

FAMILY AND CONSUMER SCIENCES NEWS NOVEMBER 2023

*Happy
Thanks
Giving*

A MESSAGE FROM YOUR FCS AGENT:

Hi friends! October sure was a busy month. There were several Homemaker events such as Skills Day, Licking River Annual Meeting, and KEHA week! Thank you to those who have turned in Homemaker dues! We are still accepting those.

If you haven't taken our survey to determine the needs in our community, we encourage you do so! You'll find the QR code at the bottom right of this page to help get you started. We appreciate you all!

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Katie Fyman



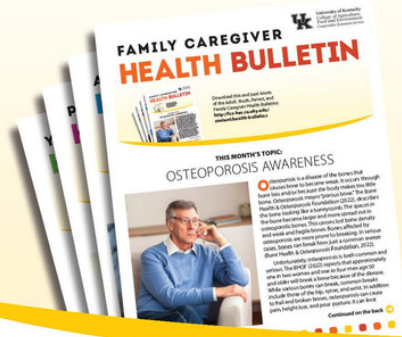


Homemakers News

Please turn in Homemaker Dues as soon as possible if you haven't done so!

- **Country Neighbors Meeting - 11/16/23 @ FCEO 6:00pm**
- **Neighborhood Kids Meeting - 11/13/23 @ FCEO 6:00pm**
- **Hillsboro Homemakers Meeting - 11/21/23 @ Hillsboro Christian Church
12:00pm**
- **Treasures of the Heart Meeting - 11/27/23 @ FCEO 6:00pm**
- **HOMEMAKER COUNCIL MEETING 11/20/23 @ FCEO 6:00PM is open to all
homemakers**

FAMILY CAREGIVER HEALTH BULLETIN



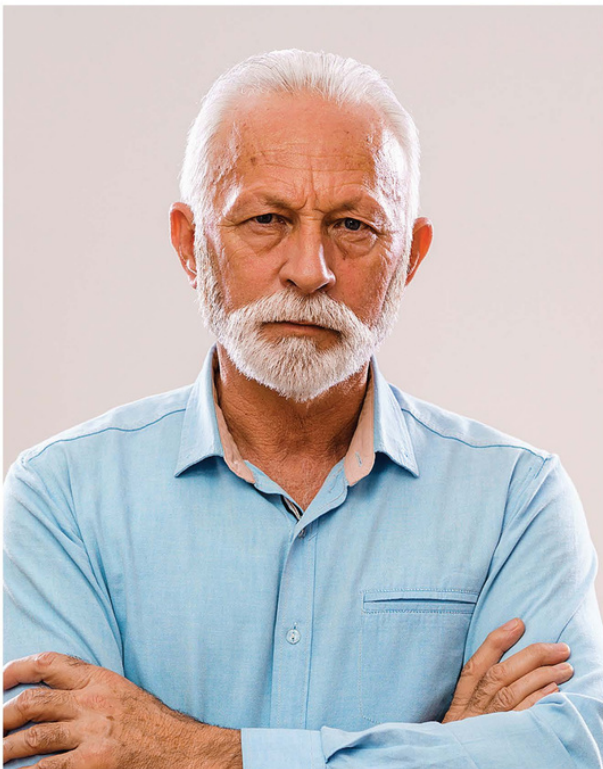
NOVEMBER 2023

Download this and past issues of the Adult, Youth, Parent, and Family Caregiver Health Bulletins:
<http://fcs-hes.ca.uky.edu/content/health-bulletins>

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THIS MONTH'S TOPIC:

LEWY BODY DEMENTIA



Lewy body dementia (LBD) is a disease caused by abnormal deposits of protein in the brain. These deposits, called Lewy bodies, lead to problems with thinking, mood, behavior, and movement (NIH). According to the National Institutes of Health, LBD is one of the most common causes of dementia after Alzheimer's disease and vascular disease. It affects more than one million people in the U.S.

Types of LBD

“Lewy body dementia” (LBD) is an umbrella term that includes two related types of dementia: dementia with Lewy bodies (DLB) and Parkinson’s disease dementia (PDD), according to the Lewy Body Dementia Association. DLB and PDD are related but differ in the timing of cognitive and mobility impairment (NIH).

- With DLB, a person experiences dementia within one year of movement symptoms, such as rigidity, slowed movement, stiffness, and tremors (Alzheimer’s Association,

Continued on the next page →



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NIH). Decline in thinking may look like Alzheimer's disease, but over time, other DLB symptoms and problems with movement will occur.

- With PDD, movement symptoms, consistent with Parkinson's disease, start first and cognition problems don't occur for more than a year (NIH). Not all people with Parkinson's disease develop dementia, but it is not uncommon for older adults living with Parkinson's to do so. According to the NIH, a later life diagnosis of Parkinson's disease is a risk factor for PDD.

DLB symptoms

The Lewy Body Dementia Association reports the following distinct features of DLB.

- Progressive cognitive impairment
- Fluctuating attention and alertness can present like delirium, lasting for hours or days
- Recurring visual hallucinations
- Parkinson-like movement (rigidity, shuffling, slowed mobility, tremors, stooped posture)

DLB is also associated with changes in sleep and autonomic functions like blood pressure, thermal regulation, digestion, urinary incontinence, and sexual response. DLB is progressive, which means the symptoms and decline can get worse over time. Changes should be reported to a health-care professional. Ultimately, people with DLB will require full-time care.

DLB risk factors

The cause of LBD is unknown. No specific lifestyle factors are proven to increase risk and no genetic test can prove if someone will develop it. As researchers continue to learn more, they do know that the following risk factors are linked to higher risk (NIH):

- Older age
- Rapid eye movement sleep behavior disorder
- Parkinson's disease

In addition, the Mayo Clinic reports that LBD affects more men and, sometimes, those with a family history may have greater risk.

Diagnosis

LBD can be difficult to diagnosis. Not only can LBD occur alone or with other brain disorders, but it can also resemble other diseases and disorders

(Lewy Body Dementia Association, NIH). The order and/or severity of symptoms can also vary (Lewy Body Dementia Association). The only definitive diagnosis of LBD is with an autopsy. But health-care providers use a "one-year-rule" to help identify the type of LBD, which helps doctors better understand the likely disease progression and determine a proper treatment (NIH). Evaluations consist of medical history, physical examinations, lab work, brain imaging, and neuropsychological tests (NIH).

Treatment

There is no cure for LBD, but a correct diagnosis and proper treatment can help improve quality of life. Certain medication, therapies, counseling, home safety modifications, and adaptive equipment can make daily tasks more manageable. The NIH also suggests building a caregiving team that might include a neurologist who specializes in dementia and/or movement disorders; a primary care physician; physical, speech, occupational, and sleep therapists; palliative care specialists; and a pharmacist. Support groups can also be a valuable resource for both patients and caregivers.

Advice for LBD caregivers

- Educate yourself and others about the disease, including health-care professionals
- Ask for help
- Form a caregiving team
- Be flexible and realistic
- Care for yourself
- Talk to children and teens in age-appropriate terms
- Seek resources. Start with Lewy Body Dementia Association (800-539-9767 or 404-935-6444)

REFERENCES:

- Lewy Body Dementia Association (LBDA). (2023). Clinical Management. Retrieved August 28, 2023 from <https://www.lbda.org/clinical-management>.
- Mayo Clinic. (2023). Lewy Body Dementia Overview. Retrieved August 25, 2023 from <https://www.mayoclinic.org/diseases-conditions/lewy-body-dementia/symptoms-causes/syc-20352025>
- NIH. (2023). Lewy Body Dementia. Retrieved August 27, 2023 from <https://www.ninds.nih.gov/health-information/disorders/lewy-body-dementia>

FAMILY CAREGIVER HEALTH BULLETIN

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november

2023

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Notes



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Neighborhood Kids Club @ FCEO 6pm

Country Neighbors Club @ FCEO 6pm

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FCEO Cooking Through the Calendar @ 12pm

Homemaker Council Mtg 6pm @ FCEO

Hillsboro Cooking Through the Calendar @ 11pm

Hillsboro Homemaker Mtg @ 12pm

OFFICE CLOSED



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Treasures of the Heart Club @ FCEO 6pm

Christmas Wreath Making Workshop - FCEO



11/28 @ 5pm
11/29 @ 9am
11/29 @ 12pm

BABY QUILT MAKING DAY 9am-4pm

SOUPS & GARLANDS: DEHYDRATION SERIES

Where: Fleming County Extension Office

When: December 5th

Time: 6:00pm - 7:30pm

Registration Fee: \$7

Learn the basics of dehydration! During this lesson, you will assemble your own “Soup In A Jar” AND “Dehydrated Orange Garland”



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Lexington, KY 40506



Disabilities
accommodated
with prior notification.



COOKING THROUGH THE CALENDAR

UPCOMING DATES FOR 2023

- NOVEMBER 20TH @ FLEMING COUNTY EXTENSION OFFICE 12:00PM
- NOVEMBER 21ST @ HILLSBORO CHRISTIAN CHURCH 11:00AM
- DECEMBER - NO CLASS



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Fleming County
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Flemingsburg KY 41041-0192

Official Business
Address Serviced Requested

Twice-Baked Acorn Squash

- **2 medium** acorn squash
(1 - 1 1/2 pounds)
- Nonstick cooking spray
- **2 cups** fresh spinach,
chopped
- **4 strips** turkey bacon,
cooked and crumbled
- **1/2 cup** grated parmesan
cheese
- **1** thinly sliced green onion
- **1 tablespoon** olive oil
- **2 teaspoons** garlic powder
- **1/2 teaspoon** salt
- **1/4 teaspoon** black pepper
- **1/4 teaspoon** nutmeg

Wash hands with warm water and soap, **scrubbing** for at least 20 seconds. **Preheat** oven to 350 degrees F. **Cut** squash in half; **discard** seeds. **Place** squash flesh side down on a baking sheet **coated** with nonstick cooking spray. **Bake** for 50 to 55 minutes or until tender. **Carefully scoop out** squash, leaving a 1/4-inch-thick shell. In a large bowl, **combine** the squash pulp with the remaining ingredients. **Spoon into** shells. **Bake** at 350 degrees F for 25 to 30 minutes or until heated through and top is golden brown. **Store** leftovers in the refrigerator within two hours.

Yield: 4 servings.
Serving size: 1/2 of an acorn squash.

Nutrition Analysis: 210 calories, 9g total fat, 3g saturated fat, 25mg cholesterol, 710mg sodium, 27g total carbohydrate, 4g fiber, 1g total sugars, 0g added sugars, 9g protein, 0% DV vitamin D, 15% DV calcium, 15% DV iron, 20% DV potassium.

