August 2018

Sneak a Peek of the New Healthy Brain Initiative Road Map

The number of Americans living with Alzheimer's is growing — and growing fast. What can public health do? To help public health leaders chart a course to prepare all communities for Alzheimer’s and other dementias, the Alzheimer’s Association and the Centers for Disease Control and Prevention (CDC) unveiled a preview of the Healthy Brain Initiative’s (HBI) State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map at the national Healthy Aging Summit. The new HBI Road Map, to be fully released this fall, serves state and local public health leaders as a quick-start guide to help them mitigate the future impacts of dementia, particularly among vulnerable populations. The executive summary introduces this third HBI Road Map so public health practitioners can start using the guidebook’s menu of 25 actions to promote brain health, improve care for people living with cognitive impairment, and better support caregivers.

To develop this new Road Map, an expert and practitioner leadership committee assessed progress with the second HBI Road Map (2013-2018), consulted with more than 100 stakeholders, and formed an agenda with the most needed and practical steps that state and local public health departments can accomplish. Organized into four Essential Services of Public Health, the guidebook enables public health to act now to realize a better future for communities impacted by dementia.

Stay tuned to this newsletter for the forthcoming release of the full HBI Road Map later this fall. If you are not already subscribed, be sure to sign up for this newsletter at alz.org/publichealth to stay connected. Please encourage interested colleagues and peers to subscribe to Alzheimer's Public Health News to stay up-to-date on the HBI Road Map and learn about opportunities for leadership.
One in nine adults aged 45 and older report experiencing subjective cognitive decline (SCD) — that is, a self-reported increase in confusion or memory loss that is getting worse — according to new analysis by the Centers for Disease Control and Prevention (CDC)’s Alzheimer’s Disease and Healthy Aging Program. Combining data from the 2015 and 2016 Behavioral Risk Factor Surveillance System (BRFSS) surveys, the analysis indicates that 11.2 percent of adults reported SCD, half of whom reported their memory issues caused interruptions in everyday life.

Subjective cognitive decline, including memory loss, is typically one of the earliest warning signs of cognitive impairment and Alzheimer’s disease, and an increasing body of research (see below) indicates that modifying certain risk factors can reduce the risk of further cognitive decline. Despite the benefits of early detection, the new CDC analysis shows that less than half (55 percent) of individuals with SCD have talked to a health care provider about their cognitive problems. Read the full analysis in CDC’s Morbidity and Mortality Weekly Report.

Data like these support the need for increased public awareness about cognitive health across the lifespan, as recommended in the forthcoming HBI Road Map. Public health can encourage people to discuss cognition with health care providers. One way is to partner with their local Alzheimer’s Association chapter to deliver the Know the 10 Signs public awareness campaign.

Intensive Blood Pressure Control Lowers Risk of MCI

The risk of developing mild cognitive impairment (MCI) among older adults can be significantly reduced through intensive blood pressure control, according to new research presented at this year’s Alzheimer’s Association International Conference® (AAIC) in Chicago.

Older adults who maintained a lower systolic blood pressure...
Older adults who maintained a lower systolic blood pressure (targeted to be ≤120 mm Hg) had a 19 percent lower rate of developing MCI than older adults with a higher systolic blood pressure (targeted to be ≤140 mm Hg). Researchers also found a 15 percent lower rate of MCI plus all-cause dementia among the intensive versus standard treatment group.

The Systolic Blood Pressure Intervention Trial (SPRINT) is a randomized clinical trial examining older adults at increased risk for cardiovascular disease, but without diagnosed diabetes, dementia, or previous stroke. One-third of the participants were African American and ten percent were Hispanic. Using a combination of antihypertensive medications, researchers examined differences between the lower, intensive blood pressure goal and a higher, standard target goal.

“This study shows more conclusively than ever before that there are things you can do — especially regarding cardiovascular risk factors — to reduce your risk of MCI and dementia,” said Dr. Maria Carrillo, Chief Science Officer for the Alzheimer’s Association.

The forthcoming HBI Road Map recommends state and local public health leaders integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications and campaigns. Public health practitioners can incorporate brain health messages in their health promotion, chronic condition education, and smoking cessation campaigns. Other avenues include utilizing community education resources from the Administration for Community Living or promoting the Mind Your Risks public awareness campaign developed by the National Institutes of Health.

Research Roundup: Alzheimer’s Association International Conference (AAIC)

Each year, the Alzheimer’s Association International Conference® (AAIC) convenes the world’s leading scientific and clinical researchers, investigators, and clinicians to share insights and discoveries on the prevention, detection, diagnosis, and treatment of Alzheimer’s and other dementias.

Conference announcements included the release of the first U.S. national consensus best clinical practice guidelines regarding clinical evaluation of cognitive impairment suspected to be due to Alzheimer’s disease and related dementias by physicians and nurse practitioners across care settings. Convened by the Alzheimer’s Association, the interdisciplinary group of experts used a rigorous process for evidence-based consensus guideline development. According to the workgroup, a timely and accurate diagnosis increases autonomy of patients at earlier stages of dementia in decision-making, allows for early intervention to maximize care and support opportunities and potential treatment outcomes, and may also reduce health care costs.
Additional research highlights from this year’s AAIC are as follows.

**Dementia Prevalence Among LGB Older Adults** — 7.4 percent of lesbian, gay, and bisexual study participants aged 60 and older have diagnosed dementia. This is the first-ever dementia prevalence estimate for sexual minority older adults in the U.S.

**Link Between Reproductive History and Dementia Risk** — in a large-scale epidemiological study, women with three or more children had a 12 percent lower risk of dementia compared with women with one child. Miscarriages were associated with an increased risk of dementia among study participants. The findings help add to our understanding of the complex reasons why almost two-thirds of Americans with Alzheimer’s are women.

**Phase II Drug Trial Shows Amyloid Reduction** — secondary analysis of BAN2401, a phase II clinical trial, revealed reduction in amyloid plaques and improvement in cognition and function. While the analysis was not powered to demonstrate efficacy in cognitive outcomes, these results indicate that amyloid remains an important therapeutic target in the treatment of Alzheimer’s disease.

**Increased Clinical Trial Enrollment Among African Americans** — custom messaging to the African American community increased clinical trial participation for Alzheimer’s and dementia research. The total minority percentage at the Indiana Alzheimer Disease Center increased from 8.8 percent to 19 percent.

The Alzheimer’s Public Health E-News is supported (in part) by Cooperative Agreement #5 NU58DP006115-04, funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the Department of Health and Human Services. For subscription services, please visit [http://alz.org/publichealth](http://alz.org/publichealth).