



"Green fishing Boat," oil on panel, by Jo-ann Osnoe



"Moon Gator," digital painting by Robert Burger

By GWEN SHRIFT
Staff Writer

A small sculpture by James Mario, "Mirror Miro," is like the really good movie you always wished would be made from one of your favorite works of great literature — familiar subject matter made approachable.

Mario plays with surreal forms the late Spanish artist Joan Miro employed and devises one of many attractions in the New Hope Arts Center's annual juried members' exhibition.

The sculptor clearly enjoys the sinuosity of those earlier works, and here offers a witty pocket version of great themes, interpreted in gleaming mahogany.



"Moondrops," oil on board, by Pamela Parsons

Jo-Ann Osnoe's dockscape, "Green Fishing Boat," with its painterly, serene surfaces and the merest suggestion of moving water, and Derek Bernstein's "Two Chairs."

The latter gets my personal-impression award for its true deconstruction of forms that only makes those forms more emphatic; a subdued palette and tightly focused horizontal composition contrive a mood not easily shaken.

A similar state of mind drew my eye to a nearly monochromatic oil, "The Van Wyck Expressway," more realistic in execution though painted entirely in shades of quiet blue.

Elsewhere, I awarded points to Pamela Parsons, painter of the abstract "Moondrops," for its dripped composition and precise use of color. Another painter of abstracts, Rose Marie Strippoli, offers "From the Earth," which captures a sense of billowing motion in uncharacteristically restrained colors.

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"Mirror Miro," mahogany, by James Mario

Rich pickings among work by regional artists please a juror from New York.

Big Apple polish

Trying to make sense of dementia

Dementia. When it comes to thinking about getting older, this word is unsettling.

Dementia is a group of diseases, the most common being Alzheimer's. Dementia causes loss of memory and other aspects of cognition like decision making and calculation. Thinking about losing these functions is unsettling or distressing. To top it off, accurate information about dementia is sometimes hard to find.

Let me try to shift those unsettling feelings into better knowledge and greater understanding. Feeling upset makes it hard to figure out what is real, what is not and what you can do. There is something you can do about dementia.

My friend Dana — a geriatric social worker — and I — as a geriatric nurse — were talking about how distressing the worry

of dementia can be. We hear it in our work, from our friends, almost everywhere we go. Dementia seems to be the concern about growing older on everyone's mind.

It was cancer — "The Big C" — that used to have us all frightened. Now, the Big C is being overtaken by the Big D — dementia. We used to whisper about who had the Big C and how upsetting that was but now we hear that same concern expressed about dementia.

Information and limited knowledge can cause problems when talking about cancer.

We understand progress in cancer care is very real. And real improvements in treatment and care mean many of those who have cancer actually are living with it. As we understand the reality of living with cancer, the Big C myth is shattered.

Is the same thing that used



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to happen with cancer is happening in dementia? Our popular conversation across America about dementia seems sidetracked by myth and misinformation. Important new information about dementia often is downplayed as outdated ideas pop up. Dementia as "The Silent Epidemic" is one of these ideas.

Myth: Dementia will only

become a larger and larger problem.

Framing dementia as an epidemic is not quite truthful. The definition of epidemic implied here is an occurrence of a disease that is excessively common. An article in the *Annals of Internal Medicine* from 1982 called out concern for our "graying America" and rapidly escalating numbers of people affected by dementia. This article declared dementia "The Silent Epidemic," an epithet that stuck.

But the epidemic prevalence of dementia is overplayed. In 2013, three physicians published an important perspective in the *New England Journal of Medicine*. "New Insights into the Dementia Epidemic" (<http://www.nejm.org/doi/full/10.1056/NEJMp1311405>) reminds us as our society ages (more older people as a proportion

of the population) and our life expectancy increases (the average length of an American's life), then the absolute number of people diagnosed with dementia will indeed grow. That makes sense, right? But here's the kicker. Actual rates of dementia are falling.

Decreasing rates of dementia means we are falling far short of projections for "The Silent Epidemic." Falling rates within a larger population of older people does mean more families live with dementia today. But it does not mean the average individual's risk for the disease is climbing.

Some argue a bit over how much confidence we should have in reports of declining rates of dementia. We still don't completely understand cellular mechanisms of dementia, which can

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"two Chairs," acrylic on canvas, by Derek Bernstein



"fidgety," steel and glass, by John Mathews

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Two-dimensional surrealism earned its place through the efforts of Angela Del Vecchio, whose mixed-media composition "ACIDboy" is an exercise in feverish red energy.

William B. Hogan's "A Pear and Other Objects" in pen and ink deals with diving figures, cityscapes, the titular fruit and a reference to Salvador Dali's famous droopy pocketwatch.

Now when I see a drawing of someone diving into a floating island city, with a melted clock nearby, I begin to wonder at potential autobiographical overtones, but "A Pear and Other Objects" remains dreamily elusive on this point, as it should.

Bradshaw, the juror, assembled a more-than-respectable sculpture subcategory to include Bill Ostler's brooding and geometrically restrained bronze, "Bird of

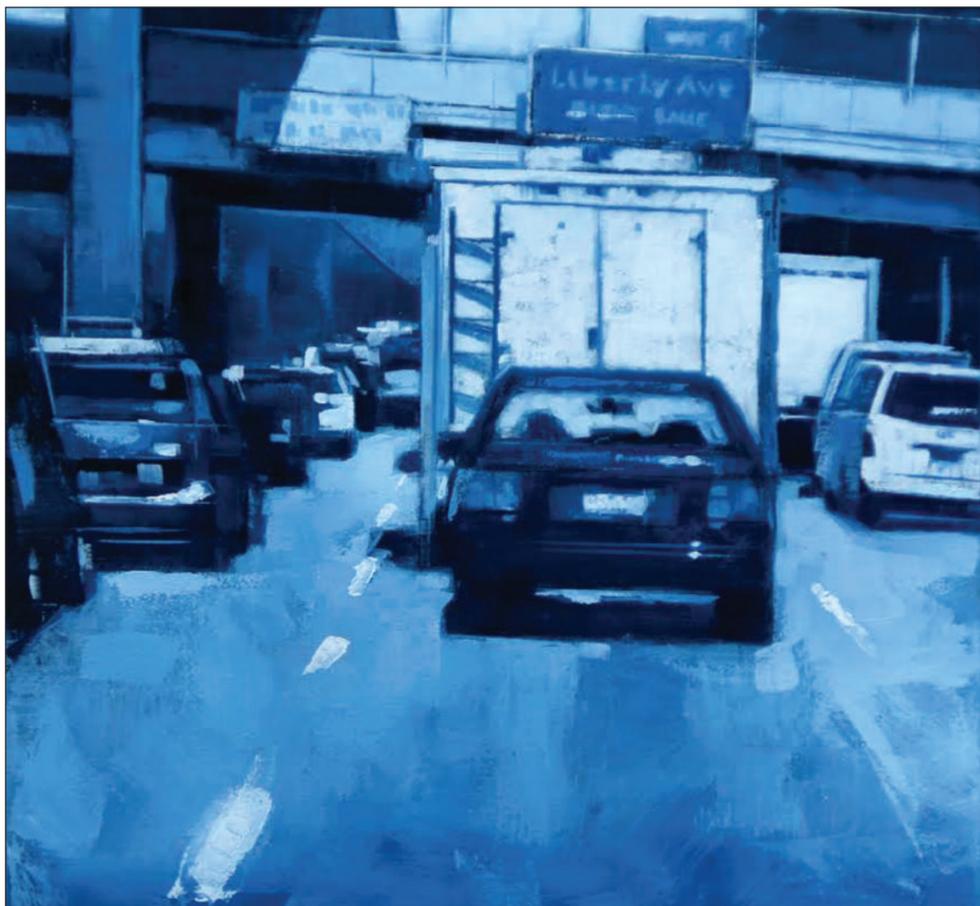
Prayer," plus Justin Long's "Great Blue Heron" in reclaimed steel.

Long reimaged pliers as the bird's beak, and what may be a pry bar or bent chisel — anyhow, it's dramatically curved and bears a stamped industrial number — as the heron's breast.

John Mathews, a longtime exhibitor here, earned special notice for "Fidgety," an exuberant composition in colorful solid steel and frozen glass forms that curl playfully sideways.

Andy DiPietro achieves pure form in "Spiral Around," which is ingenious for its inspired, twisting movement and tricky craftsmanship in silver maple. It takes the artistic question "What if?" in several new directions, all of them begging for close looks.

The opposite applies to "Sedona," a large acrylic by Claudia Fouse Fountaine, which calls for air between it and the viewer — seen from the proper distance, the view of cacti, rocks, and red, pink and orange earth seems illuminated from within.



"the Van Wyck expressway," oil, by George Thompson

Some works go beyond their initial categories. Norine Kevolic, known for her wood mosaics, took a spectacular leap with "The Dream Keeper" by extending the plane of the composition toward the viewer with tense and energetic elements of bent bamboo.

Laura Petrovich-Cheney, who works in salvaged wood,

makes new sense of old choices in "Scrapped," an arrangement of color and texture made from bits of previously built objects.

More recognition lies in store for Kevolic, DiPietro, Mario, Mathews, Petrovich-Cheney and several other artists whose work is expected to be shown in Bradshaw's Pleiades Gallery in the

Chelsea section of Manhattan, according to arts center executive director Carol Cruickshanks.

The New Hope Arts Center is at 2 Stockton Ave. Gallery hours are noon to 5 p.m. Friday through Sunday. Phone: 215-862-9606 or www.newhopearts.org.

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make findings from population studies premature by comparison. But in general, as the physicians who wrote the New Insights article show, new research findings are trustworthy and welcome news.

But sifting through old ideas and new information about dementia can be confusing.

I wonder if confusion in trying to make sense of dementia is really about mixing up two different things. Our general risk of dementia and living with dementia are two separate but related topics.

Myth: Dementia is inevitable — live long enough and you'll get it.

Risk of dementia is tied to one of the biggest myths of aging. It's the myth that leads the Next Avenue list of myths we need to stop believing (<http://www.nextavenue.org/article/2014-02-6-aging-myths-we-need-stop-believing>). The idea that your family history and your genes define your health as you age is incorrect. Dementia, like some cancers, does have a direct genetic connection, but only in some families.

For most of us, though, dementia is what is called an epigenetic disease. Epigenetic diseases occur later in life as a result of a very complex mix of genetic potential, environmental and lifestyle exposures — for example, smoking — and the body's capacity to repair damage. Cancer is an epigenetic

disease in most cases. So is dementia.

Research done this year at the University of Cambridge in England (<http://www.bbc.com/news/health-28262878>) shows it may be possible to prevent a good proportion of dementia cases. You read it right. Many diagnoses of dementia may be prevented in the future.

Myth: There is no way to prevent dementia.

The same Cambridge scientists reported results ([http://www.thelancet.com/journals/lanneur/article/PIIS1474-4422\(14\)70136-X/abstract](http://www.thelancet.com/journals/lanneur/article/PIIS1474-4422(14)70136-X/abstract)) that suggest the possibility of preventing dementia and explain the rates falling. Old age is generally healthier than it was 30 years ago. And it might be even healthier in the future. Healthier old age means less epigenetic diseases like dementia.

The Cambridge team examined known risk factors for dementia: diabetes, midlife hypertension, midlife obesity, physical inactivity, depression, smoking and low educational attainment. Using statistics, they discovered that future risk for dementia within a population might be reduced if known risk factors were controlled.

Their research suggests healthier aging along with well-controlled risk profiles across a population likely reduces risk of dementia. That's because dementia is an epigenetic disease. Within a population, reducing or changing risk factors — like smoking or inactivity — over time creates better overall health and decreased risk of epigenetic disease.

What the Cambridge team found is not a personal recipe to prevent dementia. Much more evidence is needed to fully comprehend its causes and develop potential cures. Some developments were discussed at the Alzheimer's Association International Conference (http://www.washingtonpost.com/national/health-science/alzheimers-findings-seen-as-a-possible-new-window-to-understanding-the-disease/2014/07/15/0381fe0e-0c54-11e4-8c9a-923ecc0c7d23_story.html).

More importantly, this research definitely does not mean if you have one or more risk factors from the list, you should expect to be diagnosed with dementia. Instead, the Cambridge research, along with other new science, gives us an increasingly better understanding of dementia risk. It helps explain how we can transform "The Silent Epidemic" into a manageable health concern and treatable disease.

Myth: There is no help once you are diagnosed with dementia.

A diagnosis of dementia changes everything. It takes a population problem and turns it into a family reality. It makes the potential and general into real and personal. Dana and I know many of the realities of dementia, personally and professionally. The losses are great and so are the needs. Our work involves helping people cope with losses and manage needs.

Many say a diagnosis of dementia feels akin to a death sentence: No help, no hope. This is not true; help and hope do exist in

dementia.

A very recent study — this time from the Karolinska Institute in Sweden and reported at that international conference (<http://www.reuters.com/article/2014/07/17/us-alzheimers-prevention-trial-idUSKBN0FM2P820140717>) — suggests dementia can be slowed.

The Swedish team studied a treatment emphasizing healthy diet, mental activity, social relationships and physical activity. Turns out brain health likely can be improved along with overall health in people diagnosed with dementia. The same things we do to keep ourselves healthy may work to lessen worsening symptoms in dementia.

Myth: Once your memory is gone, there is nothing else.

Brain health aside, we highly value memory and other aspects of cognition. Dementia directly affects memory and cognition. But other capacities remain long past diagnosis. Ironically, we often forget what lies beyond memory, seeing the losses of dementia more vividly than anything else.

Just after Dana and I finished talking, my friend Leah — a geriatric nurse — called to share her own realities of life with dementia. Leah is the care manager in a life care community. Many of her members have dementia. Leah shared her observations on time she spent recently with two of them.

One, at the age of 85, plays the violin daily. A former concert musician, he played for decades onstage.

Of late, some members of the community complained he was playing several bars of music, over and over.

We all have good days and bad, whether we have dementia or not. Leah visited him on a good day. She walked into the music room, only to hear him play a Bach concerto with a flourish at the end so beautiful, it nearly brought her to tears.

Music is a skill that persists, for most who possess it, long after dementia begins. As it happens, music might be one of the strategies to improve brain health (<http://dementiaresearch-foundation.org.au/blog/singing-improving-lives-people-dementia>). Healthy or not, the beauty of music offers a window into hope in dementia.

Another of Leah's members is a 99-year-old retired professor. Still an exacting soul, she now is liable to forget many things. But her constant love and concern for others persists.

She remembers Leah each and every time she visits and carefully recounts her concerns about her fellow members. "I think his walking is worse," she said of one. Sure enough, Leah visited that gentleman next and found the observation true. As she intervened, she said a silent thanks for the love and insights of this woman who has severe dementia.

Help and hope in dementia only begin with strategies to improve brain health and in appreciating capacities that remain despite the disease. The information age offers a great benefit for people diagnosed with dementia and their loved ones

— volumes of information available online. But sorting through all of this information can be overwhelming.

If you are trying to make sense of dementia, try these tips to help make things a little easier:

■ Investigate your sources of information — be sure you are using reliable and trustworthy sources online and in person. Double-check the information with another reliable source. Try starting with the Alzheimer's Association (<http://www.alz.org/>).

■ Remember that healthy aging is really about living well and not stressing yourself out over what you are not doing. Try not to see healthy aging as a must-do task list. Aim for living well to age well.

■ Find and treasure sustaining relationships, just as the 99-year-old elder with whom Leah works does. Relationships are good for your health and well-being. And the love and joy they bring are priceless.

■ Ask for help. Those around you wish to help but they aren't sure how best to do it. Help them help you by asking for what you need. What are your thoughts on dementia? Have you been diagnosed or are you caring for someone with dementia? I'd love to hear from you. Email me at mythsfofaging@gmail.com and follow me on Twitter @SarahHKagan.

Dr. Sarah Kagan is a professor at the University of Pennsylvania School of Nursing where she specializes in geriatric issues and the care of older people. She is a visiting scholar at universities around the world and was awarded the John D. and Catherine T. MacArthur fellowship for her work. Her column on aging myths appears in newspapers and on digital sites throughout Calkins Media.