

Detect, Evaluate, and Diagnose Cognitive Symptoms




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Indian Health Service

Training and Resources for the IHS
on Alzheimer's and Dementia (TRIAD)



Session Agenda, Part 1

-  **Intro: Why Early Diagnosis Leads to Better Care**
-  **Detect: Determine Who May Benefit from a Cognitive Evaluation**
-  **Evaluate and Diagnose: Perform a Cognitive Evaluation and Integrate Findings**





Learning Objectives, Part 1

At the end of this session, participants will be able to

- Recognize symptoms of impaired cognition
- Perform a cognitive evaluation
- Identify contributing and reversible causes of cognitive impairment
- Diagnose dementia and mild cognitive impairment (MCI)





Why Early Diagnosis Leads to Better Care

Dementia Shock Ahead



- Numbers will double in next 20 years
- 6.9 million Americans now
- 10% of people over 65 in general population



Alzheimer's Association, Facts and Figures

Check-In

Among American Indian/Native Alaskan people what percentage experience some cognitive impairment?

- A. 10%
- B. 25%
- C. 50%



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Prevalence of Dementia and Alzheimer's Disease in American Indians

Strong Heart Study

- Population-based cohort of 11 American Indian and Alaska Native communities
- Detailed cognitive testing on 2 visits 7 years apart
- Age range 72 to 95; mean 78.1, standard deviation 4.7
- MCI likely in 35%
- Dementia in 10%



(Suchy-Dicey and Domoto-Reilly et al , 2024)

Diagnosis: A Path to Better Care



- Better communication and support
- Greater involvement of family
- Care is easier, less chaotic
- Steps you can take now that can improve cognition





What Primary Care Does Best

Person-centered care



Continuity of care



Management of chronic disease



Dementia is, and should be, treated as a primary care disease, like diabetes



Clinical Story: Part 1



- 74-year-old woman with diabetes and hypertension
- Years of controlled disease, now her hemoglobin A1C jumps to 10%
- Misses scheduled visits with you
- Vague when asked how she is taking insulin and antihypertensives
- Her daughter mentions she is getting more forgetful



The following may cross your mind:

- ✘ Reassure her? You might say: “Don’t worry, it’s so common and normal to get more forgetful with age.”
 - ✘ Automatically refer to a specialist?
 - ✘ Drop everything, try to perform a cognitive assessment, then run 35 minutes late?
- ✔ **Schedule an efficient, follow-up visit with you for further evaluation**



Detection

Determine Who May Benefit from a Cognitive Evaluation

Indian Health Service Dementia Care Pathway



1. Detect

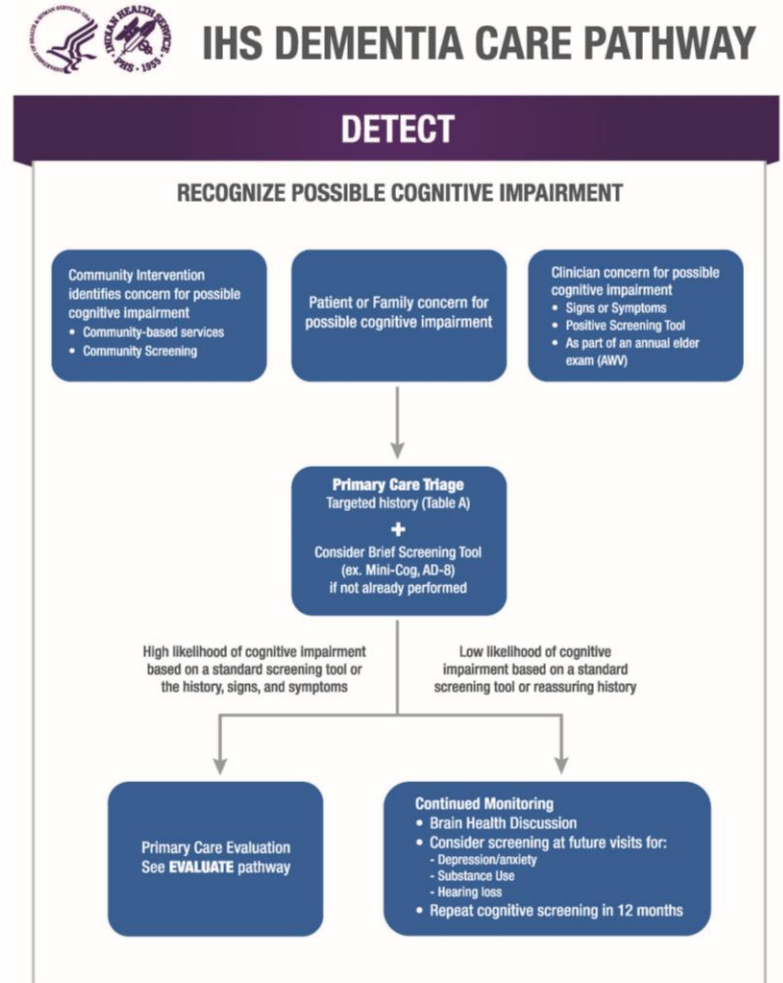
- Includes two screening tools: Mini-Cog[®] or AD8

2. Evaluate

- Multi-step process; occurs in primary care
- Includes further cognitive assessment such as MoCA, RUDAS, or SLUMS

3. Diagnose and Discuss

- Evaluation is synthesized to determine cognitive functional status and diagnosis
- Determines treatment and referrals



(Indian Health Service, 2025)

Step 1: Recognize Cognitive Impairment



Consider an evaluation if

- Individual or family mentions memory concern
- If memory concern is listed as “yes” on annual wellness visit
- Positive cognitive screen in community or other clinical setting
- Individual is noticeably confused about appointments or medications



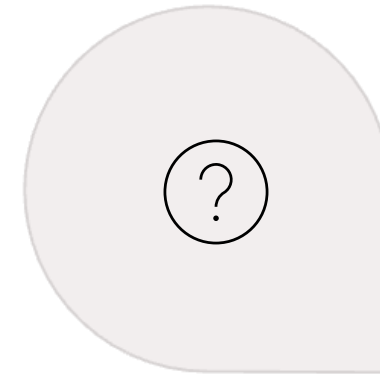
In US,
population
about 40% of
dementia cases
are undiagnosed



Detect: Determine Who May Benefit from a Cognitive Evaluation

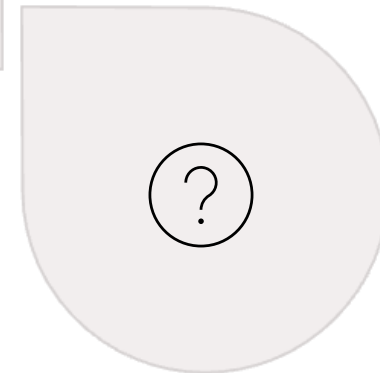
How strongly should you say

“I am concerned about your memory. I recommend you have a full cognitive evaluation.”



Are concerns easily identified as normal aging?

Are signs especially worrisome?





Clues to Help Decide

Normal

- Misplace keys
- Forget reason they went upstairs
- Slow to remember word or name, but later remembers it

Concerning signs

- Forgets things that just happened, for example, repeating same question 30 minutes later
- Finds it difficult to perform complex tasks that used to be easy, for example, trouble making a complex recipe or organizing documents
- Unsure of location in a familiar place, for example, suddenly disoriented in building individual should know well

ALZHEIMER'S  ASSOCIATION®

WARNING SIGNS

Warning Signs of Dementia

International Association for Indigenous Aging developed a list of warning signs of dementia

[Access Flyer](#)



10 SIGNS of Thinking or Memory Changes that Might be DEMENTIA

Do you have any of these 10 signs? If so, talk to your doctor. As we get older, we may slow down a bit. This is a normal part of aging. Changes in memory or thinking that make it harder to get through the day are not a normal part of aging. These may be early signs of dementia. American Indian and Alaska Native people have a high risk of dementia. So, it is important to know the warning signs.

- 1 Memory loss that affects your daily life.** You may:
 - Forget events or important dates
 - Repeat yourself
 - Rely more often on lists or sticky notes to remember things more often
- 2 Trouble planning or solving problems.** You may have a harder time:
 - Paying bills
 - Cooking recipes you have used for years
- 3 Get confused about the time, date, or where you are.**
- 4 Daily tasks are getting harder, including:**
 - Driving
 - Making a grocery list or going shopping
- 5 Trouble with how your eyesight and thinking work together that gets worse.** This includes:
 - Tripping, falls, or problems with your balance
 - Spilling or dropping things more
- 6 New trouble talking or writing.** You may have a harder finding the words you want to say. For example, you may say "that thing on your wrist that tells time" instead of "watch."
- 7 Lose and cannot find things.** For example, you:
 - Can't find the coffee pot that you use every day
 - Might put your car keys in the freezer
- 8 Notice changes in mood or personality, such as being:**
 - Easily mad or sad in everyday situations
 - More fearful (scared) or suspicious (not trusting)
- 9 Act different and make poor choices.** This may make you more likely to:
 - Spend money you do not have or be a scam victim
 - Stop washing up regularly or pay less attention to how you look
 - Forget to take care of your pet
- 10 Pull away from friends and family because it is harder to keep up.** You may not want to do things you used to enjoy, like sporting events, church, music, or sex.

MAIN POINTS

American Indian and Alaska Native people have a high risk of dementia.

Big changes in memory or thinking that make it hard to get through the day are not a normal part of aging.

People with one or more of these 10 signs should talk to their doctor to find the cause. It is not always dementia.

Early dementia diagnosis gives you a chance to get care and plan your future.

To learn more, visit:
www.AIANBrainHealth.org
www.cdc.gov/aging

AMERICAN INDIAN and ALASKA NATIVE RESOURCE CENTER FOR BRAIN HEALTH

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INTERNATIONAL ASSOCIATION FOR
INDIGENOUS AGING

MAIN POINTS

American Indian and Alaska Native people have a high risk of dementia.

Big changes in memory or thinking that make it hard to get through the day are not a normal part of aging.

People with one or more of these 10 signs should talk to their doctor to find the cause. It is not always dementia.

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Decision Making Tool



Tool to use in Primary Care
available at link below

[Cognition in Primary Care](#)



Quick Questions if Memory is a Concern

1. Have you noticed that you forget things that just happened more often?
For example: Repeating the same question or the same story 30 minutes later.

YES	NO	UNSURE
-----	----	--------

2. Have you noticed it's difficult to finish a complex task that used to be easy for you?
For example: Cooking a complex recipe, organizing your documents, or putting up outdoor holiday lights.

YES	NO	UNSURE
-----	----	--------

3. Have you noticed being unsure where you are in a place you've been to many times?
For example: Becoming disoriented on a usual route or in a building you know well.

YES	NO	UNSURE
-----	----	--------

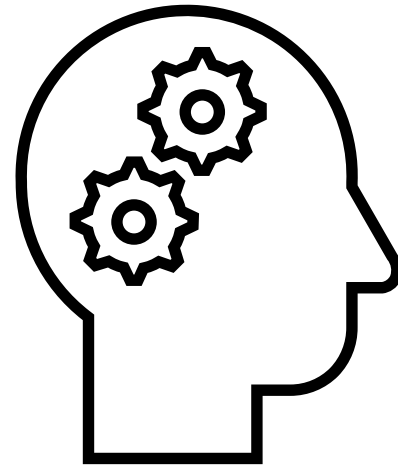
Clinical Story: Part 2



- 74-year-old woman with diabetes and hypertension
- Not taking her insulin correctly anymore
- You ask her if you can speak with her daughter about any changes in her thinking or memory. She smiles and nods yes
- You ask daughter if she has noticed any change in her mother's thinking and memory
- Daughter emphatically nods 'yes,' but says, “Mom takes care of herself”



What Do You Think?



Identify at least one condition to screen for when evaluating a cognitive concern

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Step 2: Evaluate

- Suggest cognitive evaluation visit
- Explain reasons you advise the individual to return for memory test and look for ways to optimize brain health
- **If the individual agrees**
 - Strongly encourage family member or close friend to attend evaluation visit
 - Level-5 visit doubles Relative Value Units from Level-3 if visit is 40 minutes including time prepping and charting; not just face time

Note: The CPT code for "Cognitive Assessment and Care Plan Services" (99483) may offer higher reimbursement. It does require more complex documentation, but for clinics with high volume of cognitive evaluation visits, it may be valuable alternative to consider



Evaluate and Diagnose

Perform a Cognitive Evaluation and Integrate Findings

Dedicated Visit to Evaluate Cognitive Concerns

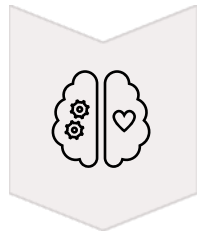


Evaluation has 3 parts



Review cognition checklist

For reversible causes; factors that can be fixed



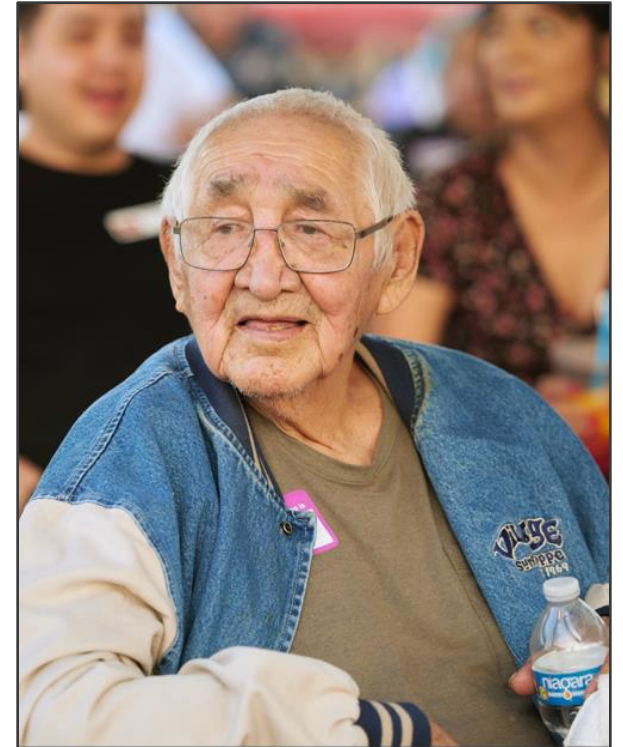
Assess cognitive function

With Montreal Cognitive Assessment (MoCA) or Rowland Universal Dementia Assessment Scale (RUDAS)



Get input

From someone close to individual; the AD8 8-item questionnaire administered to a family member or friend is useful



Evaluate and Diagnose: Review Cognitive Checklist



- ✓ **Labs:** B12 and thyroid
- ✓ **Medication list:** Assess use of sedating and anticholinergic medications, over-the-counter Tylenol PM, oxybutynin
- ✓ **Alcohol and drugs:** Even mild- to-moderate drinking can impair cognition in older individuals
- ✓ **Conditions:** Check for sleep apnea, hearing and vision loss, depression



Evaluate and Diagnose: Cognitive Function



Diagnosis is a combination of:

Cognitive test



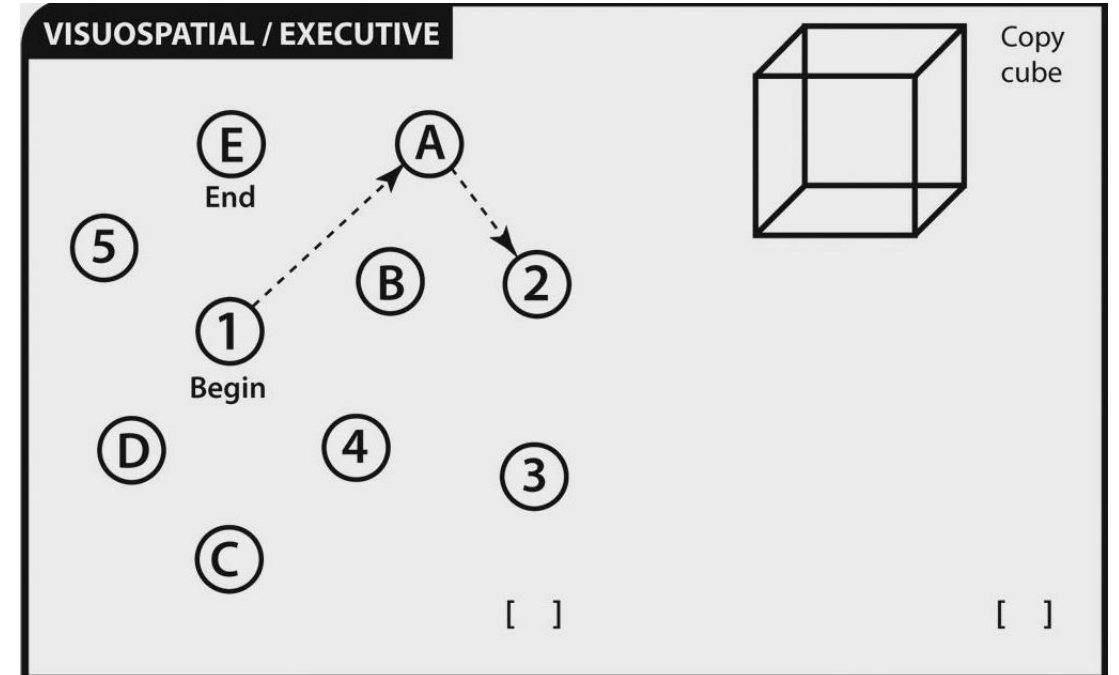
Individual and care partner input



Montreal Cognitive Assessment (MoCA)



- Best validated tool for identifying MCI in primary care setting
- More sensitive than Mini-Mental State Examination
- Scores have psychometric validity in older American Indian and Alaska Native individuals



(Missouri Geriatric Toolkit, 2018)

Cognitive Testing Tips

Optimize testing conditions if possible

- Offer the individual a drink or snack
- Re-frame tests as mild puzzles or games to mitigate anxiety
- Ensure reading glasses are available
- Use pocket talkers to amplify sounds and reduce background noise, if needed
- Test in familiar environment



MONTREAL COGNITIVE ASSESSMENT (MoCA®) Version 8.3 English

Name: _____ Education: _____ Date of birth: _____
 Sex: _____ DATE: _____

VISUOSPATIAL / EXECUTIVE		Copy bed		Draw CLOCK (Five past ten) (2 points)		POINTS			
				<input type="checkbox"/> Contour <input type="checkbox"/> Numbers <input type="checkbox"/> Hands		___/5			
NAMING									
						___/3			
MEMORY		Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.		LEG	COTTON	SCHOOL	TOMATO	WHITE	NO POINTS
		1st TRIAL							
		2nd TRIAL							
ATTENTION		Read list of digits (1 digit/sec). Subject has to repeat them in the forward order.		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 1 <input type="checkbox"/> 5					___/2
		Subject has to repeat them in the backward order.		<input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 7					
		Read list of letters. The subject must tap with the hand at each letter. No points if > 2 errors.		<input type="checkbox"/> F <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> K <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> D					___/1
		Serial 7 subtraction starting at 60.		<input type="checkbox"/> 53	<input type="checkbox"/> 46	<input type="checkbox"/> 39	<input type="checkbox"/> 32	<input type="checkbox"/> 25	___/3
		4 of 5 correct subtractions = 3 pts, 3 of 3 correct = 2 pts, 1 correct = 1 pt, 0 correct = 0 pt							
LANGUAGE		Repeat: The child walked his dog in the park after midnight. The artist finished his painting at the right moment for the exhibition.		<input type="checkbox"/>					___/2
		Language Fluency: Name maximum number of words in one minute that begin with the letter B.		<input type="checkbox"/> _____ (N ≥ 11 words)					___/1
ABSTRACTION		Similarity between e.g. banana - orange = fruit		<input type="checkbox"/> hammer - screwdriver		<input type="checkbox"/> matches - lamp			___/2
DELAYED RECALL		(MIS) Has to repeat words WITH NO CUE		LEG	COTTON	SCHOOL	TOMATO	WHITE	Points for UNCUED recall only
		<input type="checkbox"/>							
		Category cue							
		<input type="checkbox"/>							
		Multiple choice cue							MIS = ___/15
		<input type="checkbox"/>							
ORIENTATION		<input type="checkbox"/> Date	<input type="checkbox"/> Month	<input type="checkbox"/> Year	<input type="checkbox"/> Day	<input type="checkbox"/> Place	<input type="checkbox"/> City		___/6
© Z. Nasreddine MD www.mocatest.org MIS: /15 (Normal ≥ 28/30)		Administered by: _____		Add 1 point if < 12 production		TOTAL			___/30

(Missouri Geriatric Toolkit, 2018)



Individuals with Low Literacy

- MoCA can over diagnose impairment in individuals who have very low literacy
- In people with very low education levels, RUDAS test is an option as it features:
 - Low bias in people with limited or no formal education
 - Minimal need for cultural or language adaptation
 - Scores are easily calculated



The Saint Louis University Mental Status Examination (SLUMS)



Domains SLUMS assesses

- **Orientation:** Time and place
- **Memory:** Immediate and delayed recall, with interference tasks
- **Attention:** Focus and concentration
- **Executive function:** Planning, problem-solving, abstract thinking
- **Language:** Animal naming
- **Visuospatial skills:** Clock drawing, recognizing geometric figures

**VAMC
SLUMS EXAMINATION**
Questions about this assessment tool? E-mail aging@slu.edu

Name _____ Age _____
Is the patient alert? _____ Level of education _____

1 /1 **1** 1. What day of the week is it?
 /1 **1** 2. What is the year?
 /1 **1** 3. What state are we in?

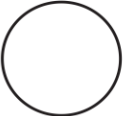

4. Please remember these five objects. I will ask you what they are later.
 Apple Pen Tie House Car


5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.
1 How much did you spend?
2 How much do you have left?

6. Please name as many animals as you can in one minute.
0 0-4 animals **1** 5-9 animals **2** 10-14 animals **3** 15+ animals

7. What were the five objects I asked you to remember? 1 point for each one correct.

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.
0 87 **1** 648 **1** 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock. 
2 Hour markers okay
2 Time correct 

1 10. Please place an X in the triangle. 

1 Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.
 Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

2 What was the female's name? **2** What work did she do?
2 When did she go back to work? **2** What state did she live in?

TOTAL SCORE _____

HIGH SCHOOL EDUCATION		SCORING		LESS THAN HIGH SCHOOL EDUCATION	
27-30	.....	NORMAL	.....	25-30	.....
21-26	.....	MILD NEUROCOGNITIVE DISORDER	.....	20-24	.....
1-20	.....	DEMENTIA	.....	1-19	.....

CLINICIAN'S SIGNATURE _____ DATE _____ TIME _____

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for detecting mild cognitive impairment and dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. *Am J Geriatr Psych* 14:900-10, 2006.

(VeryWell Health, 2024)



Obtain Individual's History from a Care Partner

3 key questions to ask family member or close friend

1

Repeats same question 30 minutes later?

2

Can't do complex tasks they once found easy, for example, complex recipe or putting up outdoor lighting

3

Gets disoriented in a familiar place?



Or use the validated 8-item AD8 as a guide when taking the history from a care partner.

AD8 Screening Tool



8-item validated form

- Validated tool to help get input from observer
- Easy to take individual's history
- Best as quick interview tool, rather than a scored instrument

Original AD8 Dementia Screening Interview

Patient ID#: _____
CS ID#: _____
Date: _____

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change	N/A, Don't know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			
TOTAL AD8 SCORE			

Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, Neurology 2005;65:559-564
Copyright 2005. The AD8 is a copyrighted instrument of the Alzheimer's Disease Research Center, Washington University, St. Louis, Missouri.
All Rights Reserved.

(Wenjun and Jiahui et al, 2025)

Ask About Ability to Perform Activities of Daily Living



Basic

Bathing

Dressing

Toileting

Transferring

Continence

Feeding

Instrumental

Money management

Medication management

Arranging transportation

Housekeeping

Communication

Meal preparation





Order Brain Imaging

- Not required for clinical diagnosis, but CT or MRI scan without contrast considered standard of care
- CT less costly and easier to tolerate than MRI for many older individuals
MRI shows more detail
- CT essential if new urinary or gait symptoms; rule-out normal pressure hydrocephalus



What are Alzheimer's Disease Biomarkers?



- Biomarkers are tests used to detect abnormal proteins that are part of underlying brain pathophysiology in Alzheimer's disease
- Used as part of full clinical evaluation, never as standalone diagnostic tool
- Common biomarkers include PET scans and cerebrospinal fluid analysis to measure proteins like amyloid and tau

Emerging **blood biomarkers** offer a less invasive option with one panel FDA-approved for clinical use

✘ Not currently recommended as part of initial detection in primary care

✘ Not used for initial work-up before diagnosis or individual without impairment

✔ Useful to evaluate for anti-amyloid treatment, often in specialty setting

Step 3: Diagnosis of Mild Cognitive Impairment



**Cognitive testing
tool**



**Individual and
care partner
input**

Example: Low MoCA score: 19-25 out of 30

- Observer notes worrisome changes
- Still able to perform activities of daily living

**That is a diagnosis of mild
cognitive impairment**

Step 3: Diagnosis of Dementia



**Cognitive testing
tool**



**Individual and
care partner
input**

Example: Low MoCA score: ≤ 20 out of 30

- Observer notes worrisome changes
- Problems with activities of daily living

**That is a diagnosis
of dementia**

Cognitive Syndrome Spectrum



Normal aging

- Slow to remember names
- Example: "Why did I come up the stairs?"

Mild cognitive impairment

- Asks same questions 30 minutes later
- Becomes more difficult to complete complex tasks
- Still independent performing activities of daily living

Dementia

- Lost ability to perform activities of daily living such as cooking, driving, or getting dressed

Mild Cognitive Impairment



- MCI diagnosis: MoCA score ≥ 23 ; worrisome changes noted by observer; activities of daily living are intact
- Dementia diagnosis: Requires loss of independence in daily activities
- MCI is not “early dementia” and may not progress to dementia
- Most, but not all, people with MCI have early Alzheimer’s disease



MCI action

Focus on brain health by reducing alcohol consumption, wearing hearing aids, and treating sleep apnea and depression

If the Diagnosis is Clear



If MCI or dementia is diagnosed

- Use diagnosis code for encounter and add it to problem list
- Aids communication with other clinicians and staff who individual will interact with
- Captures complexity of individual's care
- Opens door to better care



What if Result of Assessment is Borderline?



- Repeat evaluation in 6 to 12 months, **or**
- Refer to neuropsychologist, **or**
- Refer to specialist such as neurologist or geriatrician

Either way
address **Brain Health Checklist**



Brain Health Checklist



- ✓ **Alcohol and drugs:** Limit of 0 to 1 drinks a day; limit other substances
- ✓ **Medications:** Limit sedating medications, anticholinergics, and ask about over-the-counter medications
- ✓ **Contributing conditions:** Assess sleep apnea, hearing and vision loss
- ✓ **Exercise:** Recommend daily brisk walks with a friend
- ✓ **Healthy diet:** Avoid highly processed foods
- ✓ **Cognitive stimulation:** Encourage social and community engagement





Delirium versus Dementia

- Transient drop in cognition common in elderly is due to delirium, not dementia
- Delirium after hospitalization can last weeks
- Delirium is a warning sign; odds of either current or future dementia are very high
- MoCA inaccurate during an acute illness



Next Steps



- **If evaluation looks OK:** Discuss ways to keep brain healthy and consider repeat evaluation in 12 months
- **Treat contributing factors:** Reduce alcohol, wear hearing aids, treat sleep apnea, and depression
- **If presenting as MCI or dementia tell the individual:** “This is a lot to take in and work through. Let’s schedule another appointment soon to review what this means and make a plan together.”
- **Take time:** Do not diagnose without a plan to follow up with person
- **Involve family:** Encourage family to attend the follow up visit

Cultural Considerations

Key Takeaways, Part 1



You can do cognitive evaluations in primary care. Consider using a cognition checklist.

Solicit input from family and friends, whenever possible. It is essential for evaluation.

Combine MoCA or RUDAS with input from family and friends. Consider using AD8 for soliciting input.

Address brain health and modifiable causes of MCI. Assess alcohol and drug use, sleep apnea, hearing and vision loss, and harmful medications.

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Session Agenda, Part 2



Effective Communication Skills



Types of Dementia



**Leverage Community Resources and Promote
Brain Health**





Learning Objectives, Part 2

At the end of this session, participants will be able to

- Identify best practices when explaining a new diagnosis of mild cognitive impairment or dementia
- Describe causes of dementia and know when to seek additional evaluation
- Promote interventions that improve brain health
- Provide persons with dementia and caregivers with support resources





Effective Communication Skills

Clinical Story



- 74-year-old woman with diabetes and hypertension
- Years of controlled disease, now her HbA1C jumps to 10%
- Misses scheduled visits with you
- Vague when asked how she is taking insulin and antihypertensives
- Daughter mentions her mother is getting older and has become unsure how to take her insulin
- She can no longer manage finances, medications or appointments
- Montreal Cognitive Assessment (MoCA) score is 15 out of 30
- You make a diagnosis of dementia
- “This is a lot to take in. Let’s schedule another visit soon to review what this means and make a plan.”

STORYTELLER SESSION

SPERO MANSON, PhD

For Effective Communication Build Trust



American Indian and Alaska Native people are heterogenous in:

- Cultural traditions
- Degree of adherence to traditions and cultural beliefs
- Levels of acculturation to Western biomedical practices
- Trust in the Western health care system
- Views across different members within same family

Develop an understanding of potential conflicts in value systems to deliver care that is

- Culturally congruent
- Respectful
- Person-centered

Ask About Cultural Values and Preferences



“What would be helpful for me to know about how you and your family view illness?”



“Are there cultural beliefs, traditional practices or preferences that should be part of your health care?”



“Are there any traditional practices that you use?”



“Do you prefer to make medical decisions for yourself, or do you prefer others in your family or community make them with you?”

Provide Person-Centered Care



Explore how individual and family perceive cognitive changes

- Normal part of aging, a gift, or a medical problem?
- Family members may have differing perspectives



Clarify if individual and the care partner want your opinion from Western medical framework



Discuss goals and preferences for treatment

- Non-medical or behavioral interventions
- Symptomatic treatments
- Disease-modifying therapies
- Cultural or integrative approaches
- Emphasis on supporting activities of daily living, social connections, and safety



Disclose a New Diagnosis

- Involve family members and ask the individual for permission to share information
 - **Example:** “Is it okay if I share my thoughts about what may be happening?”
- Acknowledge any fears and offer hope and optimism
 - **Example:** “This is helpful to know so we can be better prepared.”
- Emphasize your commitment to ongoing support
- Frame conversation as beginning of a series of visits



Terminology



MCI versus early Alzheimer's disease

- Recognize individuals may be unfamiliar with the terms "mild cognitive impairment" or "MCI"
- Avoid creating unnecessary fear or offering false reassurance:
 - Example: "MCI? Thank goodness it's not Alzheimer's!"
- Provide clear, realistic information
 - MCI often progresses to dementia, though condition may remain stable over time





How to Manage Uncertainty

- **Acknowledge variability in disease progression**
 - Progression is often slow; 6 to 12 years
 - “If changes do occur, they typically happen very slowly.”
- **Provide reassurance**
 - “You are likely to remain close to your current level of functioning for many years.”
- **Emphasize ongoing support**
 - “I will be here with you throughout this journey. We are hoping for the best, but I am committed to helping if things change.”





Supportive Language



“Living with memory loss is not easy, but I will help you find ways to cope. By focusing on your brain health, we will find ways to help you feel better, think more clearly, and find ways to still enjoy life.”



“You will not have to walk this path alone. Your family, your friends, and I will be with you as you move forward.”



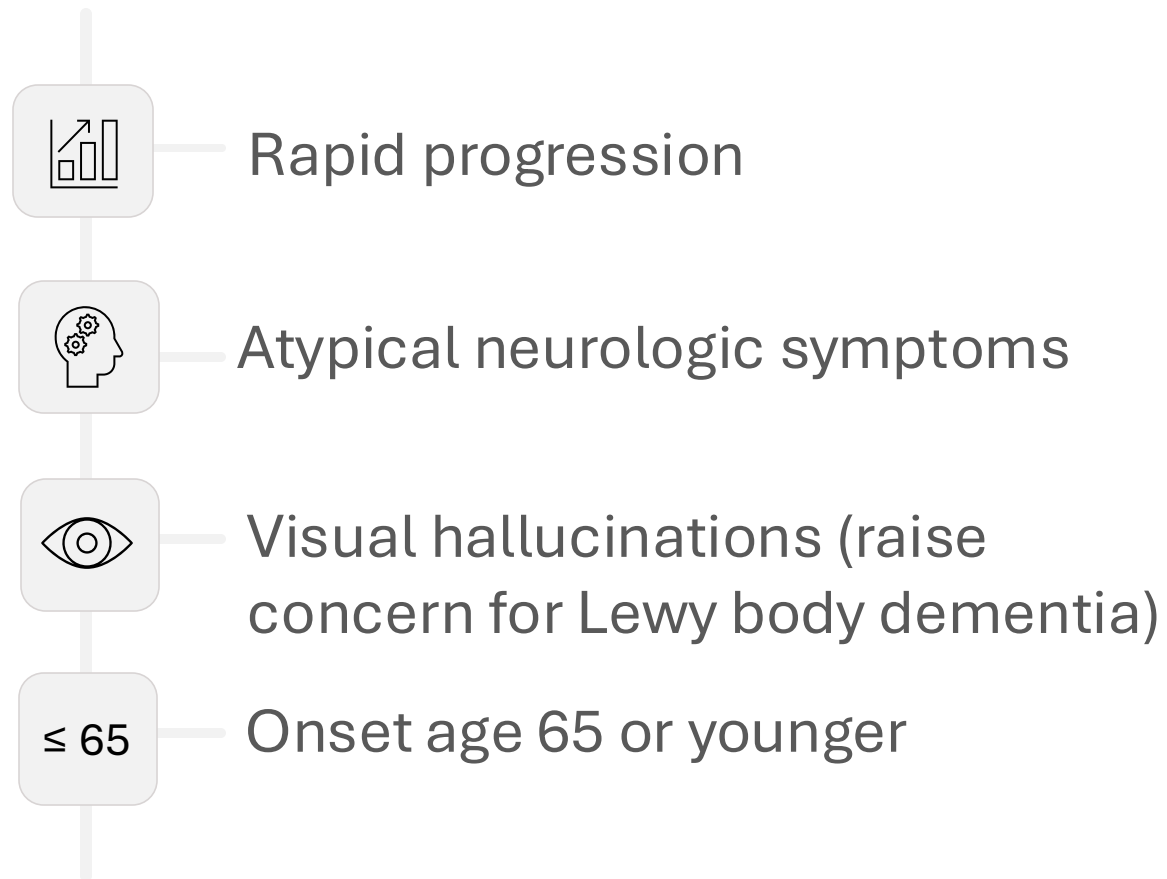


Types of Dementia



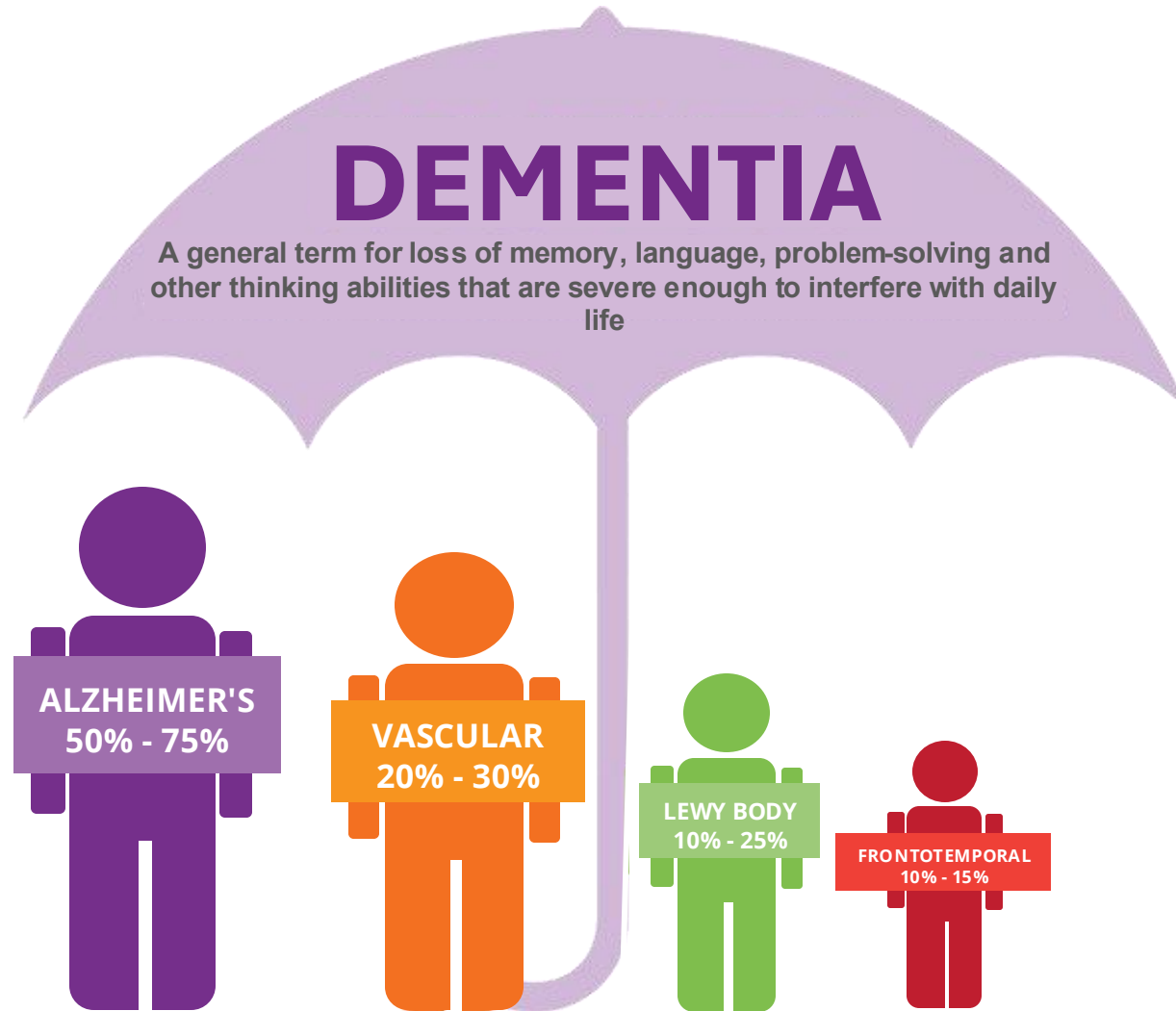
When to Consider a Specialist Referral

Indicators for urgent referral to a specialist



- Should be a shared decision with individual, family, and care partners
- Limited by availability of specialists in area
- Cost may be a consideration, if referral not approved

Dementia Terminology



(Alzheimer's Association, 2016)

Alzheimer's Dementia Key Features

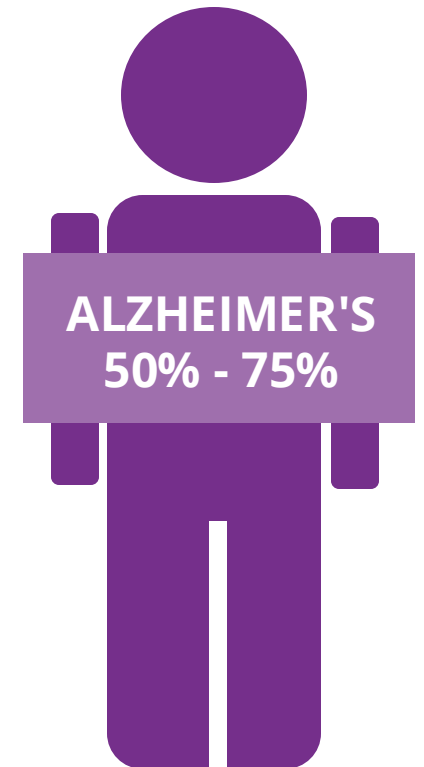


May present with

- Difficulty remembering recent conversations, names or events
- Apathy and depression
- Early preservation of social cognition

Later symptoms include

- Impaired communication
- Disorientation
- Confusion
- Poor judgment
- Behavioral changes

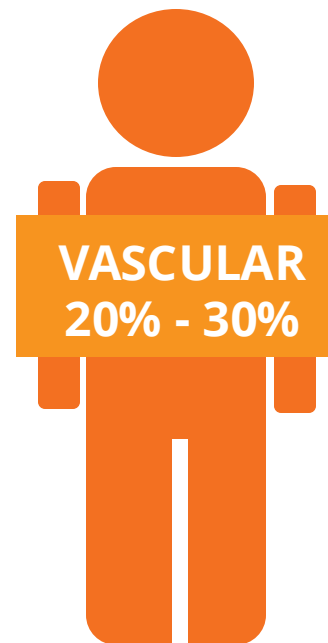


(Alzheimer's Disease Facts and Figures 2023, KAER Toolkit, 2020)



Vascular Dementia Key Features

- History of stroke or transient ischemic attack is common
- Personality and mood changes
- Slow gait or impaired balance
- May be classically step-wise progression with worsening of symptoms after sequential vascular insults
- May see a more gradual decline in cognition when due to small disease
- Often co-occurs with another dementia type



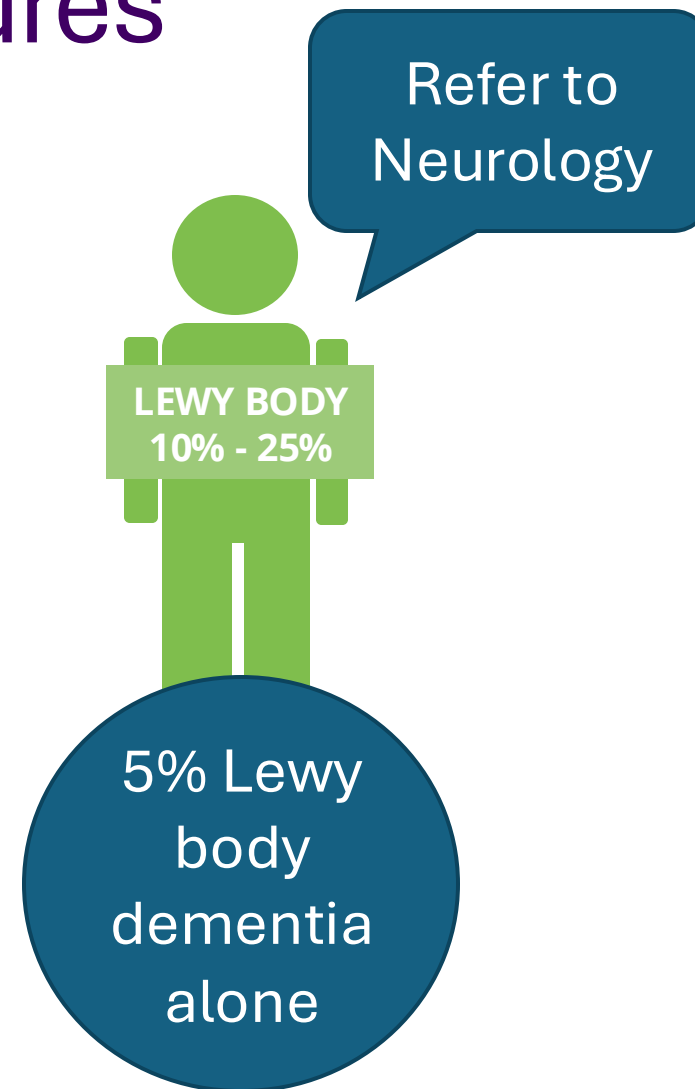
In general population, is often accompanied by another disease process

(Alzheimer's Disease Facts and Figures 2023)



Lewy Body Dementia Key Features

- Visual hallucinations
- Memory impaired or relatively preserved
- Severe neuroleptic sensitivity in nearly 50%
- Falls, syncope, and transient loss of consciousness are common
- Problems with autonomic functions
- Fluctuations in cognition
- Parkinsonism features such as tremor, rigidity, bradykinesia common



(Alzheimer's Disease Facts and Figures 2023, KAER Toolkit, 2020)



Frontotemporal Dementia Key Features

Behavioral Variant

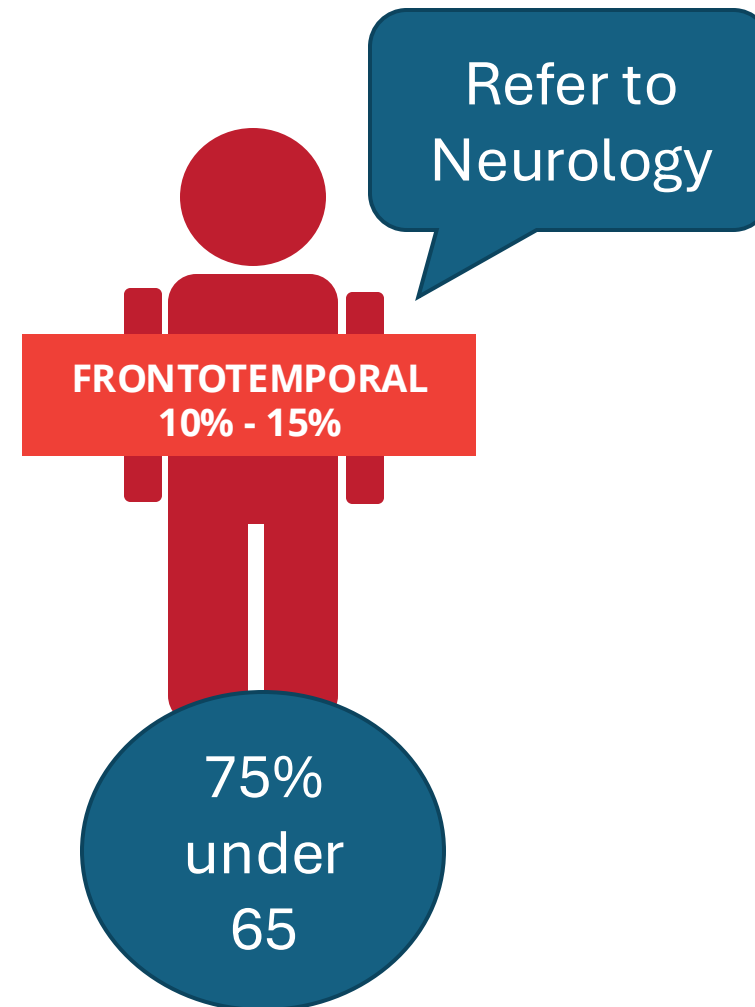
- Disinhibition
- Apathy
- Compulsive behavior

Language Variant

- Loss of word memory
- Speech production
- Word finding and comprehension

Presentation

- Typically presents between ages 56 and 65



(Alzheimer's Disease Facts and Figures 2023, KAER Toolkit, 2020)



Check-In

Dementia can be caused by many different disease processes including Alzheimer's disease, Lewy Body disease, Fronto-temporal dementia, and vascular disease. What percentage of dementia cases are from more than one etiology?

- A. 10%
- B. 25%
- C. 50%



Mixed Dementia Key Features






Mixed dementia increases with age

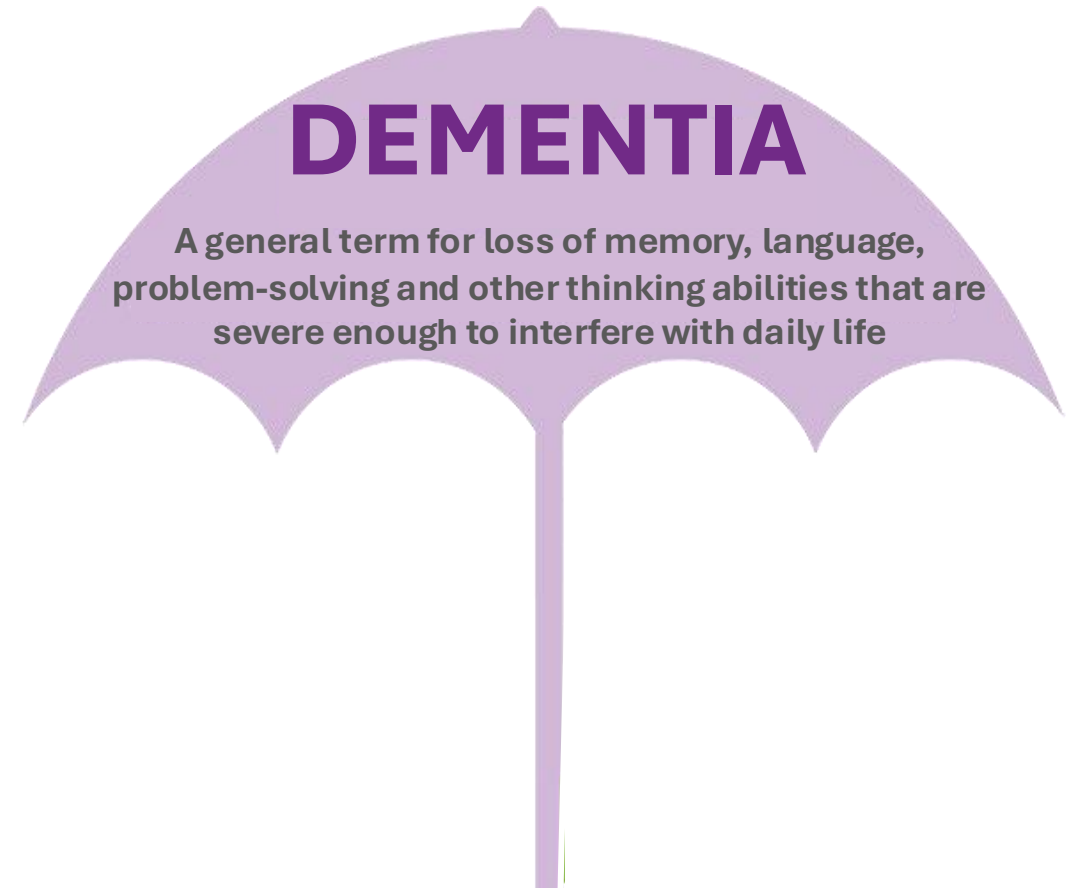
Over 50% = mixed dementia

Precise diagnosis often not possible

Types of Dementia Summary



-  Most dementia is mixed
-  If early visual hallucinations are present, refer for possible Lewy body dementia
-  If individual is under age 65, refer for possible frontotemporal dementia



(Alzheimer's Disease Facts and Figures 2023)



Leverage Community Resources and Promote Brain Health

Cognition Checklist for a New Diagnosis



- Counsel about diagnosis
- Consider if specialty referral needed
- Evaluate immediate safety or caregiving needs
- Suggest community resources
- Recommend brain health interventions:
 - **Alcohol and drugs:** Limit to 0 to 1 drinks per day
 - **Medications:** Avoid sedating and anticholinergics
 - **Contributing conditions:** Manage sleep apnea, hearing, or vision loss
 - **Exercise and diet:** Recommend daily brisk walks with a friend
 - **Cognitive stimulation:** Prioritize socialization over puzzles

Prioritize Safety Concerns



Home safety

- Identify and mitigate hazards
- Utilize home health for evaluation
- Occupational therapy for adaptive strategies

Wandering

- Assess frequency and risk
- Consider GPS tracking devices
- Discuss safety plans with caregivers
- Refer to Alzheimer's Association or similar organizations for resources

Driving


- Consider cognitive, visual, and physical impairments
- Directly discuss driving cessation
- Suggest alternatives
- Consult with Department of Motor Vehicles about state reporting regulations



Become Familiar with Local Resources

- Social work and case management
- Transportation resources
- Meal programs
- Public health nurses and community health representatives
- Medicare, Medicaid, veteran benefits
- Nursing homes
- Adult day care availability



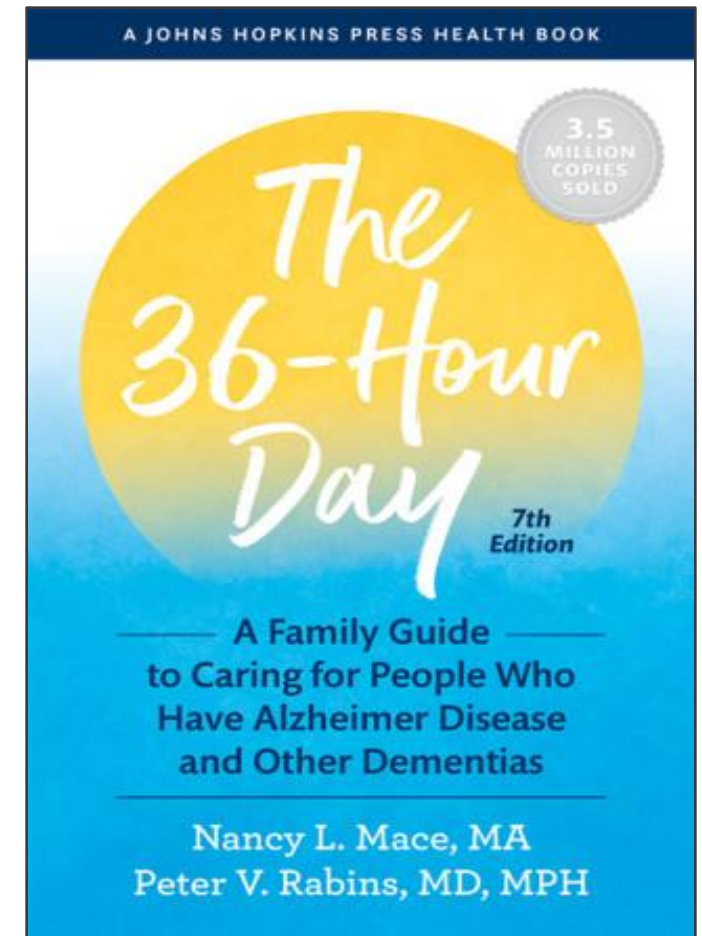
 Indian Health Service does not offer long term care or insurance coverage for long term care

Individual and Caregiver Support and Resources

Acknowledge

- Demanding nature of providing care for people with dementia
- Terminology such as "caregiver burden" may conflict with American Indian and Alaska Native cultural values
- Caregivers may struggle to manage difficult dementia-related behaviors even with strong cultural values that support care practices

Emphasize how skills and support empower caregivers to provide better care



(Mace and Rabins, 2021)

Support Caregivers Respectfully

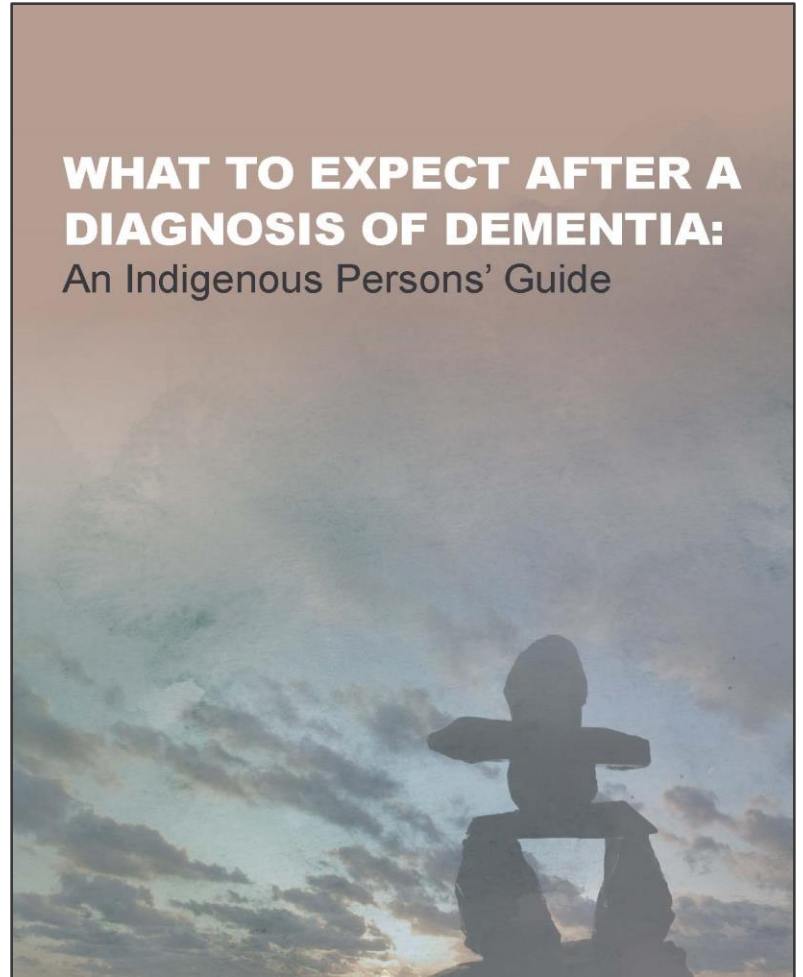


Acknowledge

- Caregivers often feel overwhelmed managing dementia-related behaviors
- Caregivers may experience conflicts between need to intervene and cultural values of independence and use non-direct communication

Suggest

- Skills or resources that help caregivers support people with dementia
- [Dementia Fact Sheets from I-CAARE](#)



(I-CAARE, 2025)

Individual and Caregiver Support and Resources



Find a caregiver support program from this reliable database

<https://bpc.caregiver.org>



Individual and Caregiver Support and Resources: Alzheimer's Association Help Line



alzheimer's  association®

Alzheimer's Association Help Line

- 24/7 National Helpline (800) 272-3900
- Staff are social workers
- Translators available
- Urgent advice
- Referrals to local chapters
- Free service available to all



(Alzheimer's Association, 2025)



Individual and Caregiver Support and Resources: Eldercare Locator



1-800-677-1116 

- Be familiar with your local Area Agency on Aging
- Locate networks that help adults, families, and professionals facing aging and disability issues



[Eldercare Locator](#)





Let's Chat!



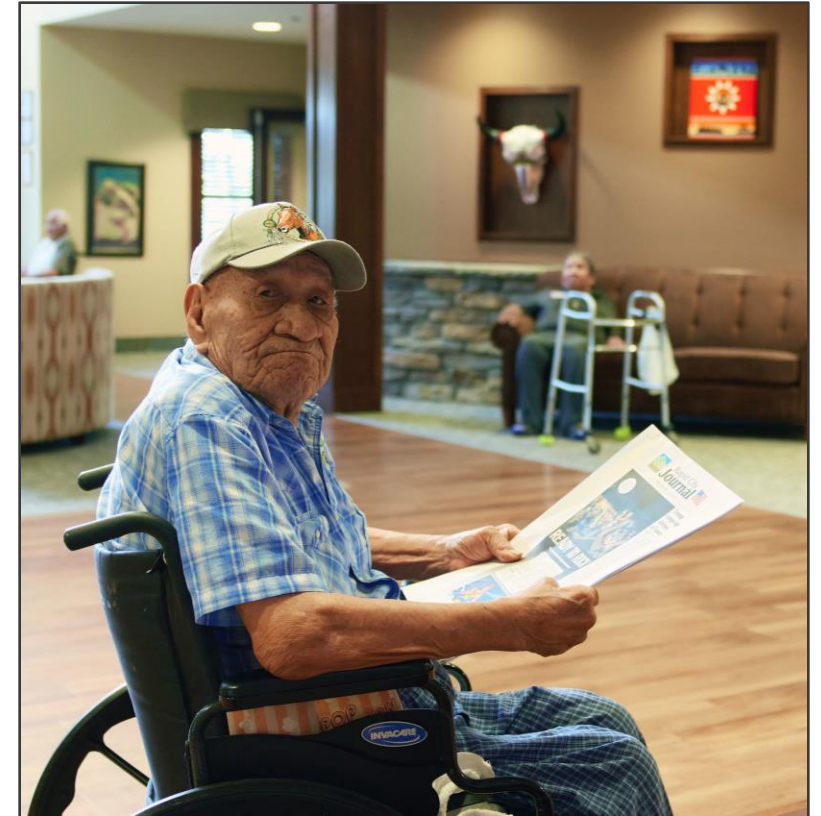
Promoting Brain Health is important throughout the lifespan both before and after diagnosis of cognitive impairment.

Identify 2 things patients can do to keep their brain healthy.

Brain Health Interventions



- **Alcohol and drugs:** Limit to 0 to 1 drinks per day
- **Medications:** Avoid sedating and anticholinergic agents
- **Contributing conditions:** Manage sleep apnea, hearing, and vision loss
- **Exercise and diet:** Optimize, recommend daily brisk walks with friends
- **Cognitive stimulation:** Prioritize socialization over puzzles



Pamphlet from International Association for Indigenous Aging



Healthy Heart, Healthy Brain...

Keep Your Heart and Body Healthy to Protect Your Brain

Everyone slows down as they get older, both in body and mind. Big changes in memory or thinking that make it hard to get through the day are not a normal part of aging. These changes could be signs of early dementia or Alzheimer's disease.

1 in 9
People in the U.S. ages 65+ has Alzheimer's dementia

1 in 3
American Indian people ages 65+ develops dementia

You are more at risk of developing dementia if you have:

- high blood pressure,
- diabetes, or
- you smoke cigarettes

You can protect your body, heart, and mind

- ◆ Schedule a "wellness" visit and health screenings every year with your doctor, even if you feel ok.
- ◆ Keep a healthy blood pressure.
- ◆ Be active or walk every day.
- ◆ Maintain a healthy weight for your body size.
- ◆ Eat a healthier diet with more fresh vegetables, fruits, whole grains, and fish.
- ◆ Stop smoking cigarettes or chewing tobacco.
- ◆ Get help managing your high blood pressure, diabetes, or to lose extra weight.
- ◆ Talk to your doctor about how you feel because your mental health can affect your brain and physical health.
- ◆ If it is hard for you to get through the day because of forgetfulness or memory problems, see your doctor right away.

You can do these things today to protect your mind and reduce the risk of or slow down dementia.

IA²

Turn over for your checklist to keep your river of life flowing freely




The River of Life Flows Through Your Heart to Protect Your Mind and Body

Your heart health plays a big part in the health of your brain. Your heart is like the start of a flowing river. Blood vessels that take blood to and from your heart are like connected streams that flow through your body. They feed your brain with oxygen and energy.

You can do things to keep the streams freely flowing through your body, so your heart and brain stay strong and healthy.

Working with Your Doctor

- ◆ **Make an appointment** for a "wellness" checkup with your doctor every year.
 - You will get tests and screenings to make sure you are healthy.
 - They are usually free with Medicare Part B or the Indian Health Service.
 - If you have concerns about your memory, talk to your doctor.
- ◆ **Have your blood pressure checked** and know your numbers.
 - Your blood pressure should be less than 120/80 mmHg (120 over 80)
 - If you do not know how to take your blood pressure, ask your doctor to show you.
- ◆ **Have your weight checked** regularly and know your number. If you need to lose extra weight, ask your doctor about:
 - The right number of calories for your body
 - Ideas for healthier food choices
 - Support for losing weight
- ◆ **If you smoke cigarettes or chew tobacco**, ask about medicine, counseling, or help to stop.
- ◆ **If you do not have diabetes**, have your blood sugar level checked during your visit. Your blood sugar should be less than 100 mg/dL when you have not eaten.
- ◆ **If you do have diabetes**, go to regular doctor visits. Have your blood sugar and "A1C" levels checked. Your doctor will tell you what your A1C level should be.
- ◆ **Talk with your doctor** about all the medicines and vitamins you take. Your doctor can make sure they do not cause any problems with your memory, sleep, or brain function.

Other Steps You Can Take

- ◆ **Aim for 20 minutes of physical activity** a day or 2 1/2 hours a week.
- ◆ **Read food labels** to see how much salt (sodium) or fat is in your food.
- ◆ **Limit alcohol.** No more than 1 drink per day for women and 2 for men.
- ◆ **Get at least seven hours of sleep** each night. Talk to your doctor if you have trouble sleeping.
- ◆ **Eat less salt, sugar, red meat, and highly processed or packaged foods.**
- ◆ **Manage extra weight** by making small changes. Losing a few pounds makes a difference.
- ◆ **Take your medicine** for blood pressure, diabetes, and other problems even if you feel good.
- ◆ **Keep your mind active.** Visit with people in your community, help plan tribal events, go to your senior center, teach your language, play cards, or start a new hobby.

IA²

www.iasquared.org

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[Download Flyer](#)





Isolated Individuals

- May cause significant stress for health care teams
- Are at high risk of "falling through the cracks"
- Need regular appointments to help monitor safety and well-being
- Should be connected to community resources such as home caregivers
- Report to Adult Protective Services, if clearly unsafe at home



Plan for Follow-Up Visits



- Schedule frequent return visits until checklist is complete then space them out
- Discuss durable power of attorney for health care as early as possible, while individual still has decision-making capacity; see Part 3 of this training
- Consider medications to treat cognitive decline; see Part 3 of this training



Cultural Considerations

Remember...

Every tribe or nation has their own traditions and practices. You should adapt these cultural considerations to your unique environment and the people you serve.



Key Takeaways, Part 2



Ask about cultural values and preferences when counseling about a diagnosis of MCI and dementia.

Mention high concern for Alzheimer's disease even if diagnosis is MCI.

If individuals present with visual hallucinations or under the age of 65 refer to specialty care, if possible, to evaluate for Lewy body or frontotemporal dementia.

Provide resources and make clear follow-up plans.

TRIAD

TRAINING AND RESOURCES FOR THE
IHS ON ALZHEIMER'S AND DEMENTIA

Acknowledgements



We acknowledge and thank the American Indian and Alaska Native people and communities who allowed their photographs to be used in this presentation. These photographs are for informational and educational purposes only and do not imply a dementia diagnosis or any other health condition. We appreciate their contribution to improving the care of Native elders.

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The views are those of the presenter(s). They may not reflect the policies of IHS, the Department of Health and Human Services, or the U.S. government, nor does mention of department or agency names imply endorsement by the U.S. government.



