## Cognitive disorders of Memory Loss, When to Worry

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# "Dementia" or "Neurocognitive disorders'

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- Definitions
- Risk factors
- Key questions
- Evaluation
- Staging
- Causes of cognitive decline

- > Genetics
- Prevention
- Medical Treatment
  - Social Services
  - > Scams

### Definitions

- Dementia / Alzheimer's
- Neurocognitive disorders (Major/Mild/Delirium)
- Senility (Senile vs presenile dementia)
- "Young" vs "Early" onset
- > Delirium (Confusion)
- Sundowning
- Mild Cognitive Impairment

## Risk factors as of 2024

- > AGE is #1!!!!!
- > Genetics
- > Low education
- > Head trauma
- Hearing loss
- Vision loss
- Depression
- > Air pollution

- Vascular
  - >\*\*Blood pressure
  - Smoking
  - > Alcohol
  - Obesity & Hi LDL
  - Diabetes
  - Physical inactivity

## Key questions (1)



- ➤ Who is worried? Why?
- > Is this a change from baseline?
- When / how did it start? [Acute, Insidious]
- Is it getting better, worse, stable or fluctuating?
- > Medication recent changes
- Problems handling meds, money, work, driving, getting lost? (IADL)
- Trouble with cooking, computer, microwave, thermostat? (IADL)

## Key questions (2)



- Repeats questions or stories
- Trouble finding the right words
- Major change in personality / judgement?
- > Recent urinary incontinence
- Unsteady gait or falls
- Head trauma, stroke,
- Seizures
- > Toxins: agent orange
- Family History

#### Evaluation

- Medical, Drug & alcohol review
- > IADLs & ADLs
- Vision, Hearing, Tactile sensation
- > (Taste & Smell)
- Mental status & Mood
- Gait, balance, posture
- Speech
- > Strength, Coordination,
- Eye movement
- > Tremors?

## Staging



- Based on ADLs, IADLs, Cognition
- Range from 3 -14 +
  - > (Early/Mild-middle/Moderate-
  - Late/Severe)

    > Early does NOT mean "young" onset
- My preference:
  - > MCI, Mild, Moderate, Severe, Terminal
- Now Pre-symptomatic/pre-clinical
  - Based on bio-markers- for research

## Cognitive tests



- Attention
- Memory
- Language / Math
- Visuospatial
- Emotional skills
- Executive: Planning/Judgement

#### Labs



- > Blood counts, Electrolytes,
- Kidney, Liver, Thyroid, B12, Lipids
- Specific test for Syphilis [FTA or MHATP]
- Homocysteine
- > Urine
- > HIV, COVID
- > Drug levels

## Special Tests



- > Head scan: MRI/ CT/ PET
- > RISA Cisternogram/SPECT scan
- Brain Wave test [EEG]
- > Spinal Fluid
- > Amyloid / Tau markers
- > Genetic testing
- > Brain biopsy\*\* (Autopsy)

#### Causes of Dementia

- > Alzheimer's
- Lewy Body
- Fronto-Temporal/ Pick's
- Primary Progressive Aphasia
- Chronic Traumatic Encephalopathy
- > Strokes
- Normal Pressure Hydrocephalus

- Sub dural hematoma
- Brain Tumor
- > Low B12
- Low/high Thyroid
- Neurosyphilis
- Long COVID
- > HIV
- Mad Cow/ JC

#### Prevention: MAY reduce risk nearly 50%

- > Intellectual engagement
- Social engagement
- Avoid head trauma & pollution
- Correct hearing /vision impairment
- > Heart healthy: exercise and diet
- Control vascular risk factors
  - > Blood pressure, Diabetes
  - > Tobacco, Alcohol
  - > Obesity, elevated LDL
  - > Treat Atrial Fibrillation
  - > Reduce inflammation



### Other causes of impairment

- Learning disabilities
- Hearing/vision loss
- Sleep deprivation
- Vitamin / nutritional deficiencies
- Stroke/ Tumors
- Alcohol
- Seizures
- Meningitis

- Psychiatric
- Malingering
- Delirium\*\*\*\*
  - Medications
  - Dehydration
  - Infection/ UTI
  - Organ failure: Lung, heart, thyroid
  - Diabetes

#### The Genetics Story

- Down's: (trisomy 21) with young AD (1929)
- "Young" onset before 65 (vs "early")
  - Presenilin 1 (xsome 14), Presenilin 2 (xsome 1), APP (xsome 21): Account for <5% of cases</p>
- Apo e44 accounts for 2-5% of late onset
  - "risk gene" DOES NOT PREDICT
- > Is Alzheimer's one disease?
- Should we get gene testing?
- > GINA (Genetic Nondiscrimination Act) (2008)
  - > only for health insurance and employment
  - No protection on Life and LTC insurance

## Medical Treatments?

- Cholinesterase inhibitors [donepezil, galantamine, rivastigmine & combo]
- NMDA receptor blockers [memantine]
- > Anti Amyloid antibody infusions
  - aducanumab (Aduhelm), lecanemab (Leqembi) donanemab (Kisunla)
  - Outrageously Expensive \$32K/yr+
  - Serious side effects: brain bleeds, death
- Supplements, Prevagen, hyperbaric oxygen, transcranial stimulation
- > Future hope: Anti Tau, Genetic modifications

## Management

- Stop offending meds
- Reverse deficits
  - Cataracts
  - Hearing aids
  - Physical therapy
- Adapt to deficits
  - Modify vehicle
  - Set up auto pay
- > Shunt

## Support Services

- Alzheimer's Association
- Support groups
- Gardens / Animals
- Area Agencies on Aging
- > Home Health
- Private duty care
- Adult Day Care
- Assisted Living
- Memory Care
- Nursing home Care
- Hospice



### Some examples





## LESSONS LEARNED

#### Not her normal!



- 87 y/o with a Masters in Education, volunteer tax preparer for AARP
- At 88 she was late with her taxes
   & her papers were in disarray.
- Neuropsych testing: "normal"
- BUT it wasn't HER normal!!
- Progressed to classic AD

#### Know Baseline



- 28 y/o man with high fever marked change in mental status and stiff neck
- LP showed meningitis
- Treated with antibiotics and recovered, but cognition impaired to our testing
- We advised his friends he may not fully recover.
- > They said he was back to his old self.

#### **Over Medication**



- 66yo with 3-year slow decline in cognition & function
- > Initial diagnosis: dementia, AD
- Likely Dx: delirium
- Stopped most medicationsled to full recovery
- Lived independently until death from cancer 4 years later

#### Too old to treat?



- 90 y/o man with advanced dementia
- Diagnosis "AD"
- Neuro SYPHILIS test positive
- Allergic to penicillin/Desensitized
- > IV penicillin given
- Patient fully recovered until death 4 years later

## The magician

- 73 y/o magician <u>complained of</u> <u>memory loss</u>
- Mini Mental state Exam = 30
- Dx: Depression
- Specialized in memory tricks
- Progressed to classic AD over 3 years
- If they complain about memory, they may be right

## Importance of autopsy



- For family
- > For research
- For future patients
- For teaching
- How do we know when we are wrong?

## Too good to be true

- > International multibillion dollar Scam
- > June 2019----The dinner/talk
- > The investigation
- Mastermind of protocol NYT best seller
- > UCLA & Cleveland Clinic connections
- Alerted: media (local, NYT, STAT), AARP, Alzheimer's Association, AG, FBI, FTC [NYT article 5/2025]
- > Still on Facebook & very popular





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