INTACT

INDIGENOUS PEOPLES TRANSFORMING ALZHEIMER'S CARE TRAINING

Follow-up Meeting #3

WORKING TOGETHER FOR HEALTH EQUITY

IREACH

INSTITUTE FOR RESEARCH AND EDUCATION TO ADVANCE COMMUNITY HEALTH

Plan today

Recap/ refresher

Your questions

Blood pressure and dementia

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Blood pressure and dementia

~ BE AWARE

- Patient or family mention a concern.
- At an Annual Wellness Visit: there's a "yes" answer to a concern.
- Anyone in clinic (front desk, MA, PCP, etc.) notices confusion about appointments / medications.

When there is a worrisome concern

Schedule a Cognitive Evaluation Visit

- Strongly encourage a **family member** or a close friend to come to that next visit.

Three Parts to a Dedicated Visit to Evaluate Cognitive Concerns

1. **Cognitive Checklist**: reversible causes and other factors you can fix.

2. **Assess cognitive function** e.g. with a MoCA.

3. **Get input** from a family member (e.g. with AD8).

BMJ. 2017;357:j2353

Cognitive Checklist

- ❑ **Labs** B12 + thyroid
- ❑ **Med list** Sedating/ anticholinergic meds
  Oxybutynin, Tylenol PM, benzodiazepines, Ambien
- ❑ **Alcohol** Even mild-to-moderate drinking can impair cognition once people > age 70
- ❑ **Conditions**: Sleep apnea, hearing loss, depression

NAME QUICK TEXT: Cognition - Evaluation Checklist

Evaluating Cognitive Function

The assessment is a combination of…

MoCA test + Family input

Ann Intern Med. 2019;171(5)

Enter MoCA results in EHR

Now a spot for this next to PHQ-9

Essential : Make it a *result* to easily find and track

Best practice : Also save / scan the form in chart

Family / Observer Input

History questions to ask family member or a close friend:

- Are they repeating the same question 30 min later?
- Losing ability to do complex tasks that they once found easy to do? (e.g. complex recipe or outdoor lighting)
- Getting disoriented in a familiar place?

Remember these three questions (in the Quick Text)

Or use a validated 8-item form called: **the AD8** in your clinic!

Neurology 2005:65:559

Observer Input

AD8

validated tool to get input from a family member or close friend.

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)		
2. Less interest in hobbies/activities		
3. Repeats the same things over and over (questions, stories, or statements)		

Neurology 2005; 65(4) p. 559-64

Put It Together

MoCA result + Family input

MoCA less than 20 (out of 30)

+ Observer notes worrisome changes, and

+ Difficulty with *activities of daily living*

= **Dementia**

Put It Together

MoCA result + Family input

MoCA intermediate 22-26 (out of 30)

+ Observer notes worrisome changes

But still able to dress and cook and clean house

= **Mild Cognitive Impairment**

EHR Checklist: Follow-up After Diagnosis

NAME OF TOOL: "Cognition - Newly Diagnosed Checklist"

Cognition - Newly Diagnosed Checklist

[ ] Counseled about diagnosis. (Consider saying "possible Alzheimer's" even if diagnosis is mild cognitive impairment.)

[ ] Offered possible specialist referral. (Refer soon if age <65 or visual hallucinations.)

Recommended Brain Interventions:
[ ] Regular exercise.
[ ] Reduce alcohol intake. (> 2-3 drinks per day affects cognition.)
[ ] Brain healthy diet. (Very similar to heart healthy diet.)
[ ] Advance care planning. (High value to setting durable power of attorney with backups.)

Community Resources Clinical Tools

Session 1: Make a diagnosis of cognitive impairment

Provide better care for your patients.

Link to recording on YouTube Link to access PowerPoint slides

Session 2: Set a plan for the newly diagnosed patient

Learn an efficient framework for the initial care of someone with cognitive impairment.

Link to recording on YouTube Link to access PowerPoint slides

Session 3: Manage dementia as it progresses

Medications to treat cognitive impairment, managing agitation, and advance care planning improve care.

Link to recording on YouTube Link to access PowerPoint slides

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Blood pressure and dementia

Any questions about dementia?

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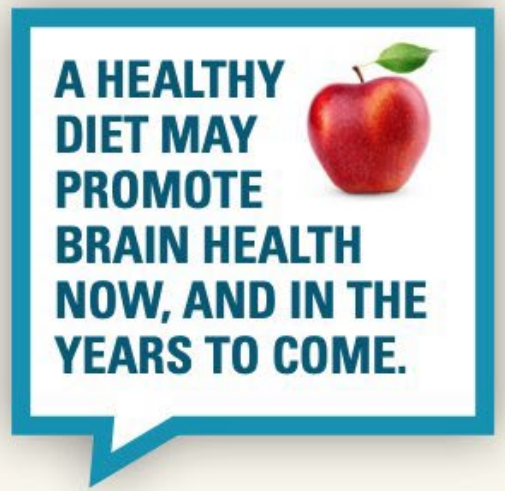
Increasingly clear Heart Health = Brain Health

PROTECTING YOUR BRAIN HEALTH

Good overall health may help to maintain good brain health. These tips may help you stay active and healthy, physically and mentally.

- Eat or drink less sugar, salt, and solid fat
- Eat more fruits, vegetables, and whole grains
- Choose lean meats, fish, or poultry
- Control portion sizes
- Choose low- or non-fat dairy
- Drink adequate fluids
- Join programs that teach exercise safety
- Volunteer or work
- Join a social club or gather with friends



Increasingly clear Heart Health = Brain Health

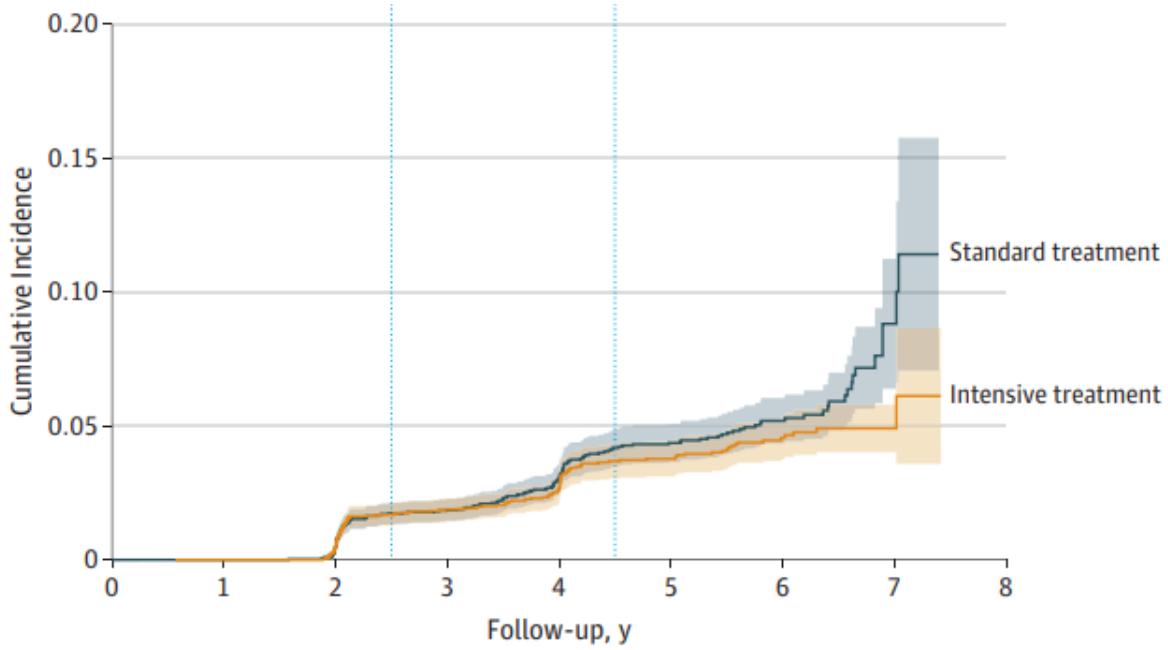
Protecting brain health

- Healthy diet is probable.
- Diabetes control is likely.
- Cholesterol lowering likely no.
- Major evidence change is blood pressure control.

SPRINT MIND Trial

JAMA. 2019;321(6):553-561

- 9361 patients
- Randomized to SBP goal of **120 mm Hg** versus goal of **140 mm Hg**

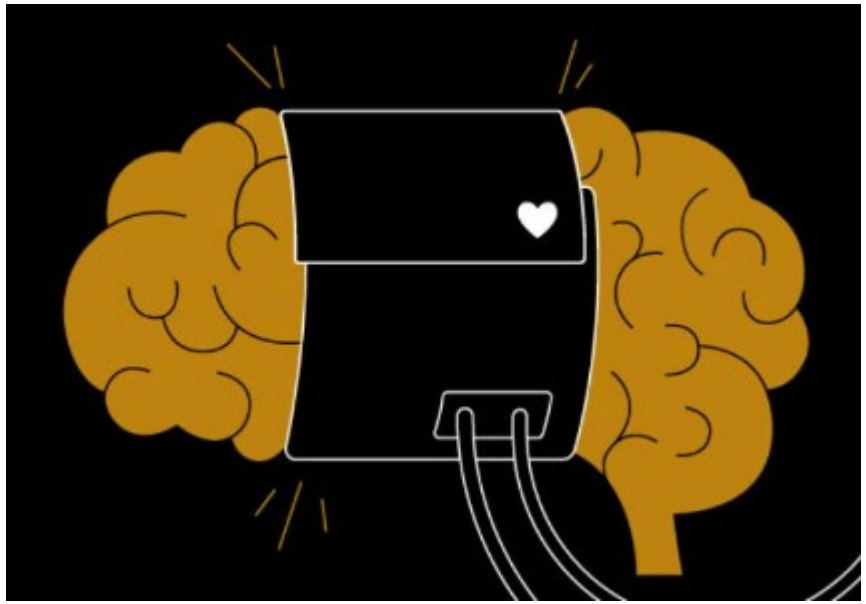


Mild cognitive impairment over 5 years:

15 vs. 18 cases per 1000 person-yrs (p .007)

What should blood pressure targets be?

- Hard to really say that goal should be 120 mm Hg.
- But: gives strong evidence that controlling hypertension (from SBP 160, down to 140) can reduce the risk of dementia.
- Should now be a key motivator.



Key Points: Blood Pressure Control and Dementia

- Heart health is in so many ways brain health.
- People care a lot about protecting their brain. (maybe more than their hearts)
- Key phrase when discussing starting/ increasing medications to get SBP down below 145:

  “We now know that not only will this protect your heart, but there is a good chance it will also lower your risk of Alzheimers disease.”

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Questions and Answers

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