Early testing has become critical in dementia care

Alzheimer's Association 2019 ‘Alzheimer’s Disease Facts and Figures’ report reveals need for early screening

- By Jennifer Parks

Apr 7, 2019

The most recent Alzheimer’s Association “Alzheimer’s Disease Facts and Figures” report provides a statistical resource for U.S. data related to Alzheimer’s disease. It also found about half of seniors are being assessed for thinking and memory issues. (Special Photo)

Jennifer Parks

ALBANY — Findings from the Alzheimer’s Association 2019 “Alzheimer's Disease Facts and Figures” report released last month show that, despite a belief among seniors and primary care physicians that brief cognitive assessments are important, only half of seniors are being assessed for thinking and memory issues, and fewer receive routine assessments.

The issue becomes more prevalent as baby boomers age, so it has become reality that early assessment is necessary in order to improve overall quality of life for patients as well as their caregivers.

“This is critical because we have some patients, because of their educational level and overall intelligence, they can mask symptoms,” Dr. Derek Heard, a family medicine physician at Phoebe Primary Care of Albany, said. “My father was college educated, and he found ways to complete different tasks.

“Now he has been diagnosed, and we are dealing with that.”
The report provides the latest statistics on Alzheimer’s prevalence, incidence, mortality, costs of care and impact on caregivers nationally and in Georgia — while examining awareness, attitudes and utilization of brief cognitive assessments among seniors age 65 and older and primary care physicians.

A brief cognitive assessment is a short evaluation for cognitive impairment performed by a health care provider that can take several forms — including asking a patient about cognitive concerns, directly observing a patient’s interactions, seeking input from family and friends or using short verbal or written tests that can be administered in the clinical setting.

“(The family) may catch small changes over time,” Heard said.

An evaluation of cognitive function is a required component of the Medicare annual wellness visit, but findings from the report show only one in three seniors is aware these visits should include this assessment.

“There are new Medicare guidelines for wellness exams, and our organization has been educating to let people know this is something Medicare does pay for,” Heard said. “If you have Medicare, you should avail of the free yearly assessment.”

Heard said his practice is seeing patients three or four times over the course of a year, often making it the first point of contact when signs of dementia occur. Up until now, the focus in primary care has been on fixing an illness — but now there is a stronger emphasis on wellness.

For dementia, this may mean earlier intervention. If a patient tells a physician they cannot count money or go to the grocery store anymore, that may be sign further evaluation is needed.
“Anytime you can intervene is good, but the earlier you can intervene the (better chance) of slowing decline,” Heard said. "We can get them started on medications, and (there is) time to get them started on social services.

“We are viewing medicine differently. We don’t want to treat an illness, we want to prevent it if possible. I am looking for things I did not before.”

Early screening for dementia also means an earlier appointment with a neurologist and connections to respite services such as the Alzheimer’s Outreach Center in Albany.

“The burden on the family is lessened,” Heard said. “We can delay progression. As a child of a patient with dementia, (I can say) it has lessened our burden as a family.

“Having time to do that for the family is vital. The caregivers take the brunt of it.”

Nursing home admissions are costly, and resources are often in short supply at places such as the Alzheimer’s Outreach Center. And that is a nationwide issue.

“As we see more and more baby boomers reach this age, we know we will see more and more of these patients,” Heard said. “Medicine is never perfect. Not just in Albany, but globally, we are still trying to keep up with Alzheimer’s.

“The medical community could do more, but we have seen the benefit (of early intervention) and we know it is coming. It is imperative we look forward.”

The report found that, among both seniors and primary care physicians, there is widespread understanding of the benefits of early detection of cognitive decline and the importance of brief cognitive assessments. Eighty-two percent of seniors believe it is important to have their thinking and memory checked, and 94 percent of primary care physicians consider it important to assess all patients age 65 and older for cognitive impairment.
“There is a fast growing human and financial impact of Alzheimer’s in Georgia,” Alzheimer’s Association Georgia Chapter Executive Director Linda Davidson said. “Early detection of Alzheimer’s or related dementia offers numerous medical, social, emotional and planning benefits for both affected individuals and their families.”

The report found that one in seven seniors says he or she receives regular cognitive assessments for memory or thinking issues during routine health checkups, compared with blood pressure (91 percent), cholesterol (83 percent), vaccinations (80 percent), hearing or vision (73 percent), diabetes (66 percent) and cancer (61 percent).

“We need to talk about dementia from the same standpoint (of other illnesses),” Heard said. “(When) we are not doing these things, we are seeing more burden in the health care system as a whole.”

The “Facts and Figures” report also reveals a disconnect between seniors and primary care physicians regarding who they believe is responsible for initiating these assessments and reticence from seniors in discussing their concerns. The survey found that while 51 percent of all seniors are aware of changes in their cognitive abilities — including changes in their ability to think, understand or remember — 40 percent have discussed these concerns with a health care provider, and only 15 percent of seniors report having ever brought up cognitive concerns on their own.

Ninety-three percent of seniors say they trust their doctor to recommend testing for thinking or memory problems if needed. Forty-seven percent of primary care physicians say it is their standard protocol to assess all patients age 65 and older for cognitive impairment. Twenty-six percent of seniors report having a physician ask them if they have any concerns about their cognitive function without seniors bringing it up first.

“Our hope is that through the awareness of this report, that the discussion of cognitive assessments among seniors and their physicians will begin to become as important as other annual checks like blood pressure for instance,” Davidson said.
Most physicians say they welcome more information about assessments, including which tools to use (96 percent), guidance on next steps when cognitive problems are indicated (94 percent) and steps for implementing assessments efficiently into practice (91 percent).

“Here in Georgia, we have education classes and materials that we provide to those living with Alzheimer’s and their caregivers on how to talk to their physicians about their memory concerns and other cognitive issues,” Davidson said. “We also have materials for caregivers on how to talk to their loved ones if they suspect any issues and how to talk to them about seeing a physician about their concerns.”

The report said an estimated 5.8 million Americans of all ages are living with Alzheimer’s dementia this year, including 200,000 under the age of 65 — and 150,000 of whom are Georgia residents. By 2025, the number of people age 65 and older with Alzheimer’s dementia is estimated to reach 7.1 million — an increase of 27 percent from those age 65 and older affected this year.

Barring the development of medical breakthroughs, the number of people age 65 and older with Alzheimer’s dementia may nearly triple from 5.6 million to 13.8 million by 2050. Two-thirds of Americans over age 65 with Alzheimer’s dementia are women, and Alzheimer’s remains the sixth-leading cause of death in the U.S. and is the fifth-leading cause of death for those age 65 and older.

In Georgia, 4,298 people died with Alzheimer’s in 2017. The state has seen a 248 percent increase in deaths since 2000, and as the population of the U.S. ages, Alzheimer’s is becoming a more common cause of death, the report said.

The total national cost of caring for those with Alzheimer’s and other dementias is estimated at $290 billion, not including unpaid caregiving, of which $195 billion is the cost to Medicare and Medicaid. Out-of-pocket costs represent $63 billion of the total payments, while other costs total $32 billion.
In Georgia, the report estimated total Medicaid costs for Americans with dementia age 65 and older is $1.18 billion for the year, a figure expected to increase 33.5 percent in the next six years.

Total payments for health care, long-term care and hospice care for people with Alzheimer’s and other dementias are projected to increase to more than $1.1 trillion in 2050 based on 2019 dollars. In 2018, the lifetime cost of care was greater for those with dementia than those without, $350,174 versus $192,575, respectively, the report said.

More than 16 million Americans provide unpaid care for people with Alzheimer’s, and in Georgia, there are 533,000 caregivers. In 2018, caregivers provided 607 million total hours of unpaid care valued at $7.6 billion. Caregivers in Georgia have $317 million higher health care costs.

The report said 48 percent of all caregivers who provide help to older adults do so for someone with Alzheimer’s or another dementia. Approximately two-thirds of caregivers are women, and one-third of dementia caregivers are daughters. Forty-one percent of caregivers have a household income of $50,000 or less.

The “Facts and Figures” report is an official publication of the Alzheimer’s Association. A full copy of this year’s report is available at https://www.alz.org/alzheimers-dementia/facts-figures.