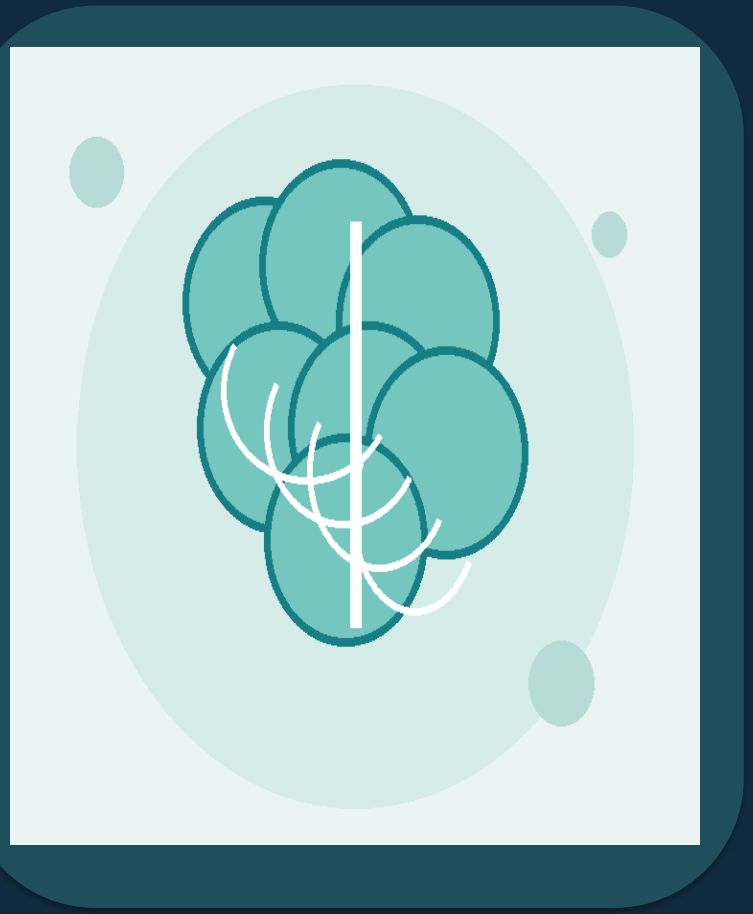
DEMENTIA CARE SEMINAR

When Memory Changes

Recognizing symptoms, understanding the primary care workup, and supporting brain health

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PRIMARY CARE • MEMORY & BRAIN HEALTH

What will we cover?

Four questions worth asking

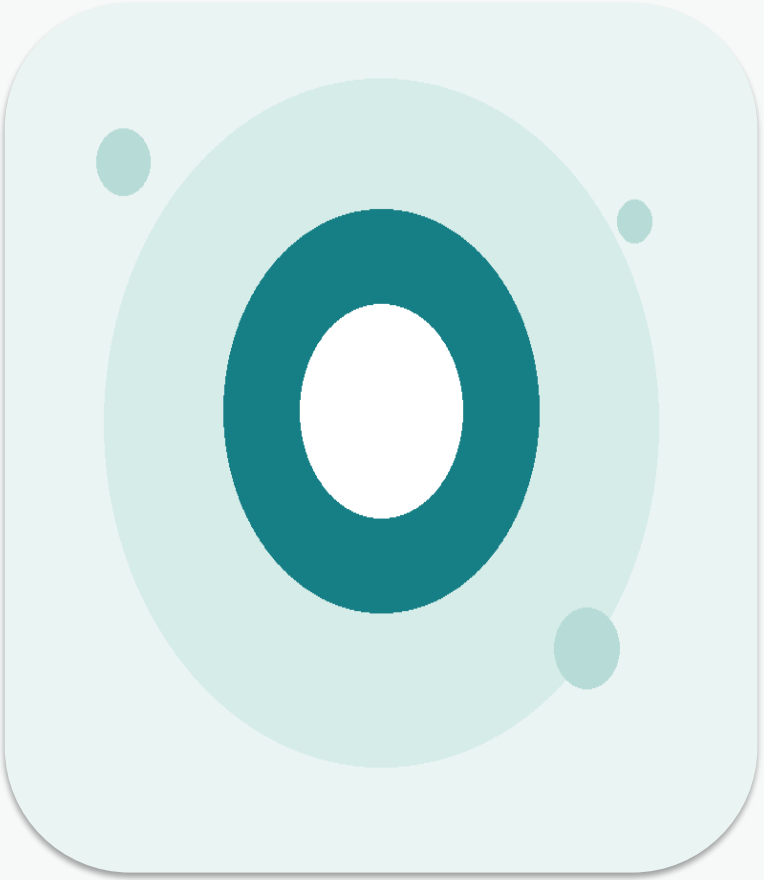
- What changes should I notice?
- When should I call my doctor?
- What does the medical workup involve?
- What can I do to support brain health?



Normal aging or a warning sign?

The key difference: impact on everyday life

- Occasionally forgetting a name, then remembering later
- Repeatedly asking the same question or getting lost in familiar places
- Needing new help with bills, medicines, cooking, or appointments



Memory is only part of the story

Watch for changes in thinking and behavior

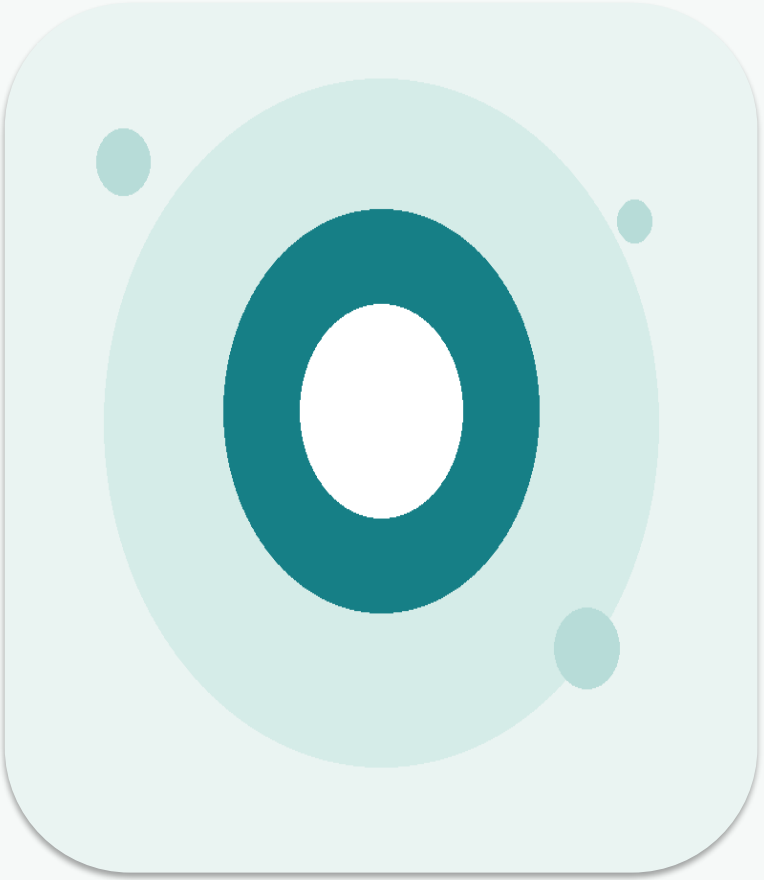
- Language: trouble finding familiar words
- Planning: difficulty following a recipe or paying bills
- Navigation: confusion in familiar places
- Judgment: unusual financial decisions or scams
- Personality, mood, or social withdrawal



When should you seek help?

Early evaluation makes a difference

- Changes are persistent, worsening, or affecting daily activities
- A loved one notices a change even if you do not
- New trouble managing medicines, driving, or finances
- Sudden confusion or stroke-like symptoms require urgent care



Your first primary care visit

We begin by listening

- When did the changes begin? Sudden or gradual?
- What tasks are harder than before?
- What medicines, supplements, and alcohol are used?
- How are sleep, mood, hearing, and vision?
- What does family notice? Any family history of dementia?



Prepare for your appointment

Bring three things

- A list of specific changes and when they started
- All medication bottles or a complete medication list
- A trusted person who can share observations



What happens during the exam?

A whole-person assessment

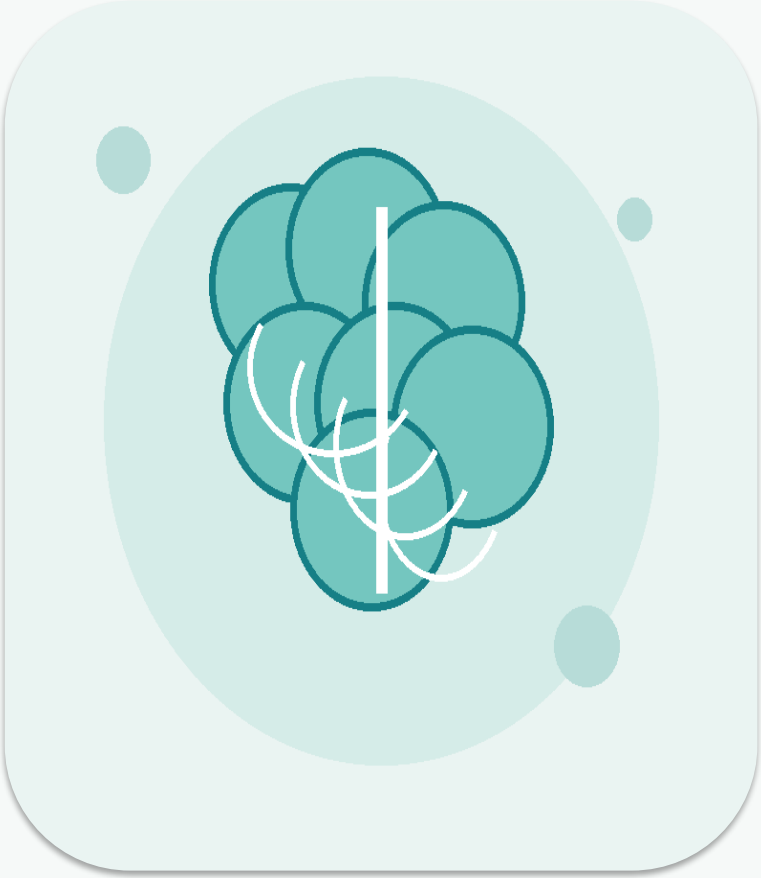
- Vital signs and focused physical/neurological exam
- Review chronic medical conditions, prescriptions, and over-the-counter medications and supplements
- Screening for depression, sleep apnea, and sensory loss
- Assessment of daily activities and safety
- Brief cognitive test when appropriate



Physical Exam: What We Look For

A focused neurological and cardiovascular assessment

- Muscle strength: any new weakness or asymmetry?
- Gait and balance: changes in walking or falls?
- Vision: new changes or difficulty seeing?
- Cardiovascular: blood pressure, pulse, and circulation



Can something else explain the symptoms?

Look for treatable contributors

- Medication side effects and drug interactions
- Depression, anxiety, poor sleep, or sleep apnea
- Thyroid problems or vitamin B12 deficiency
- Dehydration, metabolic problems, or acute illness
- Hearing and vision loss



Which blood tests might be ordered?

Tests are individualized

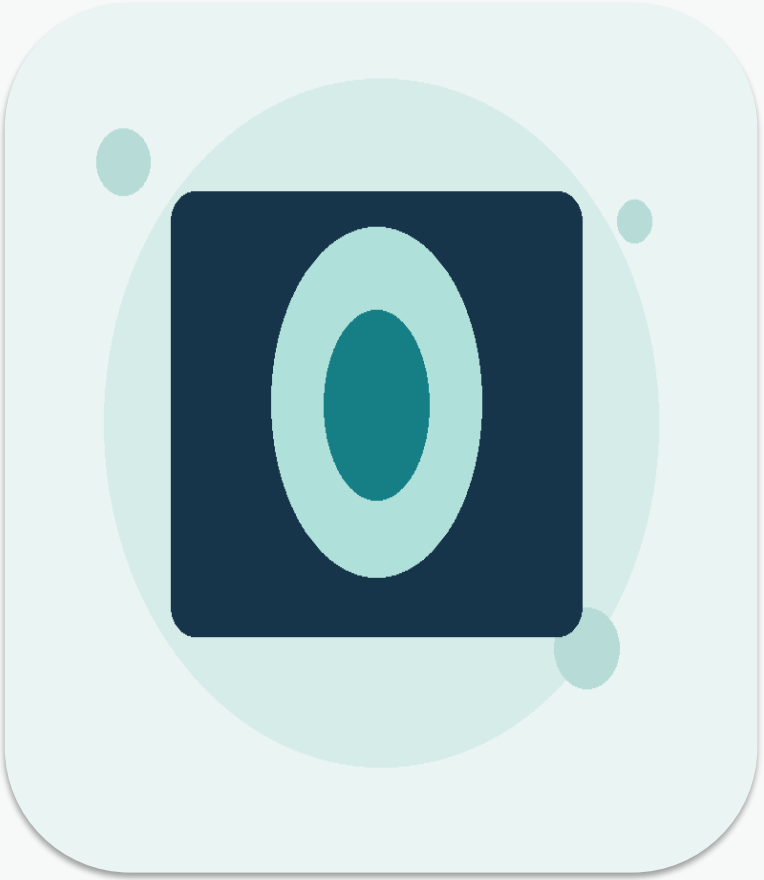
- Complete blood count and metabolic panel
- Thyroid-stimulating hormone (TSH)
- Vitamin B12
- Additional testing based on symptoms and risk factors



Will I need a brain scan?

Sometimes imaging helps explain the changes

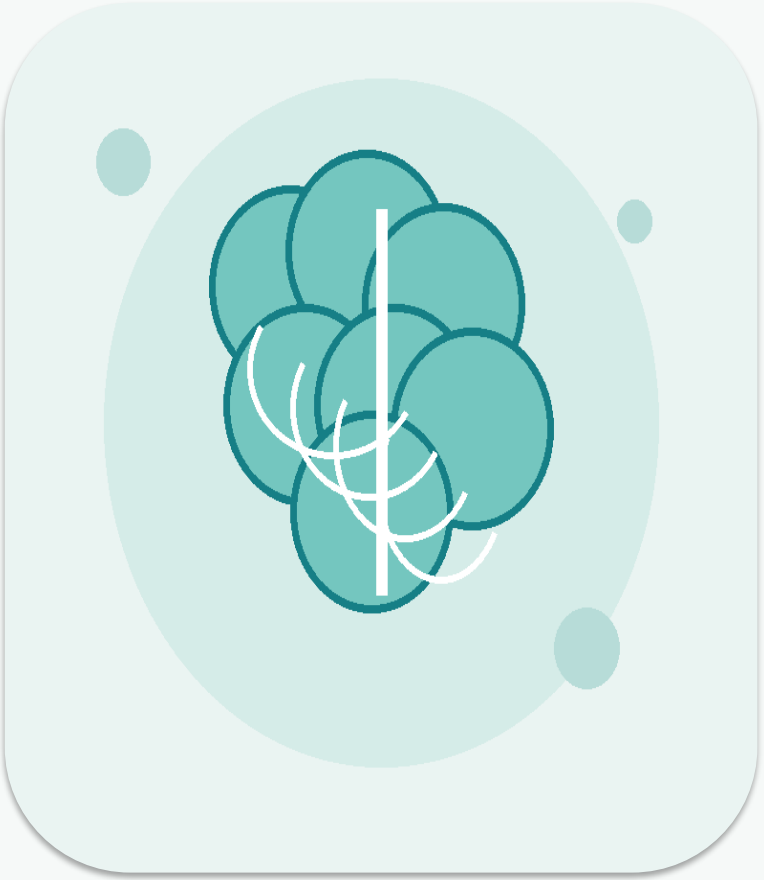
- MRI is often preferred when structural imaging is indicated
- CT may be used when MRI is unsuitable
- Imaging can reveal strokes, masses, or fluid buildup
- Not everyone needs every advanced test



What types might your doctor consider?

Different patterns guide the next step

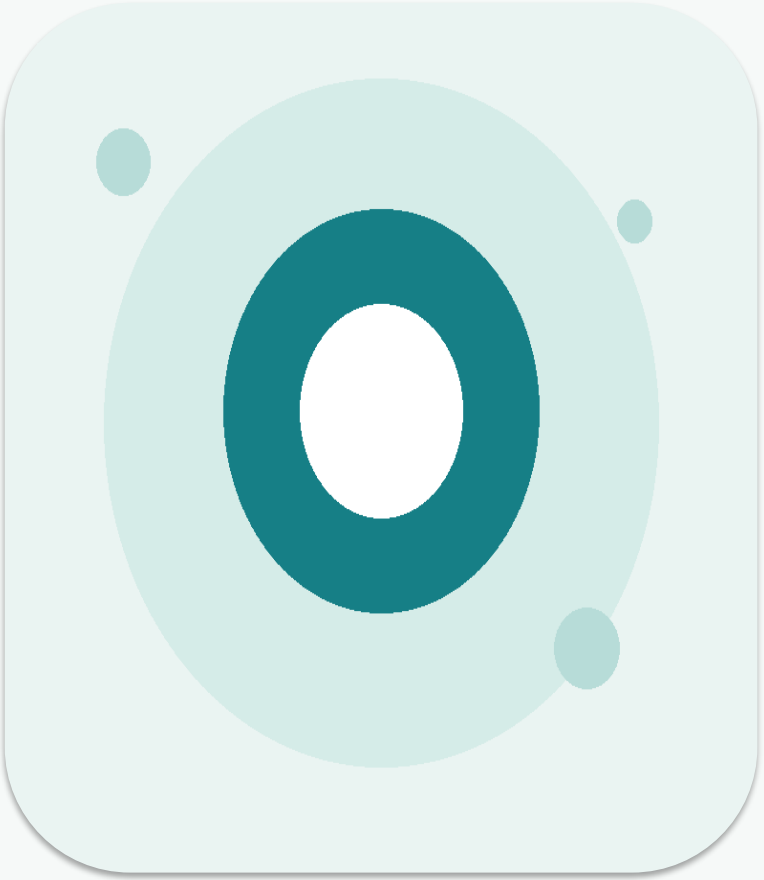
- Alzheimer’s: often progressive memory difficulty
- Vascular cognitive impairment: associated with cerebrovascular disease
- Lewy body dementia: fluctuations, visual hallucinations, movement changes
- Frontotemporal dementia: early behavior or language changes



What happens after the evaluation?

A plan—not just a label

- Treat contributing conditions and review medicines
- Discuss cognitive symptoms and functional needs
- Consider neurology, geriatrics, or neuropsychology referral
- Discuss available treatments and realistic goals
- Arrange follow-up and reassessment



Common medications used for dementia

Treatment is individualized to the diagnosis and stage

Donepezil (Aricept)
A cholinesterase inhibitor often used in Alzheimer's disease.

Rivastigmine and galantamine
Other cholinesterase inhibitors; rivastigmine also comes as a patch.

Memantine (Namenda)
Often used for moderate to severe Alzheimer's disease.

Lecanemab and donanemab
Anti-amyloid therapies for selected people with early Alzheimer's disease.

IMPORTANT TO KNOW

These medicines are not cures.

Benefits and side effects vary.

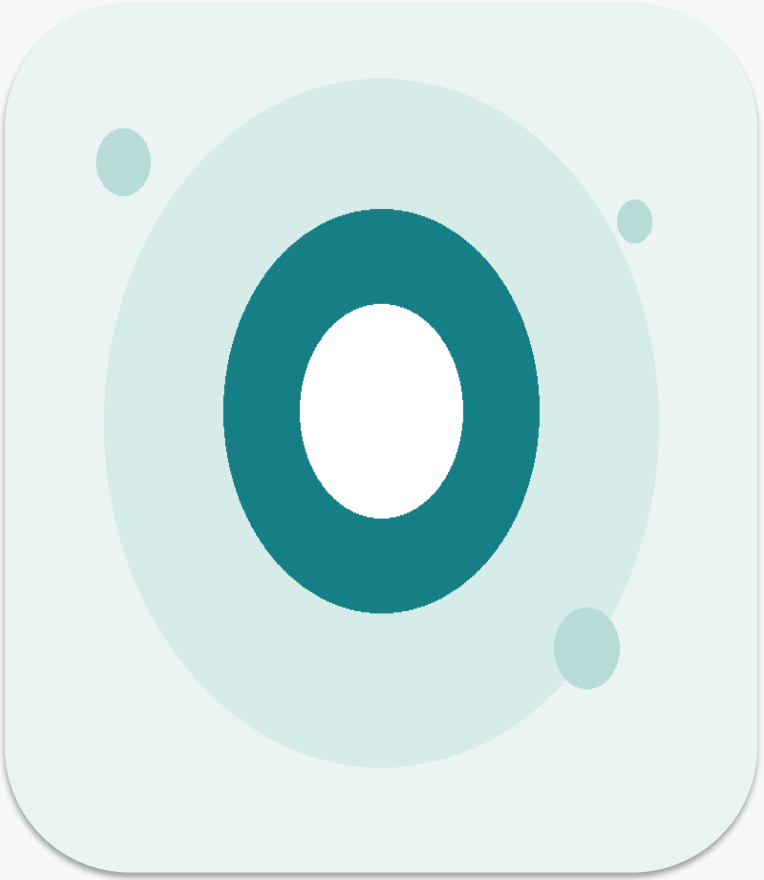
Review interactions and monitoring with your clinician.

Newer anti-amyloid drugs require specialist care and MRI monitoring.

Protecting safety and independence

Small steps can make a big difference

- Simplify medication systems and appointments
- Discuss driving, falls, cooking, and financial safety
- Create advance-care and legal plans early
- Support movement, sleep, social connection, and hearing care
- Connect caregivers with community resources



What can influence brain health?

Some risks can be changed—at any age

- Manage blood pressure, diabetes, cholesterol, and smoking
- Keep moving, prioritize sleep, and limit alcohol
- Address hearing and vision loss and stay socially connected
- Depression, head injury, and environmental exposures also matter



Move, eat, and sleep for your brain

Daily habits often matter more than a “memory pill”

- Move most days: walk, swim, dance, or garden
- Add strength and balance exercise as appropriate
- Choose a Mediterranean-style pattern: plants, fish, olive oil
- Build regular sleep habits; ask about sleep apnea
- Keep up with blood pressure, glucose, and cholesterol care



Stay connected to stay engaged

Your senses and relationships deserve attention

- Treat hearing loss; use hearing aids when appropriate
- Address vision problems and schedule eye exams
- Stay involved: clubs, volunteering, faith groups, friends
- Learn a new skill—music, art, technology, or a language
- Manage depression, loneliness, and chronic stress



Games and activities for your memory

Choose what is enjoyable—and a little challenging

- Play cards, chess, dominoes, or board games with others
- Try crosswords, Sudoku, word searches, or jigsaw puzzles
- Practice names and recall details from a short story
- Learn a new song, recipe, dance, or hobby
- Vary the challenge instead of repeating only easy tasks



Helpful apps and everyday tools

Convenience and engagement—not a cure

- BrainHQ, Lumosity: optional cognitive games and exercises
- Phone calendar, alarms, and medication reminders
- Notes, photo labels, and shared family calendars
- Library e-books, audiobooks, language-learning apps
- Use large text, simple screens, and privacy settings



What about memory supplements?

Check for deficiencies; be wary of bold claims

- Vitamin B12: replace if low or deficient
- Vitamin D: correct deficiency for general health
- Omega-3s: prioritize fish; pills do not prevent dementia
- Lion’s mane: early research, but insufficient clinical proof
- Ginkgo, high-dose vitamin E, “brain blends”: not proven



A whole-person approach to brain health

Food first • consistent habits • supplements when appropriate

Eat a Mediterranean / MIND-style diet
Leafy greens, berries, beans, nuts, olive oil, and whole grains.

Choose brain-friendly routines
Regular movement, good sleep, social time, and hearing care.

Check for nutritional deficiencies
Replace vitamin B12 or vitamin D when deficiency is identified.

Be cautious with supplements
Omega-3 pills, lion's mane, ginkgo, and "brain blends" are not proven to prevent dementia.

PRACTICAL TAKEAWAY

Eat a colorful variety of foods.

Move regularly and protect your sleep.

Stay social and keep learning.

Review supplements with your clinician.

What longevity research teaches us

The FINGER trial: several habits working together

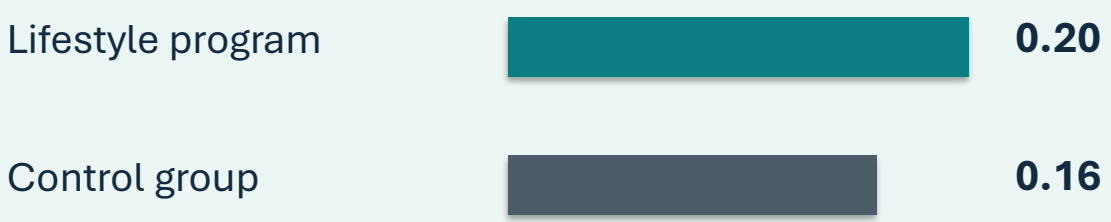
1,260 older adults

A 2-year randomized trial combined:

- Exercise and healthy eating
- Cognitive training
- Cardiovascular risk monitoring

Cognitive test results improved

Average 2-year change in overall cognitive score (Z-score):



Improved test scores do not prove dementia prevention.

14 risk factors we can address

2024 Lancet Commission: prevention starts throughout life

~45%

of dementia cases might be delayed or prevented at the population level

Heart & metabolism

Blood pressure • LDL cholesterol

Diabetes • Smoking

Physical inactivity • Obesity

Senses & connection

Hearing and vision loss

Depression • Social isolation

Education • Head injury

Alcohol • Air pollution

This is a population estimate—not a guarantee for any individual.

COSMOS: promising, not proven prevention

Daily multivitamins and cognitive testing in older adults

What researchers observed

Randomized COSMOS cognitive substudies found modest average benefits on some cognitive measures with a daily multivitamin.

What we still do not know

The trials did NOT demonstrate that multivitamins prevent Alzheimer’s disease or dementia. Results do not establish a routine prevention strategy.

2026 WHO guidance advises against routine multivitamins solely for dementia prevention without a deficiency.

Supplements: what is the evidence?

Food first • treat deficiencies • review supplements with your physician

Vitamin B12	Correct deficiency; low B12 can contribute to symptoms.
Vitamin D	Treat deficiency when indicated; prevention unproven.
Omega-3	Prefer fish in a healthy diet; pills not proven to prevent dementia.
Lion’s mane	Early small studies; insufficient reliable evidence.
Multivitamins	COSMOS signals are modest; not proven to prevent dementia.
Ginkgo biloba	No proven prevention; may increase bleeding risk.

WHO 2026: Do not routinely use B/E vitamins, omega-3 or multivitamins solely to prevent dementia without deficiency.

Inflammation, gut health & brain aging

Food-first strategies • emerging science • safety matters

LOWER CHRONIC INFLAMMATION

Mediterranean / MIND-style meals: leafy greens, berries, beans, nuts, olive oil and fish.

Move regularly, sleep well, avoid smoking and manage blood pressure, glucose and weight.

GUT HEALTH & PROBIOTICS

Support gut diversity with fiber-rich plants and fermented foods such as yogurt or kefir, if tolerated.

Probiotic studies show possible cognitive benefits, but results are inconsistent; dementia prevention is unproven.

NATTOKINASE: USE CAUTION

An enzyme from fermented soy (natto), studied for blood pressure and clot-related effects.

No human proof it prevents or treats dementia. May increase bleeding risk, especially with aspirin or anticoagulants.

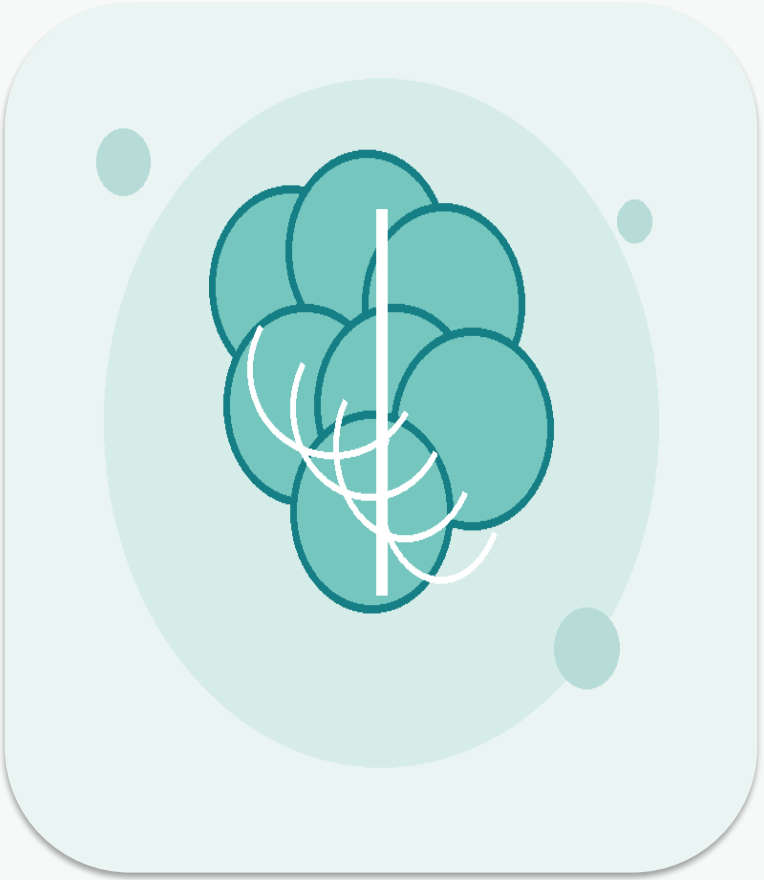
Clinical takeaway: prioritize proven habits; review all supplements and interactions with your clinician.

Sources: ESPEN dementia nutrition guideline (2024); MSKCC Nattokinase; 2025 probiotic meta-analyses.

Hormones and memory after 40

"Brain fog" does not automatically mean dementia

- Perimenopause may affect focus, word-finding, and sleep
- Hot flashes, low mood, and insomnia can worsen attention
- Thyroid conditions and other illnesses may mimic symptoms
- Menopause hormone therapy is not a dementia treatment
- Persistent or progressive changes still deserve evaluation



Technology can support brain health

Use it to build healthy habits—not to diagnose dementia

- Use step counts and gentle movement reminders to build a daily routine.
- Notice sleep patterns and discuss persistent problems with your clinician.
- Set alarms for medications, appointments, hydration, and activities.
- Keep learning and connecting
- Try puzzles, language lessons, calls with family, or group classes.



Apple Watch: practical ways to use it

A watch can be a gentle coach and an everyday safety tool

- Track movement and make activity goals achievable
- Use reminders for medications, appointments, and routines
- Review sleep and heart rhythm notifications with your clinician
- Enable fall detection and emergency features when supported



What about smart rings?

Oura Ring and Nova Ring can make sleep and activity trends easier to see

- Smart rings can track sleep and activity trends
- Use trends to build consistent sleep and movement habits
- Bring concerning changes to your primary care visit
- A ring cannot diagnose dementia or guarantee prevention



Try a 7-day technology challenge

Start with ONE tool that fits your needs and comfort level

- Set one movement reminder
- Practice a consistent bedtime
- Use a calendar or medication reminder
- Try a new puzzle, hobby, or social activity



Your 7-day brain-health challenge

Pick two small changes to start this week

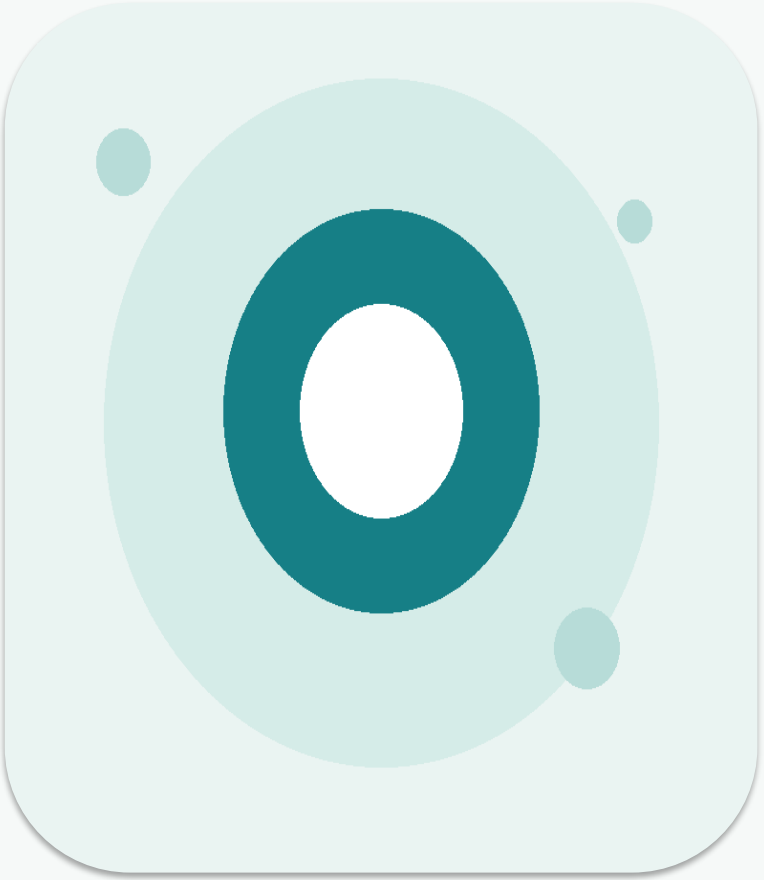
- Walk or move for 10–20 minutes on most days
- Call or meet a friend and plan an engaging activity
- Try a new game, class, book, or hobby
- Check sleep, hearing, vision, and medication concerns
- Bring new memory worries to your primary care clinician



The three messages to remember

Notice. Evaluate. Support.

- Dementia is not normal aging—but not every memory problem is dementia
- A primary care evaluation looks for causes and a path forward
- Getting help early protects choices, safety, and quality of life



Trusted resources

For patients, families, and caregivers

- National Institute on Aging: nia.nih.gov
- Alzheimer’s Association: alz.org | 24/7 helpline 800-272-3900
- CDC Healthy Brain Initiative: cdc.gov/aging
- Talk with your primary care clinician about local support

