

An Anthology of
Timely Tidbits, Personal Stories, and Fascinating Factoids for

Savvy Jersey Seniors



Advice, Humor, and Miscellaneous Words of "Wisdom"
For & About Seniors

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Happy Holidays!

Best wishes for a wonderful holiday season and a happy healthy, and adventure-filled 2026 from all of us who make *SJS* happen.

By the way, we suggest that you don't worry about making any of those quickly-forgotten New Year's resolutions.

We believe that they're just a myth perpetuated by people who can't appreciate "perfection" when they see it.

Now back to business. In this latest double edition of *Savvy Jersey Seniors* for November and December of 2025, an *SJS* reader talks about why and how she decided to start her own business as she approached 50.

Donna (Byron) Shelton, the founder of the region's premier senior downsizing firm, Byron Home, takes a candid look at how she got started. "What actually happened was I made it up. Pretending I could do whatever I wanted..."



Simple Exercise Tips...for Seniors of All Ages

And we continue our latest feature...simple exercise tips for seniors of all ages—courtesy of Rich Crowell, the principal at one of South Jersey's most widely respected physical therapy firms.

And, of course, we have our usual potpourri of information that we feel might make a difference to our senior friends across South Jersey, including notes on:

- whether US seniors are basically over-medicated,
- some common sense advice on when to

see a doctor or go to the hospital...and when NOT to visit the Emergency Department,

- five signs and symptoms of a blood clot
- how diet and exercise can combine as an important part of cancer prevention, and
- tips on how to cash in those matured savings bonds..

Plus, what we hope you'll find to be a mildly amusing look back at one senior's "ten memories from the 1960s and 70s that shaped an entire generation."

Your Ideas?

By the way, please don't forget that we always welcome *your ideas* for any topic that you'd like to see us tackle. As we've noted previously, we're especially interested in the *avocations and hobbies* of our readers.

And, in that vein, remember that we especially want to hear about the *volunteer* efforts that seniors across South Jersey are making on behalf of the literally thousands of non-profit organizations that serve our region.

Becoming an Entrepreneur ...and an Industry Pioneer...at 50

Here's Donna Shelton's first-person account of how Byron Home, one of the nation's first senior move management firms, came to be.

"Twenty-seven years ago (that sounds like a long time, even to me) I started Byron Home, a senior move management service. Friends said, "Gosh, you're an entrepreneur!" And I said 'Please don't say that.' It sounded too risky.



"People ask me how I even thought of a business like Byron Home. They'd say, "Wow, I guess you saw a need—seniors needing assistance with downsizing and moving—and built a business to meet it."

"That DOES sound good. Like I was intuitive and then did market research to test my assumptions.

"But it wasn't like that.

"What actually happened was I made it up. Pretending I could do whatever I wanted, I made a list of things that I was good at and enjoyed doing: helping others (I'd worked as a counselor and volunteered for years for a crisis line), moving (I especially liked unpacking and setting things up in the new place), creating furniture layouts (my dad was an architect), staying physically active (getting older made me appreciate my health), working with seniors (I'd volunteered at a senior center).

"And I hoped that when I pulled these ideas together, someone would hire me. But then I realized that if I wanted to do all these things, I had to create the business.

"My previous work history had been first in a "helping profession" (rehabilitation counseling), and then in corporate America. I'd worked my way up into higher level management positions. Was even on the cover of the annual report.

"But before Byron Home I didn't love what I did.

"So I made that list. And when I got downsized (ironic, huh?) out of my corporate position, it was ok. I had already developed my idea. And when my outplacement package gave me several hours with a small business consultant to develop my business plan, I knew it was meant to be.

"It started out with just me. And then, amazingly, I got my first client. Luckily the recent widow was very patient with me (and with the fact that my compact car wasn't ideal for bringing packing boxes and materials to her home).

"We took our time as we did her floor plan, she selected her contents and I packed her belongings for the studio apartment at the senior community. She was nervous about her move but felt better because we were doing it together.

"It turned out well. For both of us. She found that being in a new location was better than being in her home alone, and that being with others helped ease her sorrow.

"I learned that I had to get a bigger vehicle to transport my boxes and packing materials and I needed to add staff so we could handle larger moves, and multiple moves on the same day. Byron Home grew to meet the needs in our community, developing as we went along. In the beginning I did all the networking to raise awareness, initial client consultations, floor plans, packs & unpacks, pretty much everything. But as we grew, we added team leaders and moving specialists. And that was (is) such rewarding work that several of our early employees are still working with us today.

"But even though I was an industry pioneer, I found I wasn't the only one. In October 2002, four years after I started my business, a small group of us, 22 people from 16 companies who had independently sprung up in different states, got together in Arlington, Virginia. How might we support one another? What were our goals and standards?



That weekend we formed an association, optimistically called the National Association of Senior Move Managers. (There were probably ten states represented, max.) But we knew one day we would have members all over the country. We'd have educational conferences. We'd create a website. We'd raise awareness so that people could find out that help for their downsizing moves

was available. I became a founding member and a board member. We did those things and more. Now the organization has grown to more than 1,000 members nationwide.

But my real love was always working day to day with Byron Home clients and with my co-workers. Helping families (now more than 7,000) understand that they didn't have to do it alone. Watching their faces when they entered their new place, everything unpacked and put away.



"And I'm proud to say that my son Jared took over the family business a few years ago. And has made it even better."

New SJS Feature: Simple-To-Do Exercise Tips for Seniors of All Ages

Every senior knows that exercise is a critical element in maintaining a healthy lifestyle.

And SJS is fortunate to be able to continue a new feature that will help all of our readers do just that.



Richard J. Crowell, Jr., PT, DPT, OCS, the principal at Romash & Crowell, one of South Jersey's most recognized physical therapy providers, has agreed to share some easy-to-follow tips about simple exercises that virtually all of us can follow.



Here's Rich's latest tip: "therabands."

"A common question we receive is 'How do I exercise with resistance at home with minimal equipment?' Therabands are an accessible and affordable type of resistance that can be used for a variety of exercises involving upper and lower body.

"By tying a knot in a long Theraband (5-6 ft) to create a loop, you can close the knot in a door to anchor it.

"One simple exercise for upper back and postural strength involves anchoring the band at chest height in the door, holding onto the band with both hands, pulling your elbows in towards your ribs and pinching your shoulder blades together. Keep the movement slow and controlled and complete two sets of 10 reps.

"Incorporating simple exercises like these throughout your day can help to build functional strength!" You can reach Rich at his Haddonfield office at 856-427-9311.

Some Things to Think About as You Start the New Year: What Level of Adulting Have You Reached?

- Watching everything with subtitles?
- Being excited about going to bed early?
- Getting annoyed...even angry...at unnecessary noise?
- Actually feeling the benefit of water while drinking it?
- Turning down the music so you can see better while driving?
- Getting excited over a new household item (e.g., "so excited about my new vacuum")?



Small Changes...But Big Influence on Cancer Prevention

"Given the impact of lifestyle choices on general health, it's no surprise that they can also help with cancer prevention," writes Faith Fiorile in *American Lifestyle Magazine*.

"While genetics play a role, your likelihood of getting the disease can be reduced greatly by your diet and degree of physical exercise," she notes.

Here are a few small changes to your daily activities that Fiorile says "may have a big influence on your cancer risk:

- Increasing your intake of fruits and vegetables...particularly well-known are the powerful components found in broccoli and other cruciferous vegetables, including glucosinolates, which may inhibit cancer enzymes.
- Cutting back on processed meals, red meat, and sugary drinks...consider more plant-based foods, lean proteins, and whole grains.
- Getting active...regular physical activity is essential for safeguarding your long-term health...aim for a minimum of 150 minutes of moderate intensity activity a week."

And, reminds Fiorile, "for personalized advice, consult your healthcare provider."

What to Know About Cashing In Your Matured Savings Bonds

Americans are sitting on more than \$39 billion of matured but unredeemed US savings bonds, according to the Treasury Department.

"But cashing them in isn't as simple as it was," writes Max Kutner in the *Wall Street Journal*. "Electronic savings bonds automatically redeem upon maturity, but paper bonds require effort."

TreasuryDirect

Banks remain the primary method of cashing in bonds, including the popular 30-year Series EE, with between 76 percent and 83 percent of all bonds now redeemed at banks.

The other option for cashing in bonds—mailing them directly to the Treasury— also has become more difficult due to government downsizing

According to Kutner "financial experts say to start locally, but don't just show up with bonds in hand. Call ahead," and, he says, "it helps to be a bank customer."

If the bank option won't work for you—for whatever reason—redeeming directly from the Treasury is the best option. To mail to the Treasury, you fill out FS Form 1522, which is available on the TreasuryDirect website.



If your redemption value totals more than \$1,000, you must have your identity verified and you must sign the form in the presence of a notary or authorized certifying officer.

Keep copies, of course. And consider sending them through the Postal Service via Priority Mail, which typically comes with insurance and tracking.



The Five Signs and Symptoms of a Blood Clot (Deep Vein Thrombosis)

Blood clots can occur anywhere in your body. But the most common place for one to form is in the legs. This is called a deep vein thrombosis (DVT). And, of course, as Nicole Andonian, MD, points out in a recent article for *Good Rx*, blood clots can be dangerous, because they block blood flow to parts of your body. Blood clots in the legs can also break off and travel to the lungs, which can be dangerous and life-threatening."

According to Dr. Andonian, the common signs of a blood clot in the leg include swelling, pain, and warmth in one leg. But the symptoms will vary depending on where the clot is located.

"Blood is designed to clot. This helps prevent any major bleeding after an injury," says Dr. Andonian.

"But sometimes, blood clots form in parts of your body they shouldn't. When this happens, the clots can block blood from flowing to different parts of the body. This most often occurs in the legs. But blood clots can form — and travel — anywhere."

What exactly are blood clots? Dr. Andonian explains that "a blood clot forms when proteins in your blood get sticky and clump together. You may have seen this happen after a cut, when the blood turns from a liquid to a gel-like, sticky consistency. Sometimes, this can happen inside a blood vessel, where there's no injury. This can happen for a number of different reasons—from poor blood flow to increased inflammation in the body.



"Blood clots can happen in any blood vessel. For example, when they form in arteries of the heart or brain, they can cause a heart attack or stroke. But they're more common in the veins of the legs. This is called a deep vein thrombosis (DVT)."

Unfortunately, says Dr. Andonian, "the signs of a blood clot in your leg aren't always obvious. And some blood clots, especially smaller ones, may not cause any symptoms at all. When they do, the most common signs of a blood clot in the leg are:

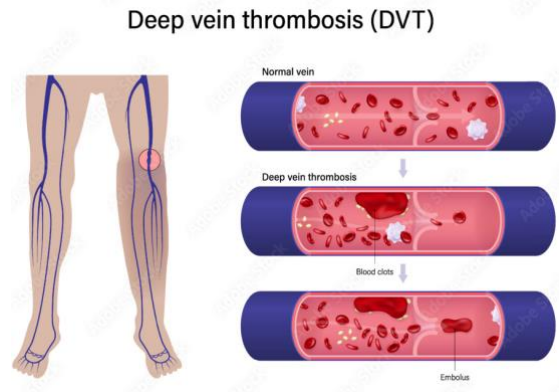
- Swelling in just one leg,
- Pain, cramping, or tenderness in the calf or thigh,
- Warm skin around the tender area,
- Red or discolored skin around the area,
- One leg that feels heavy or harder to move."

Clots can also happen in veins in your arm or abdomen. If they do, you may notice similar symptoms like pain, swelling, or warmth.

It's also important to know that sometimes a piece of a blood clot in the leg can break off and travel through your bloodstream to the lung. This type of blood clot is called a pulmonary embolism (PE).

Symptoms can include:

- Chest pain or tightness,
- Pain when you take a deep breath,
- Shortness of breath,
- Lightheadedness, weakness, or fainting,
- Coughing up blood,
- Fast heart rate

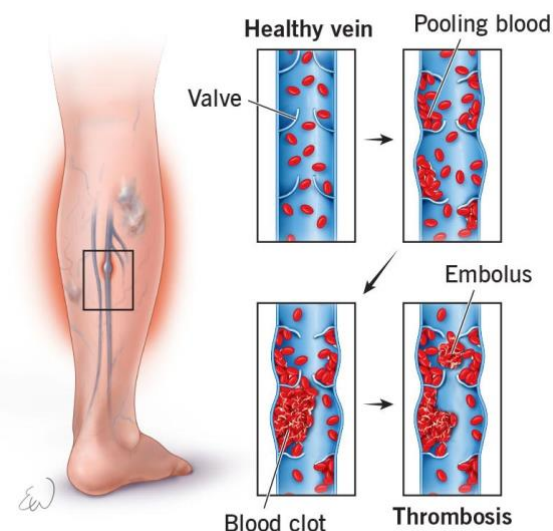


Obviously, pulmonary embolisms can be very serious—even life threatening—because of the way they affect heart and lung function. It's part of the reason why blood clots in the legs should be treated right away.

If you think you have a blood clot, Dr. Andonian says you should:

- *Get medical help:* For milder symptoms, contact your primary care provider or a member of your healthcare team. For more severe symptoms—especially symptoms of a blood clot in the lungs—don't delay care or wait for an appointment. Get help in the nearest emergency room (ER).
- *Don't massage the area:* Rubbing or massaging the area over a blood clot may increase inflammation. And there have been rare case reports of leg massage causing the clot to break off and travel to the lungs.
- *Avoid vigorous exercise:* Hold off on exercising until you've been evaluated by a healthcare professional. If you have a blood clot in your legs, there's a possible risk that too much movement could dislodge the clot.

Deep Vein Thrombosis



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If you have a blood clot, the sooner you get diagnosed and start treatment, the better. This will help prevent the blood clot from growing or breaking off and traveling to other parts of the body.

By the way, Dr. Andonian notes that there really is "no way to check for a blood clot at home. You'll need some testing that can be arranged in a medical office or ER."

The bottom line, according to Dr. Andonian, is that "blood clots are a natural part of your body's circulatory system. But they sometimes form when they aren't needed, which can lead to health complications. Blood clots most often form in the veins of the leg, leading to symptoms like pain, swelling, and redness. If you have any of these signs, see a healthcare professional for evaluation. Early diagnosis and treatment is a key to avoiding more serious complications of a blood clot."



How Many Meds Are You “On”? Does Your Doctor Know About ALL of Them?

A recent analysis of Medicare data by the *Wall Street Journal*—headlined “America’s Seniors Are Overmedicated”—found that 1 in 6 of the 46 million seniors enrolled in the program’s drug benefit were prescribed 8 or more medications.

In 2022, 7.6 million seniors were simultaneously prescribed 8 or more medications for at least 90 days.

Of those seniors, 3.9 million took 10 or more drugs at once. And more than 419,000 of them were prescribed 15 or more drugs at the same time.

According to the *Journal* report, “pharmacists who work with seniors say doctors might not be aware of their patients’ full medication list. Patients don’t always mention what other doctors have prescribed when a history is taken and specialists might not have access to a shared medical record.”

Eleven Medications That Are Dangerous to Stop Abruptly

Stopping some medications abruptly—such as beta blockers, benzodiazepines, and antidepressants—can lead to withdrawal symptoms. The specific symptoms you may experience vary by medication. Withdrawal from certain medications can sometimes cause serious side effects, such as seizures and dangerous increases in blood pressure.

The risk is typically greater if you’ve been taking the medication for a long time or your dose is high, writes Rachel Feaster, PharmD for *Good Rx*.

So, says Feaster, always talk to a healthcare professional before stopping any medication. They can help you stop it in a safe manner.

“There are many reasons you may want to stop taking a medication. Maybe you’re getting unwanted side effects. Or, perhaps, it’s not working as well as you hoped. Cost or refills could be a factor, too. No matter the reason, you may understandably feel tempted to stop your medication without talking to your healthcare professional first—but not so fast.



“Some medications can be dangerous to stop abruptly. Not only could your medical condition get worse, but you could also experience problematic side effects or withdrawal symptoms. And with some medications, such as antidepressants, stopping cold turkey is riskier the longer you’ve been taking them. The dose of some medications need to be gradually lowered

(tapered). Your prescriber can help you with a taper plan to slowly lower your dose over a period of time.”

Feaster lists 11 medications that may lead to serious problems if stopped abruptly. But, she cautions, this list isn’t all inclusive. Other medications, such as insulin, blood thinners, and thyroid medications, can also be dangerous to stop abruptly.

1. Clonidine
2. Propranolol and other beta medications
3. Losartan and other blood pressure medications
4. Venlafaxine
5. Paroxetine
6. Benzodiazepines
7. Topiramate
8. Gabapentin
9. Prednisone and other corticosteroids
10. Opioid pain medications
11. Baclofen

“Clonidine and beta blockers are more likely to be tapered than other blood pressure medications. Antidepressants with a short half-life—such as venlafaxine and paroxetine—should also be tapered to avoid unwanted withdrawal symptoms. It’s necessary to slowly lower the dose of many anti-seizure medications to avoid causing a future seizure.

“Medications like benzodiazepines and opioids can make your body physically dependent on them, especially if you use them regularly or take high doses—tapering can help you safely stop them.

“Lastly, high doses and long-term use of corticosteroids can cause adrenal insufficiency, meaning you should have your healthcare professional slowly wean you off before stopping,” says Feaster.

The bottom line: “Several medications shouldn’t be stopped abruptly. This is because they can cause dangerous withdrawal symptoms. These symptoms are often more severe if you’ve been taking the medication at a higher dose for a long time. Blood pressure medications, antidepressants, and opioid medications are just some examples of medications that need to be carefully tapered rather than stopped abruptly.

“Always talk to a healthcare professional before stopping any medications. They can help you come up with a plan to lower your medication dose slowly. This will help you avoid any negative effects of withdrawal from a medication. You should also talk to them proactively to make sure you don’t accidentally run out of medication,” Feaster adds.

Farley Ledgerwood’s Ten Memories from the 1960s and 70s That Shaped an Entire Generation

The website *Global English Editing* recently published author Farley Ledgerwood’s collection of memories from the 60s and 70s.

Here are some excerpts from what Farley shared that may resonate with *SJS* readers.



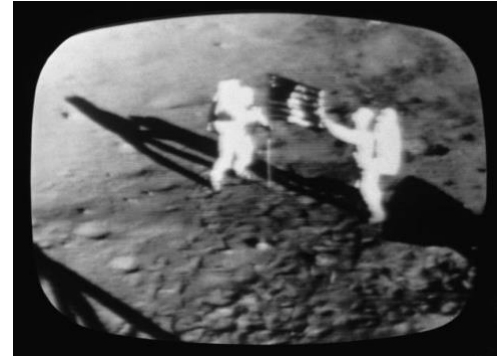
"I was a kid with scuffed sneakers and a transistor radio, then a teenager with a paper route and a stash of 45s.

"The 1960s and 70s were not just chapters in a textbook. They were the hours I stood in line at the record store, the smell of mimeograph ink on school handouts, the way a neighborhood fell silent when breaking news buckled the world.

"Looking back, there are memories from those years that did more than fill a scrapbook. They shaped our sense of what is possible, what is fragile, and what we owe each other.

"Moonlight on a black-and-white screen:

We watched the moon landing in a living room packed with neighbors. Folding chairs appeared from garages. Someone passed a bowl of popcorn that tasted like history.



"The summer when cities burned and conversations changed:

We did not have a word like viral. We had smoke, headlines, and a heaviness that made adults speak in careful tones. The civil rights movement was not a unit in social studies. It was images that seared themselves into our minds. Marchers holding hands. Dogs and batons...

"That era taught us to question leaders without abandoning the people next to us. It also taught a grimmer lesson. Nations can make choices that young bodies will carry forever.



"Music as a map you could hold:

Music turned from background noise into a location. We stood in record stores holding an album like a passport...Radio stitched us together. Songs were not on demand. They were events. When your song came on, you felt chosen.

"We learned to build community around sound and to find our people by the way they sang along.

"Cars, corner stores, and the small geography of freedom:

Getting your license did not mean managing an app. It meant the first key that was entirely yours. The world expanded down two-lane roads with gas station maps that never folded back right...That freedom trained our decision muscles. You figured how much gas to buy, which road beat curfew, and how to get home when the car started knocking.

"Classrooms that cooked ideas:

School could be rigid, sure, but teachers brought the world to your desk. Overhead projectors hummed. Filmstrips clicked...

"You learned from adults and from the row behind you. We debated in hallways without turning each other into enemies. Those rooms taught us that arguments can be spirited and still end with two people sharing a bag of chips after the bell.



"News that arrived slower and hit harder: Breaking news did not break every hour. It arrived like a thunderclap, then echoed for days. We gathered around TVs or radios when the country lost leaders, when astronauts were in danger, when cities erupted, when treaties ended. The slowness was a kind of mercy.

"Clothes you customized with your own hands:

Jeans frayed at the knee did not come that way. You earned the rips. Jackets carried buttons you made or traded. Sneakers told the story of your summer on their sides. That era taught thrift and style as partners, and it taught us to spot our tribe by a jacket patch across a gym.

"The kitchen table as headquarters:

Family life ran on the kitchen table. It held science projects, meatloaf, bills, and big news. You could hear the fabric of your household in the way forks scraped and voices rose.

"Nobody documented dinner. You came, you ate, you cleaned, you listened to the story the day was telling.



"The first cracks in the idea that grown-ups always know:

Childhood is the time when adults look like a single species. The late 60s and 70s cracked that illusion. We watched leaders contradict themselves. We watched neighbors argue and reconcile. We saw parents try and fail, then try again. We learned that authority is a tool, not a virtue, and that truth sometimes lives in places power does not.

"What those years trained into us: Sift through these memories and the surprise is not the nostalgia. It is how those years trained our attention. We learned to hold two things at once. Awe and suspicion. Grief and stubborn joy. Faith in progress and respect for the cost."

Medications That May Raise Your Risk of Kidney Damage

Certain medications, called nephrotoxic medications, can damage your kidneys. This makes it harder for your kidneys to filter waste and other substances from your bloodstream.



According to Hindu Rao, PharmD, APh, BCACP, "Nonsteroidal anti-inflammatory drugs (NSAIDs), diuretics, and angiotensin-converting enzyme (ACE) inhibitors have all been linked to kidney problems. Certain medications given in hospital settings, such as iodinated radiocontrast, vancomycin, and aminoglycoside antibiotics, can also hurt the kidneys.

Writing for *Good Rx*, Rao says that "these aren't the only medications that are potentially harmful to your kidneys. Talk to a healthcare professional to learn more about how your medications might affect your kidney health.

"Your kidneys are part of a well-designed filtering system in your body. They remove toxins, waste, and extra fluids from your blood through urine. But if your kidneys get injured or damaged, they can't filter out waste like they're supposed to. Certain health conditions—such as diabetes and high blood pressure—and several medications can cause this type of damage.



"Medications that are harmful to the kidneys are called nephrotoxic medications. Some of these medications only slightly worsen kidney function, while others could cause more serious injury. Your risk for kidney damage depends on your individual health conditions and the medication(s) you're taking."

Here is Rao's list of the top 10 drugs that have been linked to kidney damage. "But this doesn't include everything, so talk to your healthcare professional about your full medication list. They can tell you how each medicine might affect your kidney health," Rao cautions.

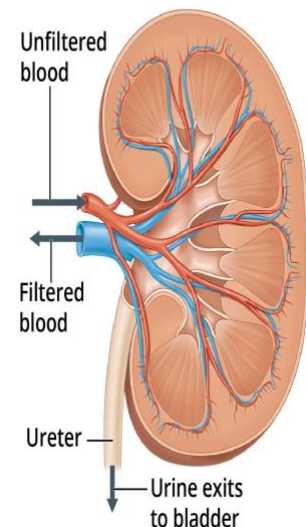
1. NSAIDs, like ibuprofen, including Ibuprofen (Advil, Motrin), Naproxen (Aleve, Naprosyn), Meloxicam (Mobic), and Diclofenac (Cambia)
2. Diuretics, like Hydrochlorothiazide, Furosemide (Lasix), Spironolactone (Aldactone), and Triamterene (Dyrenium)
3. ACE inhibitors, like Lisinopril, Benazepril (Lotensin), Enalapril (Vasotec), and Ramipril (Altace)
4. Iodinated radiocontrast
5. Vancomycin
6. Aminoglycoside antibiotics, like Gentamicin, Tobramycin, and Streptomycin
7. HIV medications, like Truvada, Stribid Virid, and Reyataz
8. Other antiviral medications such as acyclovir (Zovirax), and Foscarnet
9. Zoledronic acid (Reclast and Zometa)
10. Calcineurin inhibitors, like tacrolimus (Prograf), and cyclosporine modified (Neoral).

"It's not always easy to tell if you have kidney damage," advises Rao, "so you might not experience any symptoms. And your HCP may only notice signs of it after running certain lab tests. However, if you notice any of these symptoms, talk to your HCP right away:

- Blood or foam in the urine
- Dark-colored urine
- A noticeable change in urinary frequency
- Lower back or flank pain
- Decreased or difficulty urinating

"If you report any of these side effects, your HCP will likely order lab tests to evaluate your kidney health. Based on these results and what medications you are taking, you may need to stop or pause treatment. In some cases, you may be able to switch to a medication that is safer for your kidneys."

Kidney



IS IT A COLD OR FLU?

SIGNS AND SYMPTOMS	INFLUENZA	COLD
Symptom onset	Abrupt	Gradual
Fever	Usual	Rare
Aches	Usual	Slight
Chills	Fairly common	Uncommon
Fatigue, weakness	Usual	Sometimes
Sneezing	Sometimes	Common
Stuffy nose	Sometimes	Common
Sore throat	Sometimes	Common
Chest discomfort, cough	Common	Mild to moderate
Headache	Common	Rare

Cold? Flu? Covid-19? RSV? What Do You Have and What Should You Do?

Yes, it's that time of year. So how do you decide "what" you have and what to do about it? Isabel Hughes, writing the *Delaware News Journal* and for the *USA Today Network*, suggests that "it's never a bad idea to reach out to a primary care physician or pediatrician if symptoms become unmanageable even with over-the-counter cold and flu medications."

And she adds that "for those without established doctors, many websites offer telehealth visits with providers."

"While it's important not to burden already-strained emergency departments with symptoms or concerns that can be treated elsewhere," Hughes admonishes, "there are some signs that typically merit a hospital visit, including:

- trouble breathing not controlled by asthma medications,
- unusual sleepiness or confusion,
- a stiff neck and fever,
- tightness in the chest or pain, and
- elevated blood pressure with other symptoms, such as chest pain or severe headache."

She also offers "a list of health concerns that would not require a visit to the emergency department, according to Delaware's Division of Public Health":

- need a Covid-19 test,
- don't feel well but can manage,
- elevated blood pressure,
- runny nose/cough,
- fever with mild symptoms, and
- muscle soreness or backaches.

Just What We Needed..."A Different Kind of Dementia"

An article in a recent issue of *The Week* suggests that "a newly recognized form of dementia is reshaping how doctors diagnose cognitive decline."

Citing a *New York Times* report on the condition (called LATE for limbic-predominant age-related TDP-43 encephalopathy) the article suggests that the condition affects an estimated one-third of people over 85 and about 10 percent of those over 65.

"Because its symptoms closely mimic Alzheimer's, many older patients may have been misdiagnosed...LATE is generally less severe and progresses more slowly than Alzheimer's, which could offer some reassurance to patients and their families."



"But the picture grows bleaker when the two conditions occur together. Roughly half of very elderly people with severe Alzheimer's also have LATE, a combination that speeds their decline and increases the prevalence of distressing symptoms such as psychosis and incontinence."



"Got anything else? I gave up carbs."



New Year's Resolutions You May Want to Consider:

We've heard them all before, but they still make sense. Ten suggestions from HealthinAging.org to get the new year off to a great start:

1. Eat fruits, vegetables, whole grains, low fat dairy and healthy fats.
2. Be active.
3. See your healthcare provider regularly.
4. Quit smoking.
5. Toast with a smaller glass
6. Guard against falls.
7. Give your brain a workout.
8. Speak up when you feel down or anxious.
9. Get enough sleep.
10. Reconsider multivitamins.

Contact Us:

Remember that if you have story ideas, comments, or criticisms, you can e-mail us at savvyjerseyseniors.com.

The People Who Have Made SJS Happen:

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