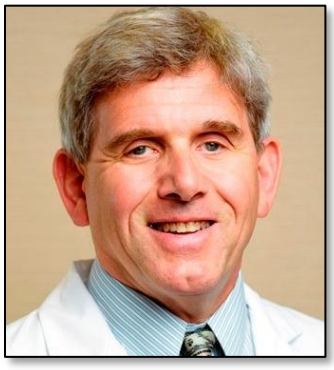
Enhancing Early Detection of Cognitive Impairment

Applications from the GSA KAER Toolkit for Primary Care Teams

GSA Momentum Discussions Podcast from The Gerontological Society of America

Aired March 8, 2023

Guest:
Joshua Chodosh, MD, MSHS
Director and inaugural endowed Michael L. Freedman Professor of Geriatric Research in the Division of Geriatric Medicine and Palliative Care in the Department of Medicine at NYU Grossman School of Medicine, Professor of Medicine and Population Health at NYU and Director of the Freedman Research Center on Aging, Technology, and Cognitive Health



Host:
Jennifer Pettis, MS, RN, CNE
Director of Strategic Alliances
The Gerontological Society of America

Jen Pettis:

Welcome to this GSA Momentum Discussion podcast, Enhancing Early Detection of Cognitive Impairment. Momentum Discussions highlight topics experiencing great momentum in the field of gerontology. We're grateful to Eisai for their support of today's Momentum Discussion. My name is Jen Pettis, and I'm the Director of Strategic Alliances at the Gerontological Society of America or GSA. And I'm delighted to serve as the host for today's discussion. Please join me in welcoming today's guest, Dr. Joshua Chodosh. Dr. Chodosh is the co-lead of the Bold Public Health Center of Excellence on Early Detection of Dementia, the Director of the Division of Geriatric Medicine and Palliative Care in the Department of Medicine at the NYU Grossman School of Medicine, and a Professor of Medicine and Population Health at NYU. Dr. Chodosh is also a member of the expert advisory panel for the GSA KAER Toolkit for Primary Care. Dr. Chodosh, thank you for taking time out of your busy schedule to join me today and for your willingness to share your insights into the importance of early detection of cognitive impairment and how primary care providers and others can take more effective approach to kickstarting brain health conversations and take actions to improve earlier detection of cognitive impairment.

Dr. Chodosh:

Jen, thanks so much for that introduction. It's really a pleasure to be here.

Jen Pettis:

Great. Well, let's jump right in. Let's start with a question, really a little bit about background and that is why is it so important that we talk about early detection of cognitive impairment?

Dr. Chodosh:

Well, it's quite amazing to me that we're even asking that question given that it's 2023, and there's so much going on in this arena, and so much wonderful advance in really moving the field, and improving detection, and having more individuals receive the care that they need and deserve. But this is so important because it's happening before our eyes and nobody's talking about it. So, it's important to detect any problem that someone may be suffering with, may be challenged by, and particularly challenged by in the face of family members and friends. And, if there's no talk, there's no discussion about it, sometimes it even magnifies the problem. So, like any other problem, talking about it often makes it better, rarely makes it worse. And it's so important when we talk about detecting cognitive impairment earlier, all that means is that it's earlier than we detected it otherwise. And very all too often, we're detecting it at a point where it's now at a level of severity. That if you don't do something soon, you'll now have a crisis on your hand, and that crisis might well have been avoided.

So, certainly in our BOLD Center, we are about detecting cognitive impairment before a crisis occurs. That's the ground layer. And what is that crisis? Well, certainly people who have cognitive impairment are going to be missing things. They're going to be missing their appointments that they may need to take. They're going to be, they may be not adding up their money appropriately and be taken advantage of. They may be losing family members or friends through broken relationships because those other those partners just don't understand. Why isn't dad talking to us? Why isn't he answering his phone? Why did he say he was coming for dinner? He didn't show up. And so very often, behaviors can be misinterpreted, feelings can be hurt, and all unnecessarily because people just didn't understand what was happening. And certainly, we continue on in our lives doing things like working and driving and doing things that may have some risk associated with it. Needing our full attention to do them well and safely. And without that, we've put ourselves at risk, we've put others at risk, and we may not be

attentive enough to know that we're actually taking these risks. So, this kind of detection highlights that helps put strategies in place to prevent these kinds of crises before they occur.

Jen Pettis:

In the first step of our KAER Framework, providers kickstart that brain health conversation. Before we talk about the conversation itself, can you share with our listeners some approaches or strategies that primary care teams can take to set the stage for a successful brain health conversation with their patient?

Dr. Chodosh:

Sure. So, whether you are a sole, a sole practitioner or a practitioner amongst many other practitioners in a group practice, and you may or may not have a nurse or a medical assistant or a receptionist. I think that first and foremost, a successful conversation is really about relationships. And it really is about we talk about positive reframe. And even the idea that we would talk about brain health as opposed to something we usually talk about, disease, is a positive reframe. So, a lot of this is really going towards what's, what do you, what do you do well, what are you succeeding at? What maybe are you having challenges with? And doing that in such a way that you're not a different person. You're not, you didn't just join a new club that you didn't want to be a member of.

That all of these things that we talk about when we talk about our physical function and our, and particularly in this case, the functioning of our brains or our brain health, really sits on a continuum. It's not, there isn't all of a sudden, you wake up and now you've crossed this very important threshold and now you're in a different group. So that's not a group you want to belong to. You know, as we get older, we find things that we don't do as well, we don't do as fast, we don't do as easily. But then we find some things that we're actually better at too. And so there are many things that occur with aging that put us at advantage to our younger counterparts. So, some, and that's also true with cognition and judgment and experience.

And so, all of those things I think have to be brought into the discussion. And so, for me, a successful conversation really is about a successful relationship. It's really about setting the stage. Making sure that the person I'm talking to knows that I have their best interest in heart. That I care about what happens to them. And that I'm going to be there for the duration. Because this isn't a one off. This isn't a one time. This is really being part of a journey. And it's really that reason that we often talk about the best place for these things to happen is in a primary care setting where those relationships already exist. Where those expectations of continuity have already been established, hopefully. And within that, there is a sense of trust. And trust is really a very, very important ingredient to having a successful conversation. I can tell you, doctor, what's troubling me, because I know I have your trust and that you will listen to me. You will not be judgmental about what I'm about to say and that you're really here. You have my best interest in mind and you're going to help me through this process. Now we can talk about anything.

Jen Pettis:

Great. The two words that really stuck out to me, there were reframing and relationships, and you certainly shared great information about setting up for that successful conversation. So, let's turn now to the actual conversation. What are some key messages with which you might approach an older adult to begin a brain health conversation? And also, in considering those approaches to conversation, how might different patient and family dyads influence your approach with the right messaging?

Dr. Chodosh:

Sure. So, when we, when we talk about having a successful conversation, immediately I turn to thinking about, well, do I have an agenda? What is my agenda? And can I, for a moment, abandon that agenda? In the sense that I don't want to have urgency about this because then it truly is my agenda and maybe it's not my patient's agenda. So, what is it about whatever's being presented to me that has relevance to what I think might also be important, but isn't necessarily in that person's frame of reference right now? And all too often, when we identify other problems, things that are of concern to another individual beyond their memory. Often if you ask people, they'll come in and they'll tell you, I'm worried about my memory. If they feel comfortable giving you that information, it's not that you created the worry, hopefully you didn't.

It's that this was something that was really concerning them, but they didn't necessarily find an avenue within which to bring it up. And so, what I will often do is, if I have somebody who I think we should be having that conversation with, at that particular time, because I've either noticed things or because maybe my strategy is I want to make sure I have that conversation with every person in my practice who is over a certain age, for example. Then I'm looking at all those other things that happen in one's life that are related to their brains. I mean, really the, our brain is our command-and-control center. It is, in many ways, the center of our being. And so, it's hard to think of something that doesn't have some relationship to the functioning of our brains.

And so, somebody may come in with a particular question about their medications and then I might pivot and say, "I note that you're on six different medications. That's a lot to keep track of. How are you doing with that?" "Do you have a system for this?" Do you just, "do you ever forget to take your pills?" You know? So now we're into a cognitive space. And so, and then the other thing I want to do is, is always normalize this. This isn't about you specifically or you especially. It's about all of us, and these are things that I talk to all my patients about. And I will use those words, "I want to talk to you further about this." This is something I have conversations with at some point with all my patients. Because it's so important. It's so important for all of us. And so sometimes we forget to take our medications. "Does that ever happen for you?" And sometimes we forget. "Do you have trouble remembering other things?" You know? So now we're off into something that's more specifically related to cognitive function and being able to perform when we need to in certain situations. And that can lead us into a much broader conversation, just as one example.

Jen Pettis:

Great. And then what if a patient resists having that brain health conversation, do you have any suggestions how you might help to meet that resistance?

Dr. Chodosh:

Sure. And this happens. And it doesn't have to happen frequently. And when somebody resists this conversation, I think we have to be very mindful about the why. Is it really because this is potentially venturing into an intrusive arena, something that people don't want to talk about. Perhaps, it can be, that can certainly be a part of it. But I then have to ask, what is it about the moment? What is it about my relationship? What is it getting back to that earlier piece? You know, what is it about the level of trust we do or we don't have? And do I need to do some more work here as opposed to kind of push on? And I will not push through if there's resistance in that way. I will take a pivot. Maybe we get to a certain point. And I said, "have you ever, has anybody ever gone through an actual strategy with you where, where they, they tested your memory?"

“Yeah, I did that once and I don't want to do that again.” Okay, well let's, then we won’t, we're not going to do that now. And so, I'll find other ways to talk about the issues and, talking about a problem and talking about life and talking about things that affect, that are affected by our thinking and memory is a little different than if I'm going to give you three words to remember and I'm going to ask you what those three words are later. That's a very different kind of experience from the standpoint of the patient. And I would argue particularly for the person who's, who doesn't want to do that, there are other ways to get at this information that maybe not, may not be quantitative, but is certainly going to start to give me many of the elements that I need to have to think about. Does this person really have, or are there a set of problems or issues that we really need to be focused on right now? Do we need to go further with this?

So, I think that's a, there are other strategies. I do think that resistance often comes when somebody approaches, I have a test I want you to do. And that often can be intimidating, if not feel, intrusive. And even that I think has to be set up in a way that is normalized, that doesn't feel like I'm now evaluating you. How good are you at doing this? That is more a part of let's see where you are now. This is just how you're doing right now. I bet if I did this at a different time, the results would look a little different. But this gives us a starting place, a way to talk about things.

Jen Pettis:

Great. Well, when we move from kickstarting the conversation, we move to the second step of the KAER Framework, assessing for cognitive impairment. And that is where we get into, when feasible and appropriate, using a validated cognitive screening tool in determining which diagnostic evaluation. And we often have clinicians say to us, “what is the right tool for their practice?” So, what's your advice for someone asking that question, what's right for my practice?

Dr. Chodosh:

So, the first part of that, the answer to that question is, there is no right tool. There are a number of considerations to go into determining what is the tool, if I'm using a specific tool, what is the one for me or what are the ones for me? So if I have the person there and they are able to communicate with me in a language that I can communicate in easily then and the kinds of questions I'm going to ask are not biased, an absence of education in that area, particularly when somebody comes from a different culture, different country, different environment, maybe that a tool will be very, we'll have a language and education bias that I have to be very careful about. But I think first and foremost, it's got to be something that is simple to do, is relatively short, doesn't take a lot of time, and it's one that I use all the time.

And so, I think, there are, certainly on a number of websites, on our BOLD Public Health website on the American Geriatric Society website, there are specific sections that speak directly to this issue. But I think it's one that I want to feel comfortable in using and interpreting. And there are some tools that are longer and that arguably require a little bit of training. May not be one that I want to use in my regular practice. I want to always use the thing that I know the best so that I'm not fumbling through it, so that I'm engendering a sense of confidence, because this is something I do all the time. So, it's really about picking a brief tool, hopefully one that's not proprietary you don't have to pay for. So, the list gets a little shorter.

Something that takes three to five minutes to complete, certainly not longer than 10 minutes. And that the results are easily interpreted. And these are not diagnostic tests, these are instruments that say to me, do I need to do more here? So, if there's no other concerns and the, and the performance on a particular tool is very good, then maybe that's all that I need to do. I'm probably done. But if there's

questions about the ability to answer the questions correctly, then I need to know in a little more depth. Are there other aspects of this person's life that they can report on or a care partner can report on that will tell me further whether there seems to be some additional things that would really mandate a little bit of a deeper dive?

Jen Pettis:

Great, thank you. And as you're thinking about that provider, particularly in primary care, busy office where they have limited available time for an encounter. They may wish to take more of an all-hands-on deck, assuming they have some nurses or patient care technicians or other partners there as part of a team. What are some examples of how other members of the primary care team other than the provider can get involved in detecting cognitive impairment?

Dr. Chodosh:

Well, there's a number of strategies. I think very few, which I, to my knowledge, have really been employed on a very regular basis. But certainly, making people aware, anybody who interacts with a person who comes into the office should be, we all sense certain things that are going on. It's a question of whether we are, whether it's front of mind, whether we're mindful enough to pay attention to something that may be bothering us is, just doesn't seem quite right. So, is this a person who's missing many of their appointments? When this person comes in and comes up to the front desk, do they seem a little frazzled or confused? Do they seem like they have trouble articulating their words, answering questions clearly? So, these are all kinds of immediate red flags where you'd want to, if you see something, say something, know or do something.

This is one of those instances where, I might have a nurse say, come up to me and say, “Dr. Chodosh, you know, Mrs. Jones just, she just doesn't seem the same as she's been. She seems a little different.” That ought to perk my ears up and say I've got to understand why. So that's one way, which is just the observation, you know, what's going on with our folks who come into the office on a regular day. And then there is the other piece that is, do you decide that there's certain members, if you're lucky enough to have a team, and not all of us do, but are there certain members who can carry out some of the work? And one way to think about that is in selecting an instrument, are there particular tools that we know do not require any level of training other than going through the instructions of how to administer the tool itself?

And the Mini-Cog is a really good example of that because there's an evidence base for this that you can train medical assistants and they can use this and use it and interpret it reliably. So that would be something that I might want to train folks to do as part of their preliminary evaluation. You know, maybe when they're taking, a blood pressure, that whole piece requires a much longer conversation because I think the setup for that is, is one that really has to be thought through. But then when we think about it, there are other tools that really are focused on asking a care partner about day-to-day function of a loved one. And so that, and you and some of those tools can be administered by the person themselves. And I think of those things as potentially being part of what's populated on an iPad in an office when someone's asking all those review systems questions that we have to go through every time we see a doctor that can take us, arguably 10 or 15 minutes putting, adding some of those items in there that could in fact then be important clues or stepping off points and dare I say, even points of discussion now coming into the visit. You've answered these questions and the doctor has this in front of them and say, “so John, I noticed you said yes to this question. Can you tell me more about that?” So

that could also provide a nice opener for having that kind of conversation that we want to see happen more often.

Jen Pettis:

Right. But finally, Dr. Chodosh, I'd like to ask you, what's next with an abnormal screening in, in other words, what are some communication strategies that the primary care provider can, in the event of an abnormal screening, can use in evaluating?

Dr. Chodosh:

This is a really important question because I would argue that this is one of the big inhibitors for primary care docs to think about engaging in this kind of clinical process. What do I do now? And, and often, you have that feared question “doc, how did I do?” You know? And so, we want to be able to answer that. And so, one of the ways, the way I always start, it's the general principle for me. You go where they are, you don't go where you are. And so, I need to know where someone is. So, I will ask, how do you think you did? And then that, that provides a, a stepping off point for discussion because they say, I don't think I did very well. I had real, I couldn't remember any of those items.

I say, “yeah, I noticed that you had difficulty with, what do you think about that?” You know, “well I think I got trouble with my memory.” I say, “a lot of us have trouble” and notice I'm using the word “us”. So, because that's a point of partnership, a lot of us have trouble with our memories. And this happens to some of us as we get older, some people don't. And this can be due to a number of things. So, I want to normalize the results. This isn't just about you. A lot of people have difficulty with this. And it's also about taking next steps. I always want people to feel like this is not summative, this is formative, this is helping us create a strategy going forward. So, this is, I'm really glad you did this is, I think this is really important for us to know and to work with.

And let's think about some things that may be affecting your ability to remember things that may be some things we can do about. So, it becomes a conversation around better healthcare strategies. But things that one could do for themselves so that they can live better and feel better. And that's, that is the part to start with. But then if I hear more concerning or severe information, I say, I think we, there's more that we should talk about. And, and do you have anybody at home that you'd like (if they're by themselves) that you would like to be part of this? Cause that might be part of this discussion because that might be really helpful. And so, I think there, there is definitely the need to normalize the findings that you have and to make sure that you've established a path forward so that people feel supported and encouraged.

But I think the what's next is only a positive conversation. If I've set up, if I'm going to use a screening tool, I've set up the tool properly by establishing proper expectations. I've seen too often, this occurs more often in the hospital I think, than in the clinic. But someone may walk in and say, so do you know what day it is today with no pretext? Right? And the patient, if they're, if they're awake enough in the moment and, and snarky enough, say what you don't know because that's what they should say. And because why are you asking me this question? Right? That's really what it is. So, giving a context to why am I doing this is really important. And then setting up expectations as the next piece, which is, which goes in two directions. Some of these questions may seem really silly and easy to do. So that, so I'm not insulting somebody's intelligence by asking them something that's just easy but might be difficult for someone else. And some of these questions may be difficult. So that when somebody has difficulty, they have less opportunity, if you will, to feel embarrassed. Because I don't want people to be embarrassed.

Jen Pettis:

Great. Thank you. This has been a great discussion and a couple of things that I heard that really stuck out to me. One, you said very early on, and that was that talking about it makes it better, it rarely makes it worse. And I think that was such a great point. And the other thing, you never actually, you didn't say the word, but all I heard throughout our whole discussion was person-centeredness. That that individual is in the center, they're driving this conversation and you're there to help them steer it along and to help them navigate their journey. But they're clearly in control of what's happening in that successful encounter about brain health or about other sensitive topics. I heard you use, “we,” I heard you use “normalize” and “positive reinforcement” and reassurance that you're there with them in that relationship to help them move forward and navigate what may lie ahead for them. What are some key points you want to leave our listeners with?

Dr. Chodosh:

Well, I think a really key point to this is this is a journey. This is not a one-off because we're all on a journey, you know as we get older, some of our abilities improve and some of them become more, some of our abilities become more challenged. And I do think that the best healthcare that one can get is the care where they actually feel like they're in partnership with their physician or other medical provider. And I hear this again and again and again, that element unto itself may have as much benefit for a person's health as whatever strategy I might offer them.

Jen Pettis:

Dr. Chodosh, thanks so much for joining us and for all the great work you do for the individuals with dementia and their care partners. Thanks also to everyone who's listening to the podcast. We hope you found it informative and enjoyed it as much as I enjoyed the conversation with Dr. Chodosh.

Dr. Chodosh:

Thanks Jen, for the opportunity and the privilege.

Announcer:

To learn more about The Gerontological Society of America, visit geron.org. The Gerontological Society of America was founded in 1945 to promote the scientific study of aging, cultivate excellence in interdisciplinary aging, research, and education to advance innovations in practice and policy. For more information about GSA, visit geron.org.