

PLANTING NEW SEEDS FOR CHANGE

Screening For Brain Wellness & Monitoring For Change (It's Not All About Dementia!!)

Contributed by Teepa Snow, MS, OTR/L, FAOTA

In a recent survey, brain change has become the most feared aspect of aging and yet the awareness of, and screening for, is lacking. All around the world people concerned about their own, or someone else's, brain function tend to make the following statements: "How do I get her to the doctor?" "I know I'm losing it, but the physician just thinks it's stress" "Well of course she's forgetful, she's ___(fill in the age), but I am sure it is just her anxiety!" "He sure won't listen to me, I told him he needs to get himself checked out, but he argues with me!" "Why isn't the doctor doing something about her thinking problems?" "He is so depressed, I'm sure that's all it is."

What these comments and questions reflect is a lack of a universal way to monitor our most vital resource in living our lives fully and well, our brain function. Unlike most other body functions, we tend to be reactive and only want to do something when we notice, or at least someone notices, something is changing. However, we don't routinely keep an eye on that something to make sure the CHANGE is noticed as soon as possible to trigger more timely and effective responses.

In my opinion current screening practices around the condition called dementia are not working for people, families, systems, or communities. What we are calling screening is not what is most helpful. It is way too little and way too late. It is simply used to label someone, not note early signals that there is a possible change in ability or function that should be assessed or evaluated to determine what it is, why it is happening, and if there is anything we can do to address the changes, slow the changes, or eliminate the changes. Screening is supposed to help us notice the difference among normal, changing, and changed abilities, NOT diagnosis Alzheimers.

What screening tools and processes am I talking about? The primary and most frequently used tool is still the MMSE (Mini-Mental State Exam or Folstein). This tool was first introduced over 40 years ago in 1975, and it was revised and made popular in 1999. The MMSE was originally proposed as a screening tool to help identify possible delirium, depression, or dementia in elders. It was freely available and became widely used as a quick tool to note whether there seemed to be an impairment and how severe the loss was for various educational levels along with what amount of support might be needed. [Here is one example of how it was scored and to be used.](#)

Unfortunately, there are many pieces that have proven to be less helpful than first thought as we learn more about various reasons that there might be brain changes, how the brain preserves some areas of function, how progression patterns vary, as well as how coping strengths can be used for short periods of time masking changes that do exist. On the MMSE, the person is asked to remember three words after hearing them and recalling them after they are said. We now know that a normal range for retaining words is five not three. We are also

now aware that strong emotional reactions can help cement information into long term memory allowing retrieval later (even months later); hence an improvement on a MMSE score over time may not be due to medication impact, but rather the impact of the testing experience on the person who felt it was incredibly important to test well in front of the health care provider. We also now realize that some forms of dementia do not affect orientation skills in the early phases to a large extent, but rather greatly impact executive control functions. The MMSE has ten questions that are time and place orientation questions, AND it is the first topic covered in the 30 question examination. Additionally, there are many reasons for poor scoring other than dementia including aphasia from a stroke, socio-economic differences, authority figure and performance anxiety issues, and undetected hearing problems, among others. No one determines pre-examination abilities to subtract a series of five 7s in your head. So is your inability life-long or just recent?

The largest issue for me however, is that we do not routinely screen for a condition that is now more feared than cancer for those over the age of 65. [Dementia is now the most feared of all health problems for elders.](#) It is important to note that even those in the younger baby boomer group are concerned about their cognitive health and well-being. Given that almost everyone identifies it as a medical or health condition, who would you expect to keep an eye out (screen) for its onset or initial symptoms? The most logical answer is a health care provider. So, given that dementia is a fairly common condition experienced by those over the age of 65-70, it is the most feared of all health problems for this age group, and the public thinks and believes medical professionals monitor for health problems during routine physicals and check-ups, you would think that screening for cognitive change is routine, right? WRONG! Currently it is estimated that less than 10% of medical providers offer any sort of routine screening for change in cognitive abilities. The majority of those who do a screening simply ask, "So how has your memory been?" and many others use the outdated and lengthy MMSE.

I believe it is time for a change, actually, several changes!

The first change I would propose is to consider identifying dementia as a life condition NOT a medical condition. It changes your life, not just your physical or mental health. It changes relationships, abilities, rights, living arrangements, interests, sense of self, and perceptions. You are still present and coping as best as you can with what does work as it always did, using what remains and what works while attempting to remain as fully present as you can in your life. This change should prompt us to look beyond medical support to live life with dementia. We would potentially seek out legal support, social support, spiritual support, cognitive support, housing support, and family support as part of our game plan to live well throughout the condition.

The second change is that we consider providing a brief and regular cognitive functional status screening for everyone over the age of 50. This screening should not require a medical professional's involvement. This screening would allow each of us to establish a baseline for ourselves and enable us or those around us to notice any change from the baseline. Once a difference is noticed, that is when further screening is indicated to find out WHY the change is happening and what we can do to address risk, plan for the future, as well as seek out support and guidance. I believe short and simple is better than fancy or lengthy. It is a screening not an evaluation. My thinking is that we each find someone (or maybe two people) in our lives that we trust and believe in with depth. This person or these people will serve as my proxy if I have a change that is not apparent to me. Therefore, they must be well trusted and preferable skilled

in how to approach the change they note, but I don't. If on the other hand I do see a change, they would be my go-to partners who would support and advocate for and with me to get it effectively investigated. The task is fairly simple. Ask them to listen to us name as many animals as we can in a minute. Animal fluency is part of verbal fluency. The ability to stay in a familiar category of words and come up with a list is not something that routinely deteriorates, unless something is causing changes in functional capacity related to vocabulary and language. We may slow a little over our life time, but we continue to learn new words or remember the ones we have unless something goes wrong in that section of brain activity. When we do this screen, it might be easier to record our answers on a smart phone and then play them back. Counting the number and noting the number of animals in a grouping (typically it might be around five or so). The first time we do it, it is used to establish our BASELINE, then we could repeat this screening every six months to a year or when there seems to be something changing. This regular check-up could allow us to notice early signs of depression, delirium, chronic medical conditions such as diabetes, hyperthyroidism, or hypertension, as well as a possible addiction problem, hearing changes, anxiety or stress issues, sleep problems, medication problems, and many other issues. Notice the lack of the word dementia mentioned here. All these conditions can cause a change in ability, and all of them should be sorted out and evaluated before we immediately jump to the conclusion that what is happening is inevitable, irreversible, progressive, and terminal. This is what screening should be doing. If we check out these other options, then we can screen for which dementia we might be seeing and what that means for me and all those around me. It can also allow us to open ourselves to conversations about our concerns, reduce the distress of seeing the medical advisors, and use them and their expertise more effectively. Here are a few articles on the animal fluency screen to consider.

[What Is the Verbal Fluency Test and How Does It Screen for Dementia?](#)

[Take the Test](#)

The third change is that we consider screening for signs of POSITIVE brain changes among ourselves and those in support and care positions. What are we doing to improve our brain condition and enhance our cognitive abilities? Maybe we can consider being PROACTIVE rather than reactive. Perhaps we might take on the challenge and engage in opportunities to try new things, practice new skills until they become new brain synaptic connections, rehearse what is difficult until it becomes possible then enjoyable, and get off our HABIT and ROUTINES bus and find a few new things to do each day or week. Simply not having dementia should not be our goal, but rather finding ways to keep our brain actively engaged and working well and fully is what will buy us time, give us the edge, and reduce the risk.

As a people we are able to live longer, but with that comes the increased possibility for home (our body and brain) to suffer changes and possibly break down. Dementia has become the most feared aspect of aging yet we do not regularly screen for it or actively prevent it. Brain health is sought after, but we don't even know where we are starting from, because we don't have a baseline. Isn't it time to change our brain attitude and get curious? As a FDR once said, "The only thing we have to fear is fear itself!" Let's choose to be courageous and prepared for what is and what may be, not fearful and angry!