

Conversations Around Brain Health: Reframing Expectations for Healthcare Providers, Patients, and Caregivers



Nearly 7 million Americans are living with Alzheimer’s disease and related cognitive disorders and that number is projected to rise to approximately 13 million by 2050. But maybe you, like many healthcare providers, have the perception that little can be done to address current and future brain health to reduce risk of cognitive decline and dementia in your patients. However, clinicians in primary care settings are uniquely positioned to start conversations about brain health and are usually the first point of contact for patients worried about memory loss. So, what can you do?

First, you need to start the conversation. Raising the topic of brain health will help normalize these discussions; encourage individuals to be more aware of changes in their cognition and memory; and create an environment in which patients may feel more comfortable sharing their concerns. Many people are reluctant to talk about concerns related to memory and cognition because of fear and stigma often associated with dementia, so be sure to take the first step. A conversation about brain health and aging can include the following messages:

- The brain ages, just like every other part of the body
- Cognitive aging is not a disease; it is a natural, lifelong process that occurs in everyone
- Cognitive aging is different for everyone
- People can take steps to protect their brain health and reduce their risk of developing Alzheimer’s disease and related dementias

This leads us to another step you can take. Evidence indicates that there are several modifiable risk factors that are at least partially responsible for around 40% of all cases of Alzheimer’s disease and dementia. In just a few minutes, you can quickly and easily assess these risk factors, which include:

- Lower levels of education
- Low levels of ongoing cognitive stimulation
- Hearing impairment
- Vision loss
- Traumatic brain injury
- Physical inactivity
- Social isolation
- Air pollutants
- Sleep disturbances
- Diet
- Smoking
- Excessive alcohol consumption
- Hypertension
- Diabetes
- Overweight and obesity
- High cholesterol
- Depression and
- Medications with adverse anticholinergic cognitive effects

Why is it so important to assess patients for modifiable risk factors? A recent analysis of data from more than 140,000 people 45 years of age and older found that individuals with subjective cognitive decline (when individuals are concerned about their memory but show no impairment when tested) were more

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likely to report four or more risk factors compared with those without subjective cognitive decline. The study also found that the prevalence of subjective cognitive decline increased from 4% among those with no risk factors to 25% among those with four or more risk factors. Those with subjective cognitive decline are at higher risk for developing a diagnosable disorder in the future.

Of course, after assessing your patients for modifiable risk factors, you can then address them. Recently, primary prevention recommendations to improve brain health and reduce the risk of cognitive decline, Alzheimer's disease, and related dementias have been developed for adults 45 years of age and older. Here is a brief summary of 11 specific recommendations for improving brain health across 6 categories; you can find the complete recommendations and considerations for implementation in the accompanying training modules and resources.

- First, neurovascular risk management
 - Clinicians should manage hypertension and diabetes through appropriate use of medications and lifestyle interventions, such as exercise, diet, and sleep
- Second, physical activity
 - Clinicians should assess physical activity and
 - For patients not meeting recommended levels of activity, develop a plan that fits within their lifestyle
- Third, sleep
 - Clinicians should routinely assess sleep quality and amount, then
 - Encourage more sleep for individuals getting poor quality or too little sleep and
 - Refer patients with signs of sleep apnea to a sleep clinic
- Fourth, diet and nutrition
 - Clinicians should assess diet
 - Patients with a suboptimal diet should be counseled on the benefits of a healthy diet and consider dietary interventions including referral to a dietitian
- Fifth, social activity
 - Clinicians should assess patients to identify those experiencing loneliness or social isolation
 - If patients have an increased risk of social isolation, clinicians should suggest strategies for enhancing their social activities
- Finally, cognitive stimulation
 - Clinicians should ask patients about their level of cognitive stimulation or activity
 - Suggestions for cognitive stimulation should be shared with patients indicating low levels of cognitive stimulation or activity

Of course, other interventions may be necessary, such as treatment of depression or smoking cessation programs. In addition, because hearing loss is associated with cognitive decline in people who don't use hearing aids, be sure to recommend their use by patients experiencing hearing impairment.

As you can see, talking about brain health can make a difference. So, start the conversation even if it's an uncomfortable discussion to have. Help your patients feel safe talking about their concerns. Assess and address modifiable risk factors. Be on the lookout for early signs of cognitive decline. Don't wait. Discussing brain health now, even before any symptoms of cognitive decline appear, could help your patients and their loved ones live their lives to the fullest.

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