INTACT

INDIGENOUS PEOPLES TRANSFORMING ALZHEIMER'S CARE TRAINING

Part One: Making a Diagnosis of Cognitive Impairment

NATIVES ENGAGED IN ALZHEIMER'S RESEARCH

WORKING TOGETHER FOR HEALTH EQUITY

IREACH

INSTITUTE FOR RESEARCH AND EDUCATION TO ADVANCE COMMUNITY HEALTH

DISCLOSURE

Barak Gaster, MD

No financial relationships with any commercial company which is relevant to this presentation to disclose.

I have no relevant financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing any healthcare products or services which are used by or on patients.

Three Part Education Series

Part #1 — Evaluate cognition

Part #2 — Set plan for newly diagnosed patient

Part #3 — Tips for managing dementia

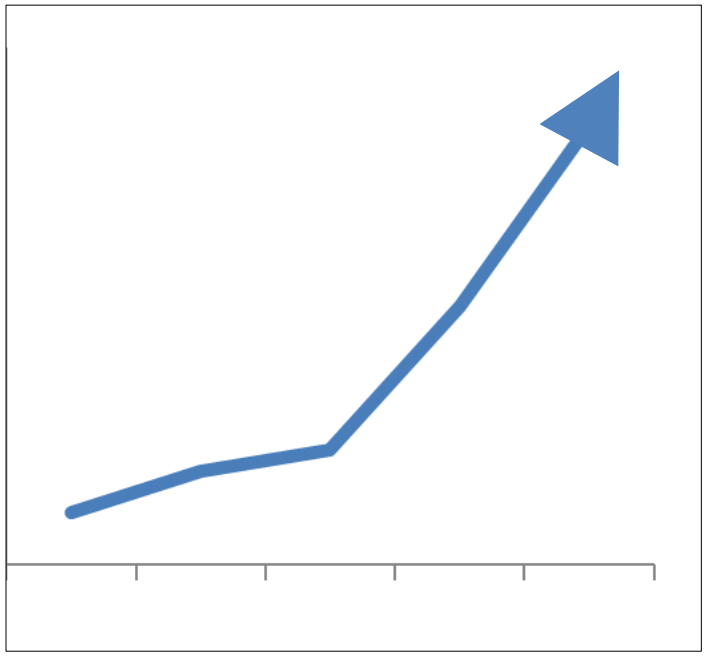
What makes dementia hard?

- The diagnosis in early stages can be tricky.
- Tempting for patients and us to skip over it.
- But we can intervene meaningfully if we identify it earlier!

Diagnosis: a Path to Better Care

- Better communication. Bringing families into care.
- Care for patient actually gets easier, less chaotic.
- Steps you can take now which can improve cognition.

Dementia Shock Ahead



Numbers will **double**
in next 20 years

6.9 million Americans now

35% of all people over age 85

Alzheimers Dement. 2024 May;20(5):3708-3821.

Changes for American Indians

- American Indians are living longer! Which is good news. Life expectancy has increased by 68% in the past 50 years.
- The number of American Indians over age 65 is expected to double in the coming years.
- The number who are > age 85 is expected to increase **7-fold** between now and 2050.

Alzheimer's Assoc and CDC, Roadmap for Indian Country. 2019

Challenge Ahead

- Having more tribal members who are older is wonderful. So much value in their wisdom, experience, and contributions to American Indian communities.
- Huge challenge also: the growing number of American Indians living with dementia.
- Challenges for families, health clinics, tribal leadership, and community support systems.

Alzheimer's Assoc and CDC, Roadmap for Indian Country. 2019

Learning Objectives for this Session

- Perform a cognitive evaluation.
- Identify addressable causes of cognitive impairment that you can fix.
- Distinguish “Mild Cognitive Impairment” from Dementia

72 year old woman in your office for a wellness visit. Generally very healthy.

Hypertension, osteoarthritis.

Medications: Losartan, rare ibuprofen, rare zolpidem.

She happens to mention, “I‘ve been worried about my memory.”

Should you:

X A. Reassure her? You might say "Don't worry, it's so common and normal to get more forgetful with age."

X B. Automatically refer to a specialist ?

X C. Change course, try to do a cognitive assessment then and there (and then run 35 minutes late?)

D. Offer she schedule an efficient, follow-up visit with you, so you can evaluate this further.

~ BE AWARE

- Patient mentions a concern
- Family member raises a concern
- Annual wellness visit questionnaire?
- You or other clinic staff notice changes

72 year old woman in your office for a wellness visit. Generally very healthy.

Hypertension, osteoarthritis.

Medications: Losartan, rare ibuprofen, rare zolpidem.

She happens to mention, “I‘ve been worried about my memory.”

First you need a little more information

- Sometimes a concern can be met with reassurance
  - **May be consistent with normal aging**
- Still okay to offer evaluation if the patient is very worried

Versus sometimes:

"I'm worried, we ***need*** an evaluation"

Clues help to decide…

Typical symptoms of normal aging

Normal: Misplacing keys.

Forgetting why you came up the stairs.

Takes longer to remember a word or a name, but then it comes to you later.

Versus very ***serious*** signs…

Clues to help you decide: Very <u>serious</u> signs:

1. **Forgetting things that just happened.**

   e.g. Repeating the same question 30 minutes later.

2. **Harder to do a complex task that used to be easy.**

   Example: Trouble making a complex recipe or organizing documents.

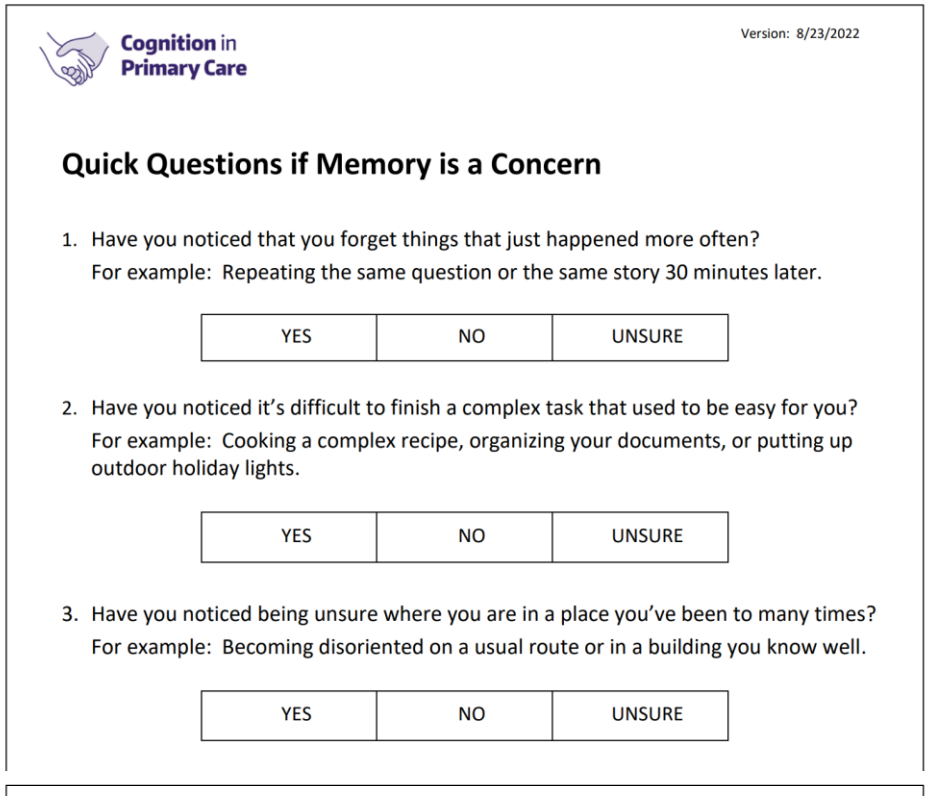
3. **Suddenly unsure where you are in a place you've been to often.**

   Example: Becoming disoriented in a building you should know well.

ALZHEIMER'S ASSOCIATION https://www.alz.org/alzheimers-dementia/10_signs

One-pager to use with patients available here:

Cognition-PrimaryCare.org



Cognition in Primary Care

Version: 8/23/2022

Quick Questions if Memory is a Concern

1. Have you noticed that you forget things that just happened more often?
   For example: Repeating the same question or the same story 30 minutes later.

YES	NO	UNSURE

2. Have you noticed it's difficult to finish a complex task that used to be easy for you?
   For example: Cooking a complex recipe, organizing your documents, or putting up outdoor holiday lights.

YES	NO	UNSURE

3. Have you noticed being unsure where you are in a place you've been to many times?
   For example: Becoming disoriented on a usual route or in a building you know well.

YES	NO	UNSURE

in for an annual wellness visit.

She happens to mention, “I‘ve been worried about my memory.”

“I’m really having trouble keeping things straight. It’s really not right.”

Next step

Schedule a Separate Dedicated Visit to Evaluate Cognition

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

Three Parts: Dedicated Visit to Evaluate Cognitive Concerns

1. **Cognition Checklist** Addressable causes.
   Factors you can fix.

2. **Assess cognitive function** (e.g. with MoCA).

3. **Get input** From family or friend (e.g. with AD8).

Cognition Checklist

- ❑ **Labs** B12 + thyroid.
- ❑ **Med list** Anticholinergics, sedating medications.

  Don't forget OTCs: Tylenol PM. Oxybutynin.
- ❑ **Alcohol** Even mild-to-moderate drinking can impair cognition once people get to age > 70.
- ❑ **Conditions** Sleep apnea, hearing loss, depression.

Checklist available here:

Cognition-PrimaryCare.org

Simple free-text checklists easy to add to your EHR

Evaluating Cognitive Function

Assessment is combination of …

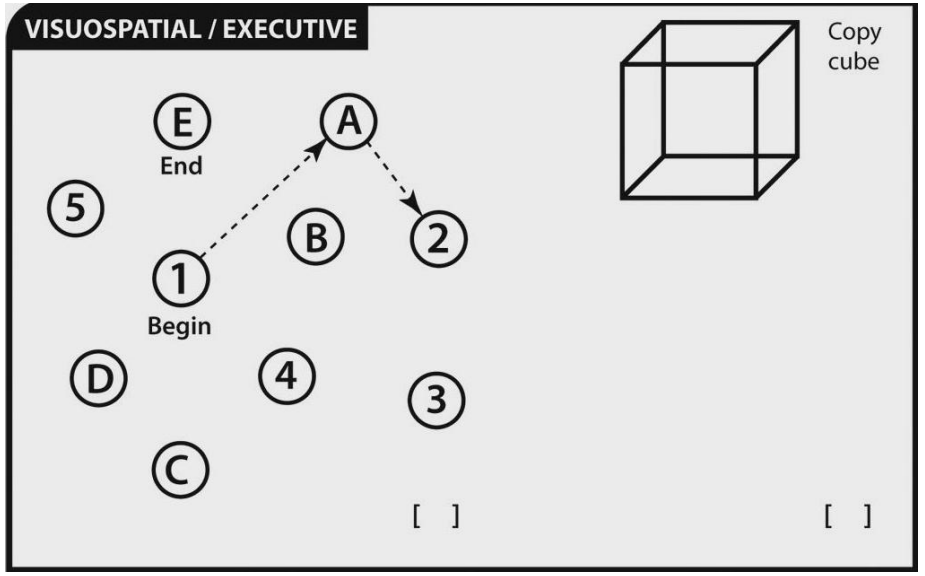
MoCA + Family input

Ann Intern Med. 2019;171(5)

MoCA Montreal Cognitive Assessment

The best validated tool for identifying mild cognitive impairment in the primary care setting.

More sensitive than MMSE.



JAMA Intern Med. 2015 Sep;175(9)

R U D A S

The Rowland Universal Dementia Assessment Scale

Good alternative for patients with very low literacy levels.

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, or….

Use 8-item interview guide: **the AD8**

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

Putting 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**

Putting It Together

MoCA result + Family input

MoCA less than 20 (out of 30)

+ Observer notes worrisome changes, and

+ **Needs help** with *activities of daily living*

= **Dementia**

Spectrum

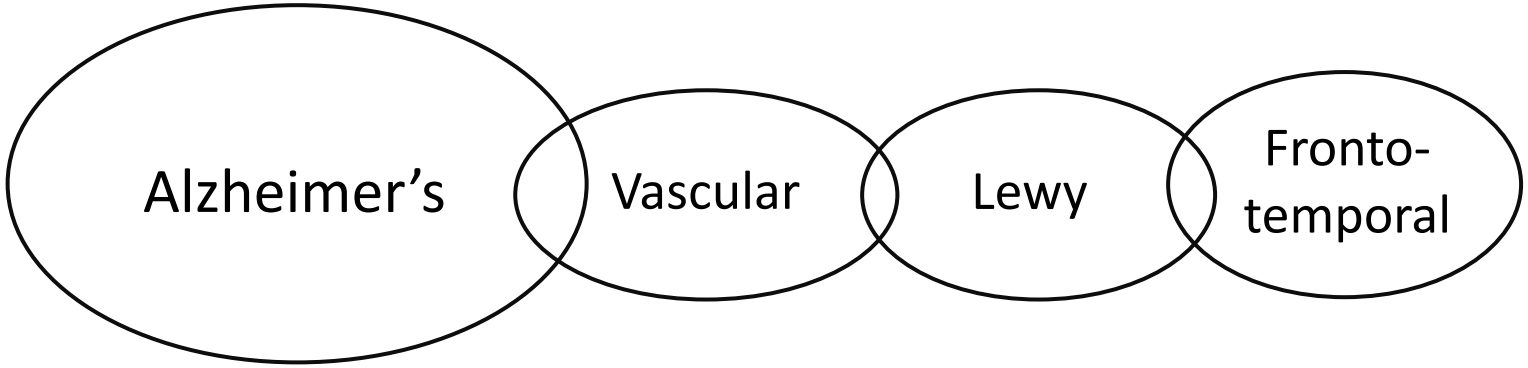
Normal aging . . . **Mild cognitive impairment** . . . **Dementia**

Slower to remember names. Why did I come up the stairs?

Harder to retain information. Asking same question over and over. Harder to do complex tasks. But still **Independent with activities.**

Needing help with daily activities: such as cooking, driving, shopping, or dressing.

Etiologies



Mild Cognitive Impairment (MCI)

- MoCA usually 19-25 plus worrisome changes noted by observer.
  But activities daily-living intact. This is a diagnosis of MCI.

  (dementia: requires loss of independence daily activities)

- MCI is a diagnosis in and of itself: it's not simply "early dementia".

  Because some people with MCI **do not** progress to dementia.

  But: large majority do progress. Most people with MCI do in fact have early Alzheimer's (but not all).

If the MoCA plus the input from an observer is borderline

- Refer for more testing:
- Specialty referral (neurology or geriatrics), or
- Repeat evaluation in 6-12 months

Either way: address Brain Health Checklist

Brain Health Checklist

- **Alcohol (and drugs)**: Limiting to 0-1 drinks will help.
- **Med List**: Stop sedating or anticholinergics (ask re: OTC's)
- **Contributing Conditions**: Sleep apnea, hearing loss.
- **Exercise**: Daily brisk walks with a friend.
- **Cognitive Stimulation** Encourage social engagement.

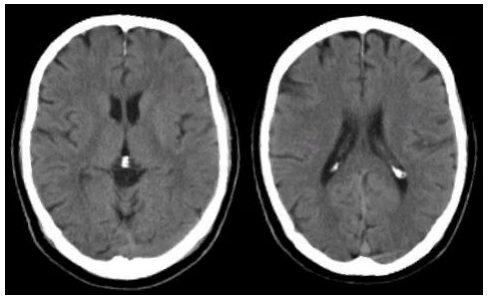
Delirium vs. Dementia

- MoCA not accurate during an acute illness.
- Transient drop in cognition common in the elderly. That's delirium, not dementia.
- Delirium post hospitalization can last weeks.
- However, delirium is a warning sign ➔

  Odds of dementia (either present now, or developing later) are much higher.

Int J Geri Psych 2021 Jul;36(7).

Brain Imaging



- Not required for clinical diagnosis (usually normal).
- But if MCI or dementia is found, then a CT or MRI is standard of care (to look for mass or hydrocephalus).
- MRI has best detail. But CT also OK (cheaper, and may be easier for some older patients to tolerate.)

Setting the next steps

- **If evaluation looks OK**: Discuss ways to keep brain healthy.
  Consider repeat evaluation in 12 months.

- **If found contributing factors:** Focus on reducing alcohol, wearing hearing aids.
  Treat sleep apnea. Treat depression.

- **If it looks like mild cognitive impairment or dementia, then say…**

  "This is a lot to take in and work through. Let's schedule another appointment soon to review what this means and make a plan."

Takeaways

- We can do cognitive evaluations in primary care. Consider using a checklist.
- Having family input (whenever possible) is essential for this evaluation.
- Combine the MoCA and the family input to make your assessment. Consider the AD8.
- Address brain health and key modifiable causes of mild cognitive impairment: Alcohol, sleep apnea, hearing loss, and medications.

Next session

- What are the types of dementia.
- Words to use in discussing the diagnosis.
- Talking about prognosis.
- When to refer to Neurology.
- High value community resources.

Three Part Series

Part #1	Evaluate cognition
Part #2	Set plan for newly diagnosed patient
Part #3	Tips for managing dementia

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Questions and Answers

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