Dementia in Primary Care: Prevalence to Partnerships

Healthy Diet
Mental Activation
Sleep
Exercise
Stress Coping
Social Activity

Memory and Brain Wellness

Kristoffer Rhoads, PhD
Clinical Neuropsychologist
Associate Professor, Department of Neurology
Memory and Brain Wellness Center
Harborview Medical Center/University of Washington School of Medicine

WWU Palliative Care Institute
January 26th, 2022
Presentation Overview

• Context
  • What’s Normal, What’s Not?
  • Trends
  • Health and Health Care Disparities

• Treatment
  – Prevention
  – Non-pharmacological

• Programs and Services Update
  – Dementia Action Collaborative
  – Virtual and In-Person Resources
What’s Normal, What’s Not?

Cognitive Function

No Symptoms

MCI

gradual accumulation of neuropathology

Dementia

Years
Masquerading Conditions/Rule Outs

• Hearing and vision loss
  – Assess, have a Pocket Talker and readers available

• Metabolic
  – CBC, CMP, B12 (maybe MMA), thyroid, vit. D

• Medication side effects/Polypharmacy
  – Anticholinergics (esp. OTC- diphenhydramine and doxylamine)
  – Narcotics/Opiates
  – Benzos, antidepressants, sleep medications
  – Resource- Beers Criteria (GSA, 2019)
  – Resource- Appropriate Prescribing, Trang Le, PharmD
    • Part 1 - https://youtu.be/5WXVenbmBeU
    • Part 2 - https://youtu.be/E1h5jOWdX30

• Delirium
  – UTI/infection
  – Organ failure
  – Sodium/potassium/electrolytes
  – Medications
Masquerading Conditions/Rule Outs

- Sleep disorders (OSA, RBD, PLMD)
  - STOP-BANG
  - Epworth Sleepiness Scale

- Alcohol, marijuana, other drugs
  - AUDIT

- Depression (i.e., pseudodementia)/Anxiety
  - PHQ-2/PHQ-9, GAD-7; GDS-15, GAI-SF

- Other medical conditions
  - Normal Pressure Hydrocephalus
  - Seizure disorders
Mild Cognitive Impairment

• Memory complaints/impairment
  – ~1.5+ SD difference (norm vs. premorbid)

• Not all MCI progresses to dementia
  – ~10% revert to normal aging

• aMCI ~10% /year convert to AD

• Multiple Domain MCI
  – Alzheimer’s disease
  – Vascular Dementia/Mixed (VCI)
  – Normal aging

• Single non-memory domain MCI
  – Frontotemporal Dementia
  – Lewy Body Dementia
  – Alzheimer’s Dementia

Dementia

• Acquired, significant decline in at least one cognitive domain
  – Subjective appraisal or observation
  – Objective findings
• Impairments impact function
• Not due to other conditions
  – Medical problems
  – Delirium
  – Psychosis
  – Substances
# Dementia: What are the Differences?

<table>
<thead>
<tr>
<th></th>
<th>Alzheimer’s Disease</th>
<th>Vascular Dementia</th>
<th>Dementia with Lewy bodies</th>
<th>Frontotemporal Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevalence</strong></td>
<td>60–80%</td>
<td>15–30%</td>
<td>12-20%</td>
<td>10-15%</td>
</tr>
<tr>
<td><strong>Early Symptoms</strong></td>
<td>Memory loss&lt;br&gt;Executive dysfunction&lt;br&gt;Aphasia&lt;br&gt;Apraxia&lt;br&gt;Apathy/Depression&lt;br&gt;Poor insight</td>
<td>Slow processing speed&lt;br&gt;Poor attention&lt;br&gt;Less memory impairment&lt;br&gt;Poor acquisition/learning&lt;br&gt;Apathy/Depression</td>
<td>Visual hallucinations&lt;br&gt;Muscle rigidity&lt;br&gt;Parkinsonism&lt;br&gt;Tremors&lt;br&gt;Fluctuating cognition&lt;br&gt;Visuospatial problems&lt;br&gt;Memory loss</td>
<td>Behavioral issues&lt;br&gt;Personality change&lt;br&gt;Attention problems&lt;br&gt;Executive dysfunction&lt;br&gt;Language problems</td>
</tr>
<tr>
<td><strong>Cortical Changes</strong></td>
<td>Temporal (medial)&lt;br&gt;Parietal&lt;br&gt;Frontal</td>
<td>Cortical&lt;br&gt;Subcortical&lt;br&gt;Lesion-specific</td>
<td>Parietal/Occipital&lt;br&gt;Frontal&lt;br&gt;Temporal</td>
<td>Frontal&lt;br&gt;Temporal (anterior)</td>
</tr>
<tr>
<td><strong>Course</strong></td>
<td>Progressive, gradual</td>
<td>Progressive, gradual or stepwise</td>
<td>Progressive, fluctuations</td>
<td>Progressive, rapid</td>
</tr>
<tr>
<td><strong>Associated Factors</strong></td>
<td>Beta-amyloid (plaques)&lt;br&gt;Tau (tangles)</td>
<td>Microvascular ischemic&lt;br&gt;Hemorrhagic infarct&lt;br&gt;Ischemic infarct&lt;br&gt;Hyponopfusion</td>
<td>Alpha-synuclein&lt;br&gt;(Lewy bodies)</td>
<td>Tau&lt;br&gt;TDP-43</td>
</tr>
</tbody>
</table>
Dementia: Deeper Dives

Visit our website for Project ECHO Dementia Session Resources (Presentations and Slides)
https://depts.washington.edu/mbwc/resources/echo

- **Mild Cognitive Impairment**, Barak Gaster, MD
  - [https://www.youtube.com/watch?v=JRGRSMybymA](https://www.youtube.com/watch?v=JRGRSMybymA)

- **An Overview of Dementia Etiologies**, Carolyn Parsey, PhD
  - [https://youtu.be/vwvsFGEFqfs](https://youtu.be/vwvsFGEFqfs)

- **Vascular Cognitive Impairment**, Nancy Isenberg, MD
  - [http://youtu.be/CWDE9rNMcN0](http://youtu.be/CWDE9rNMcN0)

- **Dementia with Lewy Bodies**, Carolyn Parsey, PhD
  - [https://youtu.be/8sEy9uazqdk](https://youtu.be/8sEy9uazqdk)

- **Frontotemporal Dementia**, Kimiko Domoto-Reilly, MD
  - [https://www.youtube.com/watch?v=LiALQX0Eu8I](https://www.youtube.com/watch?v=LiALQX0Eu8I)
Early Detection and Intervention

Progression of Alzheimer’s Disease

- **Presymptomatic**: ~5-20 years
- **Prodromal**: ~1-10 years
- **Mild Cognitive Impairment**: ~2-20 years
- **Dementia**
Mixed Dementia

• Rule, not the exception
  – 98% of early onset cases with 2 pathologies
  – 100% of late onset cases with 3 pathologies
    • Cerebral amyloid angiopathy = 79-86%
    • Lewy Body disease = 42-49%
      – Differences for amygdala predominant LBD

• Mixed AD and VaD
  – Most frequent form of mixed dementia in late onset
    • 65% vs 39%
  – 28% in dementia clinics
  – >50% in community samples
  – Periventricular lesions in 90% of AD cases

Alzheimer’s and Dementia Worldwide
(Population = 7.6 billion)

- 46.8 million people worldwide living with dementia in 2015
  - 50 million people in 2017
  - 75 million in 2030
  - 131.5 million in 2050.

- 9.9 million new cases of dementia each year worldwide
  - One case every 3.2 seconds
  - 345,600 since Monday

- 58% in low and middle income countries
  - 68% in 2050

- 75% are undiagnosed
  - 55% in the US
  - 90% in India

2021 US Facts and Figures

- 6,200,000 Americans with Alzheimer’s
- 5,000,000 with MCI
  - 50% due to AD
- 15,000,000 with SCI

- 11.3% general risk after age 65
  - 65-74 = 5.3%
  - 75-84 = 13.8%
  - 82+ = 34.6%

- 45% with a diagnosis
  - <50% disclosed
  - <50% of providers with standard protocols

Differential Risk Factors

• Significant gender disparities
  – ~66% of PlwD are women
  – 1 in 5 for women, 1 in 10 for men
    • Biological?
    • Survival bias?
    • APOE-4 and estrogen?
    • Education, occupation and health behaviors?

• Significant racial and ethnic disparities
  – 2:1 for older Blacks
  – 1.5:1 for older Hispanics
  – ?:1 for American Indian/Alaska Natives
  – Issues of “ethnic gloss”
  – Importance of comorbid conditions, socioeconomic, health care literacy, access, adversity, discrimination, poverty, stress, structural and institutional racism
Race, Ethnicity and Alzheimer’s in America

• Health vs. health care disparities

• Social determinants of health
  – Housing uncertainty
  – Food insecurity

• Implicit bias

• Language barriers

• Low health literacy

• Undermined trust and access to clinical care and research

• 40% of Native Americans perceive race/ethnicity as a barrier to care
• 63% of Native caregivers have experienced discrimination in health care
  – 9% regularly, 33% from time to time
  – Feeling not listened to (31%)
  – Provider acted like you were not smart (43%)
• 53% believe that cognitive impairment is a normal part of aging
• 35% of Native Americans believe they will not live long enough
Addressing Disparities

- Cultural Competence, implicit bias
  - Education/Training
  - Staff, providers, systems

- Increasing Diversity in Dementia Care
  - Start in medical school
  - Improving representation in primary care
  - Low in specialties such as geriatrics and neurology

- Increasing Diversity in Clinical Trials

- Building relationships to restore trust
  - Partnerships with community based organizations
  - Community stakeholders
    - HBI Road Map for Indian Country
  - Improve culturally appropriate materials and outreach
  - Bi-directional learning
Alzheimer’s in Washington State

• 120,000 cases in WA
  – 16.7% increase by 2025

• 3rd leading cause of death
  – 8th highest rate in the US
  – Mortality rate= 47.1
  – 16% increase during COVID-19

• Who provides care?
  – 295,000 unpaid caregivers
    • 132 geriatricians (399 needed to serve 10% of those 65+)
  – 426,000,000 hours = $9.6 billion
  – $250 million in additional health care costs

Treatment Targets

- Presymptomatic
- MCI
- Dementia

Cognitive Function vs Years

- Gradual accumulation of neuropathology
- Decrease neuropathology

Presymptomatic / MCI
Prevention and Interventions

• Treatment of Modifiable Risk Factors
  • Cardiovascular
  • Sedentary lifestyle
  • Sleep disorders/disruption
  • Alcohol
• Medications
• Cardiovascular Exercise
• Optimizing Sleep
• Cognitive Activation and Rehabilitation
• Dietary Interventions
• Meditation/Mindfulness-Based Stress Reduction
• Community Engagement and Socialization
Lancet Commission

Dementia Prevention, Intervention, and Care  Livingston et al., 2020

Risk factors for dementia

An update to the Lancet Commission on Dementia prevention, intervention, and care presents a life-course model showing that 12 potentially modifiable risk factors account for around 40% of worldwide dementia.
# Midlife Risk Factor Modification


### Participants with dementia or cognitive impairment/total No.

<table>
<thead>
<tr>
<th>Study</th>
<th>Blood pressure lowering group</th>
<th>Control group</th>
<th>Absolute risk reduction (95% CI), %</th>
<th>Odds ratio (95% CI)</th>
<th>Favors blood pressure lowering</th>
<th>Favors control</th>
<th>Weight, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRESS, 2003</td>
<td>276/3051</td>
<td>334/3054</td>
<td>1.89 (0.39 to 3.39)</td>
<td>0.81 (0.68 to 0.96)</td>
<td></td>
<td></td>
<td>9.1</td>
</tr>
<tr>
<td>SCOPE, 2003</td>
<td>113/2477</td>
<td>125/2460</td>
<td>0.52 (-0.68 to 1.71)</td>
<td>0.89 (0.69 to 1.16)</td>
<td></td>
<td></td>
<td>4.5</td>
</tr>
<tr>
<td>HYVET-COG, 2008</td>
<td>485/1687</td>
<td>486/1649</td>
<td>0.72 (-2.36 to 3.81)</td>
<td>0.97 (0.83 to 1.12)</td>
<td></td>
<td></td>
<td>16.7</td>
</tr>
<tr>
<td>ProFESS, 2008</td>
<td>795/7531</td>
<td>832/7518</td>
<td>0.51 (-0.48 to 1.50)</td>
<td>0.95 (0.86 to 1.05)</td>
<td></td>
<td></td>
<td>16.5</td>
</tr>
<tr>
<td>TRANSCEDE, 2011a</td>
<td>454/2642</td>
<td>412/2589</td>
<td>-1.27 (-3.28 to 0.74)</td>
<td>1.10 (0.95 to 1.27)</td>
<td></td>
<td></td>
<td>11.0</td>
</tr>
<tr>
<td>ON TARGET (Dual), 2011</td>
<td>1240/7461</td>
<td>657/3801</td>
<td>0.67 (-0.80 to 2.13)</td>
<td>0.95 (0.86 to 1.06)</td>
<td></td>
<td></td>
<td>16.3</td>
</tr>
<tr>
<td>ON TARGET (ARB), 2011</td>
<td>1279/7566</td>
<td>657/3801</td>
<td>0.38 (-1.09 to 1.85)</td>
<td>0.97 (0.88 to 1.08)</td>
<td></td>
<td></td>
<td>16.4</td>
</tr>
<tr>
<td>SPRINT MIND, 2019</td>
<td>287/4278</td>
<td>353/4285</td>
<td>1.53 (0.42 to 2.64)</td>
<td>0.80 (0.68 to 0.94)</td>
<td></td>
<td></td>
<td>9.6</td>
</tr>
<tr>
<td>HOPE-3, 2019</td>
<td>584/811</td>
<td>612/815</td>
<td>3.08 (-1.20 to 7.37)</td>
<td>0.85 (0.68 to 1.06)</td>
<td></td>
<td></td>
<td>6.0</td>
</tr>
</tbody>
</table>

Test for overall effect: z = -2.28; P = .02
Heterogeneity: $I^2 = 36.1\%$
SPRINT-MIND

- Aggressive treatment of blood pressure (SBP<120)
  - Decreased risk MCI
  - Fewer white matter lesions
  - Total brain volume and
  - No difference in stroke types (2021)
Review

The effect of physical activity on cognitive function in patients with dementia: A meta-analysis of randomized control trials

C. Groot\textsuperscript{a,b,*}, A.M. Hooghiemstra\textsuperscript{a,c}, P.G.H.M. Raijmakers\textsuperscript{b}, B.N.M. van Berkel\textsuperscript{b}, P. Scheltens\textsuperscript{3}, E.J.A. Scherder\textsuperscript{c}, W.M. van der Flier\textsuperscript{a,d}, R. Ossenkoppele\textsuperscript{a,b}

<table>
<thead>
<tr>
<th>Study</th>
<th>SMD</th>
<th>CI</th>
<th>N</th>
<th>SMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arecoverde (2014)</td>
<td>0.84</td>
<td>-0.02-1.70</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Bossers (2015) [1]</td>
<td>0.45</td>
<td>-0.01-0.92</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>Bossers (2015) [2]</td>
<td>0.07</td>
<td>-0.40-0.53</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>* Cheng (2014)</td>
<td>-0.34</td>
<td>-0.80-0.12</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>Christofolini (2008)</td>
<td>0.06</td>
<td>-0.68-0.80</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Cott (2002)</td>
<td>0.05</td>
<td>-0.48-0.58</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Eggermont (2009a)</td>
<td>0.04</td>
<td>-0.46-0.53</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Eggermont (2009b)</td>
<td>0.07</td>
<td>-0.32-0.46</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>Hokka (2008)</td>
<td>0.89</td>
<td>0.13-1.66</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Holthoff (2015)</td>
<td>0.64</td>
<td>-0.38-1.06</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Kemoun (2010)</td>
<td>0.89</td>
<td>0.15-1.63</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Kwak (2008)</td>
<td>1.03</td>
<td>0.27-1.79</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>* Ma (2008)</td>
<td>-0.36</td>
<td>-0.91-0.19</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Steinberg (2006)</td>
<td>0.26</td>
<td>-0.46-0.98</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Stevens (2006)</td>
<td>0.98</td>
<td>0.38-1.59</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>* Venturelli (2011) †</td>
<td>3.00</td>
<td>1.75-4.25</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Vreugdenhil (2012)</td>
<td>0.75</td>
<td>0.11-1.40</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Winckel v.d. (2004)</td>
<td>1.03</td>
<td>0.18-1.88</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Yáñez (2011)</td>
<td>0.84</td>
<td>-0.65-0.87</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Overall random</td>
<td>0.42</td>
<td>0.23-0.62</td>
<td>691</td>
<td></td>
</tr>
</tbody>
</table>
Physical Activity Moderates Aβ Associated Cognitive Decline and Cortical Thinning

The Importance of Lifestyle

• Combining multiple healthy lifestyle factors may be more impactful for reducing dementia risk
  – Healthy diet
  – Moderate to vigorous physical activity
  – Light to moderate alcohol intake
  – Smoking
  – Cognitive stimulation

• 4 or 5 = 59% lower risk
• 2 or 3 = 39% lower risk
• May offset genetic risk

Figure HRs of AD according to the combination of healthy lifestyle factors in the prospective cohort studies

Model adjusted for age, sex, race, education, APOE ε4, and prevalence of cardiovascular disease (including heart disease or stroke). A random-effects meta-analysis was used to combine cohort-specific results. AD = Alzheimer dementia; CHAP = Chicago Health and Aging Project; CI = confidence interval; HR = hazard ratio; MAP = Rush Memory and Aging Project; N = number of participants in each group.

Dhana K, et al., Neurology. 2020
Programs and Services

• Support groups/educational events
• Dementia Friendly Communities
• Momentia
  – Zoo/Garden walks
  – Alzheimer’s cafes
  – Arts events
• Dementia Friends
• Intergenerational programs
Programs and Services
Community Events & Programs

As part of our mission to promote the well-being of persons living with memory loss and their families, the Memory & Brain Wellness Center offers a variety of community events and programs. Note that during the COVID-19 outbreak, we are offering virtual support, education and engagement opportunities, offered by video or phone. Our in-person programs are temporarily on hold. For more information, please contact program manager Mari Grace Becker at mbecker1@uw.edu or (206) 744-2190.

Virtual Support, Education & Engagement during the time of COVID-19

Virtual Coffee Chats for persons with memory loss/dementia

Make a cup of coffee or tea, and come together for an informal social time with others living with memory loss or dementia. Share how you’re coping in the midst of COVID-19, and reflect on a different theme each week. Participate online or by phone, with a free application called “Zoom.” Facilitated by program manager Mari Grace Becker. Join for just one session, or multiple. Space is limited; sign up by the day before.

- Tuesday, June 2, 10 – 11 a.m.
- Tuesday, June 9, 10 – 11 a.m.
- Tuesday, June 16, 10 – 11 a.m.
- Tuesday, June 23, 10 – 11 a.m.
- Tuesday, June 30, 10 – 11 a.m.
Sign Up Here

https://depts.washington.edu/mbwc/events/community-events-programs
• **Virtual versions of our in-person programs**
  – Coffee Chats for people living with memory loss/dementia
  – Caregiver Forums
  – Community Wellness Talks
  – Memory Loss: A Guide to Next Steps
  – Powerful Tools for Caregivers
  – Garden Discovery Walks
  – Healthy Brain Aging Seminars

• **Phasing in in-person programs**
  – Resource and Education Days
  – Strength for the Journey
  – SOAR (Shared Outdoor Adventures for Resilience)
UW Memory and Brain Wellness Center
Memory Hub

- Outreach center in partnership with Frye Art Museum
  - Dementia-Friendly Community, Collaboration, and Statewide Impact

https://https://thememoryhub.org/
Alzheimer’s Washington State Plan

- October 2013—Governor’s Aging Summit
- February 2014—SSB6124
- July 2014—Alzheimer’s Disease Working Group
- January 2016—Plan released
- February 2016—Plan accepted by Senate
- April 2016—Dementia Action Collaborative
- January 2017—Bree Collaborative Working Group
- November 2018—Budgetary “ask”
- July 2019—Multiple projects funded
Accomplishments: 2016 - 2022

• Convened an expert panel to identify evidence-based best practices
• Guidelines for diagnosis by primary care
• Dementia Road Map
• Safety toolkit
• Dementia-friendly community toolkit
• Alzheimer’s Café Model: A How-To Guide
• Info for Asian Americans and African Americans
• Website “point of access” portal
  – www.memorylossinfowa.org
• Over $1 million in state funding!
• Legal Planning toolkit
• COVID-19 resources
• Project ECHO- Dementia
Dementia Road Map: A Guide for Family and Care Partners

- Comprehensive yet simple to follow guidance document
- Online PDF version
- Print version – disseminated over 80,000 already
- Sections on MCI, dementia stages
- Recently translated into Spanish
Dementia Action Collaborative

2022

Safety Concerns for People with Dementia

Sets of necessary steps to the dementia. Memory loss and other symptoms may be a result of many different health problems. A person can be sent to the doctor for a consultation and to find out what is going on. If a person has any of the signs that are associated with dementia, they may be able to see a doctor.

Dementia affects each person differently, but symptoms typically include increasing memory loss, confusion, and disorientation. Changes in behavior can also happen. 对于痴呆症患者来说，理解这些症状的重要性是至关重要的，因为它们是痴呆症的早期迹象。

The best environment for a person with memory loss or dementia is one that helps them feel as independent and supported as possible. For people with dementia, offering a safe, secure, and comfortable environment is key to making them feel safe and happy. Creating an environment that makes them feel relaxed and less stressed is important.

This tip is a reminder for family members and caregivers to assess how the home and the living environment can reduce stress to the person with dementia. Recognize the information and tips related to the setting.

1. Home Safety
2. Falls Prevention
3. Stress

You may wish to consult the provided books below to learn more or print the information yourself. If a computer can appear, the information is intended to be reviewed online, not printed in a format.

Age-Friendly Public Health Systems

Supported by Trust for America’s Health

What is an Age-Friendly Health System?

The goal of the Hartford HealthCare Age-Friendly Health Systems Initiative is to create Age-Friendly Health Systems (AFHS). These hospitals and health systems are focused on improving care for older adults in the hospital and after discharge to keep patients safe from harm and to improve recovery. The framework includes 4Ms: 

- What Matters
- Mentation
- Mobility
- Medication

What is an Age-Friendly Public Health System?

Your Area

The purpose of this is to serve as a guide for what matters.

- What Matters
- Mentation
- Mobility
- Medication

African Americans and Alzheimer’s Disease: A Call to Action for Organizations

The African American community is strong and resilient. Institutionalized racism drives the unequal distribution of power and resources, resulting in health, social, economic, environmental, and structural disparities for people of color. Among these disparities is the disproportionate occurrence of Alzheimer’s disease and other dementias.

The number of African Americans with Alzheimer’s disease is growing. In 2024, it is projected that the disease will affect more than 4.7 million African Americans, or about 3.2% of the total population.

Institutional racism leads to multiple factors that put African Americans at risk for Alzheimer’s and other dementias, including:

- Education and income disparities
- Limited access to healthcare
- Increased stress and heart problems
- Unmet health needs among African Americans

Certain factors may impact the diagnosis and treatment of African Americans, such as:

- Prejudice and discrimination
- Economic challenges
- Limited access to healthcare
- Stigma and lack of awareness

2022

Collaborating for a Dementia-Friendly Washington: Expanding Possibilities

A virtual conference promoting the growth of dementia-friendly communities in our state

SAVE THE DATE!

PRE CONFERENCE “HAPPY HOUR”
Monday, September 13 | 4 - 5 p.m.
Experience “Dementia Friends: 21-hour awareness that you can use to bring dementia awareness to your communities.”

TWO-DAY VIRTUAL EVENT:
Tuesday, September 14 | 9 a.m. – 12 p.m.
Wednesday, September 15 | 9 a.m. – 12 p.m.

A dementia-friendly community is a place, town, city, or county committed to fully inclusiveness of people with dementia and their families.

Who should attend?
This conference is for anyone who wants to take action to make our communities more dementia-friendly.
AAAs and their partners - bringing several AD plan recommendations to life in local communities!

- A Dementia Resource Catalyst, professional staff dedicated to optimizing current resources and developing dementia-capable services; and
- Funds to fill gaps in resources & services, to include:
  - Ongoing training for existing AAA staff and partners;
  - Early stage supports, social and physical engagement programs, behavior supports, Dementia Friends, memory screenings;
  - Linkages with key partners such as health care, first responders and diverse communities to create dementia friendly communities.
Pilot AAA Sites & Focus

**Aging & Long-Term Care of Eastern WA** – Ferry, Pend Oreille, Spokane, Stevens, Whitman Counties

- DFA Dementia Friendly Communities/SPODAT
- Community education on safety and behaviors, skills training for caregivers, training for First Responders
- Early-Stage programming (including partnering with Spokane Parks & Recreation)
- Dementia Care Specialist services
- Savvy Caregiver in Indian Country (or other for Native American population); engagement with cultural groups through Spokane Tribe, AME Churches and Ukranian Community

**Northwest Regional Council** - Island, San Juan, Skagit, and Whatcom Counties

- Early-Stage Social Engagement monthly activities
- Intro to Dementia community trainings
- Dementia Legal Clinic/Advance Care planning + Dementia Services
- STAR-C behavioral consultation
- Savvy Caregiver in Indian Country (or other for Native American population); engagement with cultural groups – Spanish, Russian, Punjabi Communities
• Virtual support groups
• Dementia education webinars
• Online resources
• Resources for staying active
• WA Family Caregiver Support Program
• Hearing loss and COVID-19
• Local, state, regional, national level resources and programs
UW Project ECHO - Dementia

• Moving knowledge, not people or providers
• Hub and spoke model
• All teach, all learn
• Case based & didactic
• Best practices
  – Medical
  – Programs and services
• Other best practices and programs
• Launched 6/12/20
Project ECHO - Dementia

• Expert/specialist interdisciplinary “hub”
  – Neurologist
  – Neuropsychologist
  – Palliative Care/Hospice
  – Primary care
  – Social work
  – Pharmacy

• 20-25 primary care “spoke” sites
  – Single provider
  – Group practices
  – Health care systems

• 60-75 minute sessions, twice a month

• Free CME/CNE

• Launched 6/12/20
ECHO Dementia Hub Team

- **Kristoffer Rhoads**, PhD  
  ECHO Co-Lead  
  Neuropsychologist, Associate Professor of Neurology, UW

- **Nancy Isenberg**, MD, MPH, FAAN  
  ECHO Co-Lead  
  Neurologist, Swedish Neuroscience Institute, Clinical Associate Professor, UW

- **Karen Clay**, MSW, LICSW  
  Clinical Social Worker, Memory and Brain Wellness Center, UW

- **Kimiko Domoto Reilly**, MD  
  Neurologist, Assistant Professor Neurology, UW

- **Barak Gaster**, MD  
  General Internal Medicine, Professor of Medicine, UW

- **Rande Gray**  
  Information Technology, UW

- **Trang Le**, PharmD  
  Pharmacist, Overlake Senior Health Clinics, Overlake Hospital

- **Carolyn Parsey**, PhD  
  Neuropsychologist, Assistant Professor of Neurology, UW

- **Mimi Pattison**, MD  
  Palliative Medicine, Medical Director for Franciscan Hospice and Palliative Care

- **Allyson Schrier**, MFA  
  Program Manager/Project Coordinator
UW Project ECHO - Dementia

730 instructional hours June 2020 – Jan 2022

~70% of survey respondents plan to change practice based on learnings.

Current community
• 37 Sites
• 85 Providers

To find out more or to sign up, please contact Allyson Schrier, Program Coordinator: allysons@uw.edu
https://depts.washington.edu/mbwc/resources/echo
Project ECHO – Dementia Recorded Didactics

- Screening and Case Detection of Cognitive Impairment
  Kristoffer Rhoads, PhD, UW Memory and Brain Wellness Center
- Vascular Cognitive Impairment
  Nancy Isenberg, MD, MPH, FAAN, Swedish Neuroscience Institute
- Advance Care Planning for Dementia
  Barak Gaster, MD, UW Medicine
- An Overview of Dementia Etiologies
  Carolyn Parsey, PhD, UW Memory and Brain Wellness Center
- Cognitive Care across the Continuum
  Nancy Isenberg, MD, MPH, Swedish Neuroscience Institute
- Staying Active, Staying Connected
  Marigrace Becker, MSW, UW Memory and Brain Wellness Center
- Dementia and Homelessness
  Maria Yang, MD, Downtown Emergency Services Center
- Age-Friendly Health Systems
  Carrie Rubenstein, MD, Swedish Medical Center
- Neuroimaging in Dementia
  Justin A. Siegal MD, Radia
- Dementia and Care Resources for Patients and Families
  Karen Clay, LICSW
- Best Practices for Appropriate Prescribing
  Trang Le, PharmD, Overlake Medical Center & Clinics.
- Aging Sleep
  Lina Fine, MD, Swedish Neuroscience Institute
- Integrating Primary Care & Palliative Care
  Mimi Pattison, MD, FAAHPM, CHI Franciscan
- Hearing Loss and Dementia
  Brenna Carrol, AuD, Swedish Medical Center
- Disease Modifying Drugs for Alzheimer's
  Charles Bernick, MD, MPH. UW MBWC/ADRC
- Food for Thought: The Emerging Role of Whole Food, Plant Based Diets in Brain Health
  Angie Eakin, MD, Spokane

To access slides, recordings, and resources visit: https://depts.washington.edu/mbwc/resources/echo
Resources

• Dementia Support NW
  • https://dementiasupportnw.org/

• Memory Loss Info WA
  • memorylossinfowa.org

• Dementia Action Collaborative/State Plan
  • www.dshs.wa.gov/altsa/dementia-action-collaborative

• Alzheimer’s Association

• Momentia Seattle
  • www.momentiaseattle.org

• Department of Health
  • https://www.doh.wa.gov/YouandYourFamily/HealthyAging/AlzheimersDiseaseandDementia
Resources/References

- Pocket Talker
  - [https://williamsav.com/pocketalker-personal-amplifier/](https://williamsav.com/pocketalker-personal-amplifier/)

- Beers Criteria

- STOP-BANG

- Epworth
  - [https://epworthsleepinessscale.com/about-the-ess/](https://epworthsleepinessscale.com/about-the-ess/)

- AUDIT
  - [https://auditscreen.org/](https://auditscreen.org/)

- PHQ-2/PHQ-9

- GAD-7

- GDS-15
  - [https://web.stanford.edu/~yesavage/GDS.htm](https://web.stanford.edu/~yesavage/GDS.htm)

- GAI-SF
“After hearing the news, I just felt totally lost. But you know what, I have a good life. That sounds crazy, but I do!

I get out, I have fun, and I don’t worry about Alzheimer’s. Because if you can’t fix it, then you have to find a way to live with it.

I’ve got a group of people who love me, and who stand by me, and that is what life is supposed to be.

I just want all the happiness I can have, and that’s what I go for.”

~Alice P.
Bellevue, WA
Thank you for your attention!

Questions?
Memory and Brain Wellness Center

https://depts.washington.edu/mbwc/
Harborview Medical Center
325 9th Ave., 3rd Floor West Clinic
Seattle, WA 98104
Phone 206-744-3045
Fax 206-744-5030
krhoads@uw.edu
References/Resources

References/Resources

References/Resources

References/Resources