



## **Transcript Details**

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Cognitive Screening Strategies for Alzheimer's Disease

#### Announcer:

You're listening to *Alzheimer's Disease: Towards Early Detection* on ReachMD, an editorial series produced and controlled by ReachMD. This episode is sponsored by Lilly. Today, we'll hear from Dr. Constantine Lyketsos, who's the Elizabeth Plank Althouse Professor for Alzheimer's Research and Chair of Psychiatry at the Johns Hopkins Bayview Medical Center. Dr. Lyketsos will give us his perspective on risk stratification and cognitive screening techniques for Alzheimer's disease. Let's hear from him now.

# Dr. Lyketsos:

As people get older, they have a higher risk of developing what we call Alzheimer's disease or Alzheimer's dementia. Actually, the risk increases substantially with age, such that for people 85 and older, about one in three, or in some instances 40 percent, have dementia; the most common cause of which is Alzheimer's disease.

So how do we screen for it? There are two general ways. One is to screen by eliciting complaints. So that would be a doctor, usually in primary care, talking to a patient about their general health, and asking questions about their memory, their day-to-day functioning, their ability to drive, and so forth. Especially, ask those questions of family members who know the patient well because it's often family members who notice these changes as opposed to the patients who may not be aware of them. So that's really eliciting the complaints from the patient and the family.

The other way to screen is to do what are called bedside cognitive tests. These can be done in primary care or any doctor's office. There are a couple of examples; one is the Montreal Cognitive Assessment, which got a lot of attention in the media when it was administered to President Trump a few years ago. The other test is called the Mini Mental Status Exam. And these are good screening tools that will help rule in or rule out whether there's a concern. In and of themselves, they're not diagnostic, but then there's the next step for proper diagnostic assessment that can sort out whether Alzheimer's is present or not.

Now I do want to emphasize that we don't recommend nowadays that everybody of a certain age be screened one way or another routinely because that kind of screening usually doesn't help the patient. But we're really focusing on people or their families who are concerned that something is wrong. That's when this kind of more systematic approach to screening should be implemented.

Early detection for people who have Alzheimer's disease, or really the symptoms of Alzheimer's disease, is important for a number of reasons. First of all, if someone is having memory symptoms, they could have a number of reversible problems that could be dealt with. Things like depression, sleep apnea, or a number of conditions that can lead to memory symptoms and raise concerns about Alzheimer's disease could be reversible.

But true early detection, meaning that someone does have the condition and it's detected early, makes a difference because it provides two opportunities for the person. One is for them to plan in the long term if they have Alzheimer's disease. Because there's no cure right now, the anticipation is the condition will worsen. So by catching it early, it gives them a chance to plan for the kinds of things that they would want to see happen to them down the line. But it also offers them the opportunity to implement lifestyle changes or manage their health in ways that change that trajectory. So it is possible to slow down the progression of Alzheimer's disease in someone who has it, but one has to catch it early and be very systematic about it.

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