

Understanding Inequities in Alzheimer's & Other Dementias



**BRAIN HEALTH
ACADEMY**

UsAgainstAlzheimer's



USAGAINSTALZHEIMER'S CENTER *for*
BRAIN HEALTH EQUITY

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Participants in this webinar will be able to...

Priority Learning Objectives:

1

Describe health disparities related to Alzheimer's and other dementias impacting African Americans and Latinos.

2

Recognize risk factors for Alzheimer's and other dementias.

3

Identify risk modification strategies for dementia.

What Matters Most Insights Survey

UsAgainstAlzheimer's surveyed **624** people living with dementia, caregivers, and people interested in brain health:

- **78%** say their health care provider has not talked with them about ways to reduce dementia risk
 - **72%** want their health care provider to talk with them about risk reduction
 - **67%** want their health care provider to offer a memory screening
 - **80%** want to get brain health information from a health care provider
- Questions for health care providers:
 - ✓ How Covid is affecting the brain?
 - ✓ Am I at risk because my mother has Alzheimer's?
 - ✓ What I can do to prevent cognitive decline, improve alertness.
 - ✓ Is my brain function normal for my age?

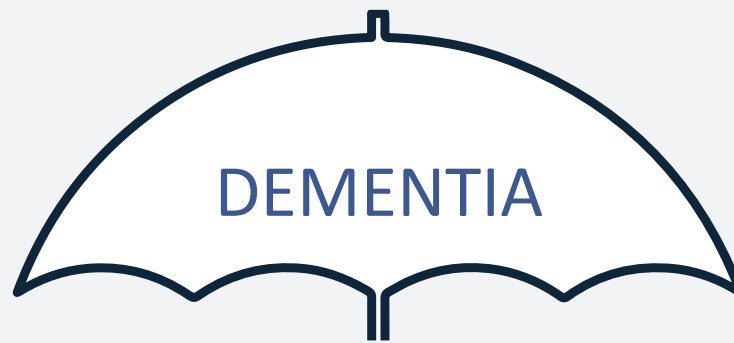


Cognitive Aging ^{1,2,3}

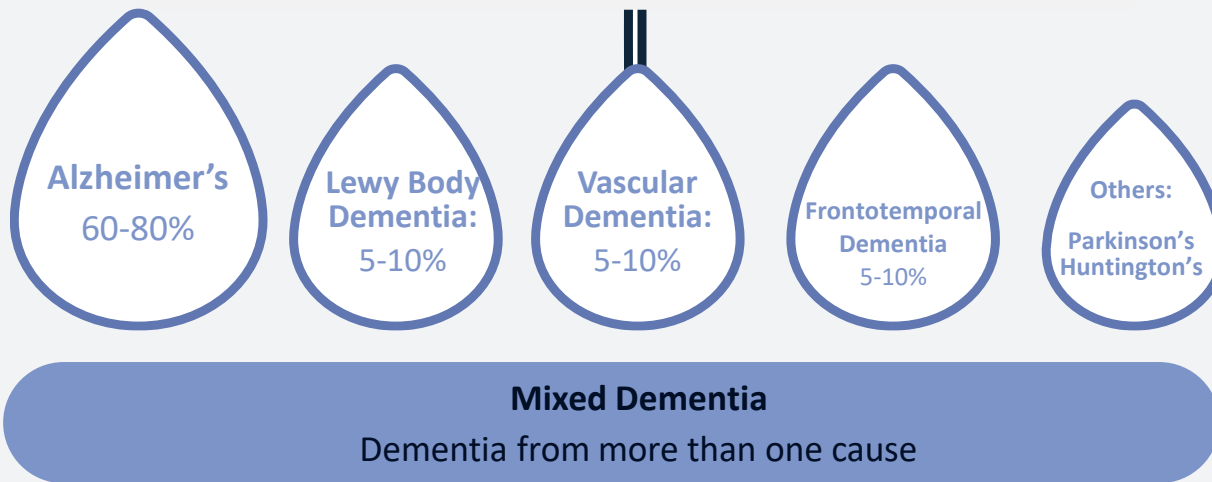
- The brain changes as it ages.
- Increase in knowledge, expertise, and wisdom.
- Speed of processing, making decisions, remembering may slow.
- Normal part of aging.



Dementia⁴



Umbrella term for loss of memory and other thinking
Abilities severe enough to interfere with daily life.



Source: Alzheimer's Association. <https://www.alz.org/alzheimers-dementia/what-is-dementia>

- Decline in cognitive function severe enough to interfere with daily life.
- Not a specific disease and not a part of normal aging.
- Caused by damage to brain cells from disease or trauma.
- Many dementias are progressive.

Dementia vs Alzheimer's ^{4, 5}

What is dementia?

General term for decline in cognitive function severe enough to interfere with daily life.

Affects memory, thinking ability, social ability.

Many dementias are progressive.

Alzheimer's is a type of dementia

What is Alzheimer's disease?

Most common cause of dementia (60-80% of cases).

Irreversible, progressive brain disease that slowly destroys memory, thinking skills, and ability to carry out basic functions.

Brain changes can begin years prior to any noticeable symptoms.

ALZHEIMER'S DISEASE

Alzheimer's and Other Dementias – The Basics

Alzheimer's Risk Factors ⁶

- Even though the brain shrinks with increasing age, neural connections remain intact. With Alzheimer's, neurons stop functioning and die.
- Influenced by:
 - Age.
 - Genetics.
 - Environment.
 - Lifestyle.
 - Coexisting medical conditions.
 - Other risk factors, including social determinants of health.



10 EARLY Signs of Alzheimer's ⁷



1. Memory loss that disrupts daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships

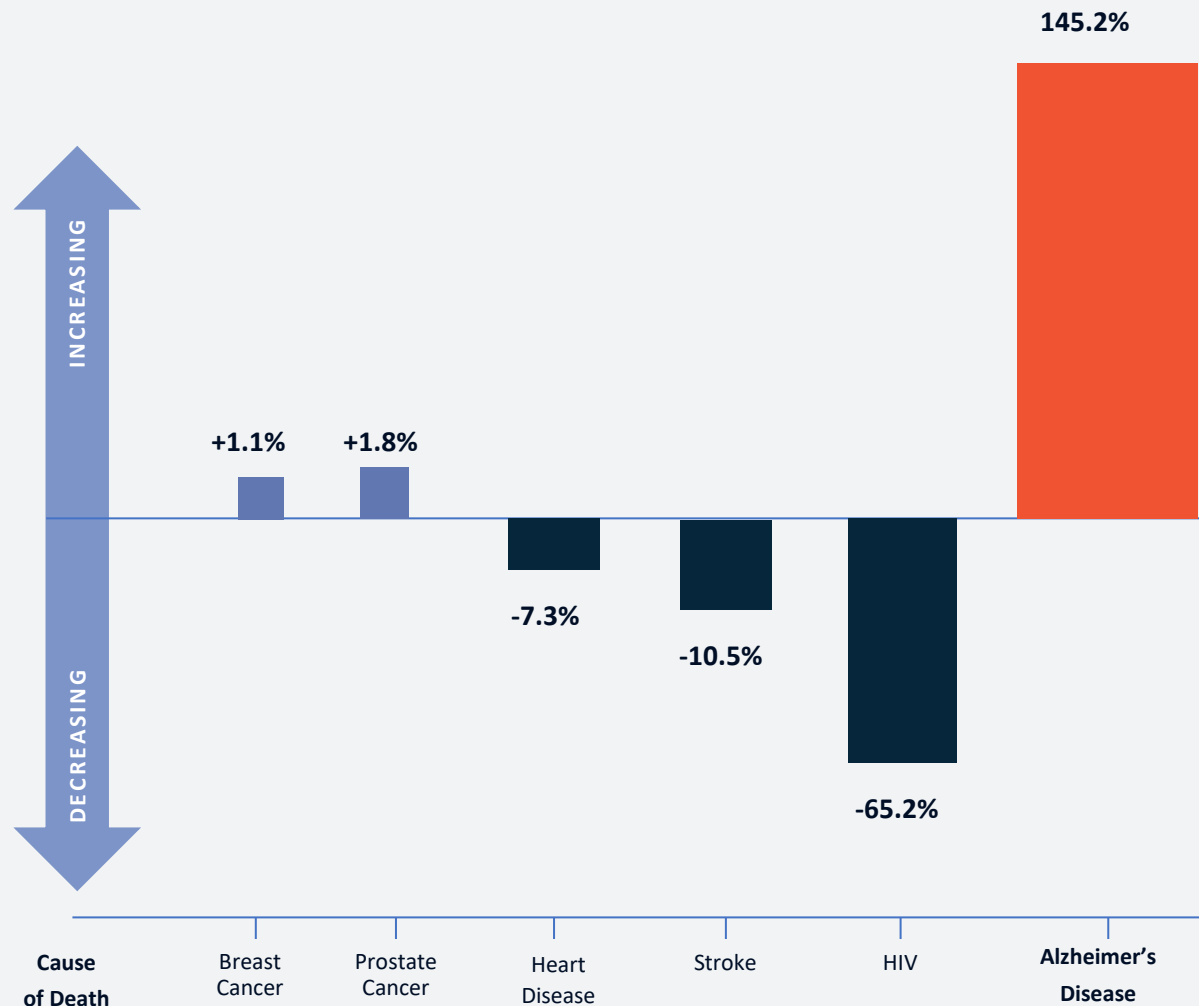
10 EARLY Signs of Alzheimer's (continued) ⁷

6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality



Scope of the Epidemic (U.S.) ⁹

- 6.5 million adults
- 1 in 9 adults age ≥ 65
- 1 in 3 adults age ≥ 85
- 2/3 are women
- Alzheimer's deaths increased 145% from 2000-2019, while other top causes of death have declined



(BAR GRAPH NOT TO SCALE)

Disparities & Health Equity

Inequities in Brain Health 12, 13, 14

African American people are
2X AS LIKELY
to have Alzheimer's

Latino people are
1.5X AS LIKELY
to have Alzheimer's



Less likely than White patients to receive a timely diagnosis;

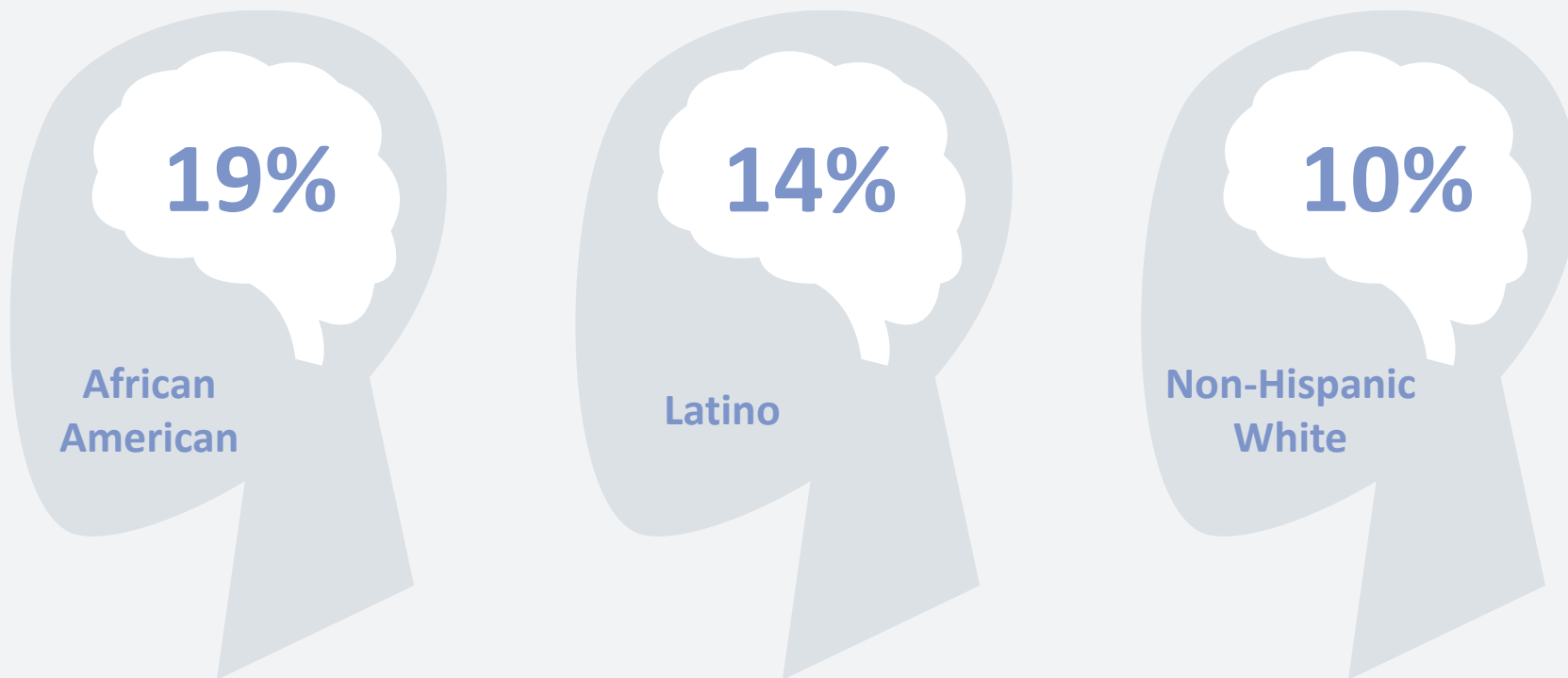


More likely to report experiencing racial discrimination along their patient and caregiver journeys;

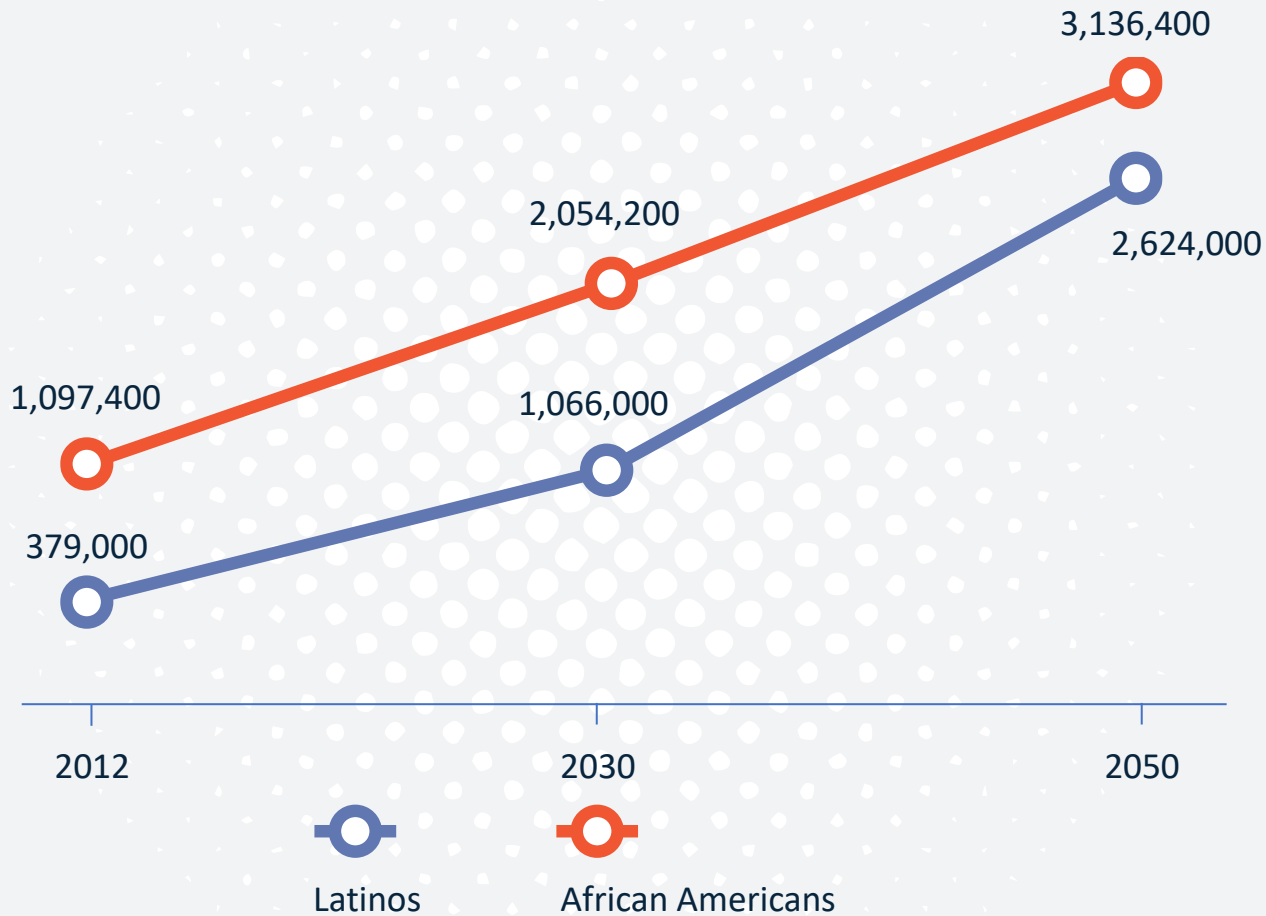


Less likely to be enrolled in cutting-edge Alzheimer's and brain health research.

Percentage of Adults Aged 65 and Older with Alzheimer's Disease by Race and Ethnicity ⁹



Projected Growth in Alzheimer's Prevalence Among African American & Latino People ^{8, 10, 11}



Health Disparities & Comorbidities for Alzheimer's in the African American Community ¹⁵

44% More Likely to have a stroke.

23% More Likely to live with obesity.

25% More Likely to die from heart disease.

72% More Likely to be diabetic.

2X AS LIKELY
TO HAVE ALZHEIMER'S



Alzheimer's and African American People ^{9, 11, 16}



- 6.5 million Americans currently have Alzheimer's Disease (AD). CDC estimates that 1.1 million are African Americans.
- 7th leading cause of death for all Americans, and the 4th for older African Americans.
- African Americans provide \$43.6 billion annually—more than 17.4 billion hours—in unpaid caregiving for their loved ones with Alzheimer's.

Health Disparities & Comorbidities for Alzheimer's in the Latino Community ^{9, 17, 18, 19, 20}

10% More Likely to have a stroke

24% More Likely to live with obesity

22% More Likely to have poorly controlled blood pressure

63% More Likely to be diabetic

1.5X AS LIKELY
TO HAVE ALZHEIMER'S



Alzheimer's and Latino People ^{9, 10}



- 14% of older Latinos have ADRD.
- By 2060, it's expected that 3.5 million Latino people will be living with ADRD – a growth of 832%.
- 7th leading cause of death for all Americans, and the 8th for older Latinos.
- Latino families are less likely to use formal care services such as nursing home care and hospice care compared to non-Latino whites.

Disparities in Assessment & Diagnosis ^{21, 22}



Disparities in Awareness of Memory Related Issues

46% of White people over age 55 had been told by a physician that they had a memory-related disease, compared to 34% of Latino and 34% of African American people.

An analysis of National Institute on Aging data found that African American participants had 35% lower odds of having an Alzheimer's or dementia diagnosis at the initial visit relative to White participants.

Detection & Risk Modification

Alzheimer's and Other Dementias – The Basics

Diagnosing Alzheimer's Dementia ²³



- Health evaluation
- Health history
- Mental status testing
- Information from family and friends
- Physical and neurological exams
- Rule out other causes

Treating & Managing Alzheimer's ⁹

- Early detection can help maximize goals, given that there's currently no disease-modifying treatment widely available
- Drug and non-drug treatments
- Goals of existing treatment
 - Maintain quality of life.
 - Maximize functioning in daily activities.
 - Foster safe environment.
 - Promote social engagement.
- Addressing modifiable risk factors

FDA-Approved Drugs for Alzheimer's ²⁴

Drugs that MAY change disease progression

| Indication | Drug Name (Generic/Brand) | Notes |
|--|---------------------------|---|
| Alzheimer's disease (MCI or mild dementia) | Aducanumab/Aduhelm™ | Aduhelm has been demonstrated to remove amyloid, a hallmark of Alzheimer's. FDA approved but limited accessibility. |

Source: <https://www.alz.org/help-support/i-have-alz/treatments-research>

Drugs that treat symptoms

| Symptoms | Drug Examples (Generic/Brand) | Notes |
|---|---|--|
| Cognitive - memory & thinking symptoms | Donepezil/Aricept® Galantamine/Razadyne® Rivastigmine/Exelon® Memantine/Namenda® Memantine + Donepezil Namzaric® | <p>While these drugs cannot stop the damage Alzheimer's causes to brain cells, they may help lessen or stabilize symptoms for a limited time by affecting certain chemicals involved in carrying messages between the brain's nerve cells.</p> <p>The drugs currently approved to treat cognitive symptoms are cholinesterase inhibitors and glutamate regulators.</p> |
| Non-cognitive - behavioral & psychological symptoms | Suvorexant/Belsomra® | Suvorexant/Belsomra® is the first medication approved specifically to treat insomnia in people living with Alzheimer's. |

Source: <https://www.alz.org/help-support/i-have-alz/treatments-research>

Alzheimer's: Addressing Co-Morbidities ^{9, 25}

- Chronic conditions (e.g., heart disease, diabetes, depression) are common but modifiable
- Difficult to manage
- Higher rates of hospitalizations and costs
- Preventable hospitalizations



Alzheimer's: Non-Modifiable Risk Factors ^{6, 9, 26, 27}

- Age
 - Number one risk factor is advancing age.
 - Risk doubles every 5 years after age 65.
- Family History
 - Genetics vs environmental factors.
- Education
 - Fewer years of formal education and lower levels of cognitive engagement may be risk factors.
- Sex
 - 2/3 of those with Alzheimer's are women.
 - 16% of women age ≥ 71 (11% of men).
 - After age 65, have more than 1 in 5 chance (1 in 11 for men).

How Nurses and Other Health Professionals Can Address Modifiable Risk Factors

Risk Modification & Brain Health

Modifiable Risk Factors ²⁸

{40%}
of dementia cases
could be prevented
by addressing these
lifestyle factors



INCREASE

- Education
- Physical Activity
- Social Contact

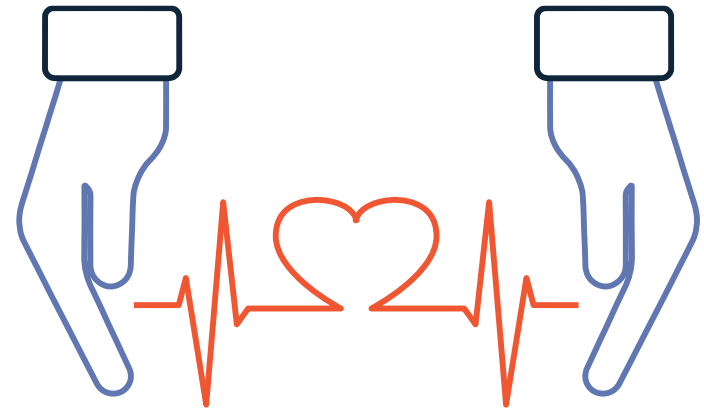
DECREASE

- Hearing Loss
- Hypertension
- Obesity
- Smoking
- Depression
- Diabetes
- Excessive Alcohol Intake
- Head Injury
- Air Pollution

Modifiable Risk Factor Management: Hypertension ²⁹

What nurses and other healthcare providers can do:

- Manage established hypertension or Type II diabetes with appropriate medications.
- Encourage optimal brain health in accordance with cardiovascular health through lifestyle interventions, such as physical activity, diet, and sleep to help reduce the risk of cognitive decline.



For more information, see Hypertension Clinician Guide at <https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-Zbjwla?dl=0&preview=NeurovascularRiskManagement.pdf>

Modifiable Risk Factor Management: Physical Activity ²⁹

What nurses and other healthcare providers can do:

- Assess physical activity levels using a validated tool to identify adults who are not meeting recommended levels of physical activity (2.5 hours per week of moderate intensity).
- Provide counseling to develop a gradual approach that fits within a person's lifestyle.



For more information, see Physical Activity Clinician Guide at <https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-Zbjwla?dl=0&preview=PhysicalActivity.pdf>

Modifiable Risk Factor Management: Sleep ²⁹

What nurses and other healthcare providers can do:

- Routinely assess sleep quantity and quality using a validated tool and whether they take any medications to sleep.
- Encourage patients to get 7-8 hours of sleep in a 24-hour period, including naps.
- Refer severe sleep complaints to sleep clinic when possible.



For more information, see Sleep Clinician Guide at

<https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-Zbjwla?dl=0&preview=Sleep.pdf>

Modifiable Risk Factor Management: Nutrition ²⁹

What nurses and other healthcare providers can do:

- Assess dietary eating patterns and habits.
- For individuals who indicate a less than optimal diet, counsel patients about the value of a healthy diet and share resources about brain-healthy diets, such as MIND or DASH.
- For complicated needs, refer to a dietician.



For more information, see Nutrition Clinician Guide at

<https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-Zbjwla?dl=0&preview=Nutrition.pdf>

Modifiable Risk Factor Management: Social Activity ²⁹

What nurses and other healthcare providers can do:

- Regularly perform an assessment using a validated tool to identify adults experiencing loneliness or social isolation.
- Suggest strategies for enhancing their social connection and activity and perform regular check-ins.
- Check-in with them via phone or virtual meeting every few months to offer guidance or additional resources, as needed, to help prevent further declines in social activity.



For more information, see Social Activity Clinician Guide at

<https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-Zbjwla?dl=0&preview=SocialActivity.pdf>

Modifiable Risk Factor Management: Cognitive Stimulation ²⁹

What nurses and other healthcare providers can do:

- Ask patients about their level of cognitive stimulation or activity, which may include learning new skills or other stimulating activities they practice.
- For individuals who indicate low levels of cognitive stimulation, make suggestions for increasing cognitive activity.

What nurses and other healthcare providers can recommend:

- Nonfiction reading.
- Media (news, podcasts, etc.).
- Crafts/skills (cooking, gardening, hobbies).
- Mindfulness/meditation.
- Exposure to nature.
- Prayer.
- Social engagement.
- Strategy games.



Other Modifiable Risk Factors: 29

There are other important modifiable risk factors related to ADRD risk reduction, such as:

- High cholesterol
- Depression
- Head injury
- Hearing loss
- Education
- Smoking
- Excessive alcohol consumption
- Air pollution

Evidence-based strategies exist for many of these risk factors, check out trusted resources like:

- [U.S. Preventive Services Task Force \(USPSTF\)](#)
- [The Guide to Community Preventive Service \(The Community Guide\)](#)

Alzheimer's: Unique Aspects for Nurses and Other Healthcare Providers to Consider ³⁰

- Financial hardship
- Highly stigmatized across cultures
- Vulnerability to physical abuse and neglect
- Care places high strain on caregivers
- Loss of independence

How Nurses and Other Healthcare Providers Can Promote Public Health

- Promote evidence-based risk reduction strategies in communities
 - “Primary prevention recommendations to reduce the risk of cognitive decline” <https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.12535>
- Connect communities to local social & financial services, such as:
 - Transportation assistance
 - Respite care
 - Pharmacy delivery services
 - Social networks (churches, fraternities, sororities, etc.)
- Empower patients with knowledge by connecting them to local and/or evidence-based resources, like:
 - CDC Alzheimer’s Disease & Healthy Aging portal: <https://www.cdc.gov/aging>
 - BrainGuide: <https://mybrainguide.org/>

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