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, Executive dysfunction, Aphasia, Apraxia, Apathy/Depression, Poor insight</td>
<td>Slow processing speed, Poor attention, Less memory impairment, Poor acquisition/learning, Apathy/Depression</td>
<td>Visual hallucinations, Muscle rigidity, Parkinsonism, Tremors, Fluctuating cognition, Visuospatial problems, Memory loss</td>
<td>Behavioral issues, Personality change, Attention problems, Executive dysfunction, Language problems</td>
</tr>
<tr>
<td><strong>Cortical Changes</strong></td>
<td>Temporal (medial), Parietal, Frontal</td>
<td>Cortical, Subcortical, Lesion-specific</td>
<td>Parietal/Occipital, Frontal, Temporal</td>
<td>Frontal, 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), Tau (tangles)</td>
<td>Microvascular ischemic infarct, Hemorrhagic infarct, Ischemic infarct, Hypoperfusion</td>
<td>Alpha-synuclein (Lewy bodies)</td>
<td>Tau, TDP-43</td>
</tr>
</tbody>
</table>
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**:

Cognitive Function vs. Years
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**
  - Gradual accumulation of neuropathology
  - Decrease neuropathology

- **MCI**

- **Dementia**

- **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
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


<table>
<thead>
<tr>
<th>Study</th>
<th>Participants with dementia or cognitive impairment/total No.</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>Blood pressure lowering group: 276/3051 Control group: 334/3054</td>
<td>1.89 (0.39 to 3.39) 0.81 (0.68 to 0.96)</td>
<td>9.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCOPE, 2003</td>
<td>Blood pressure lowering group: 113/2477 Control group: 125/2460</td>
<td>0.52 (-0.68 to 1.71) 0.89 (0.69 to 1.16)</td>
<td>4.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYVET-COG, 2008</td>
<td>Blood pressure lowering group: 485/1687 Control group: 486/1649</td>
<td>0.72 (-2.36 to 3.81) 0.97 (0.83 to 1.12)</td>
<td>10.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ProFESS, 2008</td>
<td>Blood pressure lowering group: 795/7531 Control group: 832/7518</td>
<td>0.51 (-0.48 to 1.50) 0.95 (0.86 to 1.05)</td>
<td>16.5</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>TRANSCEND, 2011</td>
<td>Blood pressure lowering group: 454/2642 Control group: 412/2589</td>
<td>-1.27 (-3.28 to 0.74) 1.10 (0.95 to 1.27)</td>
<td>11.0</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ON TARGET (Dual), 2011</td>
<td>Blood pressure lowering group: 1240/7461 Control group: 657/3801</td>
<td>0.67 (-0.80 to 2.13) 0.95 (0.86 to 1.06)</td>
<td>16.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ON TARGET (ARB), 2011</td>
<td>Blood pressure lowering group: 1279/7566 Control group: 657/3801</td>
<td>0.38 (-1.09 to 1.83) 0.97 (0.88 to 1.08)</td>
<td>16.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPRINT MIND, 2019</td>
<td>Blood pressure lowering group: 287/4278 Control group: 353/4285</td>
<td>1.53 (0.42 to 2.64) 0.80 (0.68 to 0.94)</td>
<td>9.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOPE-3, 2019</td>
<td>Blood pressure lowering group: 584/811 Control group: 612/815</td>
<td>3.08 (-1.20 to 7.37) 0.85 (0.68 to 1.06)</td>
<td>6.0</td>
<td></td>
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</tbody>
</table>

Test for overall effect: $z=-2.28; P = .02$

Heterogeneity: $I^2=0.00; \chi^2=12.60; P = .13; I^2 = 36.1\%$
• 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 Berckel\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>
</tr>
</thead>
<tbody>
<tr>
<td>Arecoverde (2014)</td>
<td>0.84</td>
<td>-0.02-1.70</td>
<td>20</td>
</tr>
<tr>
<td>Bosser\textsuperscript{s} (2015) [1]</td>
<td>0.45</td>
<td>-0.01-0.09</td>
<td>73</td>
</tr>
<tr>
<td>Bosser\textsuperscript{s} (2015) [2]</td>
<td>0.07</td>
<td>-0.40-0.53</td>
<td>72</td>
</tr>
<tr>
<td>* Cheng (2014)</td>
<td>-0.34</td>
<td>-0.80-0.12</td>
<td>74</td>
</tr>
<tr>
<td>Christoforetti (2008)</td>
<td>0.06</td>
<td>-0.68-0.80</td>
<td>29</td>
</tr>
<tr>
<td>Cott (2002)</td>
<td>0.05</td>
<td>-0.48-0.58</td>
<td>55</td>
</tr>
<tr>
<td>Eggermont (2009a)</td>
<td>0.04</td>
<td>-0.46-0.52</td>
<td>61</td>
</tr>
<tr>
<td>Eggermont (2009b)</td>
<td>0.07</td>
<td>-0.32-0.46</td>
<td>97</td>
</tr>
<tr>
<td>Hokkairen (2008)</td>
<td>0.89</td>
<td>0.13-1.66</td>
<td>29</td>
</tr>
<tr>
<td>Holthoff (2013)</td>
<td>0.34</td>
<td>-0.38-1.06</td>
<td>30</td>
</tr>
<tr>
<td>Kemoun (2010)</td>
<td>0.89</td>
<td>0.15-1.63</td>
<td>31</td>
</tr>
<tr>
<td>Kwak (2008)</td>
<td>1.03</td>
<td>0.27-1.79</td>
<td>30</td>
</tr>
<tr>
<td>* Ma (2008)</td>
<td>-0.36</td>
<td>-0.91-0.19</td>
<td>52</td>
</tr>
<tr>
<td>Steinberg (2009)</td>
<td>0.26</td>
<td>-0.46-0.98</td>
<td>27</td>
</tr>
<tr>
<td>Stevens (2006)</td>
<td>0.98</td>
<td>0.38-1.59</td>
<td>45</td>
</tr>
<tr>
<td>* Venturelli (2011)</td>
<td>3.00</td>
<td>1.75-4.25</td>
<td>21</td>
</tr>
<tr>
<td>Vreugdenhil (2012)</td>
<td>0.75</td>
<td>0.11-1.40</td>
<td>40</td>
</tr>
<tr>
<td>Winckel v.d. (2004)</td>
<td>1.03</td>
<td>0.18-1.88</td>
<td>25</td>
</tr>
<tr>
<td>Yáñez (2011)</td>
<td>0.84</td>
<td>-0.65-0.87</td>
<td>27</td>
</tr>
<tr>
<td>Overall random</td>
<td>0.42</td>
<td>0.23-0.62</td>
<td>691</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

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 diverse array 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 Marigrace 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 Marigrace Becker. Join for just one session, or multisite. 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
UW Memory and Brain Wellness Center Programs and Services

• 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
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
DAC COVID-19 Resources

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

730 instructional hours June 2020 – Jan 2022

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

Current community
- 37 Sites
- 85 Providers
  - Established
  - Pending

UW Project ECHO - Dementia
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**
  Marigraece 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](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/alsfa/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/

• Beers Criteria

• STOP-BANG

• Epworth
  – https://epworthsleepinessscale.com/about-the-ess/

• AUDIT
  – https://auditscreen.org/

• PHQ-2/PHQ-9

• GAD-7

• GDS-15
  – https://web.stanford.edu/~yesavage/GDS.htm

• GAI-SF
“I have a good life”

“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/

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References/Resources


