



# The Impact of Early Detection in Primary Care



# Agenda

Time	Topic and Speaker
12:00-12:05 pm	Welcome! <ul style="list-style-type: none"><li>• Dr. Anna Chodos, Executive Director, Dementia Care Aware</li></ul>
12:05-12:14 pm	<b>Alzheimer's Disease Prevention in Public Health</b> <ul style="list-style-type: none"><li>• Mary Rousseve, Alzheimer's Disease Program, CDPH</li></ul>
12:15-12:24 pm	<b>BOLD Public Health Center of Excellence on Early Detection of Dementia</b> <ul style="list-style-type: none"><li>• Soo Borson, MD, Co-Director of BOLD Public Health Center of Excellence</li></ul>
12:25-12:34 pm	<b>Early Detection and the Implications for Primary Care Practice</b> <ul style="list-style-type: none"><li>• Anna Chodos, MD, Executive Director, Dementia Aware</li></ul>
12:35-12:44 pm	<b>The Importance of Early Detection for Legal and Advance Care Planning</b> <ul style="list-style-type: none"><li>• Sarah Hooper, JD</li></ul>
12:45-12:54 pm	<b>The Importance of Outreach and Early Detection for Underserved Populations in CA and for Future Therapies</b> <ul style="list-style-type: none"><li>• Sergio Lanata, MD, MS</li></ul>
12:55-1:00pm	Facilitated Q&A



# Alzheimer's Disease Prevention in Public Health

## Dementia Care Aware Monthly Webinar Series September 27, 2022

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MARY ROUSSEVE, COMMUNICATIONS AND MARKETING LEAD  
ALZHEIMER'S DISEASE PROGRAM



**Disclosure:** Presenter Mary Rousseve has stated she has no financial relationships to disclose

# Alzheimer's Disease Program Background

- 1984 - CA Alzheimer's Disease Centers (CA Assembly Bill 2225 (Chapter 1601))
- 1988 - Expanded CA Senate Bill 139 (Chapter 303)
- 2018 - Alzheimer's Disease and Related Dementias (ADRDs) Research
  - Funded from 2018 Budget Act and [CA ADRD Research](#) Voluntary Tax Contribution Fund
- 2019 - CA Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia - Funded from the 2019 Budget Act

# Alzheimer's Disease Program Background

- 2019 - ADRDs Research Awards – Funded from 2019 Budget Act
- 2020 - Support for Alzheimer's Disease Awareness, Research, and Training Funded from 2020 Budget Act
- 2022 - Re-funding California Healthy Brain Initiative – Funding from 2022 Budget Act

# Alzheimer's Disease: A Public Health Issue

## The Burden is Large:

Third leading cause of death in CA in 2019

## The Impact is Major:

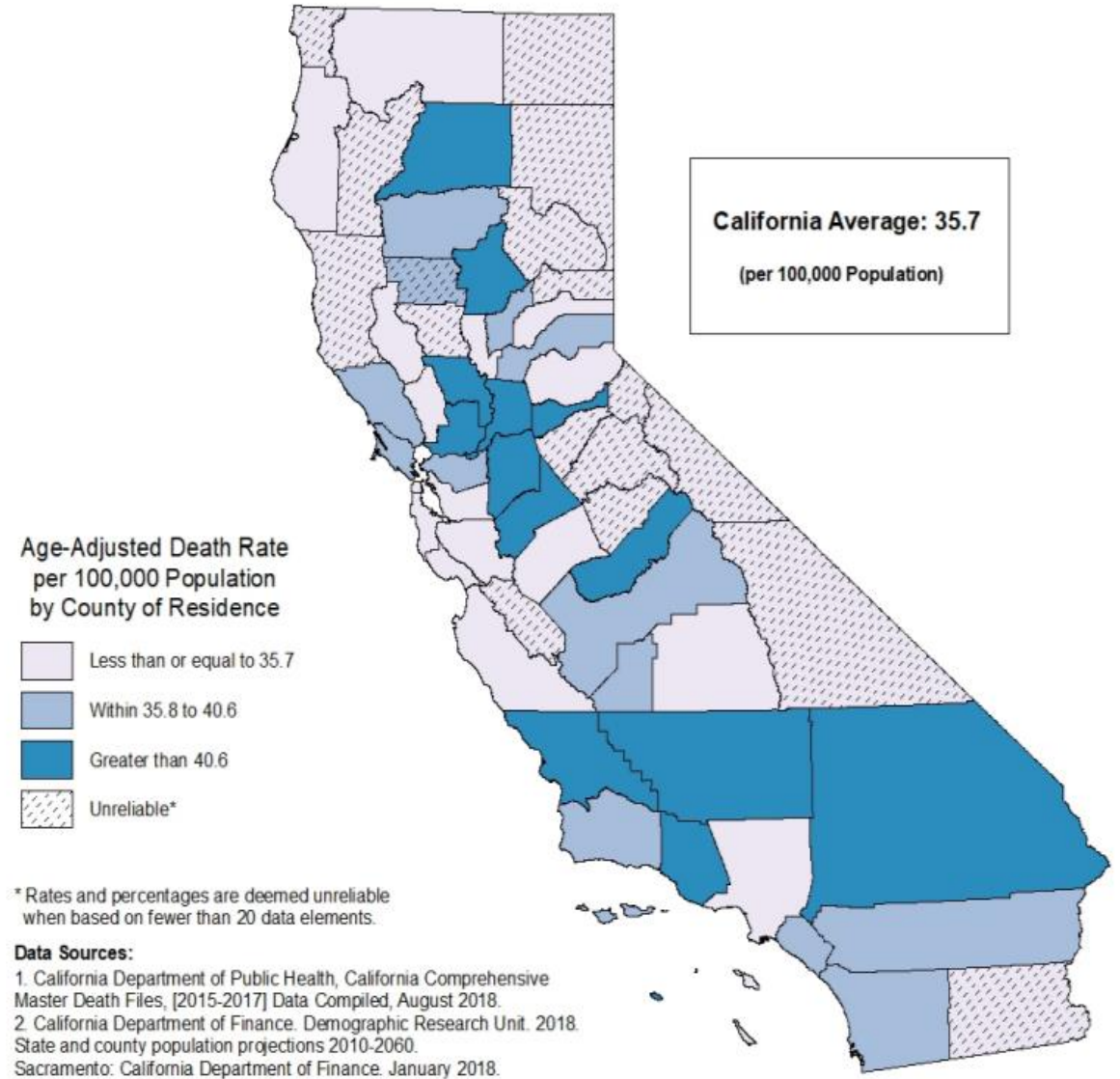
CA is home to the largest number of family caregivers (1.2 million) in the nation.

The total value of unpaid care is estimated to be worth \$18 billion annually in CA.

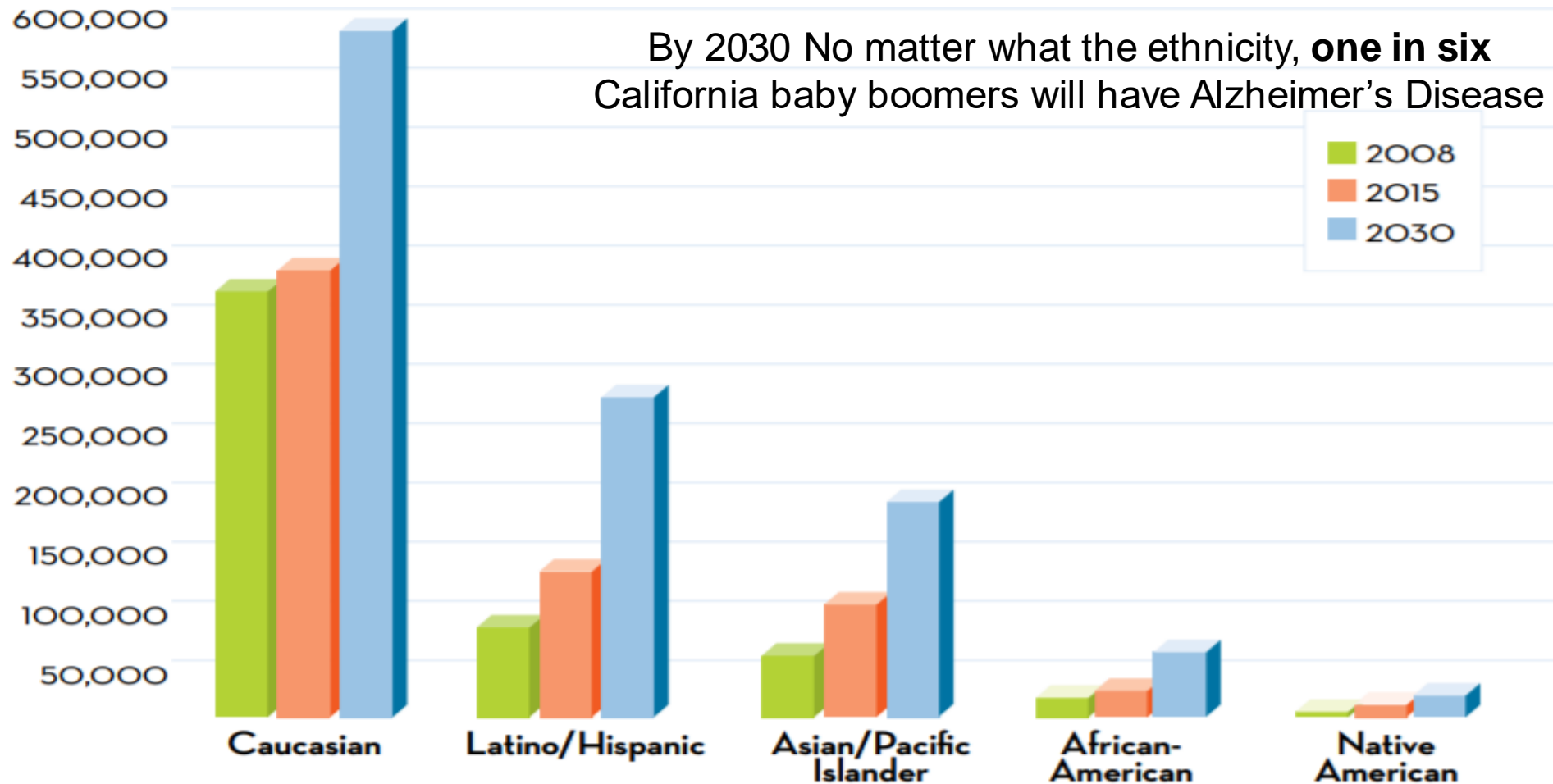
Alzheimer's Association. (2021). Alzheimer's Disease Facts and Figures. <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>

California Department of Public Health: Fusion Center. (2021) Data Brief: 2020 Increases in Deaths in California. [Data Brief: 2020 Increases in Deaths in California](#)

FIGURE 16: AVERAGE ALZHEIMER'S DISEASE DEATH RATES FOR ALL CALIFORNIA COUNTIES: 2015-2017



## ESTIMATED NUMBER OF CALIFORNIANS 55+ WITH ALZHEIMER'S DISEASE BY RACE/ETHNICITY; 2008, 2015, 2030

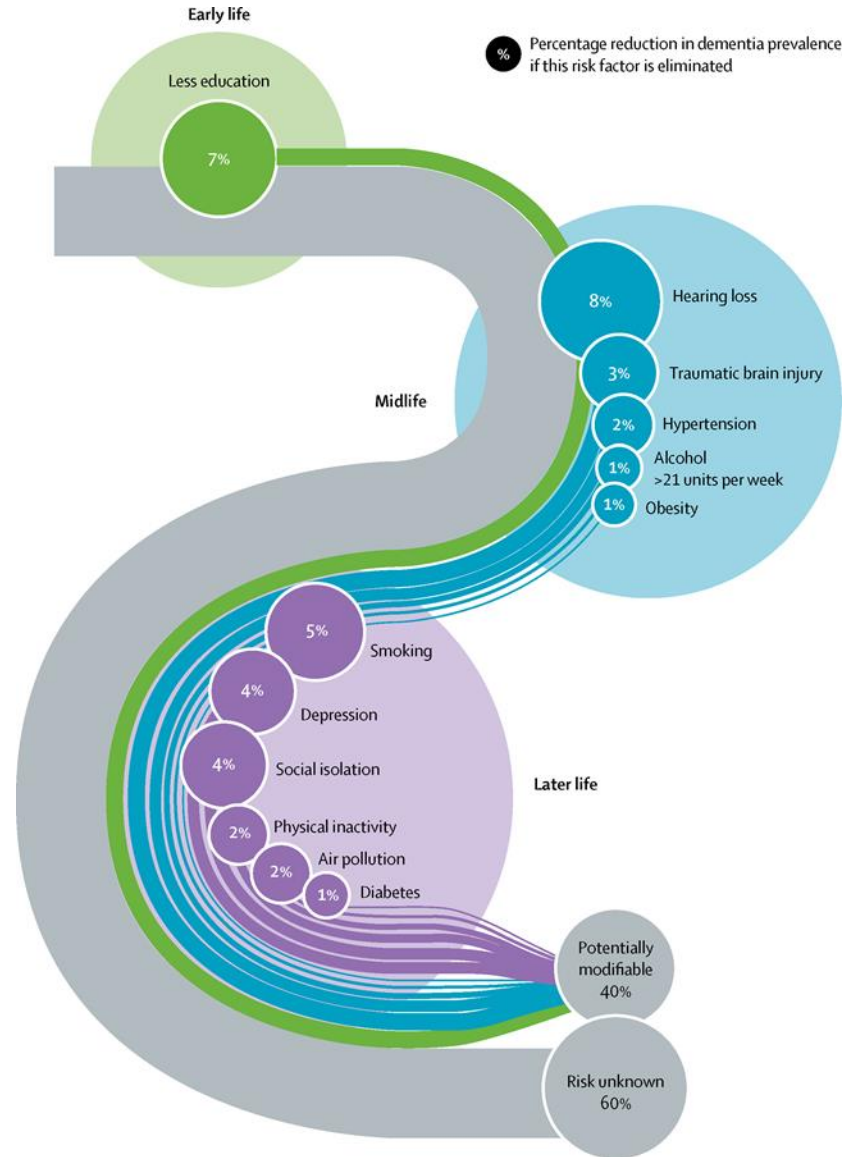


California State Plan for Alzheimer's Disease

<https://cdn-west-prod-chhs-01.dsh.ca.gov/chhs/uploads/2019/06/California-State-Plan-for-Alzheimers-Disease.pdf>



# Opportunity for Prevention: 40%



## Early Life (<45 years)

- Less education

## Midlife (age 45-65 years)

- Hearing loss
- Traumatic brain injury
- Hypertension
- Alcohol
- Obesity

## Later Life (age >65 years)

- Smoking
- Depression
- Social isolation
- Physical inactivity
- Diabetes
- Air Pollution

\*Sleep hygiene

# California Alzheimer's Disease Centers



## Goal:

- improve dementia health care delivery and provide specialized training and education to health care professionals
- advance the diagnosis and treatment of ADRDs

<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/CaliforniaAlzheimersDiseaseCenters.aspx>

# Alzheimer's Disease Projects

1. Healthy Brain Initiative
2. Research Projects
3. Public Awareness Campaign
4. Standards of Dementia Care
5. Caregiver Trainings
6. Dementia Friendly Communities



Thank you!





# BOLD Public Health Center of Excellence on Early Detection of Dementia

## Message, Mission, and Method

Soo Borson MD

Co-Lead, BOLD PHCOE-EDD

Professor of Clinical Family Medicine, Keck USC School of Medicine

Professor (Emerita) of Psychiatry and Behavioral Sciences, University of Washington School of Medicine



**Disclosure:** Presenter Soo Borson, MD is an Advisory Board member for Roche Genentech

## OUR MESSAGE

### *Dementia is a manageable chronic condition*

- Detect early - before a crisis
- Manage proactively
- Follow simple, proven principles
- Center on relationship
- Work as a team



## OUR MISSION

- To make early detection of dementia a routine practice across the United States.
- To make evidence about early detection tools and strategies available to everyone.
- To discover and co-create solutions with stakeholder organizations and communities nationwide.
- To promote implementation of effective, sustainable public health, clinical, and community initiatives focused on improving early detection, reducing stigma, and advancing health equity.
- To empower individuals and stakeholder groups to create pathways from detection to evidence-based care.

# OUR METHODS

- **SIMPLIFY:**
  - Four simple steps to detecting cognitive impairment and developing a clinical pathway.
  - Real-world examples of successful strategies.
- **AMPLIFY:**
  - Highlight innovative early detection work.
  - Showcase actionable efforts adaptable to diverse settings.
- **DISSEMINATE:**
  - Spread information about evidence-based practices and strategies to increase early detection.
  - Provide technical assistance to support capacity building, decision-making, and strategic planning.
  - Facilitate insight exchange across states and between engaged organizations.





FIND US AT:

<https://bolddementiadetection.org>

**REGISTER FOR OUR SYMPOSIUM ON OCTOBER 25-27, 2022**

<https://bolddementiadetection.org/event/public-health-action-to-advance-early-detection-of-dementia-national-virtual-symposium/>



# Early detection and the implications for primary care

Anna Chodos, MD, MPH



**Disclosure:** Presenter Anna Chodos, MD has stated she has no financial relationships to disclose

# Natural history of neurodegenerative disease

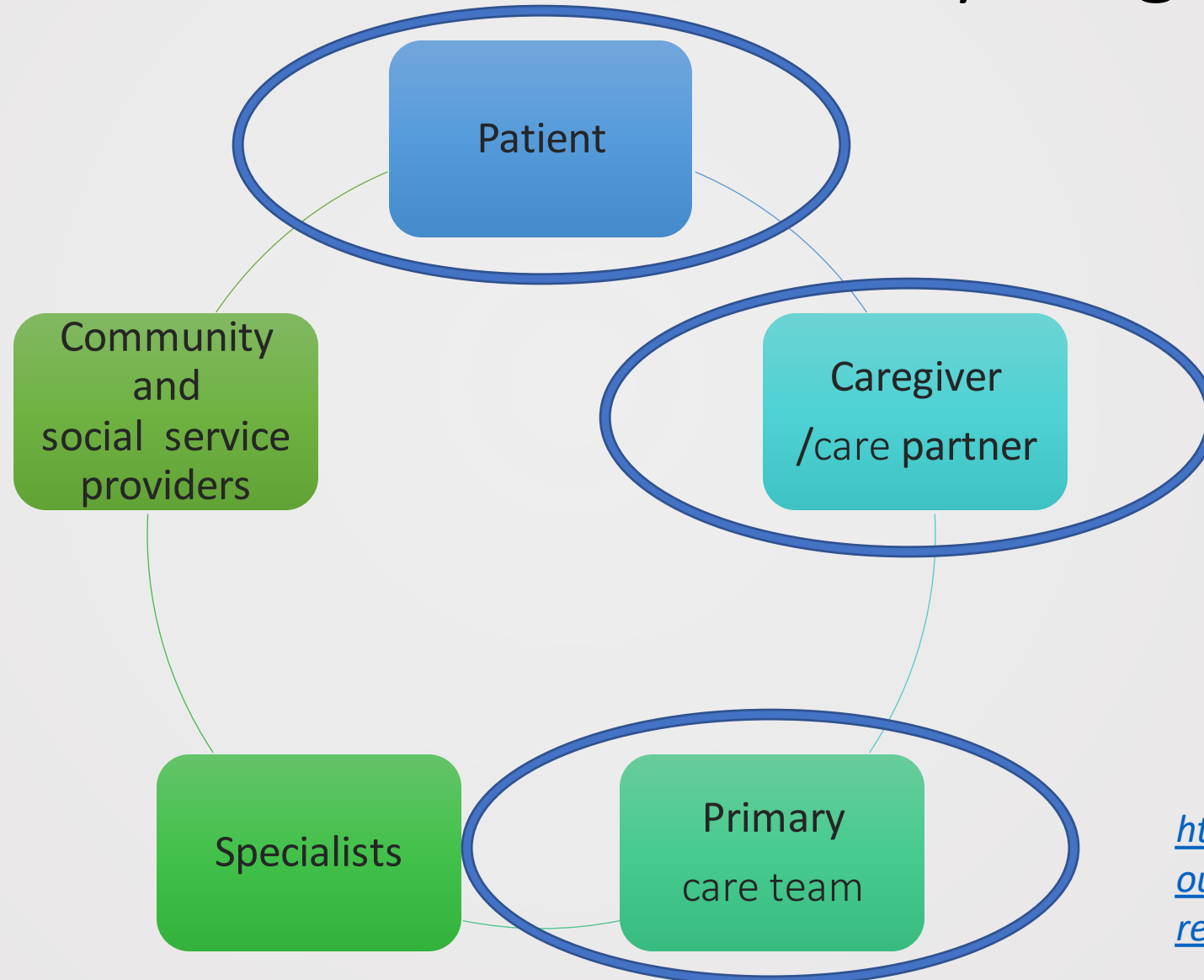


Detection of dementia is possible

Average point of diagnosis

# Who are the stakeholders in early diagnosis?

*Only 20-50% of dementia is diagnosed and documented.*



<https://www.alzint.org/resource/world-alzheimer-report-2011/>

## Ideal scenario

Mild Symptoms

“Timely” Diagnosis

Proactive Care,  
Treatment, and Support

Proactive planning for legal and social needs, prevention of social and medical complications.

## Actual scenario

Significant/  
Advanced  
Symptoms

Delayed  
Diagnosis

Missed  
Opportunities for  
Care, Treatment,  
and Support

Unnecessary stress, hospitalizations, earlier institutionalization, loss of assets

# Benefits for patients and care partners

- Most people with dementia wish to be told if they have it. “The right to a diagnosis.”
- Can relieve uncertainty about what is going on.
- People feel empowered with information about the diagnosis. *Important to focus on disclosure.*
- Can lead to earlier access to information, education and training, care, and planning.
- *Delay in institutionalization.*

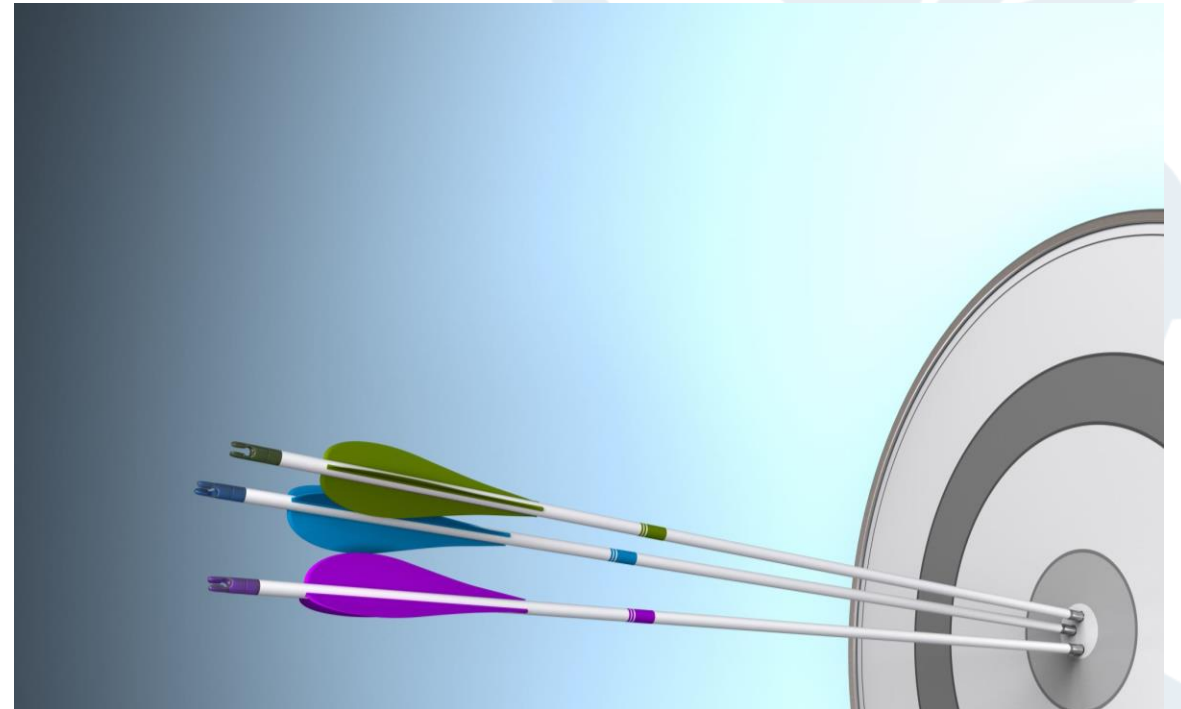




# Benefits for primary health care teams

*Dementia is a pervasive disease that affects all aspects of a patient's care.*

1. You can start a brain health plan earlier and prevent downstream complications.
2. Improving overall goals and targets for a patient's other co-morbidities.

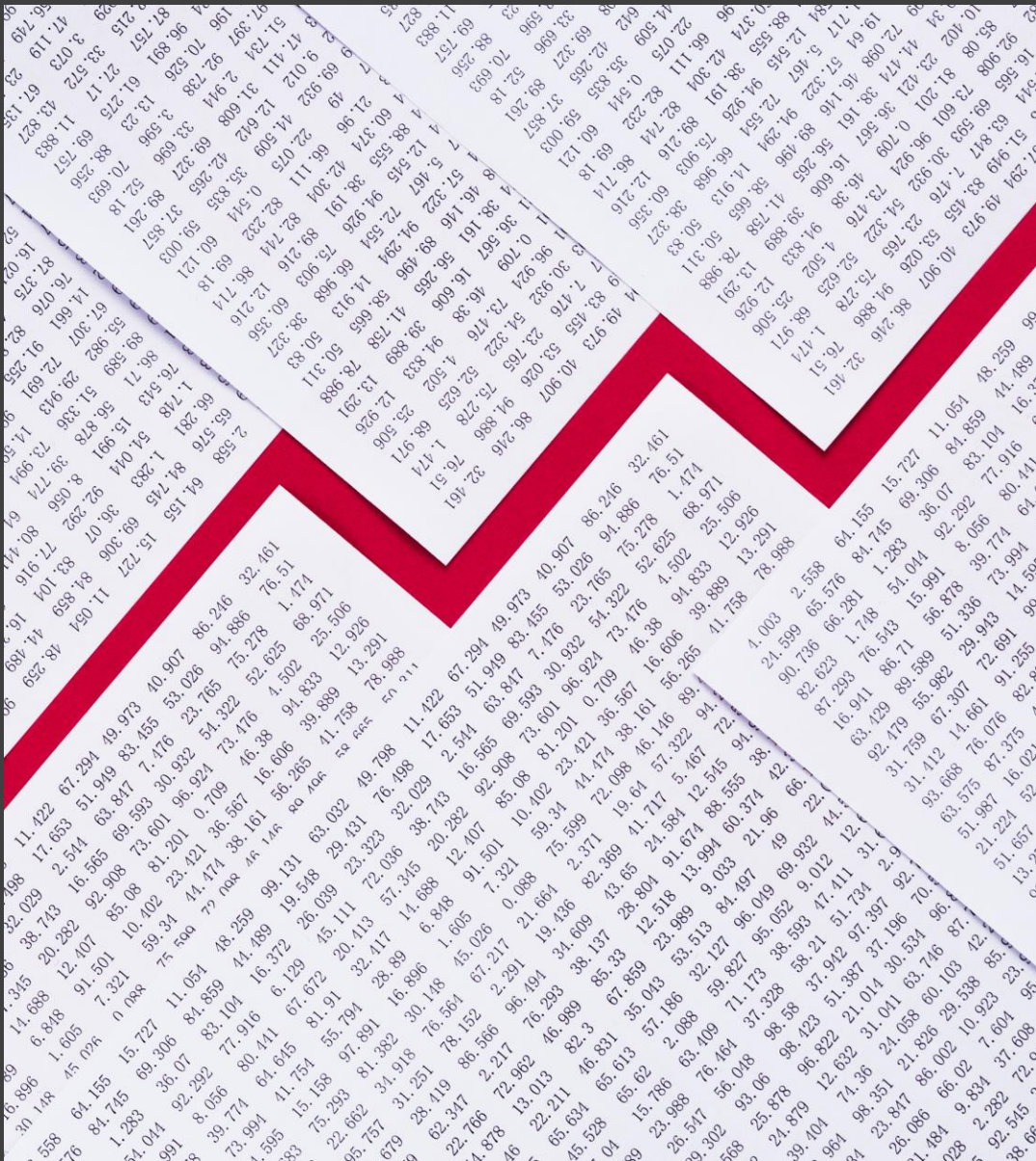


# Starting a brain health plan

A brain health plan is always important but takes on added urgency when someone has cognitive symptoms or dementia. It includes:

1. Reducing medication burden, especially those that affect cognition: sedative/hypnotics and those with anti-cholinergic properties
2. Regular physical and social activity
3. Correcting hearing and vision
4. Controlling vascular risk factors (*depends on the patient*)





# Managing other co-morbidities in the context of dementia

- Guidelines suggest a different level of control for people with dementia
  - Managing diabetes to a goal A1c of <8.0 if they have cognitive impairment
  - Consider loosening blood pressure control in someone who is 80+ or with more advanced functional impairment



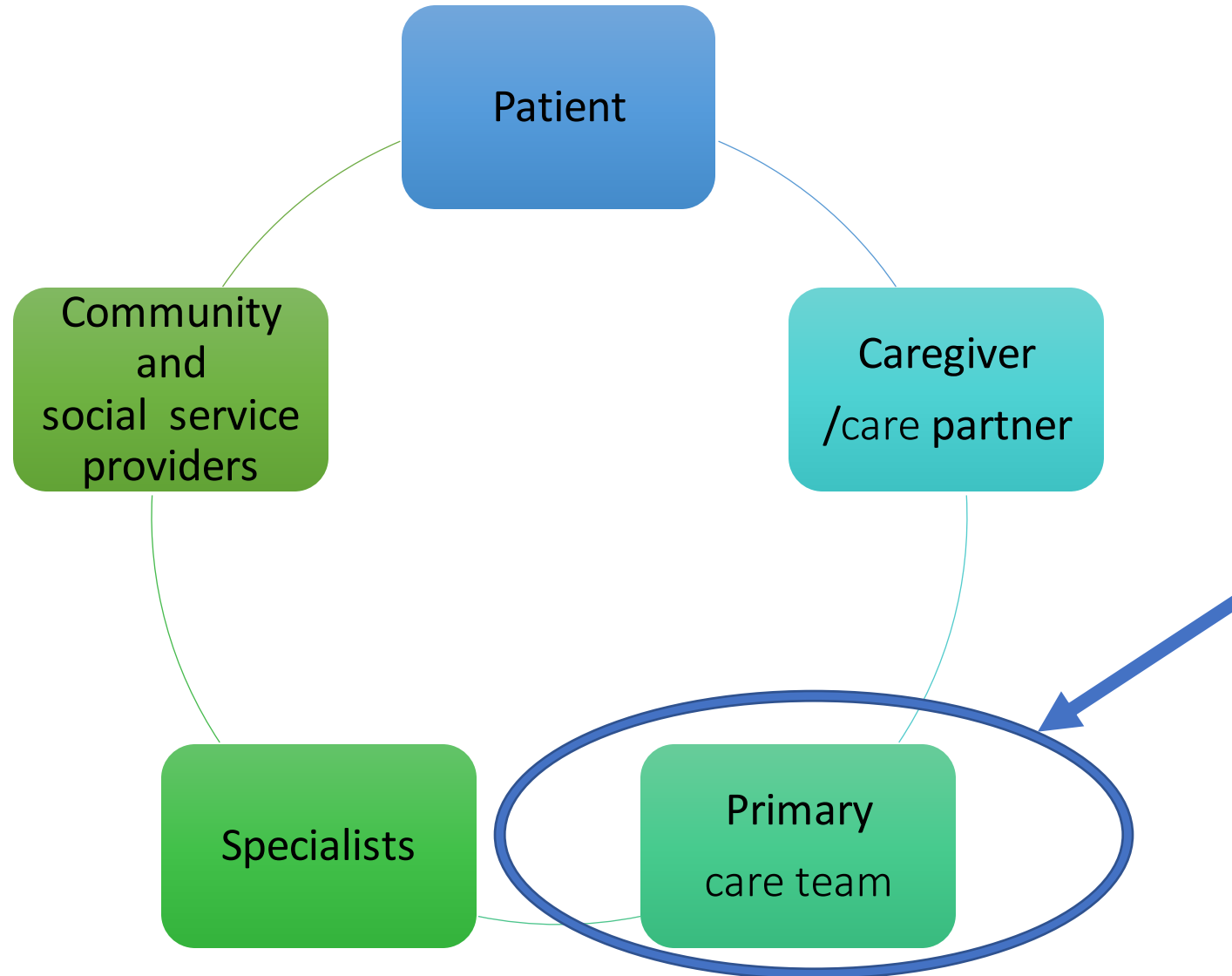
## Managing other co-morbidities in the context of dementia

- Practical considerations trump all else as self-management for the patient becomes more challenging
  - Harm reduction:
    - Simple regimens: daily dosing intervals, fewer pills overall
    - Remove the medications with the most harmful side effects (e.g., hypoglycemics)
- Involve care partners in a respectful way

# Working with care partners/caregivers

- Ask who helps or is available to help support the patient with health or functional needs
- Open-ended approach to understanding their relationship with the patient. *How does the patient want them involved? How do they want to be involved?*
- Inquire about educational needs and emotional support. *Caregiving is a job that many do not have training for*
- Involve in a way that:
  - does not assume they have more medical knowledge than the patient
  - puts the patient first, e.g., do not ignore the patient during a visit

# Who are the stakeholders in early diagnosis?



- Dementia Care Aware:
- Education and training on ***detection***, ***diagnosis***, and ***care planning***
  - Practice support

# Thank You





# The importance of early detection for legal and advance care planning

Sarah Hooper, JD



**Disclosure:** Presenter Sarah Hooper, JD has stated she has no financial relationships to disclose

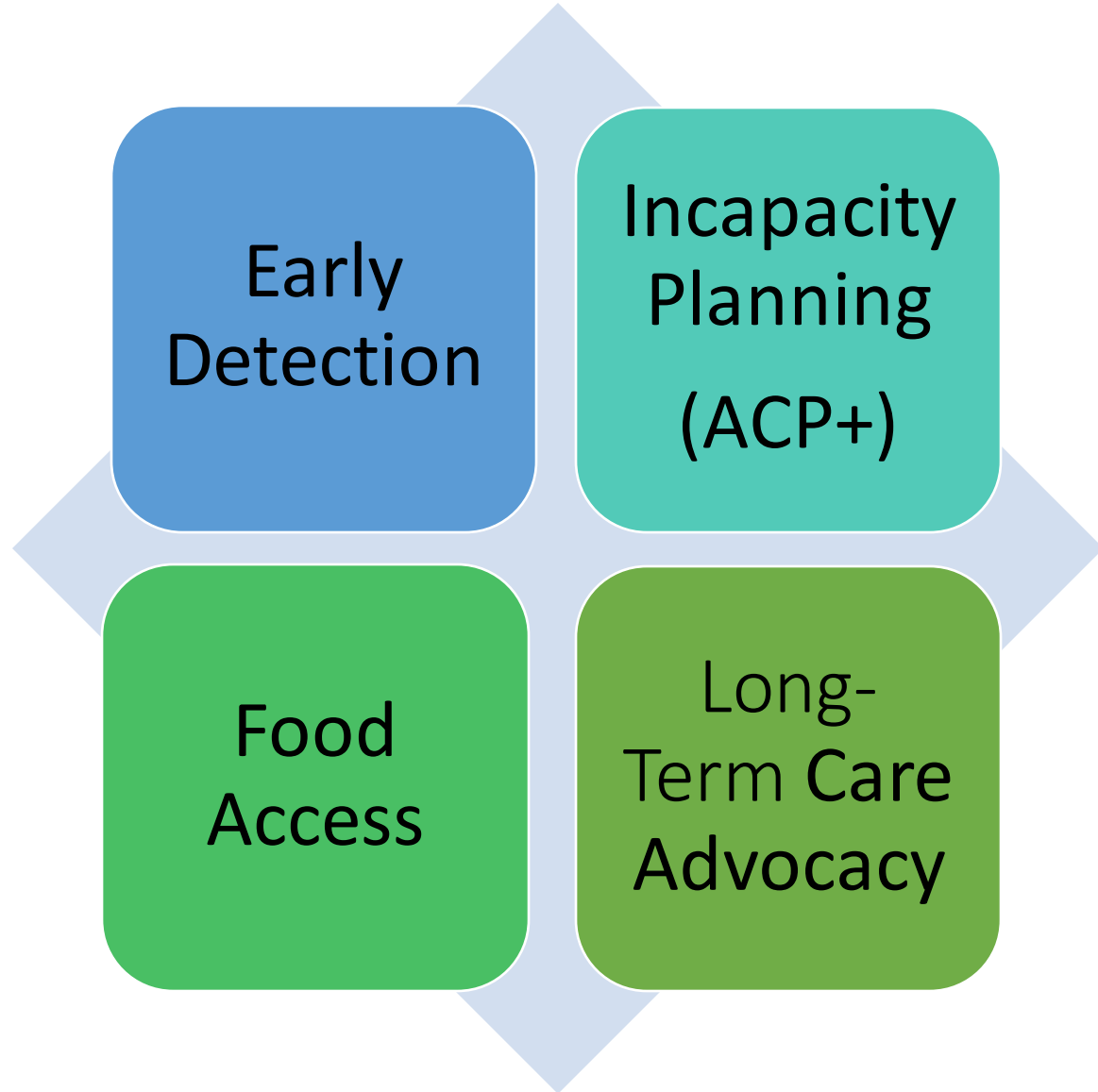


Mr. S\*



\*Not his picture. Name and identifying info changed.

# What Was Missing



# Resources Exist in the Community

## The Aging Network



### THE OLDER AMERICANS ACT: LEGAL SERVICES FOR THE ELDERLY

The Older Americans Act (OAA) recognized legal services as an “essential service.” OAA requires funding by every state and contracting with Area Agencies on Aging to support the provision of legal assistance to adults over age 60 with “economic or social needs” without cost.<sup>19</sup> There are roughly 1000 OAA funded legal services programs. These programs assist older adults with a variety of legal issues including access to public benefits, housing, prevention of and protection from abuse and advance care planning.<sup>20</sup> While the legal services provided under the OAA are critically important in expanding access to justice to older Americans, there are still significant unmet needs and access barriers for this population.

Source: Adapted from Congressional Research Service. Older Americans Act: Overview and Funding. November 18, 2018. Available at <https://fas.org/sgp/crs/misc/R43414.pdf>

# People Like Mr. S Need More Help Accessing Them

**56%**

**of low-income seniors had a  
civil legal need in 2017 and  
10% of those had 6+ civil legal needs**

**86%**

**received  
inadequate or no  
legal help**

# Primary Care is a Key Gateway to Social Services and Social Justice

PCP Teams can:

- ✓ Detect
- ✓ Counsel
- ✓ Refer



# We Are Here to Help

UCSF | UC Hastings

CONSORTIUM  
ON LAW, SCIENCE &  
HEALTH POLICY

LEGAL SERVICES  
*of*  
NORTHERN CALIFORNIA

UCI University of  
California, Irvine

UCSF

ALZHEIMER'S ASSOCIATION®

PUBLIC  LAW CENTER

UCLA Health

 Alzheimer's  
LOS ANGELES

ELA  
ELDER LAW  
&  
ADVOCACY

 NEIGHBORHOOD  
LEGAL SERVICES INC.  
EQUAL JUSTICE FOR ALL

UC San Diego  
School of Medicine

# Thank You

[hoopers@uchastings.edu](mailto:hoopers@uchastings.edu)





# The importance of outreach and early detection for underserved populations in California and for future therapies

Serggio Lanata, MD, MS



**Disclosure:** Presenter Serggio Lanata, MD, MS has stated he has no financial relationships to disclose



# Natural history of neurodegenerative disease



*\* PRIMARY PREVENTION*

Healthy brain

Asymptomatic  
AD

Subjective  
cognitive  
decline

Mild  
cognitive  
impairment

Dementia

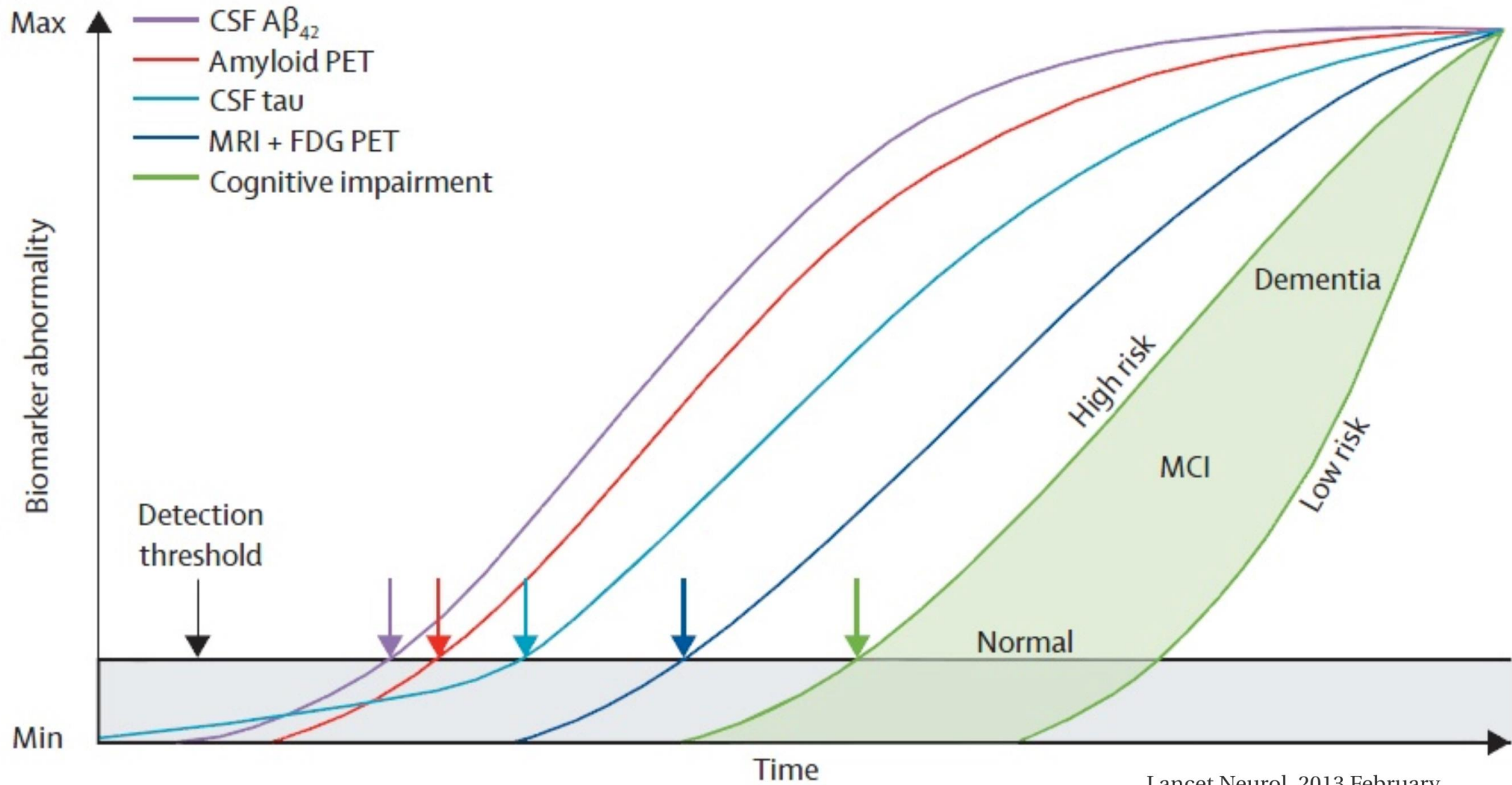
30's

60's

70's

75's

80's



## Social and Environmental Factors

### Neighborhood

Green areas  
Transportation  
Violence  
Pollution

### Service

Healthcare  
Social services  
Mistreatment  
Education

### Social

Discrimination  
Isolation  
Safety

### Economic

Employment  
Income  
Work safety

## Behavioral risk factors:

Physical activity  
Social isolation  
Alcoholism  
Smoking  
Air pollution  
Education

## Medical risk factors

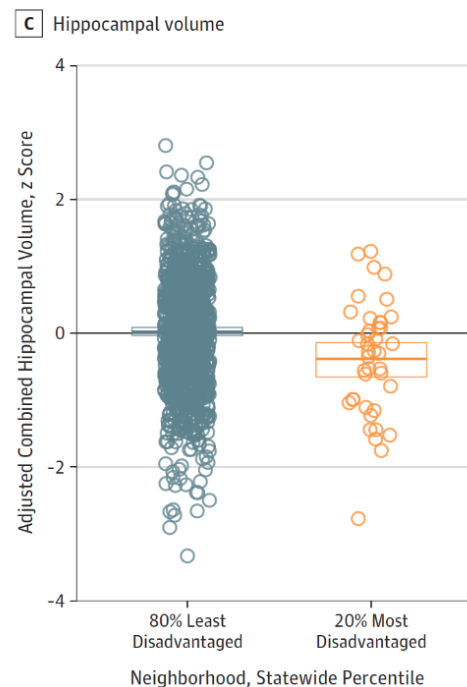
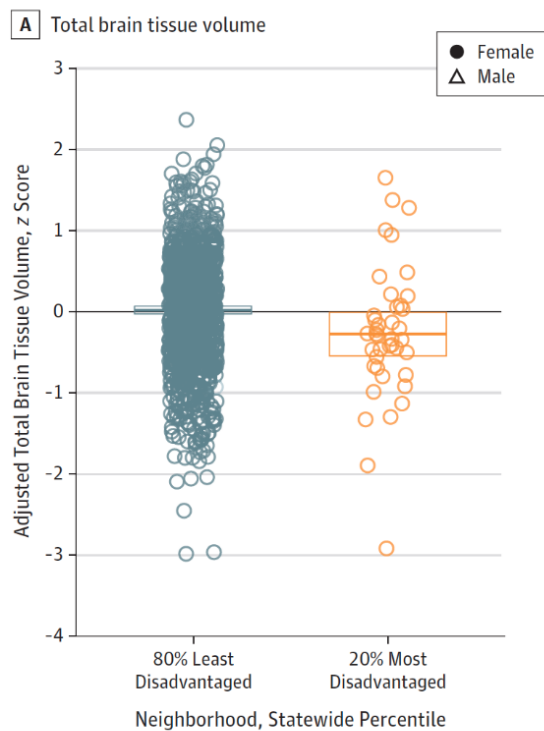
HTN  
HLP  
Diabetes  
Depression  
Hearing loss  
Obesity  
TBI

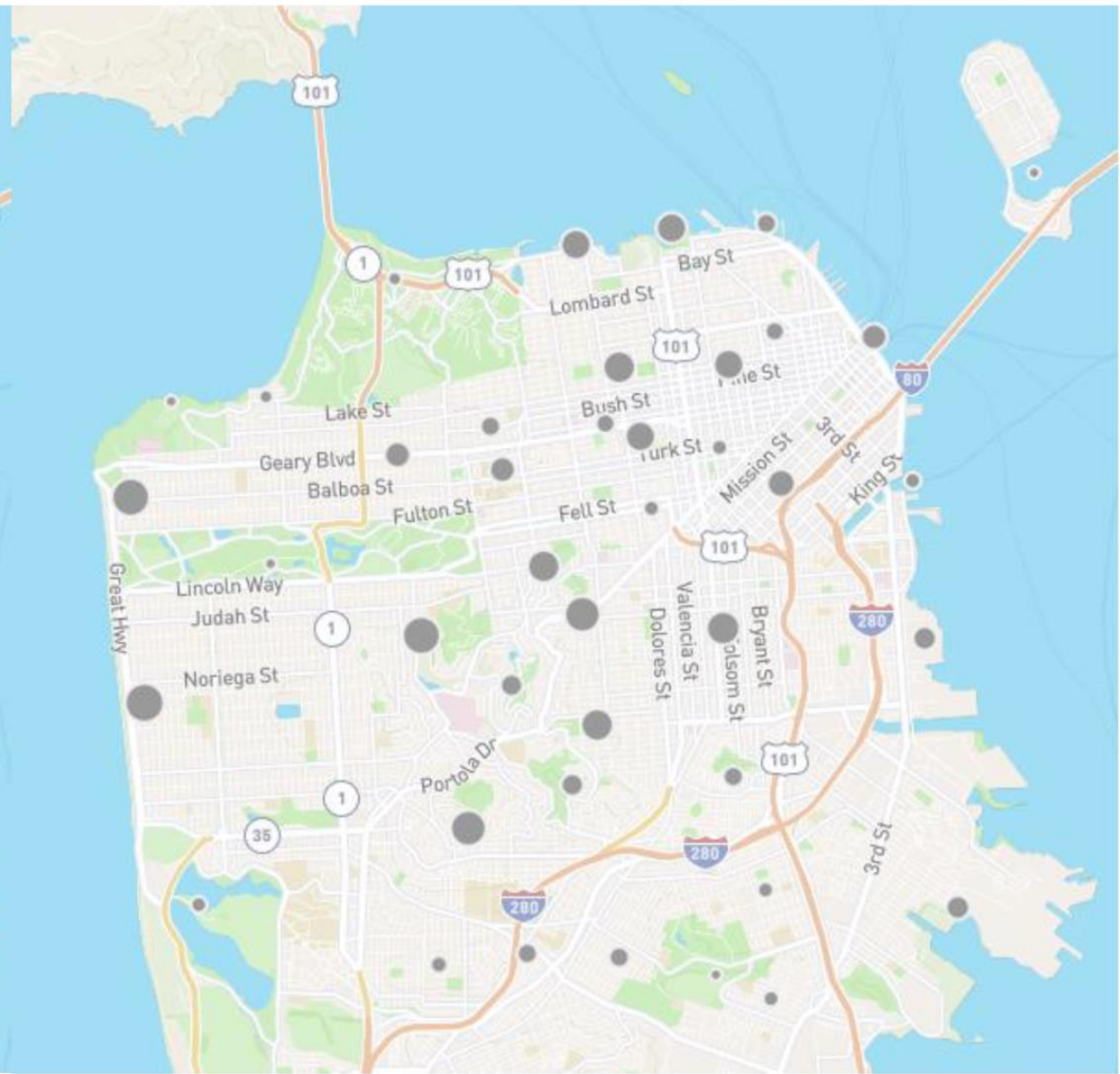
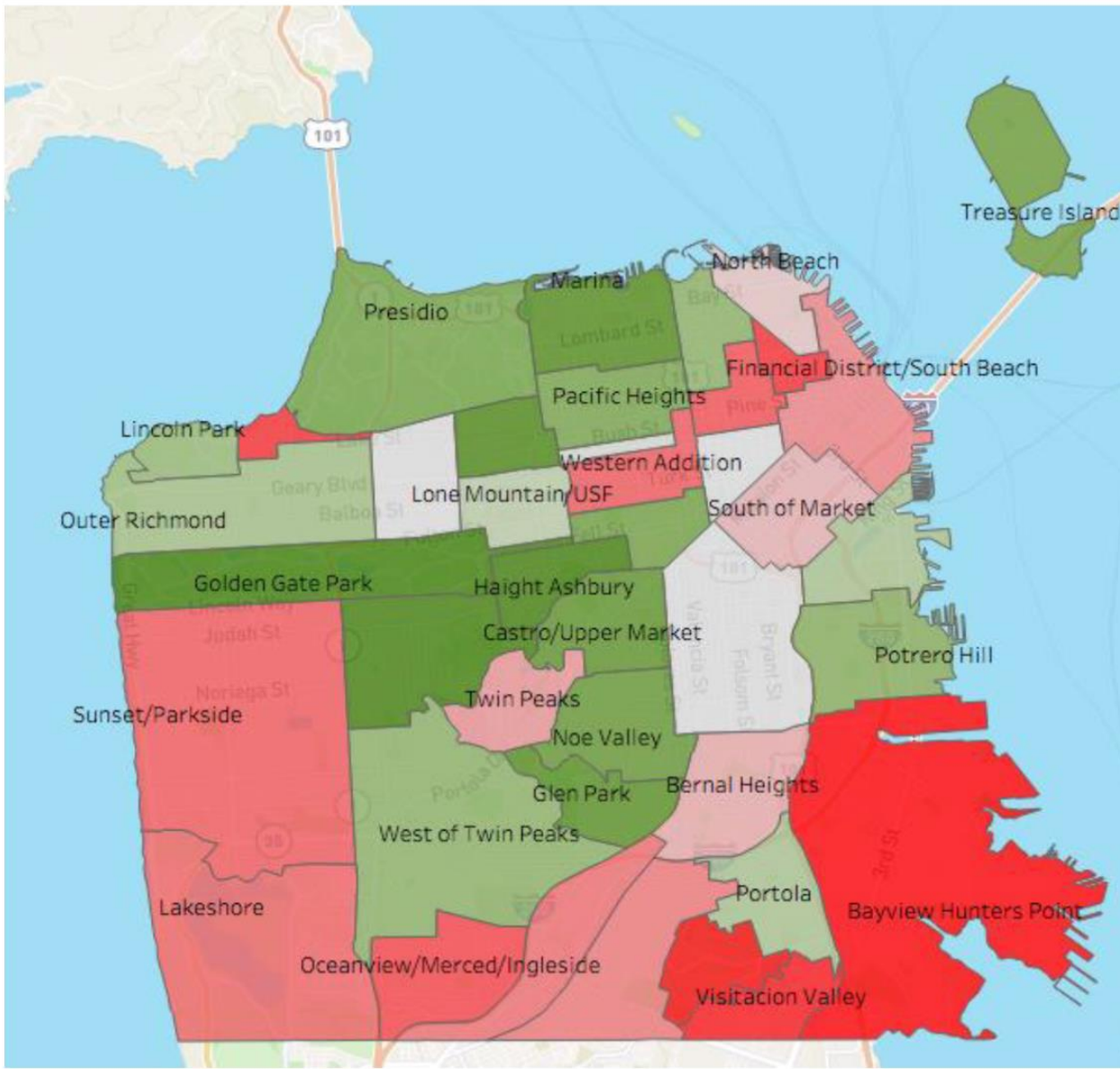
Amyloid protein  
"Amyloid plaques"  
tau protein  
"Tau tangles"

Neurodegenerative  
and cerebrovascular  
disease

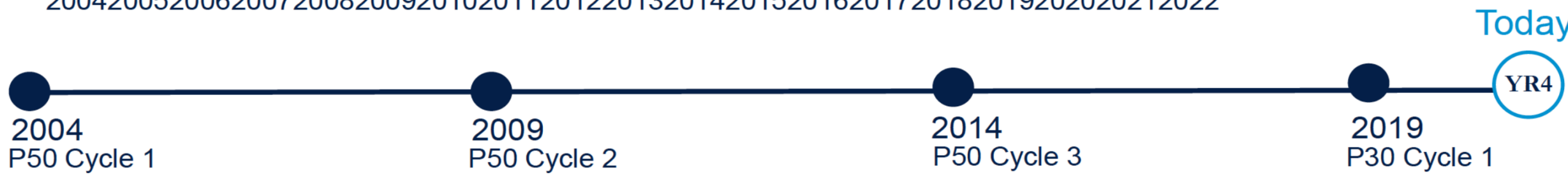
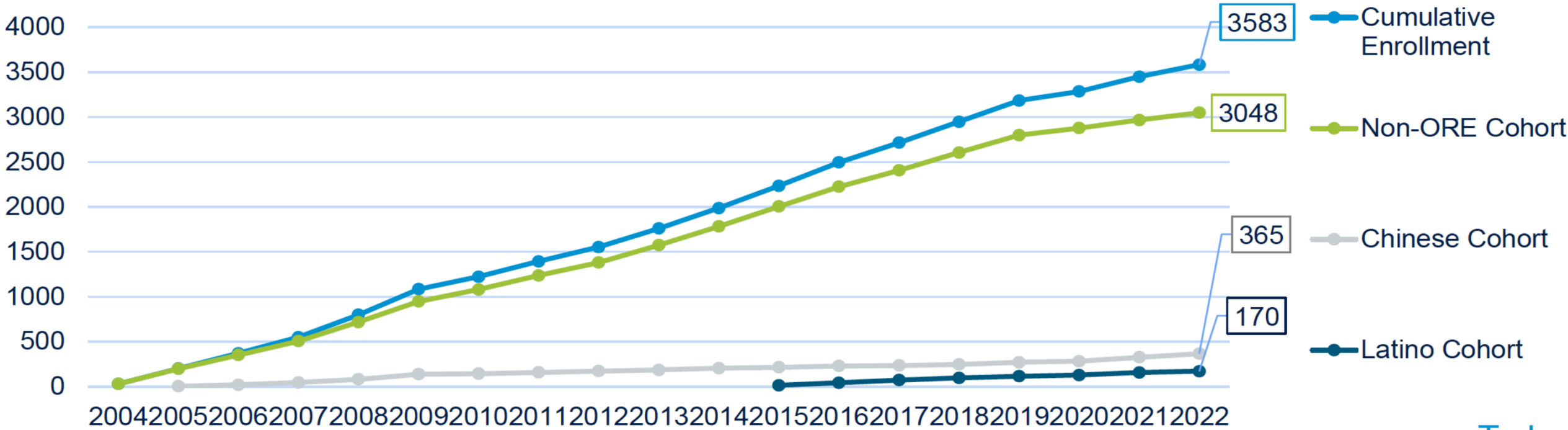
# Association of Neighborhood-Level Disadvantage With Cerebral and Hippocampal Volume

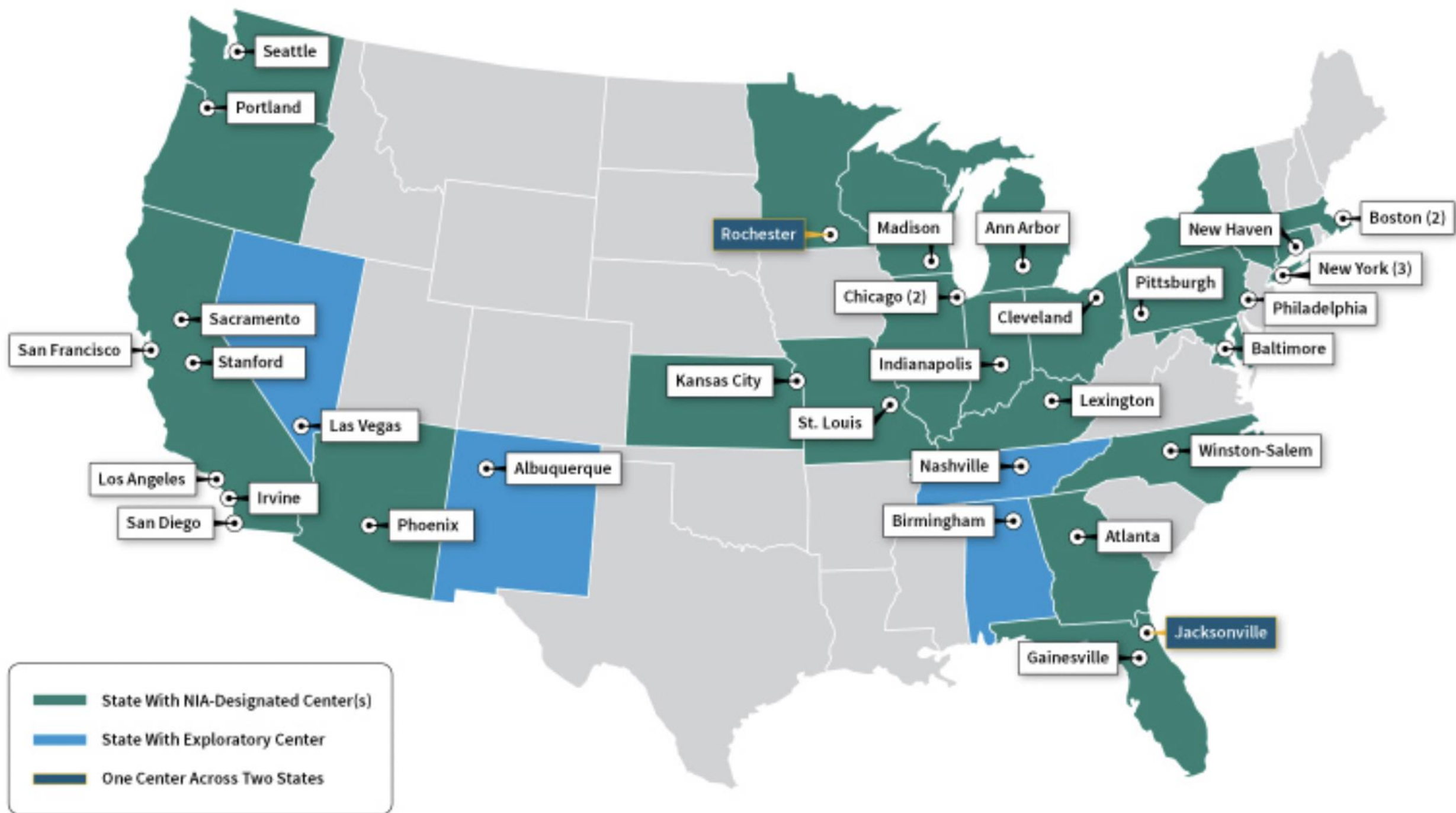
Jack F. V. Hunt, BA; William Buckingham, PhD; Alice J. Kim, BA; Jennifer Oh, BS; Nicholas M. Vogt, BA; Erin M. Jonaitis, MS, PhD; Tenah K. Hunt, MPH, PhD; Megan Zuelsdorff, PhD; Ryan Powell, PhD; Derek Norton, MS; Robert A. Rissman, PhD; Sanjay Asthana, MD; Ozioma C. Okonkwo, PhD; Sterling C. Johnson, PhD; Amy J. H. Kind, MD, PhD; Barbara B. Bendlin, PhD





# ADRC Cumulative Enrollment







#### OPEN ACCESS

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# Neurocognitive health of older adults experiencing homelessness in Oakland, California

Sandeepa Satya-Sriram Mullady<sup>1\*</sup>, Stacy Castellanos<sup>2†</sup>,  
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<sup>1</sup>Department of Neurology, Memory and Aging Center, UCSF Weill Institute for Neurosciences, University of California, San Francisco, San Francisco, CA, United States, <sup>2</sup>Department of Internal Medicine, UCSF Center for Vulnerable Populations, University of California, San Francisco, San Francisco, CA, United States



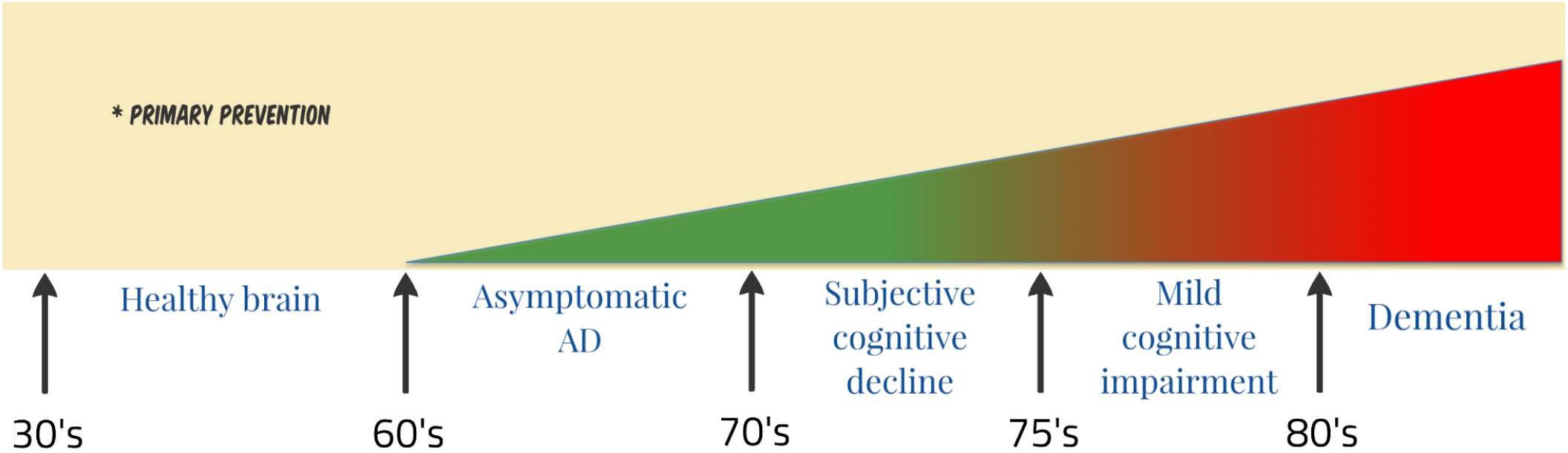
Table 1  
Add-On Clinical Trials of Combination Treatments for AD

Agent	Dose	Type	AD Stage	Phase
Disease modifying				
Aducanumab	NR	Amyloid passive immunization	Early	III
Gantenerumab	NR		Early	II/III III
Crenezumab	NR	Amyloid passive immunization	Early	III
Solanezumab	NR	Amyloid passive immunization	Early	II/III
JNJ-54861911	NR	BACE inhibitor	Early	II/III
Masitinib	3.0 or 4.5 mg/kg/d	Selective tyrosine kinase inhibitor	Mild to moderate	III
ALZT-OP1 (cromolyn and ibuprofen)	NR	Anti-amyloid/anti-inflammatory	Early	III
Flebogama DIF 5% and Albuterol 20%	NR	Intravenous human immunoglobulin, human albumin	Mild, moderate	II/III
BAN2401	2.5, 5.0, or 10.0 mg/kg once biweekly; or 5.0 or 10 mg/kg once a month	Amyloid passive immunization	Early	II
AADvac-1	Axon peptide 108 40 µg; 6 doses in 4-week intervals, then 5 doses in 3-month intervals	Tau active immunization	Mild	II
ABBV-8E12	NR	Tau passive immunization	Early	II
Nasal insulin	Insulin 20 IU BID Glulisine 20 IU BID	Peptide hormone	Early	II/III II
Liraglutide	1.8 mg/d	GLP-1 receptor agonist	Mild	II
Sargramostim	250 µg/m <sup>2</sup> /d for 5 days/week for 3 weeks	GM-CSF	Mild, moderate	II
Telmisartan	40 or 80 mg/d	Angiotensin II receptor antagonist	Mild, moderate	II
Nicotinamide	1500 mg BID	Vitamin B3	Early	II
Saracatinib	100 to 125 mg/d	Src/abl kinase family inhibitor	Mild	II
UE2343	10 mg/d	β-hydroxysteroid dehydrogenase inhibitor	Mild	II

- For decades, only symptomatic therapies for Alzheimer disease have been available.
- In recent years, more than 18 disease modifying agents have been studied in clinical trials.

Cummings JL, Tong G, Ballard C. Treatment Combinations for Alzheimer's Disease: Current and Future Pharmacotherapy Options. *J Alzheimers Dis.* 2019;67(3):779-794.

# Natural history of neurodegenerative disease



# Help us get AHEAD of Alzheimer's disease

Join a trial that aims to help prevent Alzheimer's disease, funded by the National Institutes of Health (NIH) and Eisai Inc., by testing an investigational treatment aimed at delaying memory loss before noticeable signs of Alzheimer's disease begin.

[Join the Study](#)

or call 1-800-AHEAD-70





# Thank You



# Question and Answer



[DCA@ucsf.edu](mailto:DCA@ucsf.edu)

# How to Claim Continuing Medical Education (CME) Credit?

**Step 1.** Please complete our evaluation survey using the link that we provide in the chat and a follow-up email after the webinar.

- For this activity, we provide CME and California Association of Marriage and Family Therapists (CAMFT) credits. Please select the correct link based on the credit type you are claiming.

Link to CME evaluation survey:

[https://ucsf.co1.qualtrics.com/jfe/form/SV\\_5sX5H9AcY3N9v5s](https://ucsf.co1.qualtrics.com/jfe/form/SV_5sX5H9AcY3N9v5s)

Link to CAMFT evaluation survey:

[https://ucsf.co1.qualtrics.com/jfe/form/SV\\_b9gxWkJMigjMm6W](https://ucsf.co1.qualtrics.com/jfe/form/SV_b9gxWkJMigjMm6W)

**Step 2.** Upon the completion of the evaluation survey, please scan a QR code to claim credit:

- Use your phone camera to scan a QR code and tap the notification to open the link associated with CME portal.
- Enter your first name, last name, profession, and claim 1 CE credit for the webinar.

**OR** you can use a QR code NOW to claim credit in real time.

