Introduction to Elaineu2019s Story

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So then I went to this other one I'm going to now and everybody there is, they're just like angels. They know what to say. You know, their serious and they are happy.

And I have a feeling that it's going help me a lot get through some of this. Welcome back to the Think Well, Age Well podcast. I'm your host, Dr. Heather Sandison, and today's conversation is a really meaningful one for me.

Dr. Merrill is a geriatric psychiatrist, neuroscientist, and the founding director of the Pacific Brain Health Center at Pacific Neuroscience Institute, where we work together to support patients suffering with dementia.

He's devoted his career to helping people preserve and improve brain health as they age, combining cutting-edge research with deep compassion for patients and their families.

along with his personal experience of watching and supporting Elaine through her process. Today's conversation isn't just about the science, it's deeply personal.

Elaine is graciously joining us to share her first-hand experience, of both living at Murama and navigating the medical system as she's struggled with her ability to read and to remember and to cope with aging.

This conversation is a rare opportunity for us to explore aging well from both the perspective of a world-renowned expert and a loving family member navigating this journey in real time.

Welcome, Elaine, and welcome, Dr. Merrill. And Elaine is also joined by her husband, Mike. So thank you all for joining us. I'm excited to dive in. Elaine what were your first experiences?

When did you first notice something wasn't quite right? This is where I have to ask Mike because it's one of those things I don't really know. I had an idea that I should know that did know, but the individual experiences, I really can't get a hold of.

Early Signs and Driving Challenges

Mike, you asked me not too long ago, one the first things that you noticed. About four years ago, we were at a restaurant with friends, and we went to check on the dog in the car that was about a block away.

And she had difficulty finding her way back to the restaurant. Yeah, that was about four years ago. And we just, I didn't realize what was going on at the time.

But as time went on, her ability to drive became much less. She didn' recognize a rotary and drove off the top of it. It didn't hurt anything. That was the time where one would realize that eyesight and the ability to drive was going away.

We still didn' realize what was goin' on. But that was their first indication that something was up. Yeah, I mean, when I tried to get back to where we were at the restaurant, you know, it was dark, but there's light and everything, and it wasn't a commercial area.

And I suddenly didn't know which way to turn, so I had to call my, who was, you know, with the other people that we were with that day. And it just was so puzzling.

How come I don't where I am? Of course I know where. What were the next steps that you took to understand what was going on? At that point, really nothing.

Just that it was weird and maybe, we didn' every day go to that particular place, but I didn"t want to make a wrong turn. Because I had the dog with me and if I went the wrong way, it might take him a while to come find me.

So we both kind of just thought it was isolated in something. But the next thing, we live in West Sacramento and we pretty much stay around here all the time.

And Sacramento itself is a lot busier and a You know, you have to really sort of be on your game when you just go there, but I haven't had any trouble doing that.

How long have we been there at that point? Probably, five or six years here. It's not like it was new. A lot of the streets are either east or west, They're one way going different places and I just missed it.

I didn't see it, I was going pretty fast, you know, as people do when they drive. And I flew over one of the things that you're supposed to go around and then I pulled over to the side and looked at the car and it looked okay to me and drove okay.

I went home, drove home. But that was a real eye-opener, though. Why on earth did that happen? Definitely a big scare. I think often the patient themselves, the person experiencing this, isn't always aware that the changes are happening.

And sometimes it takes a family member like Mike or David to know that something's changing. If David, if you or your brother noticed that there were changes happening with your mom before she did, Yeah, well, thank you, Heather, first of all, for having us on.

It's an honor and a privilege to join you on the podcast. So when things first started changing for my mom, I think we were much more kind of the common family feeling like she's okay, everything's normal.

How are we going to get this over with or get, you know, get past this kind normal is still going to be normal, there's not going be a new normal. For the first few years, COVID didn't help because there was all the separation and isolation to where we didn' actually get up to Sacramento for quite some time.

Some of this I found out about, or most of it I'd say, I heard about well after the fact. But then I think, mom, you were going start talking about your checkbooks and how you've always been meticulous about dollars and cents and tracking numbers and keeping everything balanced down to the penny.

Diagnosis of Posterior Cortical Atrophy

I remember you texting me photos of your handwritten checkbook where you were making corrections and whiting out the entries and trying to get to zero and you're just sharing with me that you weren't able to and that there must be something wrong beyond just normal aging, or senior moment, and at that point I think we did start talking about things that had gone on, like your driving.

And I was actually, Heather, to what you were alluding to about self-awareness, I have continued to be really struck by how deeply self aware you are, mom, about what your going through.

I mean, for example, you gave up driving voluntarily. Like you didn't need to be reported to the DMV. We didn' need pry the keys away from your hand. You know, heaven forbid, Mike, that you would not be able to drive because I would think it would be the opposite where, you know.

I want to make sure that what actually happened, and I'm not sure. My doctor told me, I told her about doing that and telling her that nothing was harmed, but I was, you know, we like our doctor.

I talking to her and at the end of our session, she said to me I'm really sorry to tell you this, that I have to report you to the DMV. And I thought, well, I've thought about it for a while and I kept on driving for about a week.

And then I though what they said is I would have to take my test again and go to the EMV. I don't think that's really a good idea because it did shake me when I went over this thing.

My reaction at first was, you know, there's people in Sacramento are legendary for how fast and stupid they drive. And I thought, it couldn't have been me.

It must be all those people who, and then I just, I told Mike, said I'm not going to go and take my test again. I don't feel that's right. So it went away.

Well, thanks. Cause I remember you telling me, Being able to tell the difference between the left side of the road and the right side became more challenging.

So you didn't know if you were on the correct side the street. I don't how much you have driven in Sacramento and it's not just me. Everybody says it.

A lot of your experience is visual. Can you describe it because you don' have a classic Alzheimer's type dementia. It's so hard because it goes away. You know, it's hard for me to remember, but at first I thought, you know oh, well I'm losing my vision.

It means everything is gonna get dark. But it hasn't gotten dark at all. And it just sort of, really hard to explain it. Like I am looking at you both and then I can do this and it kind of helps sometimes.

Yeah, that helps a little bit. If you put your glasses on. But it's just different. I think a lot of it is, what do you say, when something is there's something here and then there is something after that.

Thank you. That's the real issue, more than the light or the dark. Stepping off a curb, I don't know if it like this or like, this. Oh, escalators, forget it.

Mom, I'm not trying to make you cry, but my mom, her whole life has been an artist. She has a master's in fine art and photography. Her master is in English lit.

So her world, the depth of her human experience has being reliant on visual spatial experience. depth of field and also the composition of writing. So these have been really at the core of her lived experience is visual spatial navigation, the process of reading and writing, and though she has this syndrome, which is a less common form of Alzheimer's called posterior cortical atrophy, For her, the loss of the ability to navigate space or to write or enjoy reading has been difficult.

Mom, how's that been? Well, you did it, Dave. No, it's the core. That's what I tell people that say, I can't read, and I cannot write. Other than that, everything's great.

But the thing that's saving me a little bit, I have two things that I think, one of them I know, that can do books on tape, which now is called something else, but that is what it is.

And the other thing I've been meaning to ask you, David, and I take medication for anxiety. I wonder sometimes it feels like I get so much medication that i can't feel anything.

I don't know if my reaction is true or if it's, you know, I dunno. I very rarely really cry, really boo hoo hoo. You know? I call it boohoo hoo, right?

Not boo-hoo-whoo too much. But I get upset and I can't let it down. Kind of like this. Mom, your resilience has been remarkable in the face of these losses.

Everyone needs to get out their tissues. Elaine, I remember learning that you spent a career in publishing. Your life, your career was about, as David mentioned, was your visual-spatial experience and the ability to read, to engage in stories and travel and all of these pieces.

They're different now. I wouldn't say that they're entirely lost. You found incredible ways to cope. I think another part of your experience that is unique, of course, having David as a son with his expertise, you were able to understand more about what was going on in your brain.

I thinks many people expect that if they have dementia, if there are going to have an Alzheimer's diagnosis, that it will be short-term memory that will go first.

Right, well, you've had this very different experience. And I think sometimes when it's not typical, when its not textbook, it can prevent people from getting the medical help or the diagnosis that might help them most.

Dr. Merrill, do you have any thoughts about that and how other people might navigate? You even had the experience, oh, mom's going to go back to normal, not have a new normal.

What would you recommend to people as a patient, as doctor, if these types of things are coming up? Sure. You know, it took us as a family, again, being on the care partner slash adult son side of the equation, not the clinician.

It took quite some time to figure out what was going on. I'd say it was more years rather than months. Just a year and a half. Thank you, Mike. Because about a years and half it take us to get a diagnosis of posterior cortical atrophy, which is most commonly a variant of Alzheimer's.

It was originally discovered down at UCLA by some of my academic senior mentors. It used to be rare cases, like there was only 50 known cases that have been described in the literature, but now it's appreciated a recent study from UCSF.

Life at Marama and Daily Support

found that upwards of five to 10% of Alzheimer's cases can essentially be manifesting as posterior cortical atrophy, which as we've talked through is this less common presentation of trouble with visual spatial navigation, construction of visual objects, but relative sparing of short-term memory at least initially, And in a way, it's kind of a silver lining for my mom and for our family that it is a form of Alzheimer's that has a slower rate of progression.

There is preservation of self-awareness and that can be used to our advantage in which my Mom just said, like, instead of reading a book, she'll listen to a books.

Mom, in addition to being highly intelligent. So having a high baseline, you've had years, if not decades of formal and informal education. You have a large amount of cognitive reserve to buffer against the loss of synaptic connections, the decline in brain cell function.

a lot of your activities. So enjoying listening to books. I know, thank you, mom, for you actually rescheduled your book club from right now to have this podcast.

Thank you for doing that. But it's really been a story of resilience more so than succumbing to a hopelessness or a feeling of there's nothing we can do.

If anything, once we knew the diagnosis that took another period of time, Heather, for us to find you and the story of Marama, which really, you know, it changed the game for as a family for my mom.

Mom, I think that's why you don't cry as much or as often is that you're really in a better head space at this point in terms of having agency to be active in your own rescue.

Yeah. Elaine, would you describe your experience at Murama? Yeah, as for the experience, it was profound. It was

really, and there was so much available activity and interest.

And your funny guy who brought, I can't remember his name, but you know, who came and made jokes. Oh, wow, mom. If you're bringing up Ryan Glatt, just wow.

Okay. You did it. Hi Ryan, you're the best. Ryan says hi with the ladies. Way to go Ryan. Yeah, everybody just loved him, couldn't wait till he came back.

But there were other people too, like there was a guy who was some kind of a crooner who would come in with his piano. There was just, and all of the activities and the people that were there.

It's kind of sad because when we all sort of broke up unexpectedly, everybody said, Oh, we'll exchange our cards or something. We'll stay in touch." And we didn't.

Everybody just blew away. And that was kind of sad. I made a point to go down about every six weeks on the weekend to see what was going on. As long as Elaine was there, Sheila was engaged and active.

While her cognition is still pretty good, But it was pretty good. She stayed active, was in good spirits, and they kept her busy and engaged. That was the best possible solution for her.

Yeah, and one of the things in my life that I've had that have always been kind of prideful about is that, I was a long-term runner for years and years, years.

And then we had the hill that we have to go up and down once or twice every day. I made sure that was the one who was strongest and the longest and a little competitive.

But that was one of the highlights of that, that everything that that needed was right there with somebody saying, OK, it's time to do this now. Now we're going to go down the hill.

And you don't feel so good. Well, we'll take it easy. The people were just so… It was a good selection of crew. Yeah. I might as well throw in that right now I've been going I always say it wrong because I say its babysitters.

Daycare. And I found that the difference in the one that I've been doing for a while, there was one woman in it. I didn't want to see her in there because i could tell she hated it and she was miserable.

So then I went to this other one I'm going to now, and everybody there is, they're just like angels. They know what to say. You know, their serious and their happy.

And I have a feeling that it's going help me a lot get through some of this. Two days a week now for a full day, I am going be doing it. I've not around this poor sad woman that was there.

It can be infectious, right? So there's a couple of things I want to highlight about your experience, Elaine. One is you have genetic risk for dementia, quite significant genetic risks.

Oh, yes. You're APOE4, 4 positive. And yet, again, your resilience is a big part of this story. David, you spoke to just how actively engaged you've been, Elayne, in your entire life, how you're highly educated.

you got at least two masters. You're good at pivoting and coping and being able to stay engaged, but you also have been a lifelong runner. You've been an avid exerciser, which I am sure has done a lot to protect your brain.

And so it's possible that you might have gotten a more severe form of Alzheimer's or an earlier onset Alzheimer if you hadn't been engaged in these very brain objects.

lifestyle activities throughout your adult life. And Dr. Merrill, do you have any thoughts on that or anything to add to that? Absolutely, Heather. Mom, you know, I still remember as vividly as possible for me at this point, on your 50th

birthday, your ran your first marathon in San Francisco.

You know I was still a young adult, so I a little late waking up, but you know, Mike had followed you along the course tonight. I managed to get to the finish line just after you were done.

But that photo of you at the finished with Mike. And who was there? Oh, so. My bird. Yeah, one of our. Right. So running, I didn't, and I don't want to, you, know Mike and Elaine really forged their relationship as part of the runners club in Oakland.

What was that group called, Mike? Lake Merritt Joggers' Striders. Yeah. And we went to Hawaii together to do a marathon. That was my first meet. So all of that was very positive.

My mother had Alzheimer's, or it's called something else, but it was essentially that she was a smoker. And it was something about that that made her difficult.

And my dad had the other thing, the one where people get violent and yell at their partners. Parkinson's, and my Dad had Parkinson and My mother had, you know.

So you're right, there were opportunities for mischief in my body. Yeah, so the expected age of onset And forgive me for looking at the evidence base while we're talking.

Expected age of onset for a woman with 8.44 is about age 65. Whereas, mom, I think your onset was closer to 75. Yeah. Sounds right. 74. I don't think I got the one where people start to yell at each other, but my dad did.

Your dad, grandpa, a professor of English Lit at University of Nevada, Reno, where you were from and grew up. That's even foggier for me. I was pretty young when he developed initially Parkinson's.

Then I recall being told that he essentially had mixed Parkinson and Alzheimer's with these. Yeah, I feel so special. Right. It wasn't until years later, your mom, ended up with a vascular dementia.

That's what it was, yeah. Really from having been the stress of all that and then also age itself and being a chronic smoker. And so on the one hand, it's been a shock to us all, mom, that you have Alzheimer's, but then learning more about you and the genetic loading of having the APOE-44 genotype You know, scientific journals and population studies now kind of say that if you have 8.44, it's deterministic that, if your live long enough, you will end up with Alzheimer's disease.

Exercise, Diet, and Cognitive Reserve

You now, I'm not so convinced that that's the case, but in that regard, Your life is a testament to how to delay onset, to lessen the severity of the condition.

We've talked a lot about your education background, your thirst for knowledge and learning. I think one of most striking examples, and you can correct me if I'm wrong, you were a traveling author and an editor for Lonely Planet Travel Guides.

And I remember there was a an etching, like a photo of you, which was an Etching of your running. And one of the places you were writing about, I can't remember if it was Hawaii or Australia.

and to me, that's just like, a vivid snapchat. Yeah. I forgot about that. yeah. Now I went to Australia with some of other people from Lonely Planet, you know, to go down under and, and see really, because they're really the base of Lonley Planet.

True, right, exactly. So, Heather, my interest in health behaviors was born out of growing up under my mom's care and guidance. We were a vegetarian household, there was a lot of sprouts, and I have to admit bagels were our favorite.

But that's an interesting transition to where we now know that for the dementing brain, so I put it that way. But with vulnerability to a dementia in later life, it may actually be best to be on this lower carbohydrate, if not frankly ketogenic diet.

Sorry to jump ahead in the lingo, but this has been a process that my mom has embraced, starting really with the living at Marama, which Mike has ben supportive of both there and coming back, Now my mom does her best to be in mild ketosis, to follow the ketogenic diet based on the Bredesen protocol.

We cheat sometimes. Everyone does. You're human. Continue. Yeah. So to see that transition from high carb, low fat, lower protein, 1980s diet to like modern day keto flex has been fascinating to watch.

And I think a big Difference-maker and why, Mom, you've done so well. You still have great strengths in your verbal comprehension, your frontal executive function.

Ultimately, we need some prompting for recall, but once we get going, You knew that your book club is this morning and your gardener was here. I mean, mom is still mom.

which is great. I agree, and sometimes it's too much. You know, I don't want to be negative, especially hearing what you're saying. And I, agree I wake up a lot of times and I forget until I get out of bed and then I remember, oh yeah, not quite the same.

Mom, can you talk a little bit about the adjustment from being a vegetarian who, you gave me a fridge magnet once that said I've never met a carbohydrate I didn't like.

She and I are related, so it's self-disclosure. I really struggle with the low-carb guidance, especially with things like just the decades of controversy in history in nutrition and diet related to health.

Mom, can you speak a little bit to the process of embracing the ketogenic diet and what that's been like both at Marama and you've been back home for More than a year.

It took a while while I was still at Murama, but I like it and I feel so guilty because those poor animals. That was the impetus for being veggie was, you know, making the cows feel better.

But the way we eat right now, I really, mostly me, because it's expensive, but I just like it. I enjoy it and I don't want a lot of carbohydrates. Only I still really love ice cream, so now and then I do that.

It's been really good for me. One of the things that I got from Marama was to keep Elaine busy, actively, mentally busy. And that's with the daycare. They have activities for her all day and the keto diet.

So Elaine, one of the things that I really wanted to highlight about your experience at Murama was how you utilized it the way I imagined when we created it.

You know, you had to make the hard decision to leave Mike up in Sacramento, to come down to San Diego, your routine, your day-to-day life, but it was also this big reset where you were able to spend six months in this fully immersive experience where were getting the diet and the exercise and activities and social engagement.

And then in that transition back to Sacramento, you are able take a lot of it with you. One of the things has been the diet, and I'm curious about the resources that you've used and how you navigate staying primarily in ketosis and having a vegetable-rich, very healthy diet now that your back in Sacramento.

Can you share with us how your done that? Yeah, I can. I want to just say something to David. One the good things about Marama was He chose the bedroom that I should take and it was the very best choice.

It was at the end of, no, because nobody would come back there and I could go outside under where the, uh, The patio by myself and sit there or walk a little bit and you know nobody ever bothered me in the morning.

The only people I ever saw were the ones that were just leaving and they'd been working all night and that was a big thing. I want to make sure to give credit to my son anyway.

So thank you. You kind of laughed when you said this is the best one in the house. And it was. So anyway, what did you just ask me other than that? You've been home for about a year and you've able to stay on the ketogenic diet.

What resources do you use to maintain that. Boy, that's a good question. I have to think about it because it's Mike who really toes the line here because we don't always eat the same thing.

And who am I thinking of also that talks about this? Ingrid. Oh, Ingrit, right, the person who does it. The chef. Yeah, she was a restaurant owner for a while and it just didn't work with her, and so she got this idea.

And every time that she comes, she goes through everything that's she's suggesting, sometimes, you know, saying, would you rather do this or do that, or else she'd just say, no, this one, we're going to do it this way.

I don't always know what they are, but she is very kind, very open, I would just give credit for her. Through chefs for seniors, right? Chefs for senior.

You were able to use that to find Ingrid as a chef who could come to your house and did you do the grocery shopping for you? Does she pick out recipes or do you give her recipes?

How does that work? Well, she has a rotation of, the next week's rotation, She comes every other week and every third time it starts to repeat itself.

So she makes three different types of different dinners for Elaine. And not that she make every dinner for her Elaine, we have to supplement. We do that at a restaurant where we should get a cop salad for a Elaine or Subway we get protein bowl with heavy on the spinach.

is keto, keto yogurt. I've even found a keto brownie next. It's strong. So I get to, I tasted it. Not quite a hundred percent, but pretty good. From my perspective, um, think I must have cooked a lot of dinners when my kids were young and I have no real recollection of all of that.

I would be out in the woods now if I had to go in and make dinner. So between Mike and Ingrid, they are the bosses, I can't tell you. She gets a bacon and eggs, probably five out of seven breakfast with a keto toast.

There's a granola that we have a couple times a week. The mornings, I'm in a hurry to get her off to her daycare. So. Yeah. I am being taken care of. That's all I know.

And it sometimes just stymies me how I spent, you know, five, 10, 15 years cooking. I must have done okay. If someone were considering a six-month stay at Murama or longer, what advice would you give them?

I would kindly, I think, remind them to do as much as they could because, as you may have noticed as come and go a little bit, a couple of the people who were in it didn't want to be in and they would take the first the first chance they got to go back into their room.

There was more than one person who really wanted to do that. And of course, that's really hard on the helpers and the staff to realizing that, oh, he or she, they're gone again.

I would just say, it is hard, but you'll be happy if you get it done. You may find yourself later that you regret it, but it's so individual. You know, some people, they just can't make it to do it.

But I was determined not to be one of those people even on a bad day that I wasn't gonna, you know I'm here. Utilize the program. Yeah, yeah. And when we would do things that were group, I would try to give other people what they would say, and I'd try, you know, even do this when I go to daycare, if I see people, who are, well, just to

realize the opportunities that I had, no matter how And I don't want to set myself up because sometimes I just can't do stuff.

But I'm aware and I take from my kids, both of them have always been really active and interesting to do things. And you know, who knew that both my boys are so great.

I understand how rare that can be. So I want people to be, you I don't like to see people sad. You did a great job, Mom, transitioning to Marama and really keeping an open mind and embracing the unfamiliar and taking a leap of faith, first of all, to move in.

And then, second of, all one of the greatest aspects of program is the structure and following the protocol for things that you're in your wheelhouse, like leading the charge, marching up a hill, but then also agreeing to do the things you might never have heard of or kind of have questions or doubts about.

Returning Home and Ongoing Care

Heather, I haven't visited in Kansas, the facility in San Diego had this wonderful It was basically combo, I mean, you can probably describe it better than I can, but it was a combination exercise and detox circuit mixed with like, brain stimulation.

So basically a circuit room that mom, You were pretty regimented about jumping in for the circuit training sessions. And I'm curious to hear, Maury, do you recall some of the tools they had to use there?

Or maybe, Heather, you can share with the audience what the interventions are that you've got set up there and that encourage people to seek out for those who can't live there.

Yeah. Elaine, Do you remember your experience in the Brain Gym, in The Casita, doing that? I'm sorry, say again. Do you recall your experience in the Casita, the brain gym where we had the LiVo2 set up, exercising with oxygen therapy, and the saunas, rebounders, red light therapy?

Do remember that? Not immediately. The rebounder, what's that. that helps get your heart rate up. In the gym. Yes, yes. Yeah. So typically, you would go down there in the afternoons as a group, and we'd have a handful of stations.

There would be a person on each station, then you kind of rotate. And on days when somebody wasn't feeling up to it, they could hang out on the Biomat, which is a warm, harder mat that can be really relaxing to take a break on.

maybe even take a nap on. But for the most part, we were encouraging people to get on an exercise bike or a rower and use the oxygen. So we have the same setup in Kansas.

It's in this beautiful sunroom, and it's a little bit bigger space even than the one that we had in San Diego. And so it is a really inviting space to go into.

You're right, Elaine. One of the things that really struck me from your experience at Murama was that you were willing to do the work, that showed up and you engaged fully each day.

And in fact, not only that, but there were people who came later than you, where you are kind of like the big man on campus. You had already had your experience, you settled in.

Do you remember Karen coming? This was the first time she was living away from her husband. She was very anxious about the transition to Murama. And you really took her under your wing and you made her experience much easier and more enjoyable.

You were very encouraging of her and it really changed I think what could have been kind of a disaster for her moving in into a positive, a really positive experience.

Boy, I'm trying to remember this. Karen, Karen. It was really a heartwarming thing to watch and see. And Karen, eventually she moved to another place and it didn't go quite as well.

I think a lot of that had to do with having the friendship, having your friendship and encouragement, and having you checking in on her. really making her feel welcome and comfortable.

And I think for anyone looking to potentially have a loved one move into a care home or a memory care setting, having that buddy system, like, hey, who's there?

Who might relate to me? who might have an experience similar to, me who may be interested in kind of creating a connection, a bond, so that they can make that transition easier, that really we've used that model that you exemplified over and over again as people move into Marama because it worked so well when you were the one in charge.

It was really great. Well, thank you. I wish I could have more of an image in my head. But yeah, I was thinking of when we, did we go to the zoo? I think we did.

Yeah. And something like that was an occasion to making sure that everybody was, you know, interested. There were two women, and I remember you kind of all, kind tried to mom.

Everyone appreciates having a mom. David, what is your experience as a son? What are some of the things coming up now as, you know, with your professional experience, your caregiving experience and your experiences as an adult child?

You know what do you kind of see as the future of care for your mom, but also more generally for you patients? Well, it's a great question and I appreciate the dual roles that I have in terms of my professional hat versus my adult son role.

As a son mom, I feel really encouraged about how you've been home over a year. I remember when you moved back, that was, as is always the case, there was a big transition to change where you were staying.

pleasantly surprised at how stable you've been over the last year. I know that day-to-day, it's easy to get caught up in the sense of feeling like you're slipping figuratively or literally.

But all things being equal, Mike, maybe you can speak to this. When you moved back, well, we'll reassess in six months. We'll give it a couple more years.

And honestly, I feel like that's still where we're at, more or less. Can I tell you one important thing about when I came back? Yeah. I found people that I had known before I went, and I have friends who stayed in touch with me, And I still stay in touched with them.

and the book group and just our neighbors. I mean, we're not in a vacuum where we are. That's very helpful to know that I can call somebody up or do something together.

So, Heather, what I see, you know, as a son for my mom is really this hard reset that happened by living at Marama has had lasting benefits back at home where they've maintained the gains and there's a hopefulness that wasn't present before having shifted the mindset from one of, there is nothing we can do.

This is a one way downward spiral to more of a, well, every day is challenge. but we're up to the task because we have a tool set that is being deployed or used at the right place at right time.

I don't know if it came through. Mike was mentioning that he's hired Elaine, a personal trainer at a local gym. In addition, they also have the chefs for seniors and she's going to a day program twice a week for two full days.

which as a second farming, that's how I started my semi-professional work in the field was being a care partner at a

day program. So I know the value of these things and they do take a not insignificant amount of effort and perseverance to keep going in face of what is otherwise a progressive decline.

The investment is not insubstantial. It has led to cutting back on things like travel, other forms of discretionary spending. It is a budgetary stretch to invest in yourself this way, mom, but to me, it's paid off.

Yeah, no, I agree. And we both, especially Mike actually because of the dog, but I can't run at all and that's really hard on me. So I walk and we walk.

That's just one other thing. There's one on the piece that I didn't mention earlier, twice a month we go to the Alzheimer's support group for both the client and the caregiver.

And that seems to be helpful. I usually get a little nugget from some of the other caregivers occasionally, so. Yeah, there's one group of them and one of us.

And the ones that have us, they're wonderful. They know a lot. So that is a good thing to remind us of. Mike, you've been so gracious sitting in the background there, but it's really true without you.

our group, we'd be sunk. I mean, you've been doing the heavy lifting for quite some time now. So take care of yourself. Yeah, that's me all over. Thank you.

You are really one of the heroes of this story. It does take a lot of work. And that mindset, right, really shifting from there's nothing we can do to, okay, I'm going to get in there, get my hands dirty and do everything I possibly can.

It takes coordination, it takes prioritizing, It's a huge amount of lift. And we've, you know, just to second what you said about the support group, we see over and over again that that's profoundly helpful in reducing the burden of caregiving.

Just to know that you're not alone, to be surrounded by other people, as you said, Mike, who can give you a tidbit, a resource, something that makes life a little bit easier day to day.

It's really impressive what you and Elaine have done together up in Sacramento. I really am so privileged to share your story here on this platform because I know it's going to inspire so many others.

Murama really was the kickoff point for what we had to do. It gave us a pretty good structure to try to maintain. I can't do everything, but we're doing quite a bit of it.

an impressive amount. That wraps up part one of my conversation with the delightful Dr. David Merrill and his lovely mom, Elaine. In the next episode, part two, we're going to take a deeper dive into the medical and professional side of the conversation, where Dr Merill will share his insights as a leading geriatric psychiatrist and brain health expert.

I hope you will join us there. Subscribe so that you never miss an episode. Thank you so much for listening to the Think Well, Age Well podcast. If you enjoyed today's conversation, please take a moment to subscribe, leave a review and share this episode with someone you care about.

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Until next time, keep thinking well, and aging on purpose.