



The Beginner's Guide to **Recognizing Early Signs of Dementia**

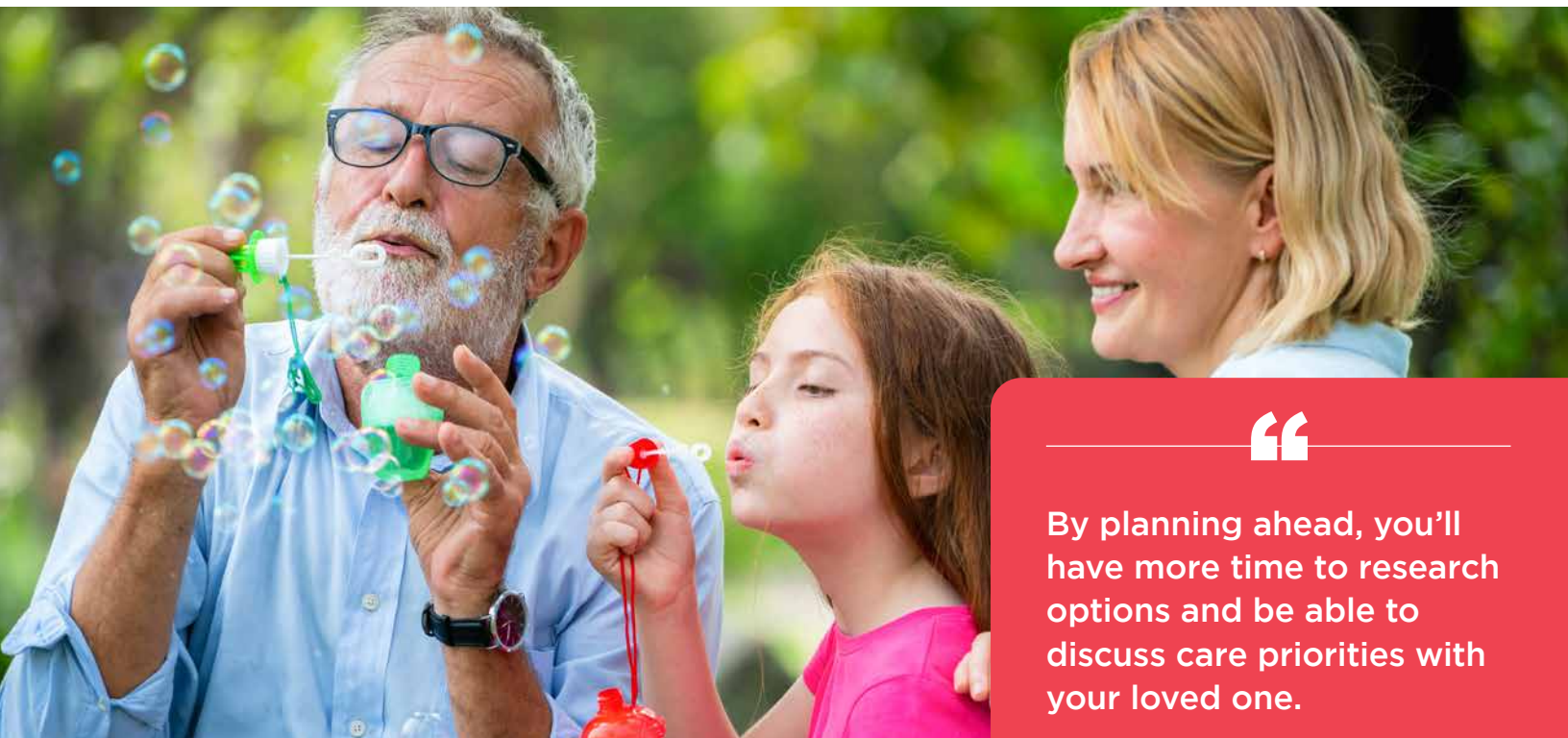
According to the Alzheimer's Association, 1 in 3¹ older adults has dementia. However, the signs and symptoms are not always easy to detect at first. It can be difficult to separate normal forgetfulness that anyone can experience from the more serious and progressive onset of dementia symptoms.

There's no cure for Alzheimer's disease, but a variety of interventions can slow its progression and make life better for your loved one. Consider also that Alzheimer's is not the only type of dementia. Changes in thinking, personality, and memory can be from a wide variety of dementias.

An early diagnosis can have lasting implications for your loved one's quality of life, no matter the cause of symptoms. Advance planning may give you more time to research options and be able to discuss care priorities with your loved one.

The possibility of a loved one having dementia can be scary. You may have questions about whether your parent will always be the person you know and love. But leaving the future uncertain is infinitely more difficult to face. Arm yourself and your loved one with the knowledge and direction a clear diagnosis offers—you may even eventually need to speak to a neurologist or other specialist to get a definitive diagnosis. In the meantime, we are here to help! First step: Learn what early signs of dementia to look for.

1. "[Latest Alzheimer's Facts and Figures](#)." Alz.org. Alzheimer's Association, 29 Mar. 2016. Web. 05 June 2017.



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By planning ahead, you'll have more time to research options and be able to discuss care priorities with your loved one.



What is Dementia?

Dementia is a catch-all term for a group of diseases that affect thinking, memory, and behavior. Although most people think of Alzheimer's when they contemplate dementia, a wide variety of illnesses can cause dementia. A handful of conditions may also mimic symptoms of dementia. Only a physician can properly diagnose your loved one's dementia, so don't rely on a list of symptoms alone.

Types and Causes of Dementia

Some rare brain disorders, cancer, and even some infections can mimic the symptoms of dementia, so it's possible that the cause of your loved one's dementia isn't on this list. However, knowing which symptoms are consistent with which diagnosis can help you plan for the future, seek the right physician or specialist, and effectively advocate for your loved one. The most common types² of dementia include:

Alzheimer's Disease

Alzheimer's disease is slow and progressive, beginning with memory loss and subtle behavioral changes. Over time, the disease undermines most areas of brain functioning, including speech and movement. People with Alzheimer's have plaque built up in the brain and damage to nerve cells. Researchers think a combination of genetic and environmental causes plays a role in the disorder.

Vascular Dementia

Vascular dementia occurs when damage to blood vessels impairs blood flow to the brain, and this can cause a form of brain damage and a wide variety of symptoms. Those symptoms are heavily dependent on which region of the brain is affected. A history of heart disease, stroke, or blood clots—as well as a family history of these diseases—increases the risk of vascular dementia.

2. "[Dementia Types](#)." Alz.org. Alzheimer's Association, n.d. Web. 05 June 2017.

Lewy Body Dementia

Lewy body dementia (LBD) causes proteins called alpha-synucleins to accumulate in the brain. Over time, people with LBD develop sleep and mobility issues. They may also have visual hallucinations. Because LBD causes the same brain proteins as Parkinson's disease, LBD is sometimes confused with Parkinson's.



Knowing which symptoms are consistent with which diagnosis can help you plan for the future, seek the right physician or specialist, and effectively advocate for your loved one.

Parkinson's Disease

Parkinson's disease is a nervous system disorder that affects movement. As the disease progresses, many sufferers experience changes in mood and thinking.³

Frontotemporal Dementia

Frontotemporal dementia is a group of dementia affecting the brain's frontotemporal lobe. People with frontotemporal dementia may experience changes in behavior and speech before showing signs of memory loss or thinking difficulties. The symptoms tend to appear earlier than Alzheimer's, often around age 60.

Creutzfeldt-Jakob Disease

Creutzfeldt-Jakob disease (CJD)⁴ is caused by a prion, which is similar to a virus. There are two forms: a genetically inherited mutation and the infectious form, called mad cow disease. CJD can occur at any age, causes rapid loss of problem-solving and thinking skills, and is inevitably fatal. It's also extremely rare, occurring in about one in a million people.

Hydrocephalus

Excess fluid on the brain, called hydrocephalus, can interfere with thinking and memory. This form of dementia is usually caused by something else, such as a brain infection or brain injury, and is often reversible.

3. "[Parkinson's Disease Complications](#)." Mayo Clinic. Mayo Foundation for Medical Education and Research, 07 July 2015. Web. 05 June 2017.

4. "[Creutzfeldt-Jakob Disease](#)." Alz.org. Alzheimer's Association, n.d. Web. 05 June 2017.





Huntington's Disease

Huntington's disease is a rare, progressive genetic disorder that is inevitably fatal, which is characterized by involuntary movements. Over time, symptoms progress to include mood and behavior changes and difficulties with thinking. It can affect people at any age.

Wernicke-Korsakoff Syndrome

Wernicke-Korsakoff syndrome (WKS) is from severe thiamine (vitamin B1) deficiency. In the industrialized world, nutritional deficits this severe are rare. However, alcohol can impair thiamine metabolism, so most Americans with WKS have a history of alcohol abuse. Thiamine injections often reverse symptoms. Rarely, other conditions mimic the symptoms of dementia. For example, untreated depression can look like dementia, particularly when it saps motivation or undermines a person's willingness to care for themselves. Substance abuse disorders can also mimic depression because alcohol and drugs alter thinking, and cravings can trigger behavioral problems.⁵

5. Steickl, C., PhD. "[Reversible Cognitive Disorder - Pseudodementia](#)." Mental Help. N.p., n.d. Web. 05 June 2017.

Stages of Dementia

Every dementia is different, progressing according to its own timeline. Even two people with the same diagnosis may experience different symptoms. In many cases, different outcomes are because of a person's underlying health. For example, Alzheimer's could contribute to life expectancy differently for a person who has other health concerns.

Because dementia is a progressive disorder, it gets worse over time. Symptoms are subtle at first and may worsen as the disease progresses. This can make the disease more challenging to identify until the symptoms start to interfere with a person's everyday life and responsibilities.

The progressive nature of dementia doesn't necessarily mean that every day is worse, however. People with dementia may have good days and bad days. Some also experience an effect called sundowning. Late in the day, symptoms may be worse because of a combination of exhaustion, low light, disruptions to the body's internal clock, and similar factors.⁶

6. "[Sundowning: Late-Day Confusion.](#)" Mayo Clinic. Mayo Foundation for Medical Education and Research, 31 Mar. 2017. Web. 05 June 2017.



Diagnosis of Dementia

No single test can diagnose all forms of dementia.⁷ This means the journey to an accurate diagnosis may take some time, particularly if your loved one shows symptoms of a rare dementia or of multiple dementias. Some of the most common diagnostic tests for dementia include:

Symptom Inventories

A doctor may ask you or your loved one to list each symptom to rule out various causes.

Neurocognitive Tests

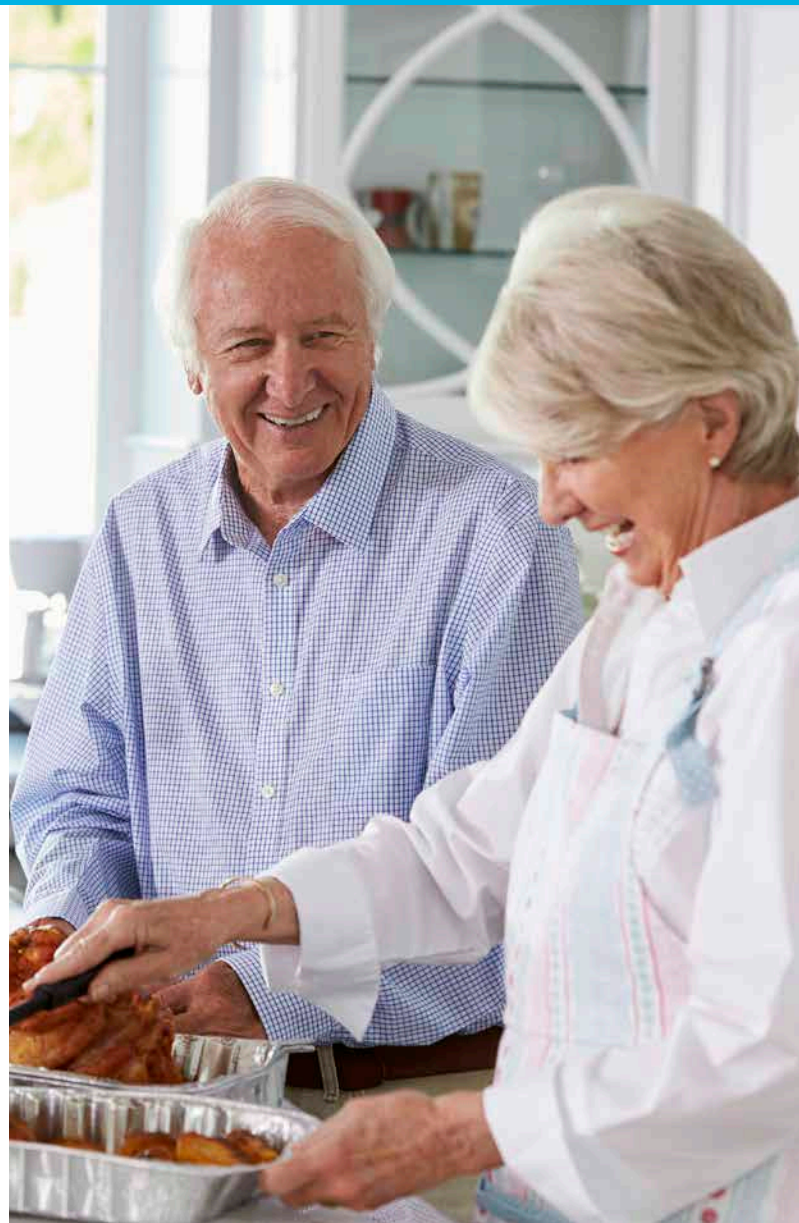
A wide range of tests, including IQ testing, various neuropsychological tests, and memory tests, can assess the severity of dementia. Some tests may also point to the cause. For example, a test that points to word-finding issues but few memory issues suggests a diagnosis of primary progressive aphasia, a form of frontotemporal dementia.⁸

Brain Imaging

Brain scans such as magnetic resonance imaging (MRI) and positron emission tomography (PET) can show which areas of the brain are damaged. They may also reveal plaques associated with various dementias.

Blood Tests

A blood test can't detect dementia, but it can rule out other causes. For example, immune system disorders and some cancers may mimic symptoms of dementia.⁹



Lumbar Puncture

Commonly known as a spinal tap, a lumbar puncture tests for changes in the cerebrospinal fluid (CSF).¹⁰ Some dementias, including Alzheimer's, produce predictable changes in CSF.

7. "Tests for Diagnosing Dementia." NHS Choices. NHS, n.d. Web. 05 June 2017.

8. "Primary Progressive Aphasia." National Aphasia Association, n.d. Web. 05 June 2017.

9. Rosenbloom, Michael H., Sallie Smith, Gulden Akdal, and Michael D. Geschwind. "Immunologically Mediated Dementias." *Current Neurology and Neuroscience Reports* 9.5 (2009): 359-67.

10. "Alzheimer's & Dementia Testing Advances." Alz.org. Alzheimer's Association, n.d. Web. 05 June 2017.



Treating Dementia

Proper treatment of dementia depends on an accurate diagnosis. When symptoms of dementia are from a secondary cause, such as a brain tumor or fluid on the brain, it may be possible to reverse symptoms. In most cases, however, dementia cannot be cured.

Instead, treatment focuses on reducing symptoms, slowing the course of the disease, and improving quality of life. Some of the treatments¹¹ your loved one's doctor might recommend include:

Medications

Several medications can slow memory loss and cognitive decline. These medications typically work by preventing the breakdown of important brain chemicals. Psychoactive medications, such as antidepressants, may also help by improving mood and boosting motivation. Drugs that increase dopamine in the brain may slow the progression of Parkinson's-related dementia.¹²

Lifestyle Changes

Depending on the type of dementia, your loved one's doctor might recommend lifestyle changes such as a healthier diet, more exercise, or various brain training activities. A healthy diet and regular exercise may prevent further cardiovascular damage in people with vascular dementia.

11. "[Latest Treatment Options](#)." Alz.org. Alzheimer's Association, n.d. Web. 05 June 2017.

12. "[Parkinson's Disease - Medications](#)." NIHSeniorHealth. NHS, n.d. Web. 05 June 2017.

Supportive Therapies

Targeted therapies can improve functioning in some forms of dementia. People with primary progressive aphasia and other forms of speech loss may benefit from speech therapy. Occupational and physical therapy may help people with movement disorders.

Psychotherapy

Being diagnosed with dementia can be devastating. Your loved one may feel frightened, angry, and unsure of what to do next. Psychotherapy, particularly in the early stages, can help loved ones cope with their feelings. Family therapy may also be helpful, especially if members of your family disagree about how best to proceed. For instance, if your loved one insists that they never want to leave their home but have been diagnosed with Alzheimer's, family counseling may help your family arrive at a living arrangement that honors your parent while addressing safety concerns.

Symptom Management

Over time, the symptoms of dementia tend to get worse. Your loved one will need regular evaluations to assess how well treatment is working. Your parent's doctor might prescribe a range of treatments to address symptoms as they occur. Many older adults, for example, struggle with insomnia and anxiety in the late stages of dementia. An array of medications can address these symptoms.



Environmental Changes

As dementia progresses, you'll need to make changes to your loved one's living environment for safety's sake. In the early stages, reminders to turn off the stove or pay bills might be enough. For older adults with mobility issues, grab bars and rubber mats under rugs can prevent falls. As cognition and memory decline, your loved one will likely need more assistance. Older adults with Alzheimer's may reach a point at which they can no longer be left alone. You'll need to plan for this possibility.

Clinical Trials

Although there is no cure for dementia, a number of clinical trials have shown promising results. Ask your loved one's doctor if this option might be appropriate. Clinical trials can be particularly helpful when you've exhausted other treatment options.

Dementia Prevention

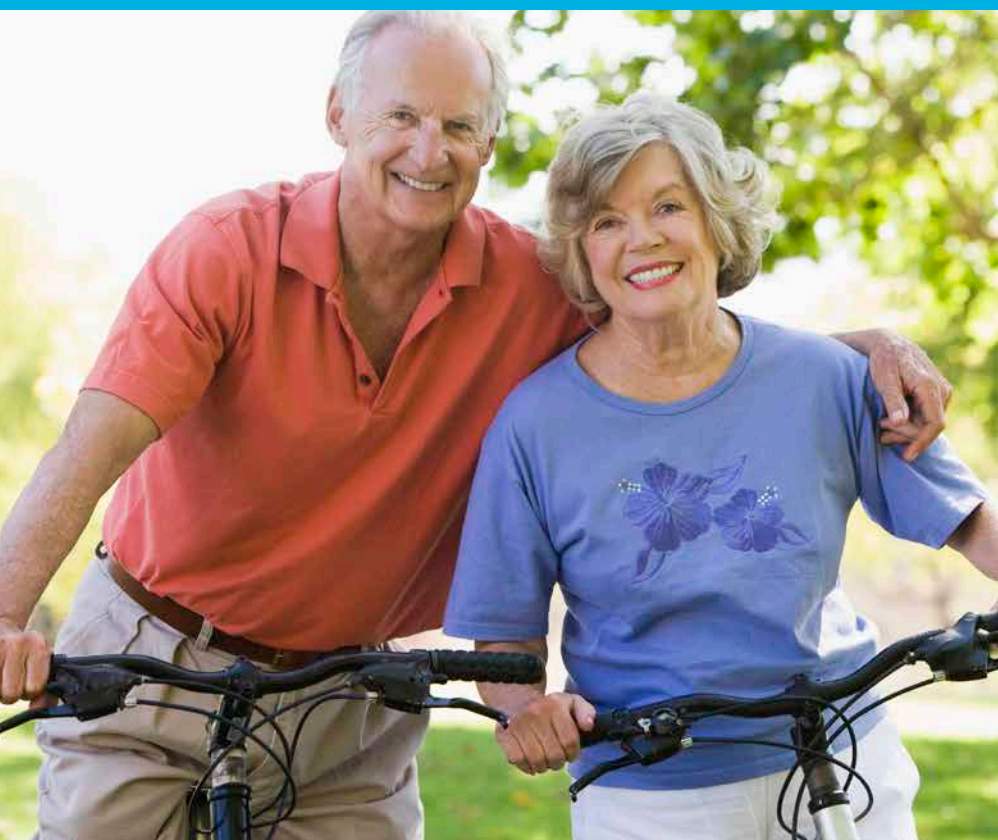
Except in the case of alcohol-induced Wernicke-Korsakoff syndrome, it's not possible to eliminate the risk of dementia. Some simple lifestyle strategies,¹³ however, can reduce the risk of most other forms of dementia. Consider discussing the following recommendations with your loved one:

1. **Don't smoke.** If you do smoke, quit now.
2. **Remain physically active,** exercising at least 30 minutes a day, five days per week.
3. **Eat a balanced and healthy diet.** Though no single food can prevent dementia, some research¹⁴ suggests that diets rich in the omega-3 fatty acids found in fish may reduce the risk of dementia. Diets low in sodium, trans fats, sugars, and saturated fats can lower the risk of dementia.
4. **Limit alcohol consumption.** Research suggests that more than four or five glasses of wine per week can increase the risk of dementia. Binge drinking and alcoholism are linked with dementia and numerous other illnesses.
5. **Monitor and manage chronic health conditions** such as diabetes and high blood pressure.
6. **Maintain a healthy weight.** Excessive dieting, obesity, and malnutrition all elevate the risk of dementia.
7. **Maintain an active intellectual life.** New hobbies, brain games, reading, conversation, and other mental activities can lower the risk of dementia.

13. Society, Alzheimer's. "How to Reduce Your Risk of Dementia." Alzheimer's Society, 13 Jan. 2017. Web. 05 June 2017.

14. "Omega-3." Alzheimer's Society. Alzheimer's Society, 02 Dec. 2016. Web. 05 June 2017.





If you're unsure whether the symptoms you observe are normal aging or something more, encourage your loved one to get an evaluation from a health care provider.

Early Warning Signs of Dementia

People with dementia often have measurable brain changes before they show signs of dementia. In most cases of dementia, brain changes appear very slowly. That's why so many loved ones mistake the signs of dementia for normal aging.

Normal aging doesn't undermine a person's ability to function or live independently. Some normal signs of aging¹⁵ include:

- Forgetting details of an event or conversation that occurred a long time—a year or more—ago
- Occasionally forgetting things
- Occasional difficulties with word-finding
- Struggling to recall the name of an acquaintance

Normal aging is a slightly more pronounced version of the slip-ups we all experience—forgetting keys or directions, making occasional careless errors, and so on. With normal aging symptoms, seniors may worry about their memory, but their loved ones are rarely concerned.

If you're unsure whether the symptoms you observe are normal aging or something more, encourage your loved one to get an evaluation from a health care provider. If it's not dementia, your parent gets a clean bill of health. But if it is, a proactive stance opens more avenues for treatment.

15. "Normal Aging vs Dementia." Alzheimer Society of Canada, n.d. Web. 05 June 2017.

Some early warning signs of dementia¹⁶ include:

- **Changes in speech and communication**, such as difficulty remembering words, frequently confusing pronouns, or slow and effortful speech.
- **Changes in word comprehension or reading**. Your loved one might struggle to read, appear not to understand speech, or seem confused during family conversations.
- **Asking for the same information several times**.
- **Memory loss that undermines daily function or quality of life**. For example, your loved one might forget how to drive home, forget to pay bills, or forget to turn off the stove.
- **Difficulties with problem-solving and planning**. We all make occasional errors, but ongoing problems following a recipe, managing money, or getting from one place to another suggest a problem.
- **Temporospatial confusion**. People with dementia may think they are living in an earlier time or different location.
- **Confusing relationships**. People with dementia may not remember loved ones, may confuse them for other loved ones, or may repeatedly forget a loved one's name.

16. "10 Early Signs and Symptoms of Alzheimer's." Alz.org. Alzheimer's Association, n.d. Web. 05 June 2017.





- **Difficulties with vision, abstract representations, or spatial relationships.** People with dementia may have trouble reading, understanding familiar signs, or assessing the distance between two points.
- **Frequently losing things and being unable to retrace steps.** We all lose our keys or our wallet but can usually begin the search by retracing our steps. Seniors who can't remember where they've been or where they might have left something may have a serious problem.
- **Changes in mood or personality.** Unexplained depression, aggression, anxiety, sleep problems, or substance use always warrants a consultation with a physician. Sometimes these changes point to a mental illness such as depression or generalized anxiety disorder. They may also be from dementia.
- **Changes in behavior.** Frontotemporal dementia can radically alter personality. A once-gentle person might become aggressive and belligerent. Dementia may also cause excessive spending, inappropriate sexual behavior, or a loss of impulse control. Some seniors may react to the cognitive changes they experience by becoming secretive, angry, or hostile.
- **Signs of poor judgment.** Unfamiliarity with technology and age-related cognitive changes make seniors more vulnerable to scams. Dementia makes them even more vulnerable. Mistakes that seem obvious—such as giving a stranger your checking account number— can signal dementia.
- **Withdrawing from hobbies, social functions, or family.** Seniors may be embarrassed by cognitive changes or try to hide them by withdrawing. Withdrawal from once-beloved activities can also be a sign of dementia-related personality changes.

How to Help Your Loved One

Facing the challenges of dementia can feel daunting, but you don't have to do it all at once. Dementia is a marathon, not a sprint. You'll almost always have time to plan for the future and process your feelings—especially if you help your loved one get a prompt diagnosis. The following strategies can help you help your loved one to navigate the challenges of life with dementia.

Offer Support and Compassion

Caregivers are often focused on the long-term future, including planning for assisted living. But for your loved one, being diagnosed with dementia is a profoundly emotional experience. In the early stages especially, it's important to tend to your loved one's emotional needs.

Reassure your loved one that you will work together to tend to their needs, and that you will honor their wishes to the best of your ability. Consider helping your loved one find a dementia support group or a psychotherapist who specializes in aging issues.



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Take Care of Yourself

Caregiving can be trying and, at times, even thankless work. That's doubly true if you have siblings or other family members who either don't help or want to have their say in the matter. Even in the best circumstances, caregiving is psychologically and physically taxing. It also has an indeterminate end date and becomes more demanding with time.

You can't be a good caregiver to a parent or other loved one if you don't tend to your own needs. Selfcare, then, is a necessity. It's not selfish. Schedule time away each week to do things that nourish you. Ask for help from those who seem willing to provide it. And if you need additional support, consider joining an online or in-person support group. Psychotherapy can also help.

Understand That Dementia Changes Behavior

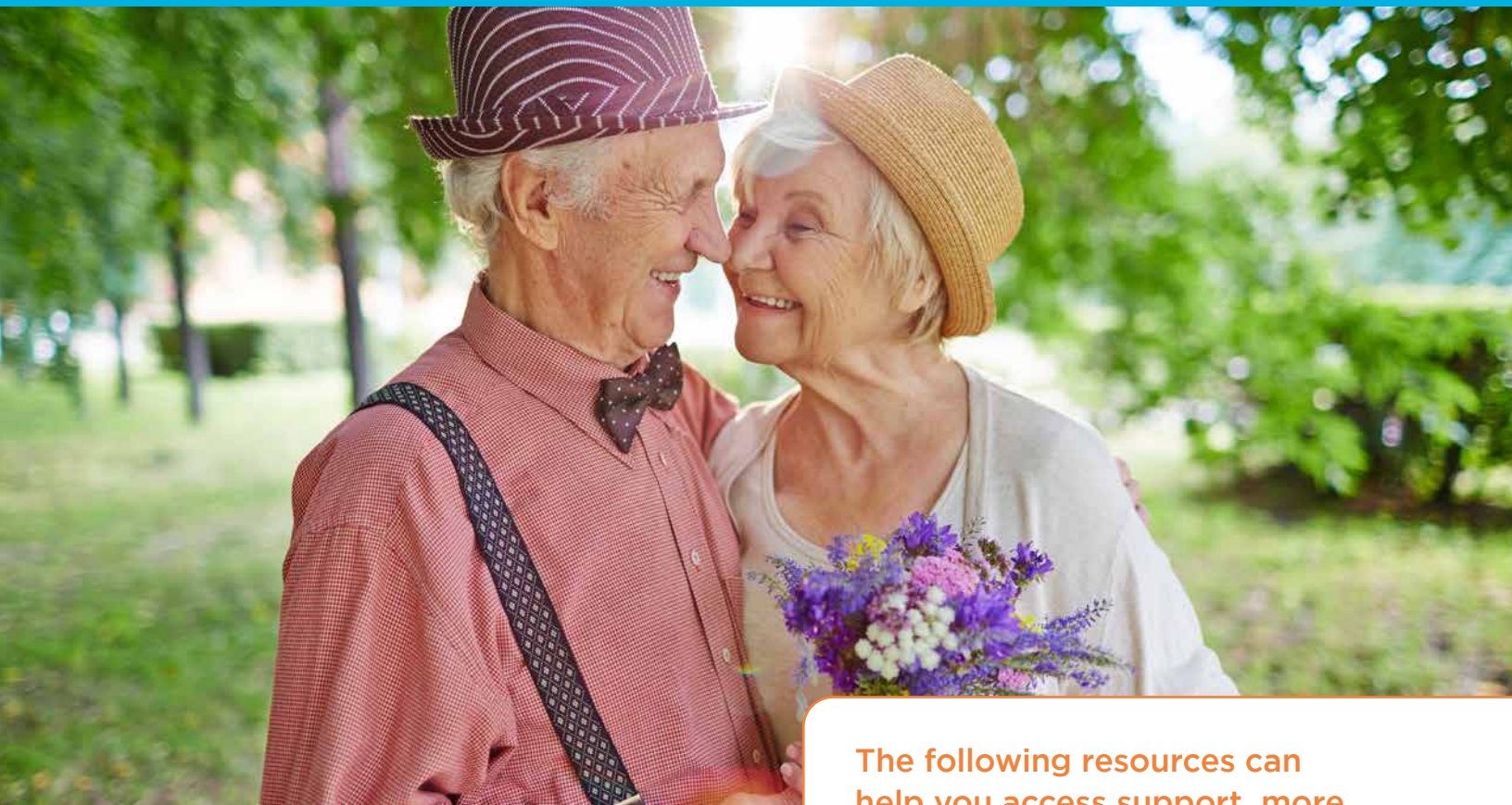
Dementia doesn't just affect memory; it can also change behavior. Affected seniors might feel frustrated, scared, and angry. This can cause them to behave in uncharacteristic ways. They might not remember lashing out at you, or they might not have the impulse control to resist doing so.

If your loved one has always been loving, it's OK to chalk up any abusive behavior to dementia (though that doesn't make it any easier). If your loved one has a history of behaving abusively, that behavior can get worse. Don't shy away from seeking support or leaning on outside services to care for a loved one who has a history of abusive behavior.



Help Your Loved One Access Appropriate Care

Dementia undermines your loved one's ability to make rational decisions. That includes the decision to seek and accept treatment. It's up to you to convince your loved one to seek treatment and be his or her advocate with treatment providers.



Every individual with dementia is different, but it's common for sufferers to refuse treatment. Some strategies that may help in those situations include:

- Pointing out that some dementia is treatable.
- Highlighting advances in dementia treatment.
- Showcasing the studies of how memory care can delay or even improve symptoms.
- Enlisting the assistance of other family members to encourage treatment.
- Asking a trusted doctor to intervene.
- Talking about your feelings. "Mom, I'm really scared about what will happen if you don't seek treatment" can work wonders with a senior who is worried about being a burden.
- Giving your loved one time and space, unless symptoms are truly urgent. Trying to control someone who is already scared and angry almost always backfires.
- If a loved one continues to resist treatment and is no longer able to care for themselves, consider consulting a lawyer who specializes in elder law. Your attorney can review your options and help you protect your loved one.

The following resources can help you access support, more information, and referrals:

1. [National Institute on Aging: Legal and Financial Planning for Alzheimer's](#)
2. [Alzheimer's Foundation of America](#)
3. [Alzheimers.gov: Caregiver Resources](#)
4. [Alzheimer's Association](#)
5. [WebMD Alzheimer's Disease Support and Resources](#)
6. [Medicare Resources](#)
7. [Alzheimers.net](#)

Explore Treatment Options

The fact that most dementias can't be cured shouldn't be a deterrent to treatment. Treatment can ease symptoms, prolong your loved one's life, and curb anxiety and depression. People who ask questions upfront have a better chance at thorough medical care.

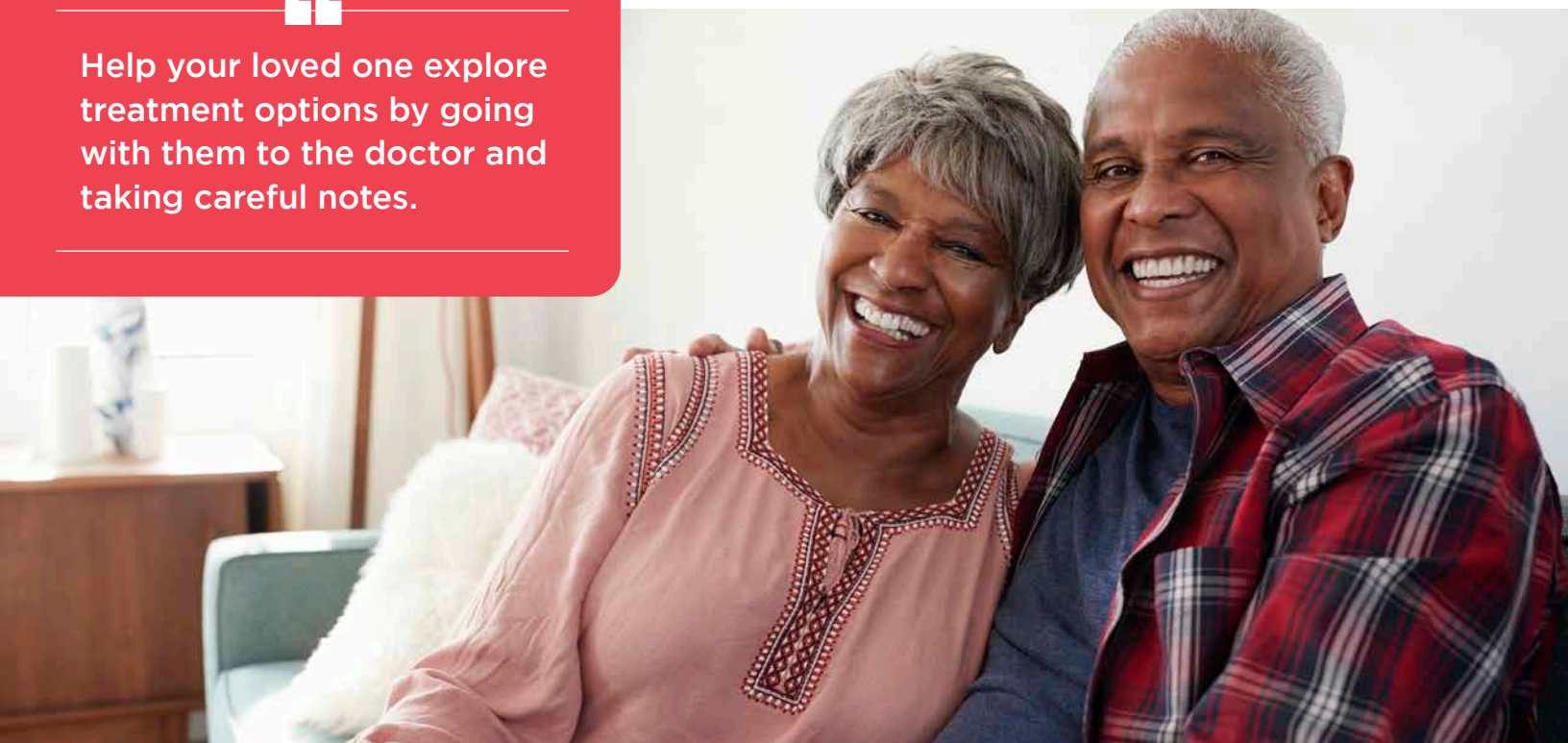
Help your loved one explore treatment options by going with him or her to the doctor and taking careful notes. If it feels like the physician is dismissing your loved one or rushing you, seek a second opinion. Some questions to ask about treatment options include:

- What treatment options are available?
- What are the side effects of treatment?
- How likely is it that treatment will work?
- Are there alternative treatments available?
- Are there lifestyle strategies that can increase the effectiveness of the treatment?
- How long will it take to see results?
- How much does treatment cost, and is it covered by insurance?
- Are there clinical trials available that might help?

Report any side effects to your loved one's care provider. And if you see no results with the first treatment option, ask for an alternative. Sometimes adding a second medication, tweaking the dosage, or replacing one medication with another can help.



Help your loved one explore treatment options by going with them to the doctor and taking careful notes.





Plan for the Future

The best time to plan for your loved one's future is before an emergency forces your hand. Consider consulting with an elder law attorney for advice on funding senior care, protecting your parent's assets, and drafting documents such as wills, trusts, and powers of attorney.

Conversations with parents about their final days can be challenging. But having those conversations now can make it easier to make decisions when the time comes. Some questions to ask include:

- If you need more care than the family can provide, what do you care most about? Remaining close to family? Having access to plenty of activities? High-quality medical care?
- Who should make medical decisions for you if you are no longer able to?
- What do you think might help you feel calmer if you can't express your wishes? Music? Poetry? Massage? A manicure?
- What are your religious or cultural beliefs about end-of-life care, or about your funeral and burial?
- Is there anything you want me to know?
- What is your biggest fear about growing old or having dementia? Knowing what your loved one fears—being alone? Being in pain?— can help you tackle these fears and offer reassurance.

Know When to Look into Senior Living Options

Senior living is far from what it used to be. A wide range of options can support loved ones to remain as independent as possible, even when they can no longer live alone.

In the early stages of dementia, you might be able to support your loved one by paying bills, stopping by more, or attending doctor's appointments. This ensures that your loved one is getting the care you think is appropriate, and can foster a close and trusting relationship. It's also what many seniors—particularly highly independent ones—prefer. However, providing care to your loved one can be taxing, and he or she may reach a point at which you can't provide all the necessary care.

An in-home aide can alleviate some of the burden. Aides allow your loved one to stay in his or her home longer, and they offer personalized care. They can also be expensive and may not be covered by Medicare. You may have to hire several aides or ask family members to rotate care duties— particularly if your loved one cannot be left alone.



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As dementia progresses, some form of 24-hour care becomes a virtual inevitability. Living in a community designed for older adults can help provide access to medical care, prevent isolation, and even help a loved one live longer by preventing falls and accidents.

So how do you know it's time to look into senior living communities? Some telltale signs that your loved one needs more support include:

- You feel exhausted and overwhelmed by your caregiving duties, but your loved one still needs more
- Your loved one is increasingly isolated and depressed
- You can't afford to pay for an in-home aide, or an in-home provider cannot fully meet your loved one's needs
- Your loved one is having more accidents, or you're worried that a fall or other accident is inevitable
- Your loved one is not safe at home because he or she leaves the stove on, hallucinates, or doesn't know how to use the phone to seek help
- Your loved one can no longer manage daily living activities such as bathing and using the bathroom, and you can't provide enough support to help
- Your loved one never leaves the house. This suggests a senior living community might be the best (or the only) way for your parent to get socialization
- Your loved one shows signs of severely impaired judgment, such as buying a new puppy or inviting a homeless person to live in the basement

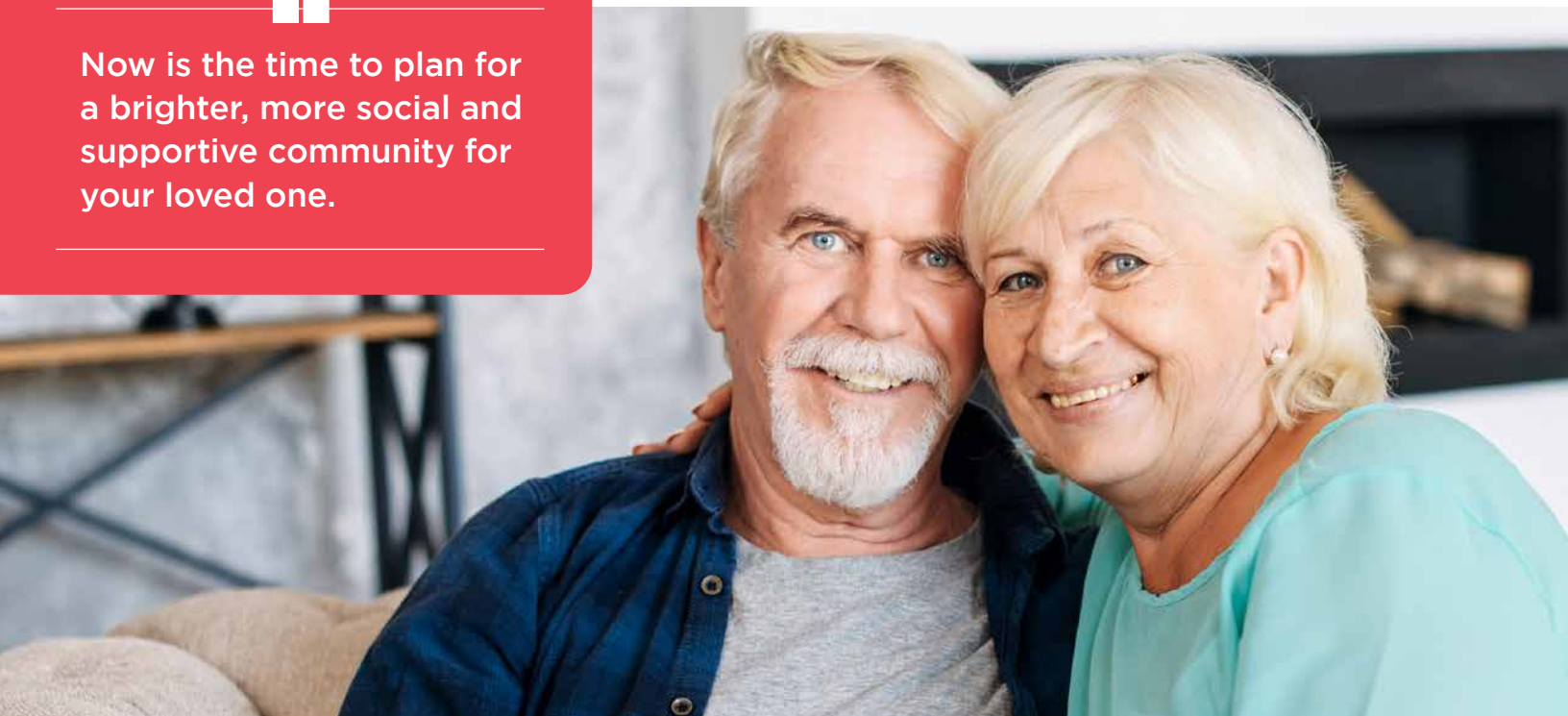
If you don't see your loved one every day, it can be tough to recognize the signs that he or she can no longer care for themselves. Some warning signs include:

- Seeming unkempt or dirty
- Stale or expired food in the refrigerator or pantry
- Unpaid bills, or letters or calls from creditors
- Increased car accidents or dents in the car
- Fires in the house, or signs of fire, such as charred walls or damaged appliances
- An unkempt house
- Neglected plants or animals
- Decreased contact. Seniors who no longer show up for a weekly phone date or send emails might be forgetting to do so. Or they might not know how to use the phone or email any longer
- A doctor who is concerned about your loved one living alone
- Friends or family who see your loved one regularly expressing concern

Many caregivers worry that transitioning an older adult with dementia to assisted living will be difficult. But most find that the transition alleviates stress and allows their loved one to have a more active and fulfilling life. Even with dementia, life can be rewarding. Now is the time to plan for a brighter, more social, and supportive community for your loved one.



Now is the time to plan for a brighter, more social and supportive community for your loved one.



1 Copeland Tower
Metairie, LA
504-526-4598
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2 Landmark
Tupelo, MS
662-340-8664
■ ■ ■ ■

3 Maristone
Franklin, TN
615-590-7084
■ ■

4 Maristone
Mt. Juliet, TN
615-751-3107
■ ■

5 Maybelle Carter
Madison, TN
615-647-5536
■ ■ ■ ■

6 The Gardens
Germantown, TN
901-646-4266
■

7 Traditions
Athens, AL
256-445-5422
■ ■

8 Traditions
Brentwood, TN
615-378-8643
■ ■ ■

9 Traditions
Smyrna, TN
615-900-5775
■ ■

10 Traditions
Spring Hill, TN
931-451-0164
■ ■

11 Vitality
Allen, TX
972-464-1779
■ ■

12 Vitality
Arlington, VA
703-294-6875
■ ■

13 Vitality
Little Rock, AR
501-225-9405
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14 Vitality
Lubbock, TX
806-799-4225
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15 Vitality
Madison, GA
844-449-9355
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16 Vitality
Richmond, VA
804-741-8880
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17 Vitality
Oklahoma City, OK
405-751-8434
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18 Vitality
Victoria, TX
361-288-7742
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19 YourLife
Coconut Creek, FL
954-228-6252
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20 YourLife
Palm Beach Gardens, FL
561-246-6102
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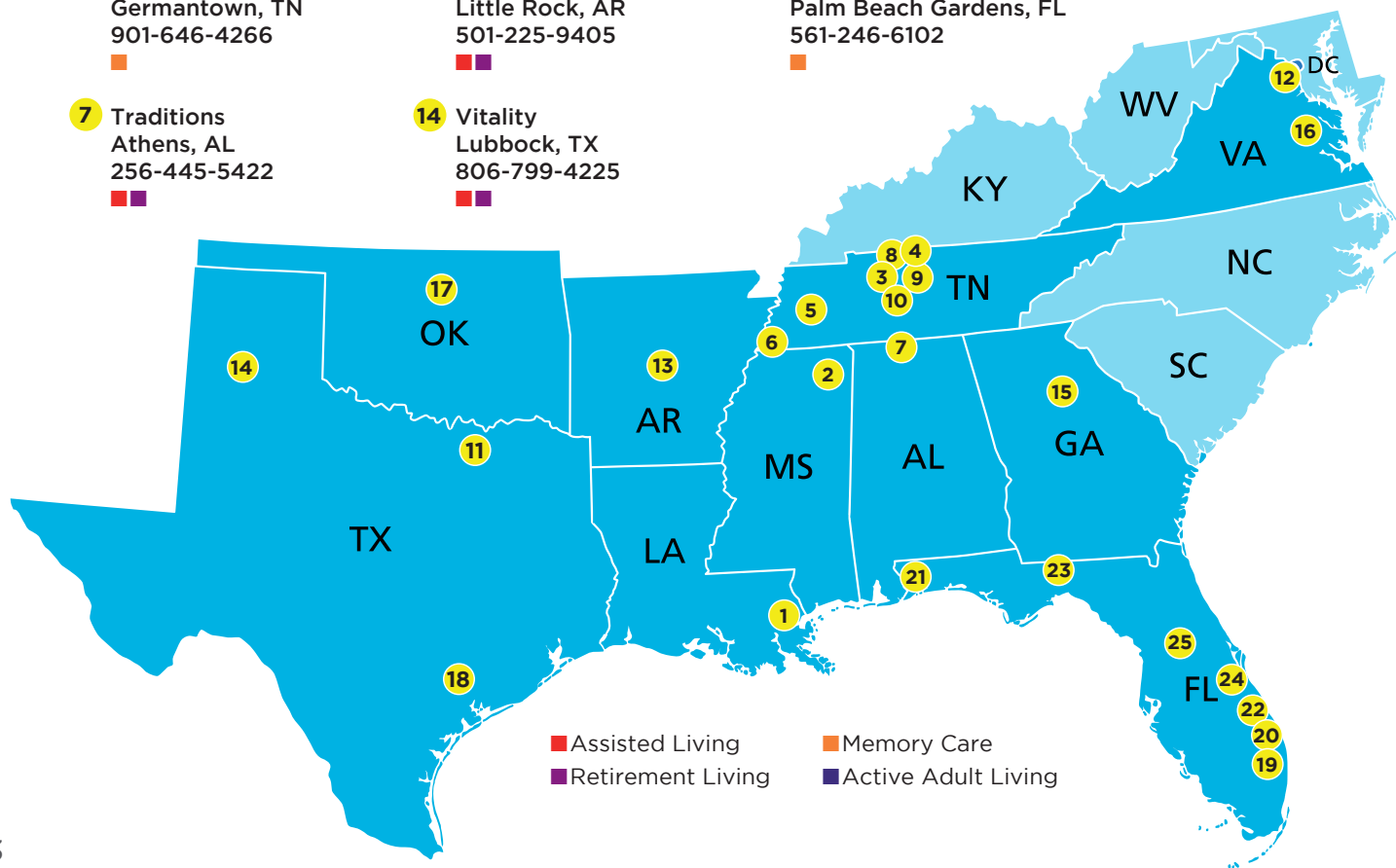
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Stuart, FL
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23 YourLife
Tallahassee, FL
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24 YourLife
West Melbourne, FL
321-422-2594
■

25 YourLife
Wildwood, FL
352-340-1553
■





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