedly ignored as the federal agents actually placed Hannah under arrest. Local police then drove the young lady to a city jail, where she was held overnight on allegations of assaulting security personnel.

Authorities later threw out the charges, but the family is taking legal action against the TSA. The Cohens are suing the federal agents for damages including medical expenses, personal injury, emotional injury, pain, suffering and embarrassment.

The lawsuit also alleges disability discrimination and failing to reasonable accommodations during security screening, both violations of the Americans with Disabilities Act (ADA). ★

● ► **HAMASPIK NEWS**

Reaching for Ever-new Heights, Day Hab Group Working to Make Workplaces Work

HAMASPIK OF ROCKLAND COUNTY COMMUNITY INITIATIVE CREATING JOBS, BUILDING LIVES

Since its development in November of 2015, a new Hamaspik of Rockland County Day Hab life-skills program has lived up to its mission.

Geared for the community's highest-functioning young women, the life-skills initiative has helped—and continues to help—students reach new heights in life.

But this is no ordinary program.

Under Director Mrs. Esty Schonfeld and a capable team of instructors and staff, students learn not reading and writing, or even math and science, but computing, personal finance and the like.

That's because the program's mission is to put its students right in the heart of the community—in workplaces, schools, places of worship, stores and the like, explains Hamaspik of Rockland County Director of Day Services Shloime Kornbluh.

And there's no better way to feel like you're part of the community than if you're equipped with the same life skills and experiences enjoyed by the bulk of the community, he notes.

Hence the program's participants are

hardly found in its base facility. Instead, they're out most of the day, bulking up on real-life experiences—the best of all instructors—that acclimate them to the mainstream.

Among those daily vocational learning experiences are hands-on internships of sorts at a number of area business and non-profit establishments, including the Bardonia-based MedWiz commercial pharmacy—which continues to further a years-long, remarkable and ongoing commitment to helping Hamaspik's beneficiaries ease into the workforce.

Other venues include the Yeshiva of Spring Valley, a community axis whose girls' school has opened its doors and hearts to the young women—granting them the precious gift of meaningful contribution by serving as teachers' aides in its preschool and nursery classes.

Currently, the young women enrolled in the program find themselves at work, or learning how to work, at additional venues such as a local gluten-free specialty bakery, neighborhood children's playgroups, a hosiery store, and even stuffing payroll envelopes at a large community non-profit.

"Sure they are!" says Mrs. Schonfeld, asked if they're gaining real-life job skills. "They're learning independence"—to which Kornbluh adds: "They're learning things they can use in the workforce."

One regular, having learned how to create and produce custom-decorated photo albums, even wants to eventually start her own business making and selling them for others.

The ongoing developments complement the suite of additional New York disability employment programs effectively offered and/or partnered with by Hamaspik of Rockland County.

These include Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) and Board of Cooperative Educational Services (BOCES), both successful programs run by the New York State Education Department (NYSED).

New York State Office for People With Developmental Disabilities (OPWDD) disability employment programs provided by Hamaspik include Supported Employment (SEMP) and Pathway to Employment.

For its part, while the unofficial slogan of the community initiative is "Get higher in life," a better slogan for the program—given its concrete record—might be: "Get hired in life." ★

● ► **PUBLIC POLICY NEWS**

Governor Cuomo Unveils Safety Regulations for Child-care Facilities in New York State

New Rules Specify, Clarify "Imminent Danger" Conditions Prompting Facility Closures

Under new "emergency" regulations announced by Gov. Andrew Cuomo on July 5, New York State authorities now have the legal power, effective immediately, to crack down on sub-par child-care facilities across the state.

Some 21,000 child care programs currently operate in New York State, according to an official statement by the Governor's office, 11,000 of which are located in New York City alone.

Outside of approximately 2,000 programs in the Big Apple overseen by the New York City Department of Health and Mental Hygiene, child care programs anywhere else in the state are regulated by the New York State Office of Children and Family Services (OFCS).

Under current law, the state is authorized to suspend, revoke or limit a provider's licenses when a provider's care poses an "imminent danger" to a child or to the public health. However, imminent danger has never been clearly defined.

The new regulations, which use the Governor's executive powers to bypass the legislative process and take concrete action, now allow the state to suspend, limit or revoke a child care provider's licenses under the following specified "imminent danger" circumstances: failure to obtain appropriate medical treatment for a child, blocked exits, corporal punishment, poor sanitary conditions and refusing to cooperate with inspectors, among others.

The new regulations also:

- Increase fines to up to \$500 a day for both first-time and repeat serious offenses
- Require state inspectors to notify law enforcement of programs operating illegally
- Trigger review of all of a provider's state-regulated other programs whenever that operator's license is suspended or revoked at one program
- Require providers operating illegal daycare programs to immediately notify parents in writing when they have been shut down by the state

"Every parent should have access to safe, reliable child care," Gov. Cuomo said in a statement. "These new regulations will help improve access to quality care statewide by increasing transparency and accountability in the system." ★

●► PUBLIC POLICY NEWS

National FDA Ban of E-cig Sales to Minors Looms...

...As NYC, Nationwide “Vaping” Booms

With usage of e-cigs, or electronic cigarettes, booming across the Big Apple in recent years, the city’s Department of Health announced its first official statistics on the growing habit in June.

According to New York’s annual Community Health Survey, an interview of 8,500 randomly-selected city residents conducted by phone, over 530,000 New Yorkers age 18 and over reported using e-cigs in the last 12 months.

The announcement comes against the background of the FDA’s May 5, 2016 finalization of sweeping new rules on tobacco products. Under those federal regulations, among other new rules, people under 18 will no longer be legally able to buy e-cigarettes.

The new rules go into effect this August.

Meanwhile, the Department of Health’s newest Community Health Survey finds that a total average of eight percent of New York City adults reported using e-cig devices over the last year.

Broken down further, some 14 percent of the city’s 18-to-24-year-olds reported that they had engaged over the last year in “vaping,” or inhaling the devices’ flavored vapors, while 11 percent of people ages 25 to 44 reported the same.

The sobering snapshot of the city comes at a time that the national picture of traditional cigarette smoking is increasingly fading, particularly among adolescents.

A federal report published last year noted that smoking among U.S. teens continued nearly 20 years of a downward drop, with 35 percent of youths reporting using tobacco products in 1997 but only around 15 percent in 2014.

As reported in *Gazette* #139, the national Tobacco 21 movement also gained further steam this past May, with California becoming the 2nd U.S. state (after Hawaii) to raise its legal cigarette purchase age to 21. (At the time, Gov. Jerry Brown also signed a bill restricting usage of e-cigs in public places.)

At the same time, a recent national survey by the U.S. Centers for Disease Control and Prevention (CDC) reflects New York City’s vaping boom.

The CDC research released this April said that vaping had tripled among middle and high-school students from 2013 to 2014—going from 4.5 to 13.4 percent among high-schoolers and 1.1 to 3.9 percent among middle-schoolers.

The CDC, however, largely downplayed that study’s other major finding—namely, that regular smoking by that same demo-

graphic has plummeted, a significant positive public health development.

It would seem that increasing regulation (or “strangulation,” some would wisecrack) of sales and usage of cigarettes has directly caused the exploding consumption of e-cigarettes. Current research shows that the majority of current e-cigarette users are current or former cigarette smokers.

Centered on nicotine, the primary stimulant in tobacco, e-cigs are, unsurprisingly, largely manufactured by companies that deal in tobacco. That fact prompts critics and laissez-faire-leaning libertarians alike to charge that Big Tobacco is simply trying to stay alive by creating a whole new nicotine market—and a lucrative one at that, apparently—built on new users of tobacco-based products as much as on existing users.

As a matter of fact, some argue that the FDA’s taking control of the previously-unreg-

ulated e-cig market actually benefits the Big Tobacco and other companies behind it.

In a new paper in the *Yale Journal on Regulation*, public health policy experts Jonathan H. Adler, Roger Meiners, Andrew Morriss and Bruce Yandle maintain that the FDA’s new rules reduce the comparative health advantage of e-cigs over regular cigarettes and constrain competition within the e-cig market.

The authors also note that producers of smoking cessation products like nicotine gum and patches also support the new FDA rule, because e-cigs compete with gums and patches as smoking cessation and reduction aids; many smokers find e-cigs to be more effective nicotine delivery devices than gums or patches.

Other research has indicated that regulating the e-cig market would actually drive the number of teen smokers back up, at least

partially negating positive public-health progress made in recent years.

The refillable cigar-like devices turn liquids, available in a wide and growing variety of flavors, into inhalable vapors. Experts are divided over their healthfulness or benefit, if at all, over standard smoking.

Some consider liquids infused with nicotine more harmful to youths than to adults, potentially interfering with brain development—making youth vaping just as bad as smoking, or worse.

Indeed, a new study done in Italy and published recently in the journal *Chest* found that chemicals in e-cig vapor produce short-term signs of potential cardiovascular harm, though not as many as those generated by conventional smoking.

On the other hand, other experts note that e-cig vapors contain few if any of the carcinogens of conventional tobacco cigarettes (like tar)—making them at least a healthier choice than smoking.

“The longer the people use these products the more evidence will emerge on how they might influence health,” researcher Dr. Wael Al-Delaimy of UC San Diego (California) told the local *Union-Tribune* paper. “We therefore should not prompt them until we know all the risks associated with them to better inform the public about such risks for current and future users.” ★

●► HAMASPIK NEWS

Hamaspik Reaches Out to Long Island, Queens Community at Special Needs Expo

◀◀ CONTINUED FROM PAGE 01

larily its Five Towns region and the adjoining borough of Queens, dates back to May of 2009. At that time, the agency secured approval to provide the New York State Dept. of Health (DOH)’s Nursing Home Transition and Diversion (NHTD) services to the suburban region.

That was followed in fall of 2010 by Hamaspik of Kings County’s recognition by the New York State Office for People With Developmental Disabilities (OPWDD) as an official provider of OPWDD services under its Long Island regional office.

By late 2014, Mrs. Bergmann was regularly serving as Hamaspik’s face at regional disability informational events—garnering enough attention, and agency services recipients, to warrant Hamaspik of Kings County’s first Long Island branch office.

That office opened in December of 2015, and remains headed up by Mrs. Bergmann at its convenient Five Towns location in Far Rockaway, New York.

Throughout it all, up to and including her most recent representations at the Achiezer event, the Hamaspik MSC kept working crowds at public events—manning



ANSWERS: HAMASPIKCARE’S MORDY WOLHENDLER DELIVERS

that Hamaspik table and getting the word out, one community member at a time.

The scene was no different this past May,

as Hamaspik once again reached out to the Long Island and Queens at Achiezer’s inaugural community outreach event.

Joining dozens of other nonprofits servicing people with intellectual disabilities and other special needs, Hamaspik’s two professionals informed dozens of inquisitive parents of the many services and benefits available to them.

Included in those services and benefits were several that inquirers didn’t know that their children (or parents) qualified for—or even that those services and benefits existed in the first place.

For example, a number of parents of small children with special needs, and even some providers of the state’s Early Intervention (EI) program, were unaware that such kids could qualify for some OPWDD services even while still under age three—or how to transition them from EI to OPWDD services.

Mrs. Bergmann adds that Hamaspik of Kings County came away with a couple of referrals from several local EI providers to start that transition process for their beneficiaries. And, according to Mr. Wolhendler, the communities served by Achiezer were also exposed to HamaspikCare’s Consumer Directed Personal Aide Service (CDPAS), its most popular program.

“There was a great deal of interest,” Mrs. Bergmann later told the *Gazette*, “and I hope we can begin to fill the gap in providing services in this region.” ★

The Autism Update

News and developments from the world of research and advocacy

SOME TESTIFY TO ROBUST RESULTS, BUT TMS AUTISM TREATMENT REMAINS LARGELY UNCHARTED

A lengthy article on National Public Radio (NPR)'s website explores an experimental treatment called *transcranial magnetic stimulation* (TMS) which has been used to treat people with autism.

The treatment involves placing electromagnets on the scalp to “zap” targeted areas of the brain with high doses of electromagnetic waves. Proponents say the treatment dramatically improves the social and emotional intelligence of people on the high end of the autism spectrum.

However, the article points out several problems and questions.

For starters, while several patients reported that positive results were also permanent, others reported that they faded away after regular treatment was discontinued—sometimes over years, months or weeks, and sometimes almost instantly, having barely lasted an hour.

Additionally, the report notes, the exact science of TMS is a largely uncharted territory.

Little if any scientifically-proven evidence exists that the technology works.

Other than the testimony of patients and parents alike for whom TMS produced sometimes-remarkable results, and the medical professionals who've seen it work, TMS has no medical or scientific support.

The treatment is also not FDA-approved—at least not for improving high-end autism symptoms. (It is FDA-approved for only one thing: treating severe depression that doesn't respond to other treatments.)

Also in the dark when it comes to TMS is exactly how it works and what it does to the brain (and to which part(s) of the brain), in cases where patients and parents testify to results.

Experts quoted in the article caution that modern medicine still is far from knowing what detrimental effects TMS could have on brains—especially the developing brains of children, including those with autism for whom TMS is sometimes sought.

AUTISM SPEAKS CO-FOUNDER SUZANNE WRIGHT, 1946-2016

Mrs. Suzanne Wright, who turned love and pride for a grandchild born with autism into high-profile global autism advocacy that involved hundreds of world leaders as well as researchers, passed away on July 29

after a nine-month battle with pancreatic cancer. She was 69.

Since co-founding Autism Speaks with husband Bob in 2005, the Bronx-born New Yorker helped create the iconic blue puzzle-piece logo now globally symbolizing autism, and successfully pushed the U.N. to adopt and promote the April 2nd World Autism Awareness Day, as well as the international Light It Up Blue campaign, most recently observed in 157 countries.

According to the organization's official statement announcing her passing, “Suzanne sparked a global conversation with one question: How can we help people with autism live their best possible lives?”

CALIF. BOY WITH AUTISM FOUND

Shortly before the *Gazette* went to print, a California boy with autism was found alive and well after a 24-hour search. Diego Garcia, 11, was reported missing from his Costa Mesa, California home on Monday, Aug. 1. A resident who had seen the missing-child alert spotted young Mr. Garcia the next day walking down a street and called police.

AUTISM GENES IDENTIFIED USING NEW APPROACH

Princeton University and Simons Foundation researchers have developed a machine-learning approach that for the first time analyzes the entire human genome to predict which genes may cause autism spectrum disorder. The new development raises the number of genes that could be linked to the disorder from 65 to 2,500.

Autism is a complex neurodevelopmental disorder with a strong genetic basis, but only about 65 autism genes out of an estimated 400 to 1,000 have been found through sequencing studies.

The findings appear in the journal *Nature Neuroscience*.

AUTISM RESEARCHERS PUSH CREATIVE/DRAMATIC PLAY THERAPY

Conventional wisdom vis-à-vis chil-

dren with autism is that “less is more”: that youths with the disorder are typically easily overwhelmed by stimulation and need quiet, simple spaces.

According to an ongoing research project's at the University of Kent in England, the opposite may be true, though—at least in finding new ways to communicate with kids affected by the disorder known for social inhibitions, including lack of eye contact or ability to verbalize.

The project's first phase, the 2011-2014 “Imagining Autism: Drama, Performance and Intermediality as Interventions for Autistic Spectrum Conditions” program, used British taxpayer monies to fund the structured usage of puppetry, costumes, projection, microphones, lights and sound to get children with autism at special-needs schools to express themselves in ways other than speaking or keyboarding.

The project, led by two researchers themselves parents of kids with autism, is now being expanded to include families affected by autism.

PHOTOGRAPHY HELPS ASD YOUTH WITH SELF-EXPRESSION

A small study by the Thompson Center for Autism and Neurodevelopmental Disorders, a school within the University of Missouri, underscores that teens with autism spectrum disorder (ASD) are better able to express themselves to the world with the pictures they take and show to others.

The ongoing work with 11 young people with ASD ages 16 and 25 found that the cameras they were supplied with allowed them to take photos that help capture and express their feelings, especially as they transitioned from high school and continued struggling with socialization as young adults newly entering the world beyond high school.

Specifically, and most interestingly, found patterns in the subjects participants photographed—with various photos repeatedly used to express the stress of learning new skills and taking on new responsibilities, and the feelings of sadness and loneliness. ★

Job Opportunities

F/T receptionist position available at the **Hamaspik Williamsburg office**. Hours: Mon-Thurs 9-5, Fri 9-1. Must speak English and Yiddish. **Salary plus benefits**. Fax Resume: 718-408-6106, Email: Freund@hamaspikings.org

Home Care Agency looking for **full time Field RN**.

1 Year home care experience preferred.

Good pay and benefits. Bilingual a plus.

Please forward resumes to rmilgraum@hamaspikcare.org

Looking to hire to work with special needs at a **residence in Boro Park**. Please reply to: yindig@hamaspikings.org or fax resume to 718-943-9236

Hamaspik of Kings County is looking for a new PT/FT **Medicaid Service Coordinator** for the **OPWDD** and **NHTD programs** to work in Williamsburg Office. Associate Degree (60 credits) in Human Services required. **Yiddish speaking a plus**. Email Silberman@hamaspikings.org

MONSEY LARGE HOME FOR SALE

Spacious, beautiful 9 bedroom one family home **with full handicap accessibility**. Very well maintained!! 5 1/2 baths; including jacuzzi, Pesach kitchen, & built in Sukkah! **Serious inquiries pls.** (845) 548-0284

●► PUBLIC POLICY NEWS

New York's Sen. Schumer, Rep. Clarke Lead National ALD Newborn Screening Push

Introduce Aidan's Law in Capitol; NY 1st since 2014; Public Call for Passage Growing

A cause born in 2012's Brooklyn and approved by Albany in 2013 became a bill on Capitol Hill in March of 2016—and this July, awareness of ALD is gaining national steam.

Aidan's Law is legislation requiring that all infants born in the U.S. be screened for adrenoleukodystrophy (ALD). It adds to the dozens of diagnoses already screened for by law. The law is named for Aidan Jack Seeger, a Brooklyn boy who passed away due to the rare brain disorder in April of 2012.

Activism by Aidan's parents and supporters over the ensuing months prompted the New York State to pass Aidan's Law, adding to some 40 newborn blood tests already mandated by the state.

The bill was signed into law by Gov. Andrew Cuomo in late 2013, making New York the first U.S. state to test for ALD. The disorder can be blocked if detected before symptoms show.

By February of 2014, New York's Aidan's Law was already saving New Yorkers' lives.

"He has a chance because we know because he can be monitored for the rest of his life," new father Nicholas Hunter of upstate Clay told local news outlet CNY Central on February 28 of that year.

"We were blessed to be screened for this

deadly disease when our son was less than 48 hours old," mother Lindsay Hunter later wrote, "all because we live in New York."

The Hunters' son Matthew was the fourth newborn in New York, and the U.S., to test positive for ALD well before symptoms. Bone-marrow transplants usually cure such pre-symptom cases successfully.

But Bobby and Elisa Seeger, Aidan's parents, didn't stop there, turning heartbreak into hope for the roughly 235 babies a year (or one of every 17,000, mostly boys) born with ALD in the U.S.

Turned down in 2012 by a federal committee, the Seegers and their non-profit, the Aidan Jack Seeger Foundation, eventually won Sen. Charles Schumer and Rep. Yvette Clarke to their cause.

On March 3, 2016, Sen. Schumer introduced S.2641 in the Senate and Rep. Clarke introduced its equivalent, H.R.4692, on the floor of the House. Both are national versions of Aidan's Law.

On April 7, 2016 an online petition asking members of Congress to support Aidan's Law reached 50,000 signatures.

While the House draft of Aidan's Law has yet to garner any co-sponsorship, the first step towards its eventual signing, Sen. Schumer's bill has attracted significant Senatorial support.

May 18, 2016 saw Colorado Sen. Michael Bennet sign on to the legislation, as well as Maryland's Barbara Mikulski, the U.S. Senator and noted activist for health and disability issues. The watershed Rosa's Law, which in October of 2010 replaced all official federal government usage of the phrase "mental retardation" with "intellectual disability," was driven by Mikulski. That law is named for Rosa Marcellino, a young Marylander with intellectual disability.

New York's junior Senator, Kirsten Gillibrand, co-sponsored Aidan's Law on May 26, followed most recently by Connecticut's Richard Blumenthal on June 28.

Most recently, another online petition has been asking the public to push their elected officials to support Aidan's Law on Capitol Hill, attracting the support of a number of well-known names.

Aidan's Law, if and when signed by President Barack Obama, would require states to test every newborn for ALD. While the federal Recommended Uniform Screening Panel (RUSP) added ALD testing this past February 16 and is largely followed nationwide, it remains optional and carries no force of law. Aidan's Law will change that.

Specifically, the bill provides some \$15 million in federal taxpayer funding a year

through 2019 to maintain the national Heritable Disorders Program.

That program is a function of the Health Resources and Services Administration (HRSA), a division of the federal U.S. Dept. of Health and Human Services (HHS). It was created by the Newborn Screening Saves Lives Act (itself an amendment to the Public Health Service Act) that was signed into law by President George W. Bush in 2007.

Under Aidan's Law, states not adding ALD testing to newborn screenings within two years of its passage would be ineligible for funding from the Heritable Disorders Program.

Over 80 percent of the current diseases tested by the Recommended Newborn Screening Panel are rarer than ALD and, unlike ALD, some have no current treatment options.

Adrenoleukodystrophy is one of several peroxisomal disorders or leukodystrophies, in which the body cannot break down very-long-chain fatty acids (VLCDFAs), causing them to collect inside brain nerves and progressively destroy basic brain function.

Meanwhile, over the past two years, New York's Aidan's Law has saved 46 newborns. ★

●► DISABILITY NEWS

Brooklyn-based Furenexo Aims to Startup Disability Technology Movement

FIRM'S FIRST PRODUCT ALERTS DEAF TO NOISES; WORKING ON 'FACE RECOGNIZER' FOR BLIND

A user-based technology startup company based in Brooklyn is seeking to not only create innovative devices that aid people with deafness, blindness or other disabilities, but also to recruit their input in the design and development process of those devices.

The first device to be sold by Furenexo, currently a four-person firm, is named Sound Sense. It's a \$25 object the size of a USB memory stick which vibrates to alert deaf users of loud nearby noises like smoke/fire alarms, auto horns or emergency sirens.

Furenexo is also seeking \$80,000 in an investor startup campaign to eventually release a new product every quarter.

Meanwhile, Furenexo is also working on a camera using existing smartphone facial recognition technology to enable people with blindness to scan a room to identify any occupants.

The company plans to share its technology with programmers, designers and users to allow them to freely experiment with and improve, creating not just a support community but a disability technology movement.

Founder Brian Goral got his start in experimental technology devices by working for the CIA in making technology devices for U.S. military usage. ★

Study:

Disability workforce more stress-affected

A joint survey conducted by National Public Radio (NPR), the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health found that 41 percent of Americans say that jobs negatively affect health, mostly via stress.

But the survey also found that 62 percent of working Americans with disabilities report that their jobs affect their stress level.

Many report getting stressed out by the commute alone. While the landmark Americans with Disabilities Act (ADA) mandated full accessibility for all public buses, sidewalks and buildings, getting to and from work can still be taxing for people in wheelchairs.

For others, taking time off for additional disability-related healthcare can risk their jobs.

The survey also found another stark

contrast between people with and without disabilities: 15 percent of the latter say their job has a bad impact on their overall health, while 35 percent of the former do.

Disability advocates point out that employers frequently fear hiring workers with disabilities, leery of accommodation expenses—which only average out to \$500 extra per worker, though.

In that vein, just over a third of surveyed workers with disabilities reported satisfactory reasonable accommodations, a critical phrase in the ADA lexicon, at workplaces. But 55 percent rated workplaces fair or poor, compared to 21 percent of nondisabled respondents.

Job-seekers with disabilities, for their part, may also be so desperate to work that they'll take any job, even one for which they are ill-suited. ★

In the Know

ALL ABOUT... BIPOLAR DISORDER

Hamaspik thanks our agency psychologist, Alan Blau, Ph.D., for reviewing this article.

Bipolar disorder, formerly called *manic depression*, is a brain disorder that causes unusual and usually extreme shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

When a person become depressed, he or she may feel sad or hopeless and lose interest or pleasure in most activities. When the mood shifts in the other direction, he or she may feel euphoric and full of energy.

These emotional mood states are called *mania* or *hypomania*; these emotional lows are called depression. A person having mania is described as manic; a person having depression is described as depressed.

Mood shifts may occur only a few times a year or as often as several times a week.

Although bipolar disorder is a disruptive, long-term condition, moods can be kept in check by following a treatment plan. In most cases, bipolar disorder can be controlled with psychological counseling (psychotherapy) and a long-term personal care plan.

DEFINITION AND SYMPTOMS

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There are four basic types of bipolar and related disorders: Bipolar I, Bipolar II, Cyclothymic Disorder (also called cyclothymia), and Other Specified and Unspecified Bipolar and Related Disorders.

For each type, the exact symptoms can vary from person to person. Bipolar I and II disorders also have additional specific features that can be added to the diagnosis based on the individual patient's particular signs and symptoms.

Bipolar I

This is defined by at least one manic episode that lasts at least seven days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, depressive episodes occur as well, typically lasting at least two weeks. Episodes of depression and manic symptoms at the same time are also possible.

Bipolar II

This is defined by at least one major depressive episode lasting at least two weeks and at least one hypomanic episode lasting at least four days, but not a full-blown manic episode. Bipolar II disorder is a separate diagnosis, not a milder form of bipolar I disorder.

Cyclothymic

This is defined by numerous periods of hypomanic symptoms as well numerous periods of depressive symptoms lasting for at least two years. During this time, symptoms occur at least half the time and never go away for more than two months. But symptoms don't meet the diagnostic definition of hypomanic and depressive episodes.

Simultaneous conditions

People with bipolar disorder commonly also have other conditions that are diagnosed before or after the bipolar disorder diagnosis. These conditions should be diagnosed and treated separately so as to not make bipolar disorder

worse, or make bipolar disorder treatment less effective.

These conditions can include anxiety disorder, post-traumatic stress disorder (PTSD), attention-deficit/hyperactivity disorder (ADHD), substance abuse/addiction, or even heart disease, thyroid problems, obesity or other physical health problems.

Other Specified and Unspecified Bipolar and Related Disorders

These are defined by bipolar disorder symptoms that do not match the three categories listed above.

Specific definition of manic or hypomanic episode

A manic episode is a distinct period of abnormally and persistently elevated, expansive or irritable mood that lasts at least seven consecutive days (or less than seven consecutive days if hospitalization is necessary). The episode includes persistently increased goal-directed activity or energy.

A hypomanic episode is a distinct period of abnormally and persistently elevated, expansive or irritable mood that lasts at least four consecutive days.

In both, any three or more of the following symptoms (four if the mood is only irritable) must be present and represent a noticeable change from the usual behavior:

- Inflated self-esteem or grandiosity
 - Decreased need for sleep (for example, you feel rested after only three hours of sleep)
 - Unusual talkativeness
 - Racing thoughts
 - Distractibility
 - Increased goal-directed activity (either socially, at work or school, or privately) or agitation
 - Doing things that are unusual and that have a high potential for painful consequences—for example, wild buying sprees, foolish personal behaviors or foolish business investments
- To be considered a manic episode, the mood change must also be:
- Severe enough to cause noticeable difficulty at work or school, or in social life or relationships; or
 - Require hospitalization; or
 - Trigger a break from reality (psychosis).

To be considered a hypomanic episode, the mood change must also be:

- A distinct change in mood and functioning not characteristic of the person when symptoms are not present
 - Enough of a change that other people notice
- A hypomanic episode will not be severe enough to cause noticeable difficulty at work or school, or in social life or relationships; will not require hospitalization; and will not trigger a break from reality (psychosis).

Specific definition of major depressive episode

A major depressive episode must contain at least five or more of the symptoms below over a two-week period, based on the patient's own feelings or observations of someone else (at least one must be depressed mood or loss of interest or pleasure):

1. Depressed mood most of the day, nearly every day; feeling sad, empty, hopeless or tearful
 2. Markedly reduced interest or no pleasure in all (or almost all), activities most of the day, nearly every day
 3. Significant weight loss when not dieting, weight gain, or appetite decrease/increase nearly every day
 4. Either insomnia or sleeping excessively nearly every day
 5. Either restlessness or slowed behavior that can be observed by others
 6. Fatigue or loss of energy nearly every day
 7. Feelings of worthlessness or excessive or inappropriate guilt, such as believing things that are not true, nearly every day
 8. Decreased ability to think or concentrate, or indecisiveness, nearly every day
 9. Recurrent thoughts of death or suicide, or suicide planning or attempt
- To be considered a major depressive episode:
- Symptoms must be severe enough to cause noticeable difficulty in day-to-day activities, such as work, school, social activities or relationships
 - Symptoms are not due to the direct effects of something else, such as alcohol or drug use, a medication or a medical condition
 - Symptoms are not caused by grieving, such as after the loss of a loved one

CAUSE >>

The exact cause of bipolar disorder is unknown, but several factors may be involved, such as:

- Having a first-degree relative, such as a parent or sibling, with bipolar disorder
- Periods of high stress
- Major life changes, such as the death of a loved one or other traumatic experiences

Other possible factors include physical changes in patients' brains and possible imbalances in naturally occurring brain chemicals called neurotransmitters, and inherited traits (the condition is more common in people who have a first-degree relative with bipolar disorder).

DIAGNOSIS >>

Start by seeing a primary care doctor, or see a medical doctor who specializes in diagnosing and treating mental health conditions (psychiatrist).

Before any appointment, make a list of any symptoms, including any that may seem unrelated to the reason for the appointment. Write down key personal information, including any major stresses or recent life changes, and name and dosage of all medications, vitamins or other supplements currently being taken.

When doctors suspect someone has bipolar disorder, they typically do a number of tests and exams. These can help rule out other problems, pinpoint a diagnosis and also check for any related complications. These may include: Physical exam. A physical exam and lab tests may be done to help identify any medical problems that could be causing symptoms. Psychological evaluation. The doctor or mental health provider will talk to the patient about thoughts, feelings and behavior patterns. He

or she may also fill out a psychological self-assessment or questionnaire. With the patient's permission, family members or close friends may be asked to provide information about symptoms and possible episodes of mania or depression.

Mood charting. To identify exactly what's going on, a doctor may have the patient keep a daily record of moods, sleep patterns or other factors that could help with diagnosis and finding the right treatment.

TREATMENT >>

After consultation and diagnosis, treatment will typically be comprised of short-term treatment to get symptoms under control, followed by a customized plan for long-term treatment.

The primary treatment for bipolar disorder is psychological counseling (psychotherapy), and may include education and support groups.

Because bipolar disorder requires lifelong treatment, even during periods when patients feel better, people who skip maintenance treatment are at high risk of a relapse of symptoms or having minor mood changes turn into full-blown mania or depression.

Psychotherapy

Psychotherapy is a vital part of bipolar disorder treatment and can be provided in individual, family or group settings. Several types of therapy may be helpful. These include:

Cognitive behavioral therapy. The focus of cognitive behavioral therapy is identifying unhealthy, negative beliefs and behaviors and replacing them with healthy, positive ones. It can help identify what triggers bipolar episodes. Patients can also learn effective strategies to manage stress and to cope with upsetting situations.

Interpersonal and social rhythm therapy (IPSRT). This therapy focuses on the stabilization of daily routines, including such vitals as sleep, wake, diet/mealtimes, and exercise. A consistent routine allows for better mood management.

Other treatment options

Other therapies have shown some evidence of success. Depending on the patient's needs, any of the following may be added:

- Electroconvulsive therapy (ECT). In ECT, electrical currents are passed through the brain. This procedure is thought to affect levels of neurotransmitters in the brain and typically offers immediate relief of even severe depression when other treatments don't work.

- Transcranial magnetic stimulation (TMS). In TMS, a treatment coil placed against the scalp sends brief magnetic pulses to stimulate nerve cells in the brain that are involved in mood regulation and depression. Typical TMS consists of five treatments a week for up to six weeks.

Positive lifestyle changes

- Get regular physical activity and exercise. Moderate, regular physical activity and exercise helps steady one's mood by releasing endorphins, brain chemicals that make you feel good.

- Get plenty of sleep. Don't stay up all night. Sleeping enough is an important part of managing mood.

- Steer clear of unhealthy relationships. Surround yourself with people who are a positive influence and won't encourage unhealthy behavior or attitudes

Alternative medicine

Omega-3 fatty acids. These oils may help improve depression associated with bipolar disorder. Bipolar disorder appears to be less common in areas of the world where people regularly eat fish rich in omega-3s.

Magnesium. Several small studies have suggested that magnesium supplements may lessen mania and the rapid cycling of bipolar symptoms.

St. John's wort. This herb may be helpful with depression. However, it has the potential to trigger mania in some people.

S-adenosyl-L-methionine (SAME). This amino acid supplement appears to help brain function related to depression. As with St. John's wort, SAME can trigger mania in some people.

Acupuncture. This ancient Chinese practice of inserting tiny needles into the skin may relieve depression, but more studies are needed to confirm its benefits. However, acupuncture is considered safe and can be done along with other bipolar disorder treatments.

PROGNOSIS >>

Coping strategies

Coping with bipolar disorder can be challenging. Here are some strategies that can help:

Learn about bipolar disorder. Education about your condition can empower you and motivate you to stick to your treatment plan. Help educate your family and friends about what you're going through.

Stay focused on your goals. Recovery from bipolar disorder can take time. Stay motivated by keeping your recovery goals in mind and reminding yourself that you can work to repair damaged relationships and other problems caused by your mood swings.

Pay attention to warning signs. Addressing symptoms early on can prevent episodes from getting worse. You and your caregivers may have identified a pattern to your bipolar episodes and what triggers them. Call your doctor if you feel you're falling into an episode of depression or mania. Involve family members or friends in watching for warning signs.

Join a support group. Support groups for people with bipolar disorder can help you connect to others facing similar challenges and share experiences.

Find healthy outlets. Explore healthy ways to channel your energy, such as hobbies, exercise and recreational activities.

Learn ways to relax and manage stress. Yoga, tai chi, massage, meditation or other relaxation techniques can be helpful.

There's no sure way to prevent bipolar disorder. However, getting treatment at the earliest sign of a mental health disorder can help prevent bipolar disorder or other mental health conditions from worsening. ★

● ► PUBLIC POLICY NEWS

U.S. Army IDs 2nd Case of 'Superbug' Gene Resistant to Powerful Last-ditch Antibiotic

<< CONTINUED FROM PAGE 3

"wait and see" approach in treating common infections such as children's ear infections, which often simply go away on their own as young and healthy immune systems destroy the invading bacteria—and build up critical natural resistance, too.

The second is reducing use of antibiotics on livestock and in the food industry.

The third involves creating financial incentives for big pharmaceutical companies to create new antibiotics. Currently, the cold hard economic fact is that it's not worth it for Big Pharma to spend millions on creating new antibiotics to which bacteria will quickly develop resistance.

Indeed, since the first penicillin was made in 1928, over 100 antibiotics have been introduced. But bacteria have developed various levels of resistance to almost all of them.

For its part, the National Institute of Allergy and Infectious Disease (NIAID) is funding tests that would speed infection diagnoses and prompt more careful antibiotic use by doctors and hospitals.

Another area of progress currently getting a second look is an old idea that dates back to the 1930s—treating bacterial infections not with antibiotics but with viruses that kill bacteria.

At the end of the day, at least statistically, chances remain low of contracting an antibiotic-resistant bacterial infection—and there are still antibiotics effective in treating such an infection.

And what's more, a lot of research suggests that excessive hygiene and cleanliness—constantly sterilizing our homes and environments with wipes, sprays and the likes—not only aids bacteria in getting more resistant to antibacterial attacks, whether from retail products or antibiotics, but may also play a part in the rise of autoimmune diseases like multiple sclerosis (MS) or asthma, in which the body's immune system attacks various systems of the body because it has no natural invaders to attack.

A variety of otherwise unrelated studies in recent years, several of which were covered in the *Gazette*, also find that people exposed to more germs and "unsanitary" conditions as kids have less allergies and infections as adults.

One such study, for example, found that kids growing up on farms were less allergic to pets. Another actually found a correlation between mothers who wiped spoons clean with their own lips and then directly inserted those spoons into food to feed kids, and kids with less allergies and infections.

Bottom line? Don't stop regularly soaping hands, covering sneezes (with tissues or even sleeves, not hands) and bathing kids because of this article, especially if the flu or a cold is going around!

But on the other hand, when it comes to keeping our environment clean and safe for our kids and ourselves, a little bit of exposure to germs may not be such a terrible thing. ★

● ► HAMASPIK NEWS

Responding to Hamaspik of Rockland County Need, NYSHA Hires New Staff Psychologist

In response to ever-expanding community need for disability services upstate, the New York State Hamaspik Association (NYSHA) umbrella support group for Hamaspik member agencies is proud to announce that psychologist Dr. Daniel Tepfer has joined its team.

As NYSHA's newest employee, Dr. Tepfer will be supporting Hamaspik of Rockland County, which of late has seen an influx of child and adult applicants for services and supports.

Additional demand for evaluations from Hamaspik of Orange County, which is also seeing growth, will be met by Dr. Tepfer as well, notes NYSHA Director Joel Brecher.

Working alongside Alan Blau, Ph.D., Hamaspik's longtime agency psychologist, Dr. Tepfer will conduct the professional evaluations critical to receiving those ser-

vices. In doing so, the licensed psychologist will also free up significant chunks of Dr. Blau's time, allowing the agency's lead professional to devote more of his day on other programs like applied behavior analysis (ABA) therapy, a new Hamaspik offering, and Intensive Behavioral Services (IBS), an existing program.

Dr. Tepfer was officially hired on July 19 by Mrs. Shaindy Weisberger, Regional Director of the NYSHA Article 16 Clinic's upstate satellite branch.

A graduate of Farleigh Dickinson University and Long Island University, Dr. Tepfer brings to NYSHA several years of experience working for the Valley Stream (Long Island) School District and the Kiryas Joel Union Free School District.

The latest hiring furthers NYSHA's ongoing record of growth and success. ★

Public Health And Policy News

STARK BIAS: SENATE HEARS HEALTHCARE'S LAW HANGUPS

The game-changing Stark Law, named for retired Congressman Pete Stark, became U.S. law in 1992—and Big Healthcare still opposes it, most recently at a Congressional hearing on July 12.

At that Senate Finance Committee hearing, CEOs of several big healthcare companies told U.S. Senators that the anti-kick-back law was hobbling efforts to implement value-based payments.

Today's medicine is mostly fee-for-service-based, but Medicare wants to move half of its payments to value-based systems by 2018—a change that will be impossible to implement without amending or repealing the Stark Law, the CEOs said on Capitol Hill.

The Stark Law was intended to cut down on fraud and abuse by barring caregivers from referring Medicare patients to other caregivers with whom they have financial relationships. But individual doctors and large health systems alike have found the law a hindrance for years now.

Most curiously, Stark was even opposed in late 2013 by Pete Stark, who (as reported in *Gazette* #115) then said that Stark should be repealed because it's too specific about what's legal or not.

NEW YORK AG SUES PRISON MEDICAL PROVIDER AFTER INMATES DIE

New York Attorney General Eric T. Schneiderman is suing the Miami-based Armor Correctional Health Medical Services for failure to provide adequate care to state prisoners.

The lawsuit involves the Nassau County Correctional Center on Long Island, where Armor has an \$11 million annual contract to deliver medical care to inmates. Twelve have died there in the past five years, including four since March. According to a state Commission on Correction inquiry cited by the lawsuit, five of those 12 died after receiving inadequate medical care.

Schneiderman wants to bar Armor from bidding on any future New York contracts and to also pay fines and damages.

THREE NY FIRMS ON 2016'S TOP 100 HEALTHCARE WORKPLACES

State of innovation, indeed: Three growing Manhattan-based healthcare startups take spots on Modern Healthcare's recently rolled-out "100 Best Places to Work in

Healthcare for 2016" list.

Phreesia, which bills itself as "the nation's leader in patient intake management," offers medical practices a variety of technologies that streamline care and operations. Quartet is "a technology company improving behavioral health delivery for patients, providers, and payers," while CipherHealth calls itself "a healthcare technology company committed to improving patient outcomes and experiences through enhanced communication and care team coordination."

The national recognition program, now in its ninth year, will announce actual rankings on Oct. 6.

UNAFFORDABLE ILLINOIS OBAMACARE PLAN FAILS

The Chicago-based Land of Lincoln non-profit health insurer, one of 23 so-called co-ops created nationwide in 2014 with \$2.4 billion in loans provided by the Obamacare law, was officially shut down on July 12 by the Illinois Dept. of Insurance.

Land of Lincoln was ordered closed after it lost \$90 million last year and after promised federal taxpayer funding to help offset those massive losses didn't later come through. The company is also required to pay \$31.8 million to other insurers under a complex formula in the Affordable Care Act (ACA), which aims to keep premiums stable by balancing risks among insurers.

The plan's 49,000 members now stand to lose their health insurance in coming

months.

RELIGIOUS LITERACY=BETTER MEDICINE

Medical student Aamir Hussain opines in an online public forum that today's medical students should be taught about religion—specifically, the basic beliefs of major religions in the U.S. today and how to use them as future doctors to better understand and treat religious patients.

Mr. Hussain also writes that religious community organizations should be seen as public health partners, serving as they can as focal points for culturally-tailored community education programs on diabetes or any other public health concern.

While hospitals, government healthcare/human-services programs, and community organizations in New York like Hamaspiik and worthy others have been partnering to do just that for decades, sensitively serving the city's Orthodox Jewish community, religious literacy training in medical schools has yet to become mainstream.

SENATE PUNTS ON NIH FUNDING

The 21st Century Cures Act is a bill passed by the House about a year ago. It includes over \$9 billion in mandatory funding for the National Institutes of Health (NIH) over the next five years—which would include Vice

FDA APPROVALS

- July 11—Xiidra, first prescription eye drops for both signs and symptoms of dry eye disease
- July 11—ExAblate Neuro, first MRI-guided focused ultrasound device to treat essential tremor
- July 28—Adlyxin, for improvement of HbA1c levels in Type 2 diabetes, made by Sanofi ★



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President Joe Biden's current cancer "moon shot" effort. Supporters of the act say it removes regulatory burdens at the Food and Drug Administration (FDA) and would approve more breakthrough medications and medical devices.

However, the Senate—which has broken the act into 20 individual bills—left it hanging before leaving for its summer recess. Upon reconvening, the legislation is likely to be sidelined by the presidential election—but might have a chance if Republicans and Democrats can agree on final funding amounts, which thus far have divided them, and send a final bill to an outgoing President Obama.

WASHINGTON NODS OPIOID-CRISIS BILL

With a 92-2 vote on July 13, the U.S. Senate signed off on the Comprehensive Addiction and Recovery Act (CARA), a bill passed by the House in May that addresses the nation's ongoing opioid epidemic.

With several changes made by the upper chamber of Congress, the CARA bill authorizes the federal government to award grants to states for opioid-related education, prevention, treatment, and recovery efforts. Critics say that in its current form, however, the bill provides insufficient funding for all the programs and effort that it would create or support.

Among those critics was President Barack Obama himself, who signed the bill into law on Friday, July 22, but not without disappointment in what he saw as CARA not providing more money for addiction treatment. While the president had asked Congress for over \$1 billion, the bill authorizes

\$181 million in new spending.

"Given the scope of this crisis," said Mr. Obama in a statement, "some action is better than none."

PERSONAL, ONLINE HEALTH TECHNOLOGY FAR AHEAD OF HIPAA LAW

A much-delayed federal report on the effects of technology on HIPAA, initially requested by Congress in 2009 and due in 2010, was finally released this July 19, 2016. And in what cynics are certain to seize upon as Washington bureaucracy at its hamster-wheel worst, the report offers no suggestions.

The landmark Health Insurance Portability and Accountability Act (HIPAA) of 1996 only covers patient information kept by health providers, insurers and data clearinghouses, as well as their business partners. Any and all other personal health data records currently fall outside the law's purview.

Today, what with personal trackers, mobile health apps and online patient communities far more prolific and advanced than 2009, the hole in HIPAA privacy regulations is ever more gaping.

In related news, the HHS' Office for Civil Rights (OCR) agreed on July 18 to a \$2.7 million settlement with Oregon Health & Science University (OHSU) for potential violations of the HIPAA law.

And on July 24, the University of Mississippi Medical Center announced an agreement with the OCR to pay a \$2.75 million penalty resulting from the 2013 loss of a laptop computer that contained health information on as many as 10,000 patients.

REPORT: MEDICAID SPENDING MORE ON COMMUNITY-BASED SERVICES

A report released mid-July by the Centers for Medicare and Medicaid Services (CMS) finds that Medicaid spent more on community-based services than institutional care for the second consecutive year.

The federal look at the \$152 billion in taxpayer dollars spent on long-term care services in fiscal-year 2014 found that 53 percent went to community-based services.

Fiscal-year 2013 saw 51 percent of long-term care Medicaid monies go to community-based services—indicating a growing trend by 2014 and beyond.

Such funding has ticked up one to three percent nearly every year since 1995, the report indicated.

Evolving ideas about how to best serve people with developmental disabilities appear to be driving the trend toward community living, the report suggests, with 75 percent of dollars targeted to this group going to integrated care.

U.S. ARMY DEVELOPS ZIKA PROTOTYPE VACCINE IN MONTHS

As Colombia's Vice Health Minister Fernando Ruiz declared his country's Zika virus epidemic over on July 25 and more cases were reported in the U.S., getting far less coverage was the U.S. Army's rapid recent development of a Zika vaccine—a process normally taking years but which the military's Walter Reed Army Institute of Research (WRAIR) took mere months.

The CDC provided WRAIR with a dead

Zika strain in February. Using existing procedures based on the West Nile virus (to which Zika is similar), initial tests were done by mid-July. Further safety and effectiveness tests are being conducted, and WRAIR officials hope that Phase I human trials can begin by the end of 2016.

If Phase I is successful, a WRAIR agreement with biomedical giant Sanofi Pasteur will see the company mass-produce the vaccine for large-scale Phase II and III trials in Zika world hotspots. And if those succeed, Sanofi will commercially manufacture the new vaccine and sell it back to the Dept. of Defense—and the rest of the world—for mass public usage.

Meanwhile, however, the California-based Inovio Pharmaceuticals is one step ahead. On July 26, the company announced the dosing of the first human subject in its Phase I trial of its new Zika DNA vaccine.

JULY 26: ADA 26!

The landmark Americans with Disabilities Act (ADA) celebrated its 26th anniversary this past July 26. The bill was signed into law by President George H.W. Bush on July 26, 1990.

Calling it "the world's first comprehensive declaration of equality for people with disabilities," President Bush said the ADA will improve the still-pressing issue of disability unemployment.

Concluding the signing ceremony by comparing disability discrimination to the Berlin Wall, President Bush said, "Let the shameful wall of exclusion finally come tumbling down."

How far we've come... ★

► HAMASPIK NEWS

In Average Day at Work, Grandview IRA Manager Runs All Over the Place

Hamaspik's Joel Schnitzer Exemplifies Agency On-site Exactitude in Care

It's another Monday at Hamaspik of Rockland County, and Joel Schnitzer, Manager of the Grandview Briderheim Individualized Residential Alternative (IRA) is back at his desk.

Earlier in the day, he'd been across the Hudson River in Westchester County—having one of the boys with significant disabilities under his care seeing an excellent epileptologist.

But in the office now, plans for the rest of the group-home's summer were on the table: A visit to Six Flags Great Adventure in August, brief stays in the Catskills for some, Brooklyn for others.

Not two weeks before that, Mr. Schnitzer had been at an onsite staff training—one of the several optional sessions that Hamaspik gives employees for that extra measure of professionalism.

Amidst the interactive class led by Director of Quality Assurance Eliezer Appel, the IRA Manager got a call from Grandview staff: State inspectors are here. Schnitzer rushed over.

At that audit by the New York State Office for People With Developmental Disabilities (OPWDD), auditors reviewed Grandview's fire safety, medication closet, and outdoor grounds.

With the Manager on hand to answer several questions, the two inspectors also toured the facilities, scanned staff paperwork, queried the home's RN, and even tested the fire alarm.

They also took note of the residents' individuality-centered bedrooms, Schnitzer adds—taken by the theme of cars decorating one room and fish, both per residents' preference, in another.

But Mr. Schnitzer's day is not unlike the average Hamaspik group-home manager's day—a day marked, in years of the Gazette's observations, by energetic exertions on residents' behalf.

Figuring front and center perhaps more than anything else continues to be those managers' medical ministrations, with repeated trips to top docs near and far in providing residents care.

From routine well-visits and minor medical issues to full-blown surgeries and fortunately-rare emergencies, Hamaspik's managers have long stalked the halls of New York's best hospitals.

It's a distance this hardworking cadre of devoted men and women at Hamaspik regularly go. But, backed by equally-devoted Direct Support Professional (DSP) teams, it's natural for them.

Grandview's DSP team is David Einhorn, Avraham Fischer, Shmuel Glick, Levi Horowitz, Yoel Klein and Shimon Weiss.

For Mr. Schnitzer, as it is for managers from the 38th St. Shvesterheim IRA down south to the Acres Briderheim IRA up north, the job is anything but predictable and routine.

While the myriad rules and regulations governing IRA operations are largely inflexible, supporting the needs and wants of residents can demand vast reserves of flexibility.

Individual-centered support is the increasing call of the day, reforming the industry culture as it is into one where daily activities are driven by the individual's choices, not staff directions.

That's why, Schnitzer notes, summer plans for Grandview also include day-trip jaunts to The Castle, a family fun center in upstate Chester, and to the similar FunPlex: Residents want them.

And if that means that tickets must be bought, lunches packed and reservations made, then the Manager, like every diligent and tireless Hamaspik manager, will run all over the place, happily. ★

Happening In health Today

MISLEADING PUBLICITY: EATING PASTA THINS YOU (NOT)

One would think there's no better place than Italy to study the alleged weight gain caused by eating pasta, the quintessential food of Italy—which is (sort of) what researchers did at IRCCS Neuromed in Pozzilli, Italy.

In two ongoing diet studies of over 23,000 Italians, one in operation since 2005, researchers with that organization have asked participants—among many other food questions—how often, and in what amounts, they regularly consume pasta.

Recently, those researchers looked at their survey data and matched up Italians who regularly eat pasta and Italians with various waist sizes, waist-to-hip ratios and

body mass indexes (BMIs).

Results of their research, and associated claims regarding pasta, were published recently in the journal *Nutrition and Diabetes*.

According to a press release from IRCCS Neuromed, one that was snapped up by worldwide media and quickly turned into misleading, vague and sensational reports, not only does eating pasta not cause weight gain but actually causes weight loss.

There's only one problem: that statement isn't true.

The study doesn't prove cause-and-effect. It merely found that people who generally keep the famously healthy Mediterranean Diet, and have healthy waist sizes, healthy waist-to-hip ratios and healthy BMIs, also regularly eat pasta—itsself an

integral part of the Mediterranean Diet.

What's more, the smaller of the two studies used by the research is partially funded by Italian pasta company Barilla. (Can you say biased results?)

As noted Italian-American chef Giada De Laurentiis once said, "Pasta doesn't make you fat. How much pasta you eat makes you fat."

And conversely, how much pasta you don't eat will not make you thin—it's how much unhealthy or excessive food you don't eat that will make you thin.

to germs due to an over-clean environment causes the immune system to attack the body, having less germs to attack.

Proponents link the hygiene hypothesis to a number of conditions, including asthma, in which the immune system attacks the respiratory system, and multiple sclerosis (MS), in which the immune system attacks the nervous system.

Now, a new study gives the idea another thumbs-up, and almost-literally: People who sucked their thumbs as kids apparently have fewer allergies as adults than people who didn't suck their thumbs as kids.

Researchers believe that germs on dirty thumbs inserted into mouths may have exposed the kids' growing immune systems to more bugs than other kids, resulting in more resistance as adults.

The study, published July 11 in *Pediatrics*, drew on data on over 1,000 New Zealand adults regularly assessed since childhood.

NEW SCIENCE EXPLAINS WORSE EASTWARD JET LAG

If you find that flying from west to east throws off your body clock more than flying east to west, a University of Maryland physicist may have a reason: neuronal oscillator cells.

Happenings Around Hamaspik

LIVING WITH SUMMER AT ROCKLAND MEN'S DAY HAB

Considering the summer-camp spirit in which their local communities are now steeped, it's no surprise that the Men's Division of Hamaspik of Rockland County's Day Hab program kicked off Camp Lehachayos ["to enliven"], its own day-camp-themed daily program.

The 2016 "season" began on Friday, July 15 with the guest appearance of respected community educator Rabbi Zev "Velvel" Zieg, who presided over the "camp's" opening day by leading the gentlemen in a number of short, simple

and stimulating activities like singing and jumping.

The summer program divides "Day Habbers" into two teams—which this year are Team Blue and Team Yellow—which then proceed to "compete" against each other in a summer-long list of fun activities, all in addition to and incorporating the existing daily curriculum.

"Just make sure," Rabbi Zieg said in ending the "Opening Ceremonies," "that whichever team you're on is the winning team!"



I'M ON A BOAT

The gentlemen attending Hamaspik of Orange County's Day Habilitation (Day Hab) program enjoyed a lovely three-hour outing on July 21 on the tranquil waters of the historic Hudson River. Departing from Peekskill, New

York's Riverfront Green Park, the group of individuals and their support staff took in the rustic natural surroundings on a sightseeing cruise boat, savoring the perfect weather and each other's company.



DIGGING FOR SUMMER DIGS AT DIGGERLAND

Two gentlemen from the Concord Briderheim IRA, an active Hamaspik residence in Rockland County, enjoyed a visit to West Berlin, New Jersey's Diggerland USA on July 20.

The duo spent a good few hours operating the actual construction equip-

ment at America's only amusement park where children of all ages can actually ride, drive or even use (safety-modified) tractors, steam shovels and other mechanical monsters that fascinate kids and infuriate adults stuck in construction-site-induced traffic.



According to associate professor of physics Dr. Michelle Girvan, the brain's neuronal oscillator cells, which regulate the body's 24-hour biological clock, actually follow a 24.5-hour cycle.

That extra time in the cells' cycle makes it easier for the body to handle extra time in a day—which is what happens when you cross time zones east to west, like from New York to L.A. But crossing time zones west to east—like from New York to London—shortens your day, putting your body clock hours behind your destination's local time.

According to the research, crossing three time zones west would take just under four days of adjustment—but crossing three time zones east would take just over four days of adjustment. And crossing six time zones east would take over eight days to adjust—while nine time zones east would take over 12 days to adjust.

But Dr. Girvan notes that not everyone has an exact 24.5-hour body clock, and that external cues like sunlight also affect the body's adjustment to local time.

MAGNESIUM LOWERS BLOOD PRESSURE

Magnesium lowers blood pressure, a study of 34 other studies indicates.

The study by the Indiana University School of Public Health, published recently in Hypertension, finds that people taking daily supplements of the mineral for three months had lower blood pressure after those three months than did people not taking the oral supplements.

According to the researchers, the findings suggest adding daily magnesium pills to the conventional treatment regimen for hypertension (high blood pressure). Magnesium is generally not currently recommended as part of treatment for hypertension.

However, interestingly enough, the DASH diet that often prescribed to hypertension patients is heavy on foods that are naturally rich in magnesium.

The current recommended daily adult intake level for magnesium is around 400 mg. The study looked at people who took 368-mg magnesium pills each day.

ABSORBABLE STENT GETS FDA NOD

A tiny stent made of absorbable materials was approved for usage by the FDA on July 5.

The Absorb GT1 Bioresorbable Vascular Scaffold System (BVS), which releases the drug everolimus to limit scar tissue, is

slowly absorbed by the body in approximately three years.

Stents—tiny scaffolds used to prop up the heart's blood vessels—have been around for years. Mainly used to keep those coronary arteries open after, or before, heart attacks, stents are made of ultra-thin coated wire mesh and are installed with now-commonplace surgeries.

While stents remain overwhelmingly safe, complications are not unknown—primarily relating to the fact that they are foreign objects installed in the body permanently.

With an eye towards reducing and eventually eliminating those complications, biotech companies have been improving on stents in recent years. Boston Scientific's Synergy semi-absorbable stent was FDA-approved in October of 2015.

BIOTECH PRINTS HYBRID CARTILAGE WITH 3D TECH

A North Carolina biotechnology firm, Cytex Therapeutics, is developing semi-artificial replacement cartilage for human hip surfaces worn down by osteoarthritis, the form of arthritis that commonly affects younger people. Unlike other artificial cartilage efforts, Cytex's test product—still far from public usage—mixes biodegradable

plastic and human stem cells.

Using 3D textile printing technology, Cytex has thus far only grown samples of its new organic/artificial cartilage hybrid in its labs.

Cytex patient stem cells will be used to create the cartilage's natural tissue and will be genetically engineered to resist inflammation, according to the company.

The company plans to move to animal testing, and then to human safety testing, of its biotechnology within five years.

NEW HEIMLICH ALTERNATIVE DEVICES

Dr. Henry Heimlich, or at least the eponymous life-saving abdominal thrust technique, is in health news again—this time with the rollout of two devices that offer mechanical alternatives to the Heimlich.

The \$70 LifeVac device and the \$90 De-choker device both use a mask sealed over a choking victim's mouth and nose, and suction to then pull obstructions out of the victim's airway.

Both hand-operated devices, which resemble small plungers, use one-way valves to let air out but not in. Both are also intended for usage if and when standard rescue techniques, including the Heimlich thrusts or back blows, fail. ★

HAMASPIK QUEENS/L. I. EXPANDS WITH NEW STAFFER

Hamaspik continues its forays into serving the Long Island and Queens communities with the official announcement on Monday, August 1 of the hiring of new Medicaid Service Coordinator (MSC) Mrs. Yaffa Schuller.

Mrs. Schuller, a veteran MSC with eight years' experience in disability advocacy, will be working two days a week out of Hamaspik of Kings County's ever-busy offices in Far Rockaway, New York, a neighborhood of equally

convenient location to Long Island and Queens.

From that well-placed location, Hamaspik of Kings has been reaching out to families affected by disability for several years now—an ongoing and growing outreach effort that continues to bear fruit... and require an ever-growing employee roster to continue Hamaspik's trademark of services excellence and exemplary MSC devotion.



I'M ON A BOAT, TWO

Not to be outdone, or perhaps having nothing competitive whatsoever to do with the Hamaspik of Orange County Men's Day Hab program, a group of young men attending Hamaspik of Rockland County's Day Hab program also found itself this summer on a boat, too.

With the summer season in full swing, the daily "curriculum" at Day Hab features days chock-full of exciting and stimulating day-camp-like activities, not to mention a daily array of educational games, both indoors and out.

Under the dedicated leadership of Program Director Joel Friedman and his Direct Support Professionals (DSPs), the gentlemen supported by the Hamaspik of Rockland County day program themselves decked out in life vests and riding the waves of Greenwood Lake on July 28.

That body of water has long been a regional recreational hotspot—and now, with Hamaspik of Rockland County taking a canopied motorboat out on the water, too, it's a spot for integrated, inclusive recreation, too.



LIGHTENING THE (ELECTRIC-BILL) BURDEN

Ever mindful of the bottom line whilst never compromising on quality of human touch, Hamaspik continues to meld economic efficiency and emotional empathy in one unique organization. Hard-working Hamaspik of Rockland County Development Coordinator

Zalman Stein exemplified that ethos in late July by making the cost-efficient switch to LED bulbs—allowing administrative hub staff to work under brighter, greener and more-economical lights, the better to lighten the burden of those they continue to help.





Senior Care Gazette

News from
the World of
HamaspikCare
and Senior
Health

FROM WARN-TORN MOSCOW TO THE BRIGHTON BEACH SHORES, AN AMERICAN STORY

HAMASPIKCARE HOLOCAUST SURVIVOR AIDE PROGRAM SUPPORTS IMMIGRANT COUPLE

Lena Vaysbeyn, 76, is grateful just to be alive in America today.

Husband Eduard, 83, would surely concur.

As new Americans born in Moscow, they share the immigrant's aspirations—that optimistic, can-do attitude of endless possibilities that native-born citizens sometimes forget.

But things are different today than when the Vaysbeyns arrived in 1981.

Both professional engineers extensively schooled in the Soviet Union, he in the structural field and she in heating, plumbing and ventilation, the couple hit U.S. soil running and never stopped.

Speaking to Mrs. Vaysbeyn by phone on July 26, the *Gazette* hears an intellect not dulled by age. It took nothing less than full-blown Alzheimer's to finally dampen and then halt Eduard's decades-long run of productivity. And it took Eduard's increasing need for care by a heroic and stalwart spouse to finally bring Lena's workforce participation to a grinding stop.

Eduard was born in 1932. Lena was born in 1940. Both little children when WWII cast its black shadow across Russia, they endured unimaginable hunger and suffering in its darkest days.

Both her parents went to Siberia, Lena recounts. It's not clear from our conversation if they came back. An aunt was killed. "No food," she simply understates. "It was a terrible time."

Because they were Jews facing upheaval caused by the Nazis, the Vaysbeyns also qualify as Holocaust survivors eligible for benefits from the Claims Conference.

These benefits are now being provided

to them by the Conference through the Jewish Community Council of Greater Coney Island (JCCGCI), where they now live, and JCCGCI community partner HamaspikCare.

Holocaust-survivor beneficiaries in Brooklyn like the Vaysbeyns, many also immigrants from the Former Soviet Union (FSU), primarily benefit from the housekeeping program, says Mordechai Wolhendler, HamaspikCare's Downstate Regional Director.

HamaspikCare's housekeeping program, in partnership with the JCCGCI and the Claims Conference, also just was expanded to provide more than 25 hours a

week of personal aides—a number to which it was previously limited.

And just in time: the Vaysbeyns, and so many other child Holocaust survivors like them, need all the help they can get.

There's no mistaking Lena's ageless pride in the life of independence and self-reliance that she and her beloved husband have clearly lived.

But forces beyond anyone's control have changed their lives, and not for the better—forces that no amount of independence and self-reliance could have stood down. And sadly, jarringly, and all too quickly, Lena discovered that nobody was going to help

them.

But just as quickly, help found them.

A rapid-fire round of events connected them with the JCCGCI, where "Ms. Leah" and "Ms. Blumi," as Lena affectionately refers to her advocates, quickly plugged her into Claims Conference benefits—as delivered proficiently by community partner HamaspikCare.

HamaspikCare's counterparts to Ms. Leah and Ms. Blimi, Scheduling Coordinators Mrs. Etty Horowitz and Mrs. Esther Hoffman, provided the Vaysbeyns with a competent, compassionate aide in the form of Petr, himself an immigrant native Russian who speaks their language.

For Lena Vaysbeyn, who's lived the American Dream as only the immigrant can, having help at home for the first time isn't easy. Petr is a veritable godsend, though, dutifully helping the dutiful wife tend to Eduard's mealtimes (she still cooks herself) and keep house, as well as walk her husband through his regular exercise regimen.

CONTINUED ON PAGE 15 >>

EVER EXPANDING SCOPE, HAMASPIKCARE NOW SERVICING HOLOCAUST SURVIVORS AT HOME

Aging Survivors in Brooklyn, Upstate to Benefit from Comprehensive Home Care

They and their parents suffered enough.

And on the blessed shores of the United States, as they age into their golden years, it's only right that Holocaust survivors continue to enjoy the freedom, safety and health made possible by America—and in the comfort of their own homes.

That's why HamaspikCare is currently partnering with several non-profit agencies that assist Holocaust survivors.

Since the early 1950s, the Conference on Jewish Material Claims Against Germany, commonly called the Claims Conference, has served survivors worldwide with lifetime pensions and a number of other essential social services, all funded by some \$60 billion to date by successive German governments.

One non-profit bringing Conference-funded services to Brooklyn's population of Holocaust survivors is the Jewish Community Council of Greater Coney Island (JCCGCI).

And in a strategic partnership with

the JCCGCI, those survivors are now getting comprehensive care at home through HamaspikCare's excellent home health aides and nurses.

With regional partnerships with two other Conference-funded non-profits, HamaspikCare is also reaching out to and servicing Holocaust survivors residing in the greater Hudson Valley.

Additionally, Holocaust-survivor Brooklynites vacationing upstate in the summer, who regularly get HamaspikCare services in Brooklyn through the JCCGCI and the Conference, can continue with those home-care services via HamaspikCare's upstate branch.

But, as it turns out, "Holocaust survivor" doesn't just mean Jews rounded up and transported to Nazi concentration camps. The definition, expanded over the years, also includes Jews who were persecuted as Jews in any Nazi-occupied country between specific dates.

Most notably, it now also covers children born to mothers who were expecting

them while being persecuted as Jews by the Nazis in those specified countries and times.

That expanded definition qualifies a good number of wartime and postwar babies, now in their 70s, as beneficiaries of the Claims Conference—and, by extension, of HamaspikCare.

As such, says HamaspikCare Downstate Director Mordechai Wolhendler, a lot of people don't know that a parent qualifies as a Holocaust survivor. But with that being the fact, "a lot of survivors who were children"—or even newborns—"are getting to the age where they need" the services of Hamaspik's home-care agency, he notes.

With an eye to reaching even more community members in need, it was HamaspikCare that reached out to the JCCGCI and Director Rabbi Moshe Wiener, Mr. Wolhendler elaborates.

"They understand the benefit" of the resulting partnership, he notes—given the reputation Hamaspik has in the Jewish community. ★

SENIOR CARE GAZETTE • SENIOR CARE GAZETTE • SENIOR CARE GAZETTE • SENIOR CARE GAZETTE • SENIOR CARE GAZETTE • SENIOR CARE GAZETTE

With Brain Training Study, Sensational Reports, Fuzzy Facts, Possible Conflict of Interest

Despite Media Hype, Brain Software-Less Alzheimer's Link Not Exactly Cause-and-effect

The Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) study seems scientific enough.

At its start in 2004, the study divided about 2,800 mentally healthy seniors (average age 73.4) into four groups of about equal size.

One group got ten one-hour classroom training sessions over five weeks on boosting memory.

One group got ten one-hour classroom training sessions over five weeks on sharpening reasoning skills.

One group got ten one-hour classroom sessions over five weeks of using a game-like computer program that supposedly improves the brain's speed of visual processing.

And one group, the study's control

group, got none.

Researchers followed up with participants in 2014 using several standardized tests to measure cognitive health.

The researchers reported that 14 percent of the control group had suffered significant cognitive decline or dementia by 2014—but that only 10.5 percent of the visual processing group, or 3.5 percent less than the control group, had suffered significant cognitive decline or dementia by 2014.

The results indicate that seniors who play brain-training computer games that supposedly improve the brain's speed of visual processing end up with less dementia, right?

Not exactly.

CORRELATION, NOT CAUSATION

The study's results were announced at the 2016 Alzheimer's Association International Conference (AAIC), held this past July 24-28 in Toronto—where “researchers, clinicians, care providers and students from over 70 countries gather,” according to the AAIC, “to network and discuss the latest dementia study results, theories and discoveries.”

The resulting international media reaction to the study was all too predictable—with articles in such respected outlets as *The New Yorker* and *Time* reporting that there was now evidence that a brain-training computer game could “reduce the risk of” or “prevent” dementia.

But too many reporters didn't carefully

read the fine print.

For starters, the speed-of-processing computer brain training sessions ended after five weeks—but follow-up with participants only began one year after the training sessions, meaning that any marked difference between the brain-training and placebo groups could have been caused by other variables not directly scrutinized by researchers.

The next follow-ups were two, three, and five years after the training sessions—and after all four follow-ups, the cognitive health difference between the brain-training and placebo group was statistically insignificant.

The study's key suggestion—that seniors who played visual-processing brain games on computers have less dementia—is derived from a follow-up ten years after the training sessions. Only then did researchers retroactively find a correlation of significance: less dementia in the brain-training group than in the placebo group—10.5 percent to 14 percent, to be exact.

But at any scientist knows, correlation does not equal causation.

As one wit put it, just because bank rob-

CONTINUED ON PAGE 16 >>

SURGICAL DYE IMPROVES SHORT-TERM MEMORY

The common medical dye *methylene blue*, used in surgeries to trace leakages or holes or to ascertain healthy flow of bodily fluids, also improves short-term memory, according to a study.

The small study had 26 healthy volunteers drink a small dose of methylene blue or a placebo. Volunteers then took tests of short-term memory and sustained attention. Volunteers also had their brains scanned with functional magnetic resonance imaging (fMRI) one hour before and one hour after taking the dye or the placebo.

Volunteers who had taken the methylene blue produced better test results than

the placebo group. Scans of the methylene blue group also showed increased activity in those parts of the brain that form and process memories, and which process visual and sensory information.

“This work certainly provides a foundation for future trials of methylene blue in healthy aging, cognitive impairment, dementia and other conditions that might benefit from drug-induced memory enhancement,” said Dr. Timothy Duong, Ph.D., lead researcher at the University of Texas Health Science Center, which conducted the study.

The study was published recently in the journal *Radiology*. ★

Two-minute concussion test also aids Alzheimer's diagnosis

The existing King-Devick (K-D) test, which usually takes one or two minutes to complete, is a simple number naming test mainly used to help diagnose concussion. But three research centers, including the New York University School of Medicine, found in a joint study that the K-D test also helps diagnose dementia and mild cognitive impairment among elderly people.

The study of just over 200 people—39 with mild cognitive impairment, 32 with

Alzheimer's dementia and the remainder cognitively healthy—showed that the K-D test accurately placed participants in the correct category 90 percent of the time.

Diagnosing Alzheimer's is far from straightforward and often involves invasive and expensive tests like spinal taps. In the future, simpler tests like K-D may help diagnose the disease earlier, allowing for earlier interventions with existing and new treatments. ★

FROM WARN-TORN MOSCOW TO THE BRIGHTON BEACH SHORES, AN AMERICAN STORY

<< CONTINUED FROM PAGE 14

In her seven-plus decades, Lena Vaysbeyn has seen things most of us can only read about.

But she remains happy and upbeat, stoic and resolute despite the trying circumstances of the past, and the grim and merciless disease of the present. Like any grandmother, she waxes proud over her extended brood.

Son Konstantin, 54, actually arrived in the United States from Odessa one year before his parents—along with Remma, who to this day remains a loyal and loving wife and daughter-in-law. “They help very

much,” Lena states.

The younger Vaysbeyns live in New Jersey. And the family's next generation—grandsons Nathan, a Dallas businessman, and Joshua, a college student—drinks in the bountiful blessings of the United States.

Life goes on for Clan Vaysbeyn, whose members remain close and visit as often as they can, though daily care visits for a cherished father and grandfather are logistically impracticable.

With the Claims Conference support conveyed by the JCCGCI via HamaspikCare, though, that's more than amply compensated for. ★

STEM-CELL INJECTIONS GENERALLY SAFE FOR ALS PATIENTS

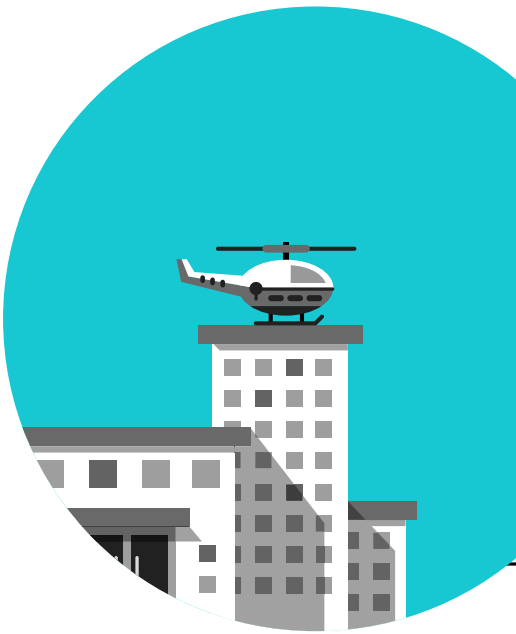
A small study of 12 patients with amyotrophic lateral sclerosis (ALS) found that directly injecting their spinal cords with human stem cells extracted from others' spinal cords is a safe procedure in most cases. The procedure produced no bene-

fit, and was only done to test future safety of human stem-cell injections in larger numbers of ALS patients.

Stem cells are just one of several areas of research into ALS, a terminal illness which currently has no cure. ★

Status Report

Happening In Hospitals Today



IS THE “JULY EFFECT” REAL? STUDIES LEAN “YES”, HOSPITALS LEAN “NO”

The so-called “July Effect,” which alleges more medical mishaps happening in July in hospitals than year-round, has been studied for years.

According to the theory, the July Effect is a result of new medical-school graduates interning at hospitals beginning each July—with the mass staff changes, coupled with the new doctors’ inexperience, resulting in a measurable increase in patient misfortunes.

These reputedly include medication errors, accidental transfers, too-early discharges, patient injuries and worse.

But is the July Effect real?

Studies and reviews of those studies

over the years have all been inconclusive.

Most have suggested that adverse hospital incidents generally do increase in July. But studies focusing on combinations of specific diagnoses, hospital types, risk levels and months have found conflicting evidence.

For example, a 2013 study in the journal *Circulation* found a patient mortality rate at teaching-intensive hospitals that was higher in July than it was in May—but only in patients who were high-risk heart-attack patients. At the same hospitals, the study found no monthly mortality difference for low-risk heart-attack patients.

A 2014 study in the *Canadian Journal of Surgery* found no July Effect for cancer surgery patients of academic medical centers.

But a 2013 study in the *Journal of Neu-*

rosurgery that looked at spinal surgery patients did report a “minor to negligible July Effect.”

Hospitals, on the other hand, essentially say that the July Effect is an urban legend of sorts. While some hospital safety officers admit to at least some negative effect of large groups of “green” interns starting in July, most say that patient risk is consistent year-round.

What’s more, any July Effect has been reduced in recent years at major teaching hospitals thanks to the 2012 launch of the Clinical Learning Environment Review (CLER), hospital officials say.

The CLER program was created by the Accreditation Council for Graduate Medical Education (ACGME), an industry body that grades academic medical centers. Its intern

training programs have apparently spurred more attention to hospital quality and safety in the ensuing years.

MORE VOLUNTEERING, LESS HOSPITAL DOC BURNOUT

With hospital-based care getting ever complex with the continuing rise of electronic health records (EHR) replacing the traditional paperwork, not to mention the endless march of new and better biomedical technology, more hospital doctors are getting more burned out more often.

According to experts mentioned in a recent report, though, doctors at hospitals—employees more prone to burnout than those in many other industries—are able to greatly reduce burnout by... volunteering.

Perhaps counterintuitively, when it’s not work-related, the added work that is volunteering actually doesn’t produce more stress and burnout in hospital doctors but actually the opposite, experts say. Here are four reasons why:

1. It’s a great teambuilding activity outside of paid work
2. It allows doctors to realize medicine’s mission of helping, without money distractions
3. By extension, it’s a good way to keep doctors happy about work/life integration
4. The inspiring results of helping others helps doctors stay motivated and emotionally fit

SENIOR CARE GAZETTE • SENIOR CARE GAZETTE • SENIOR CARE GAZETTE • SENIOR CARE GAZETTE • SENIOR CARE GAZETTE • SENIOR CARE GAZETTE

With Brain Training Study, Sensational Reports, Fuzzy Facts, Possible Conflict of Interest

<< CONTINUED FROM PAGE 15

bers drink more water before robbing banks doesn’t mean that the drinking of water causes the robbing of banks.

What’s more, those ten-year results have also not yet been subjected to the standard rigorous process of peer review—in plain English, scientists critiquing the work of other scientists.

EXAGGERATED CLAIMS

The study comes at a time when brain-training computer games are under sustained attack for makers’ therapeutic claims, both for Alzheimer’s as well as autism and other conditions.

Earlier this year, the Colorado-based Learning Rx “brain training” software company agreed in federal court to pay a \$200,000 fine to settle federal charges of making false claims.

The Federal Trade Commission (FTC)’s Bureau of Consumer Protection had initially secured a judgement of \$4 million against Learning Rx in Colorado’s U.S. District Court.

According to the FTC, Learning Rx ad-

vertised the medically false claims that the programs offered at their 80-plus franchise locations nationwide were clinically proven to improve autism, attention deficit hyperactivity disorder, Alzheimer’s disease, stroke and other conditions.

In 2014, about 70 researchers from Stanford and the Max Planck Institute signed a public letter saying that there is not enough scientific evidence that any such computer games work to help prevent or improve Alzheimer’s or any other condition.

And in 2015, brain-training subscription website Lumosity.com paid a federal fine of \$2 million to settle false marketing claims.

CONFLICT OF INTEREST?

The visual-processing software initially used in the study was originally developed over 14 years ago by Karlene Ball, Ph.D, of the University of Alabama. Prof. Ball is the mentor of University of South Florida associate professor Jerri Edwards, the first author of the ACTIVE study.

Prof. Ball later sold certain rights to the software program to the San Francis-

co-based Posit Sciences Corp.

Posit has long since jazzed up the speed-of-visual-processing brain exercise, turning it into a colorful and increasingly-difficult computer game entitled Brain HQ Double Decision—and one that’s only available to play online by subscription.

Double Decision challenges the player’s individual’s ability to detect, remember and respond to cues that appear and disappear quickly in varying locations on the player’s screen.

In 2008, Prof. Edwards was a consultant to Posit, also working for another company that owned the intellectual property surrounding visual-processing training software. Prof. Edwards also serves on the data safety and monitoring board of National Institutes of Health (NIH) grants awarded to employees of Posit.

For those who might claim an obvious financial interest on Prof. Edward’s part in conducting and publicizing the research, it won’t be too surprising that the research told a media outlet that the findings are “the first time a cognitive training intervention has been shown to protect against cognitive impairment or dementia in a large, randomized, controlled trial.”

STIMULATION BEATS STAGNATION

Conversely, the study comes at a time when a number of new studies—adding to an ever-growing ballpark of research in recent years—posit that general activity and stimulation, both physical and mental, are beneficial for both Alzheimer’s prevention and deceleration.

Studies presented at the four-day AAIC convention rolled out a number of equally-themed suggestions, including that doctors and teachers—among other people-centric workers—are least likely to develop dementia, building on the notion that mental activity helps ward off the disease.

Still, the study’s primary offering remains interesting: while visual processing speed typically declines naturally with age, it remained at the same strength ten years later—though it’s not yet scientifically established why.

So, does doing the study’s computerized visual-processing exercises, which have since evolved into an online subscription-only brain game marketed as Brain HQ Double Decision, help prevent dementia?

Clearly, a lot more scientifically rigorous research is needed, and to date, nothing has been irrefutably proven to prevent Alzheimer’s.

But in the meantime, keeping the mind busy—in any number of healthy ways—can’t hurt.