

BE Healthy™

VOL. 2 • NO. 11

© JULY 2008

Sponsored by



Boston Public Health Commission

Alzheimer's disease: Beyond memory loss

George Credle, 72, is doing his part to keep his mind sharp.

"It's one thing to lose your keys," he said. "But when you have keys and you don't know what they belong to, that's not good."

For the last three years, he has participated in a federally funded study where participants aged 65 and older undergo tests on memory and concentration.

"They tell you stories," Credle explained, "and you have to tell them back to show how much you remember. They show you pictures and then you have to draw what you've seen."

Credle said he doesn't mind the tests, but is concerned that others may find them a bit scary.

After all, no one wants to lose their mind.

"In my opinion," Credle said, "It's good to be [tested]. They can catch it early on."

The "it" is Alzheimer's disease (AD), a progressive condition that slowly deteriorates the brain's ability to reason or remember. It is the most common form of dementia, and while the exact cause is not known, what is known is that it is now the sixth leading cause of death across the nation.

Roughly 5 million people in the U.S. are living with Alzheimer's. The National Institute on Aging, part of the National Institutes of Health, estimates that 5 percent of men and women aged 65 to 74 have AD, while almost half of those aged 85 and older may be affected.

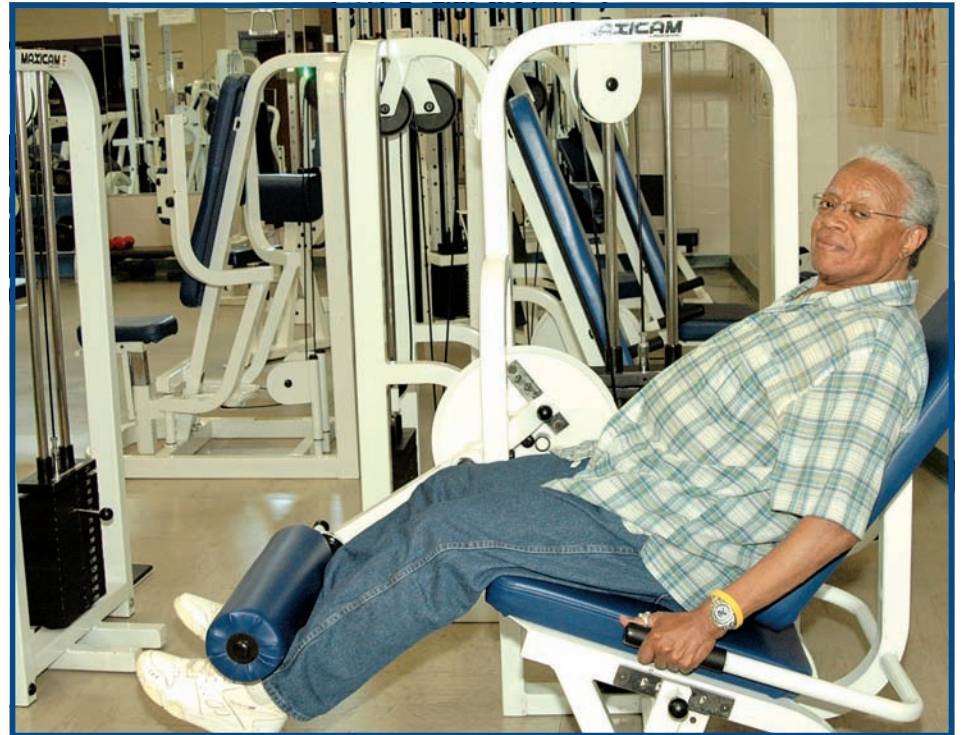
AD's impact within the minority community is the subject of ongoing debate and concern. The Alzheimer's Association calls it the "silent epidemic" of African Americans, attributed in part to its correlation with certain vascular disorders common among blacks — stroke, diabetes and high blood pressure.

It's not just memory that concerns Credle. He has high blood pressure. "It's in my family," he said.

But he has been able to avoid diabetes and high cholesterol, and, as far as he knows, has no heart disease. And he wants to keep it that way.

He eats lots of fruits and vegetables. "I don't eat fried foods, though," he said. "I try to stay away from trans fats." He's learned to substitute soy milk for whole milk, and even has acquired a taste for soy ice cream. But he does confess to a few weaknesses: "I will eat butter instead of margarine and I like my sweets." He's a member of a gym and works out regularly.

The National Institute on Aging estimates that 5 percent of men and women aged 65 to 74 have AD, while almost half of those 85 and older may be affected.



George Credle participates in the Health Outreach Program for the Elderly (HOPE) study funded by the National Institute on Aging to determine the impact of aging on memory.

There is no guarantee against AD, but a healthy lifestyle can minimize the cardiovascular risks associated with the disease.

"I need to stay alive," he said.

Dr. Martin Samuels is chairman of the Department of Neurology at Brigham and Women's Hospital. He said there is no concrete evidence that Alzheimer's is more prevalent in blacks or any other ethnic group.

"It's an equal opportunity disease," he explained. Nor does he believe that there is an epidemic of the disease spreading across the country.

What Samuels does believe is that more people are living longer and growing older, and as a result, more cases of Alzheimer's are being reported. "This is not a new disease," Samuels said. "It's always been there. Even Shakespeare made reference to it."

"We don't know yet what triggers it," Samuels said before quickly offering his opinion on the causes — "chance and aging."

The disease was first made public in 1907 by Dr. Alois Alzheimer, a German doctor who had a 51-year-old patient that he diagnosed with what he termed at the time pre-senile dementia. After the patient died, Alzheimer made an unusual finding during the autopsy.

In healthy brains, a system of communication of neurons, or nerve cells, and chemicals called neurotransmitters enable humans to have intellectual capacity and function. In AD, some of these neurons and chemicals begin to die and leave abnormal clumps and knots — plaques and tangles

Credle, continued to page 4

Note to self: Write things down

Marguerite Thompson is almost 88 years old, and by her own admission, she doesn't know whether she is coming or going.

The time and day can be puzzling as well. "Offhand, I don't know what day it is," she said.

Her sister, Dolores Nichols, 72, reminded her of the time she got lost in the basement of her apartment complex after attending a birthday party. Interestingly enough, Thompson merely exited the basement and re-entered the building through the front door.

Either way, Thompson agrees that her memory does lapse from time to time.

"Every day, I write down what I need to do," she said. "I have a pad by my bed and I write down all of the appointments that I might have that day."

At least she remembers her memory.

Memory loss is one thing; Alzheimer's disease is another. And according to Thompson's doctors, she has the disease.

"I'm not sure when the changes began," she said. "I was at an appointment with my doctor and she told me to cancel a cruise."

Memory is a complicated process that, in a sense, relies on the accurate programming of information to the brain that is then stored and later retrieved. But that process is subject to the whims of stress, anxiety and a slew of other biological conditions that can produce forgetfulness.

In its simplest terms, Dr. Martin Samuels, chairman of the Department of Neurology at Brigham and Women's Hospital, explained, "If we cannot encode information, we cannot remember it later."

Dementia is a whole different ballgame and its most common cause is Alzheimer's disease. It causes severe problems with cognitive skills — the ability to think, analyze, reason, understand



Marguerite Thompson (center), recently diagnosed with early-stage Alzheimer's disease, is flanked by her two sisters, Dolores Nichols (right) and Ruth Collins.

and remember. The deficit becomes severe enough to interfere with daily functioning.

Other symptoms include difficulty with abstract thinking, such as working with numbers; difficulty talking, reading or writing; disorientation, such as unawareness of days and places; loss of judgment; difficulty performing familiar tasks; and changes in personality, mood or behavior.

The lines between temporary memory loss and incipient stages of Alzheimer's are blurry, but one thing is clear — Thompson's sisters weren't taking any chances.

Ruthie Collins, the baby sister at 69, noticed changes in her older sister about four years ago. "She would start paying the same bills two and three times," Collins said. "She would also tell you something, then turn around two or three minutes later and say the same thing."

Collins had a sense that her older sister's memory loss was more than old age.

"She was always so precise," Collins said. "I couldn't believe she was making the mistakes she was making."

Sure enough, Collins was right. But it took a near emergency to reinforce the message. Thompson passed out a couple of times. The immediate cause and problem was dehydration, but doctors learned from medical examinations that Thompson had high blood pressure and high cholesterol. Later examinations showed she had Alzheimer's.

Part of the problem was that Thompson was not drinking enough water and eating the right food. Her husband died

Thompson, continued to page 4

The many faces of Alzheimer's disease

Anyone who has a loved one who has been diagnosed with Alzheimer's disease knows that it affects more than the person afflicted with the disease. All those who love and care for the person are also affected. Because of the prevalence of Alzheimer's, it is important to understand the disease and its risk factors and treatment, as well as the support and resources available for caregivers. They are the ones who have to cope with the significant emotional toll that comes with dealing with an unforgiving and often fatal disease. And you never know when Alzheimer's will strike in your family.



maintain employment, plan and execute familiar tasks, and exercise reason and judgment. People may also experience a change in communication ability, mood and personality.

In addition to memory loss, there are many different symptoms or behaviors that could be telling signs that a loved one may have Alzheimer's. People with the disease often experience difficulty performing familiar tasks, forgetting simple words or substituting unusual words or phrases, and becoming disoriented to time and place. If you recognize any of these symptoms in a loved one, it would be best to contact a physician.

Since people with Alzheimer's often experience poor or decreased judgment and changes in mood, behavior and personality, it may be necessary for caretakers to assist in various capacities, such as food shopping, cooking, house cleaning, paying bills, giving medicine, bathing, dressing, and providing company and emotional support.

While there are consistent symptoms among those suffering from Alzheimer's, every person with the disease



is unique and will respond differently; therefore, caretaking methods may change over time or vary depending on the patient. Upon diagnosis, it is important to gain as much information about the disease as possible. Doctors can provide background information and also inform you of community groups that may offer classes to teach caregiving, problem-solving and management skills.

It can be very difficult and overwhelming at times to take care of a person with Alzheimer's disease. According to the National Institute on Aging, research has shown that caregivers themselves are often at increased risk for depression and illness, especially if they do not receive adequate support from family, friends and the community. Caregivers should consider using adult day care or respite services to ease the day-to-day demands of caregiving. These services allow caregivers to have a break, while knowing that his or her

loved one is receiving quality care.

While every caregiver's experience is different, medical professionals recommend certain techniques for interacting with a person with Alzheimer's, such as:

- using simple words and short sentences;
- using a gentle and calm tone of voice;
- calling the person by name;
- allowing the person enough time for a response

during verbal interaction; and

- being careful not to interrupt.

It is helpful to engage a person with Alzheimer's disease in a regular activity or incorporate hobbies or projects the person



seems to enjoy into your daily routine. This will provide a creative outlet for both the caregiver and patient. It is important for the caregiver to watch for signs of agitation with an activity and gently help or distract the person to something else if they become increasingly frustrated.

Unfortunately, there is not a cure for Alzheimer's disease at this time. However, treatments for symptoms, coupled with the appropriate services and support, can alleviate the stresses and struggles of living with Alzheimer's disease. Scientists worldwide are conducting research to find better ways to treat the disease, delay its onset or prevent it from developing.

General healthy aging is critical for keeping the brain healthy and possibly offering some protection against the development of Alzheimer's disease. It is important to keep your weight within recommended guidelines, avoid tobacco and excess alcohol, stay socially connected, and exercise both your body and mind. Evidence suggests that people who exercise regularly into their later years are less likely to develop Alzheimer's disease.

The Alzheimer's Association has developed a checklist of common symptoms to help you recognize the difference between normal age-related memory changes and possible warning signs of Alzheimer's disease. To view the checklist, visit the Alzheimer's Association Web site at www.alz.org.

Keep it simple

Persons with Alzheimer's disease experience different symptoms and behavioral changes. Consequently, there is no standard approach for caretakers to provide the best way to help people cope with the disease. The following information should be useful for most caregivers as they help to alleviate the stress and confusion that comes with caring for someone with Alzheimer's disease:

- Assist in various capacities, such as food shopping, cooking, house cleaning, paying bills, giving medicine, bathing, dressing, and providing company and emotional support.
- When interacting with a person with Alzheimer's, try to choose simple words and short sentences, using a gentle and calm tone of

voice, and calling the person by name.

- Try to remember to avoid talking to the person as if he/she is a baby, or if he/she is not present.
- Minimize distractions and noise, such as the television or radio, in order to help the person focus on what you are saying.
- Allow the person enough time to respond during verbal interaction and be careful not to interrupt.
- Seek out resources such as community groups that may offer classes to teach caregiving, problem-solving and management skills.
- Take care of yourself. Research has shown that caregivers are often at increased risk for depression and illness, especially if they do not receive adequate support from family, friends and the community.

Alzheimer's leaves no one untouched.

It is estimated that Alzheimer's affects as many as five million Americans—yet its toll is so much greater. Each loved one, caregiver, family member, and friend suffers as well.

While no cure has yet been found, treatment for Alzheimer's symptoms, coupled with appropriate services and support, can reduce the stresses and struggles for those living with the disease—and everyone it touches.



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Support Groups



Support groups for caretakers and family members of people with

Alzheimer's disease provide a forum to share concerns and information and help cope with the disease. Below is contact information for support groups in the Boston area.

CITY	FACILITATOR	TELEPHONE
Roxbury	Michael Kincade	617-868-6718
Boston	Barbara Maxam	617-724-0055
Dorchester	Donna Allen	617-825-5000
Jamaica Plain	Susan Kelley	781-662-2273
Jamaica Plain	Iona Russell	617-731-2400
Cambridge	Mollie Gadarowski	617-547-7836
Cambridge	Liz Olson	617-491-1815

Contact the Massachusetts chapter of the Alzheimer's Association at 617-868-6718 for additional listings and information.

For Alzheimer's help 24 hours a day - 1-800-272-3900

Alzheimer's disease

Questions & Answers

1. If a person has Alzheimer's disease, does that mean that his or her child will also get it?

Not necessarily. Early-onset familial Alzheimer's disease strikes early and fairly often in certain families, but there is no consistent predictor of who might inherit an increased risk of the disease.



Lisa Michelle Owens, M.D.
Medical Director
Brigham Primary Physicians at
Faulkner Hospital

2. How is Alzheimer's disease treated?

There are a number of medicines available that may help improve the mental function of people with Alzheimer's. If these medications are given early enough in the course of the disease, the drugs may enable people to carry out their daily activities and independent living for a longer period of time and may prolong the time that patients can be managed at home. There are also medicines available to help manage some of the most troubling symptoms of Alzheimer's, including depression and behavioral problems, such as agitation and aggression.

3. Can a stroke result in Alzheimer's disease?

Possibly. New research suggests that high cholesterol levels and high blood pressure — factors linked to heart disease and stroke — may also increase the risk for developing Alzheimer's.

4. Does depression in the elderly increase the risk of Alzheimer's disease?

Increased age is a risk factor for Alzheimer's and depression is a psychiatric complication of Alzheimer's.

5. Are there lifestyle changes one can make to reduce the risk of Alzheimer's disease?

According to a growing body of evidence, risk factors for vascular disease — including diabetes, high blood pressure and high cholesterol — may also be risk factors for Alzheimer's and stroke-related dementia. We know that a healthy lifestyle decreases the risk of these serious conditions. Further research will clarify if treatment of these conditions decreases AD.

6. Why is it difficult to diagnose Alzheimer's disease with 100 percent accuracy?

Alzheimer's cannot be definitely diagnosed until after death, when the brain can be closely examined for certain microscopic changes — plaques and tangles — caused by the disease.

However, after thorough evaluation and a "process of elimination," doctors today can diagnose what they refer to as probable Alzheimer's disease with almost 90 percent accuracy

7. Is Alzheimer's disease preventable?

Alzheimer's has no known cure, and the secrets to preventing it are not yet known. There is a lot of ongoing research investigating controllable factors (such as lifestyle, or mental training) that show promise for reducing the likelihood of developing Alzheimer's.

8. What's the difference between normal memory loss due to aging and memory loss in Alzheimer's disease?

Mild forgetfulness (losing keys, forgetting familiar names) is associated with age-related memory loss. Alzheimer's causes more serious memory problems which affect one's ability to carry out everyday life activities, such as driving a car, shopping or handling money. Signs of serious memory problems may include:

- Asking the same questions over and over again;
- Becoming lost in places you know well;
- Not being able to follow directions;
- Getting very confused about time, people and places;
- Not taking care of yourself — eating poorly; not bathing, or being unsafe.

Risk factors

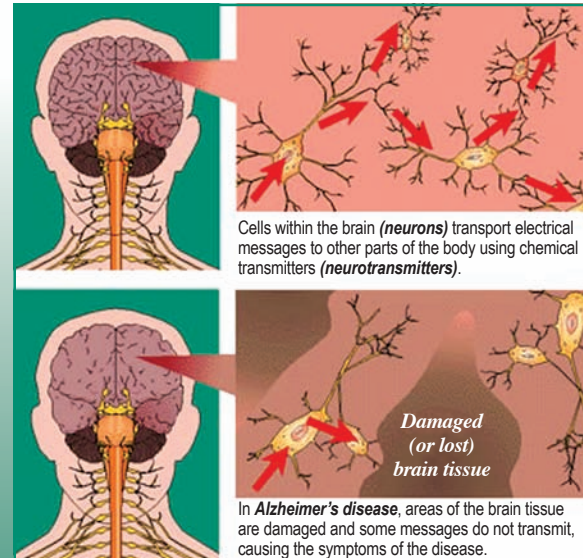
- **Age** — the majority of cases occur at age 65 or older.
- **Heredity** — having a parent or sibling with Alzheimer's, particularly early-onset Alzheimer's, increases the risk.
- **Gender** — more females have Alzheimer's because they live longer than men.
- **Cardiovascular health** — incidence of high blood pressure, diabetes, stroke and high cholesterol may increase the risk of Alzheimer's.

A closer look

In Alzheimer's disease, the most common type of dementia, nerve cells and chemicals called transmitters in the brain are destroyed and replaced by plaques and tangles, thereby obliterating communication among the cells. The destruction results in loss of memory and cognitive skills, such as reasoning and thought, that eventually impairs normal functioning and activities of daily living.

There is no cure for Alzheimer's, but treatments are available to lessen its impact. Nor is it preventable. Research indicates that cardiovascular health may have an impact, so lifestyle changes — healthy eating, exercise and weight control — may reduce the incidence of the disease.

Alzheimer's is not a normal part of aging.



Cells within the brain (*neurons*) transport electrical messages to other parts of the body using chemical transmitters (*neurotransmitters*).

Damaged (or lost) brain tissue

In *Alzheimer's disease*, areas of the brain tissue are damaged and some messages do not transmit, causing the symptoms of the disease.

Signs and Symptoms

- **MEMORY LOSS**
Forgetting recent events, asking the same questions repeatedly
- **DIFFICULTY PERFORMING FAMILIAR TASKS**
Forgetting how to cook or play cards
- **PROBLEMS WITH LANGUAGE**
Forgetting names of common objects
- **DISORIENTATION TO TIME AND PLACE**
Getting lost easily, even in familiar surroundings
- **PROBLEMS WITH ABSTRACT THINKING**
Difficulty in recognizing numbers
- **POOR OR DECREASED JUDGMENT**
Dressing inappropriately, such as summer clothes in cold weather
- **MISPLACING THINGS**
Putting things in illogical places, such as shoes in the refrigerator
- **CHANGES IN MOOD, BEHAVIOR OR PERSONALITY**
Becoming suspicious or rapid mood swings
- **LOSS OF INITIATIVE**
Sleeping more or losing interest in hobbies

Source: Alzheimer's Association

Healing the racial divide in health care

Bostonians come in many flavors.

But we're working to make health care excellent for everyone.

Boston is rich in ethnic and racial differences. They make our city vibrant.

But when those differences show up in the quality of health and health care, that's a cause for concern. And action.

This is a national problem that Boston shares. Last year, a survey by the Boston Public Health Commission revealed that Boston's racial and ethnic groups have strikingly different risks of illness and death.

The percentage of babies born prematurely and at a low birth-weight to black mothers is nearly double what it is for white mothers. Black men are twice as likely to die from diabetes as white men.

Latino Bostonians are more likely to be hospitalized for or die from asthma and have a higher incidence of diabetes and HIV. Asian people in Boston have higher rates of tuberculosis and hepatitis B.

Mayor Thomas Menino formed a task force to find ways to eliminate disparities in health and challenged hospitals and community health centers, among others, to take concrete steps to make the quality of health care excellent for all Bostonians.

Brigham and Women's Hospital (BWH) and Massachusetts General Hospital (MGH) provided significant funds for the City's special disparities

program and along with other hospitals agreed to take immediate actions that include:

- measuring the quality of patient care and patient satisfaction by race, ethnicity, language, and education;
- improving education and cultural competence for doctors, nurses and other caregivers, and staff and patients;
- helping patients take an active role in their care;
- working to diversify their professional workforce and governing boards;
- collaborating closely with members of the community.

BWH established the Health Equity Program to reduce disparities in neighboring communities. The hospital's new Center for Surgery and Public Health will, among other things, examine disparities in surgical care.

MGH created the Disparities Solutions Center to work with providers, insurers and community groups in Boston and nationwide. The hospitals and Partners HealthCare are putting more than \$6 million into finding and fixing disparities in care.

If there's one place where we should all be the same, it's in the excellence of our health care.

More information at Boston Public Health Commission at www.bphc.org



BRIGHAM AND
WOMEN'S HOSPITAL

PARTNERS
HEALTHCARE
A charitable non-profit organization

MASSACHUSETTS
GENERAL HOSPITAL

— in their place and thus rob its victims of memory, reason and coherent thought.

It was Alzheimer's discovery of these plaques and tangles that led to his name being attached to the disease.

The most significant risk for Alzheimer's is age — it gets more common as people get older. There is a familial component, especially if a first-degree relative — a parent or sibling — has had it. Early-onset Alzheimer's, a rare form that occurs before the age of 65, is usually hereditary.

It is more common in women, but probably because women live longer than men.

AD can be accurately diagnosed up to 90 percent of the time by means of a medical history, basic medical tests, evaluation of mental status, neuropsychological testing and brain scans. But the only precise diagnosis can be made during an autopsy, when the plaques are clearly evident.

Compounding the difficulty in diagnosis are other conditions that mimic AD. Thyroid problems, drug interactions, depression, excessive alcohol use and even diet and vitamin deficiencies can cause symptoms similar to those of AD. But the difference is significant. Many of these conditions are treatable and reversible. Alzheimer's is not.

Treatments have been approved for all stages of AD, but, according to Samuels, the treatments work on the symptoms and not the disease itself, and offer temporary relief. Despite promising research, no cure is yet available.

"If a person is concerned about his or her memory loss," Samuel said, "there's a good chance it is not AD. AD takes away the capacity to know. It is a disease that ravages the mind but spares the body."

For the most part, people who complain about memory loss are probably experiencing the normal aging process.

"As you age, you lose rapid recall, but this does not do anything to your life," Samuels said. "It's just irritating."

"But when someone else complains about your forgetfulness, and you don't, that does signal a problem."

Joycelyn Warren had such a problem.



Harold Warren, a retired pastry chef at Emerson College, was diagnosed with Alzheimer's disease in 2000, and passed away two years later.

Her husband, Harold, was diagnosed in 2000 with Alzheimer's. But she noticed the deterioration years earlier.

She was working then and was often surprised by what she found — and didn't find — after she returned home. It was clear

that Harold, a retired pastry chef, had baked while she was at work. She could smell the pastries, but couldn't find them. "He would hide them," Warren said.

Then one morning she couldn't find him.

"One morning I woke up at 2 a.m. and he was gone," she said.

The car was gone as well — even though he knew he was not allowed to drive. He was eventually found hiding near the pool in their apartment complex.

It was at that point that Warren said she realized that she had a much bigger problem. "I was living in denial," she said. "What was happening was real."

She did all that she could. She had him tested — memory tests, neurological tests, brain scans

— and when doctors determined he had Alzheimer's, she left her job to spend more time at home.

Despite medication, he continued to deteriorate. It eventually got to the point where he didn't even recognize her.

"Have you seen Joyce?" she said he would ask her.

"I'm Joyce," she answered.

One night, she turned off the lights to go to sleep but he asked her to turn them back on.

"I'm waiting for Joyce," he told her.

The stress took its toll. She began to drink as an escape — a temporary crutch — and eventually was treated for depression and anxiety, a common experience for people who assume the role of caretakers without outside help. She was hospitalized for a short time when suicide seemed the best solution.

Warren eventually participated in workshops to learn how to deal with AD and is a member of a support group for caregivers sponsored by

the Massachusetts chapter of the Alzheimer's Association.

"I thought I could make Harold better, she said. "But seeing him in that condition was the most difficult thing of all, especially knowing the kind of person he was."

Samuels is quick to point out a startling fact — Alzheimer's is not part of the normal aging process.

"We are not destined to become demented," he said.

Case in point — Hanrikje van Andel-Schipper. The Dutch woman died three years ago at the age of 115 years old. She was the world's oldest living person, and when she died, a post-mortem brain analysis revealed little signs of Alzheimer's.

According to published reports, the then 82-year-old woman contacted the University of Groningen in 1972 to donate her body to scientific research at the time of her death. Unable to make those arrangements, she called again — she was 111.

Doctors began testing her cognitive abilities at ages 112 and 113. While they observed some eyesight problems, she performed mentally better than the average 60- to 75-year-old.

"Everybody was thinking that when you have a brain over 100 years, you have a lot of problems," Gert Holstege, one of the scientists who tested and examined Andel-Schipper, explained in an interview. "This was the first [extremely old] brain that did not have these problems."



Martin A. Samuels, M.D., Chairman, Department of Neurology Brigham and Women's Hospital



Joycelyn Warren is all too familiar with the tragedy of Alzheimer's disease. It has struck twice — first her husband of 29 years, and now her mother.

Take action

Although Alzheimer's disease (AD) is not preventable, some experts believe that the health of the brain — the most vascular organ in the body — is linked to the health of the heart and blood vessels. It may therefore be possible to reduce the risk of AD by preventing or controlling cardiovascular conditions, such as high blood pressure, strokes, diabetes and high cholesterol.



Keep blood pressure, diabetes and cholesterol under control.

Do not smoke. Smoking increases the risk of heart disease.



Maintain a normal weight. Being overweight increases the risk of diabetes.

Eat a heart healthy diet. Reduce consumption of trans and saturated fats, salts and cholesterol.



Stay physically active. Exercise 30 minutes a day most days of the week.

Take prescribed medications even when you're feeling well.



Remain socially and mentally active.

You can't get treated if you don't get tested

Often the minority community accepts dementia as a given — a natural part of aging. Some people are not familiar with the word dementia, but use "mind-slipping" or "old-timers" instead. Consequently, blacks and Latinos are often diagnosed at a late stage or do not receive care at all. The first step is to recognize the symptoms of Alzheimer's and get tested and get information.



Alzheimer's Disease Education 800-438-4380 www.nia.nih.gov/Alzheimers and Referral Center

Alzheimer's Association 800-272-3900 www.alz.org 617-868-6718

Consider participating in a memory study sponsored by the National Institute on Aging.

**Massachusetts General Hospital: 617-726-5571
Boston Medical Center: 617-414-1078**

Thompson *continued from page 1*

years ago, and he did all the cooking. She resorted to take-out foods that were high in salt and fats, further exacerbating her medical condition.

"Memory pills," as Thompson calls them, have been helpful but she has benefited greatly from the support of her family.

Nichols said it has not always been easy. "It's frustrating at times," Nichols said. "She's a little stubborn and likes to maintain control. Dealing with the changes can be difficult."

Despite the downside, Nichols and her husband cook regular meals for Thompson and make sure that she is eating a diet filled with fruits and vegetables.

Collins counts her blessings. "Fortu-

nately, the disease is moving slowly," she said. "And she is still pleasant and cheerful. That's good for us because in some cases they can get mean."

And Thompson is still feisty, readily explaining that she still telephones her friends and is able to write her own checks.

"I pay my bills immediately and put them by the door so I won't forget them when I leave," she boasted. "If I don't pay them right away, I'll forget."

She also says that she still has her routines, largely because her lifestyle hasn't changed much.

"Everything's at my fingertips," she said. "I live close to CVS and Whole Foods so they are easy to get to. I can go to the bank. That's close by ... It seems to be working for me."