Understanding Disparities in Alzheimer's & Other Dementias

USAGAINSTALZHEIMER'S CENTER *for*
BRAIN HEALTH EQUITY

Acknowledgement

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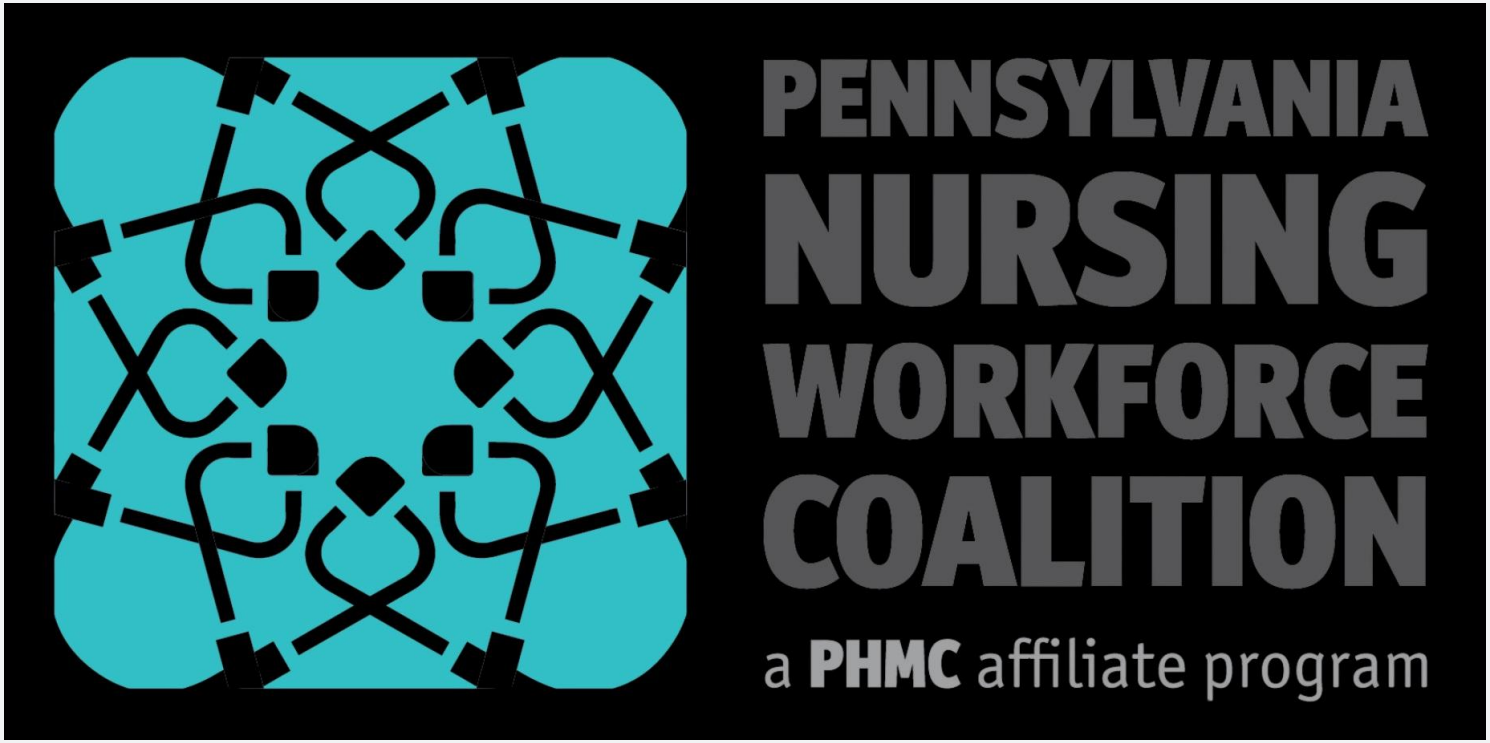
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Zoom Orientation

1. **Captions**
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Priority Learning Objectives

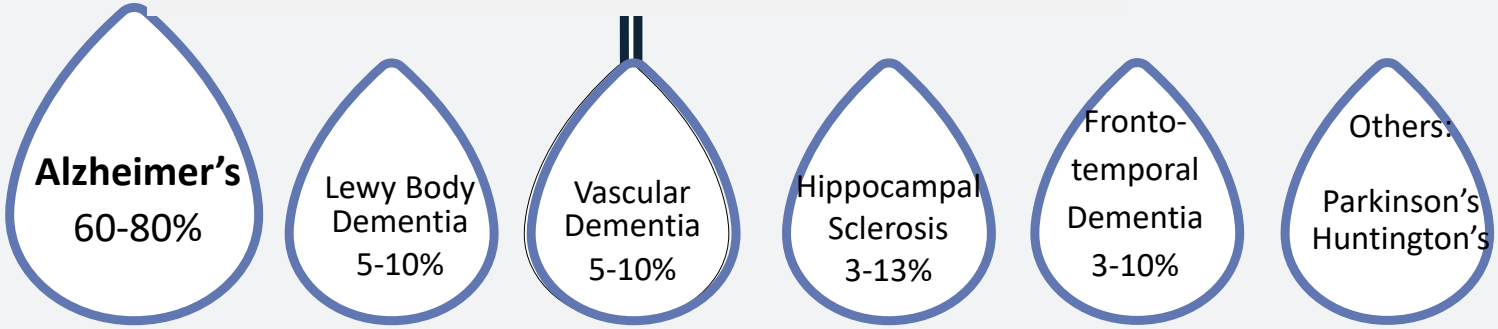
1. Describe Alzheimer's-related health disparities impacting African American and Latino people
2. Recognize risk factors for Alzheimer's
3. Identify risk reduction strategies for Alzheimer's

The Aging Brain[1,2,3]

- The brain changes as it ages
- Wisdom and expertise can increase with age
- But the speed of processing information, making decisions, recall of information or managing multiple tasks may slow down.
- While SOME forgetfulness may be a normal part of aging, memory loss is not.

Dementia[4, 5]

Umbrella term for loss of memory and other thinking Abilities severe enough to interfere with daily life.

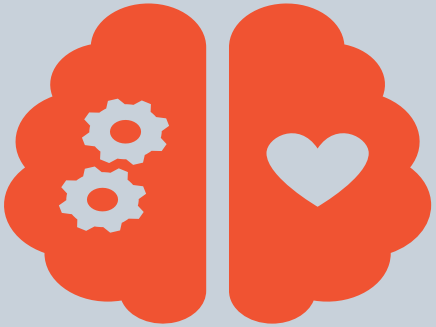


Mixed Dementia
Dementia from more than one cause

Alzheimer's is the most common cause of dementia

- Alzheimer's is an irreversible, progressive brain disease that slowly destroys memory, thinking skills, and ability to carry out basic functions
- Brain changes can begin even 20 years before to any noticeable symptoms
- Black and Latino people experience more mixed dementia than White people

What is Alzheimer's Disease?[5]

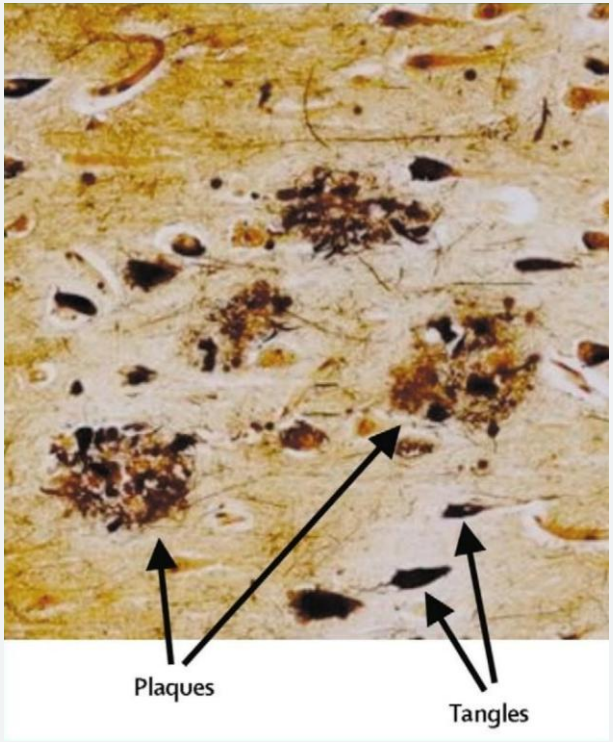


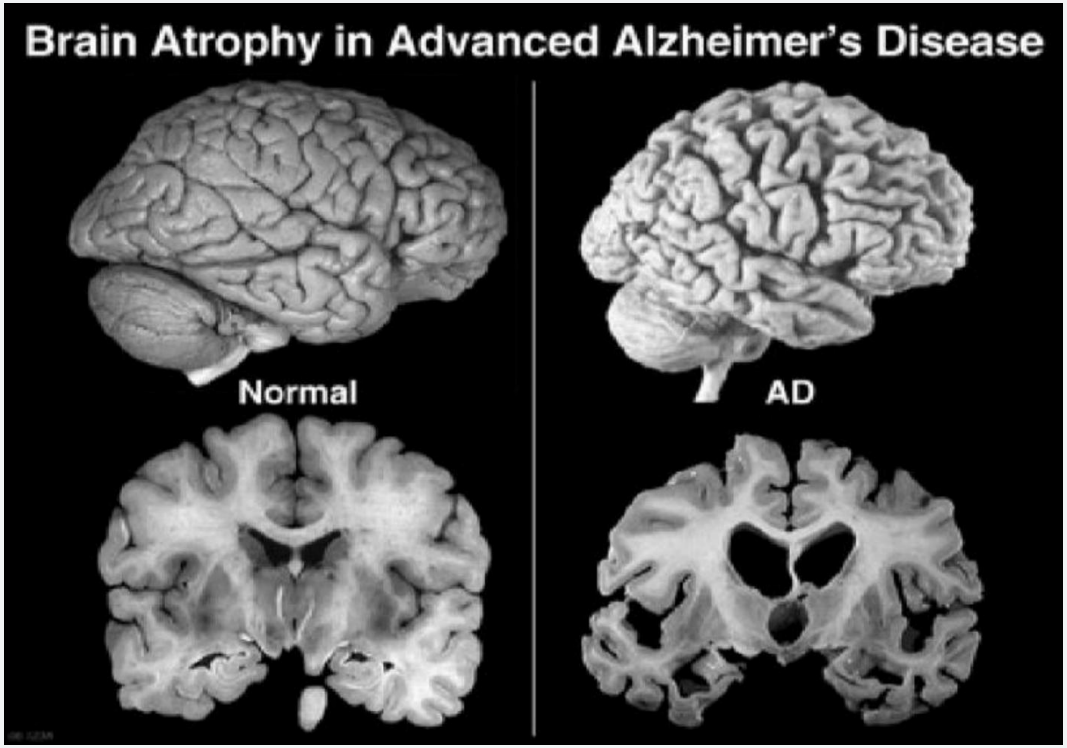
- Alzheimer's disease is the most common type of dementia.
- It is a progressive disease beginning with mild memory loss and possibly leading to loss of the ability to carry on a conversation and respond to the environment.
- Disease is characterized by deficits in two or more cognitive domains

The risk of developing Alzheimer's increases with age but is not a normal part of aging.

Alzheimer's Neuropathology[6, 7]

Characterized by amyloid plaques & tangles in the brain





10 EARLY Signs of Alzheimer's[8]

1. Memory loss that disrupts daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships, such as judging distances

10 EARLY Signs of Alzheimer's (continued)[8]

6. New problems with words in speaking or writing
7. Increasingly misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality

Key Alzheimer's Statistics - 2026[5]

7.4 million older adults have Alzheimer's

- **1 in 9 people** (10.9%) age 65 and older has Alzheimer's
- Almost 2/3 of Americans with Alzheimer's are **women**
- In 2019 – AD was **6th leading cause of death for ALL adults** (not just older adults)
- When COVID-19 became 3rd leading cause of death, AD was **7th leading cause of death.** (2021)

Disparities & Health Equity

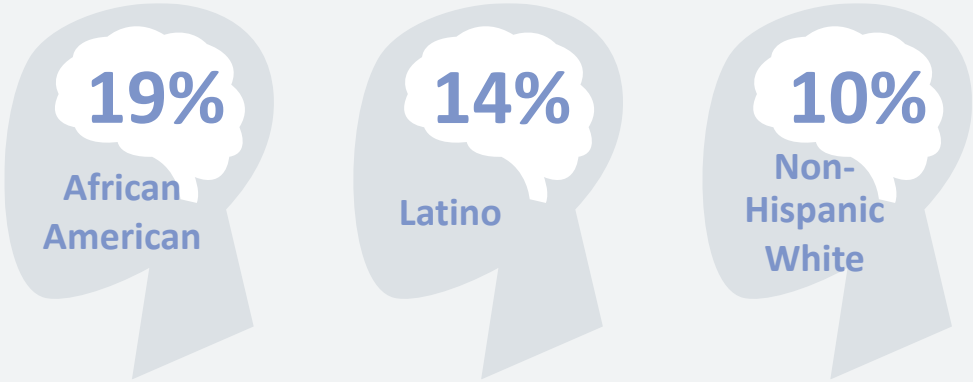
Key Alzheimer's Statistics for Populations Disproportionately Affected by Alzheimer's[5, 9]

6th leading cause of death for ALL Americans (2021)

For African American/Black Americans –
6th leading cause of death (2020)

For Latino/Hispanic Americans –
5th leading cause of death (2020)

Percentage of Adults Aged 65 and Older with Alzheimer's Disease by Race and Ethnicity



By 2030, nearly **40%** of Americans living with Alzheimer's will be Latino or African American[10]

Dolores Huerta, civil rights leader, and Dr. David Satcher, former U.S. Surgeon General, speak at a 2019 UsAgainstAlzheimer's event

Health Disparities for Alzheimer's in the African American Community[5, 11]

44% more likely to have a stroke.

23% more likely to live with obesity.

25% more likely to die from heart disease.

72% more likely to be diabetic.

These manageable comorbidities place people at greater risk for ADRD

- **19% of older adults** with ADRD are African American, that's about 1.1 million people
- 7th leading cause of death for all Americans, and the **4th for older African Americans**.

Health Disparities & Comorbidities for Alzheimer's in the Latino Community[5, 12-16]

These manageable comorbidities place people at greater risk for ADRD

10% more likely to have a stroke

24% more likely to live with obesity

22% more likely to have poorly controlled blood pressure

63% more likely to be diabetic

- By 2060, it's expected that 3.5 million Latino people will be living with ADRD – a growth of 832%.
- Latino families are less likely to use formal care services, like nursing home care and hospice care.

Inequities in Brain Health[5, 10, 17]

African American people are

2X AS LIKELY

to have Alzheimer's

Latino people are

1.5X AS LIKELY

to have Alzheimer's

Black (18.2%) and Latino (15.8%) patients **are less likely to receive a timely diagnosis** compared to White patients (23.3%).

Half of Black people (50%) and one in three Latinos (33%) report their have experience **health care discrimination.**

Less likely to be involved in cutting edge research - Latino and Black people make up **less than 10% of all clinical trial participants** in ADRD research.

Disparities in Assessment & Diagnosis[18,19]

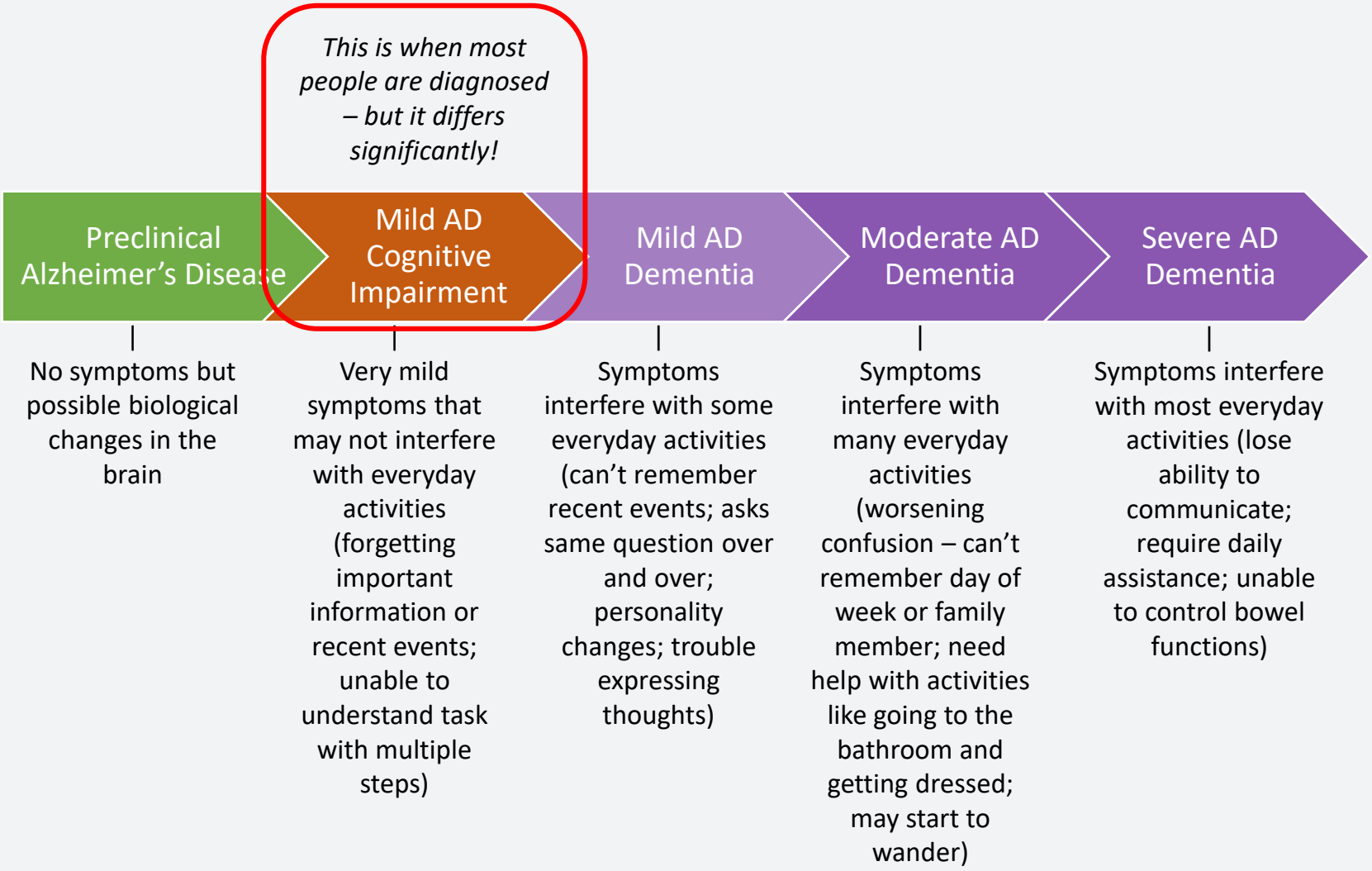
46% of White people over age 55 had been told by a physician that they had a memory-related disease, compared to **34% of Latino** and **34% of African American people.**

African Americans and Latino people with Alzheimer's are **less likely to be told of their diagnosis** or to have their physician raise or ask questions about their brain health.

When asked, **80% of Black people surveyed** over the age of 50 say brain health has never been discussed by their physician.

Diagnosis & Treatment

Different Stages of Alzheimer's[20, 21]



Although arrows are of equal size, the phases of Alzheimer's may not be equal in duration

How Is Dementia Diagnosed?

There is no one test to determine if someone has dementia, diagnosis is made from a combination of many factors.

- **Comprehensive medical exam –**
  - Medication review
  - Medical history and previous diagnoses
  - Ruling out other common causes of dementia (diabetes, syphilis, vitamin deficiencies, etc.)
  - Cognitive screening (like MMSE or MoCA) to assess baseline

- **Brain imaging** like an MRI (to detect brain atrophy) or Amyloid PET Scan (to detect plaques/tangles)

- **Spinal tap** exam to look for protein precursors

- ***Blood biomarkers*** *are up and coming but still not widely available; they may not be appropriate for all groups*

- Follow ups may be need with a neurologist, psychiatrist, psychologist or geriatrician.

Blood-Based Biomarkers

These are blood tests that measure specific proteins to detect, diagnose, and monitor diseases like Alzheimer’s years before symptoms appear.

- Less invasive, more accessible, and offers early detection

In 2025, the FDA approved **Lumipulse**, the first blood test used as a tool to help detect Alzheimer's disease.

- Meant to be **a part** of an evaluation of a diagnosis
- Approved for adults age 50 and older who have early memory or thinking problems
- Some studies have shown 90% accuracy in detecting Alzheimer's related changes.

Blood-Based Biomarkers

Blood-based biomarkers are promising, but there are still important limitations and considerations around it before it can be used widely.

- **Pros**
  - Feels easier, faster, and less invasive
  - More accessible
  - Earlier answers - helps people plan & seek treatment options
- **Cons**
  - Not widely used in primary care yet & doctors may be unable to interpret it
  - Accuracy can vary – can sometimes can false positives & cause stress

While these tests are exciting, they are still evolving. It is important that they are used carefully so people get information they can trust.

Medications that can help with symptoms

Medications that help with behaviors	
Medication Name (Generic/Brand)	Indicated For
Brexpiprazole (Rexulti®)	**Agitation** associated with dementia due to Alzheimer's disease.
Suvorexant (Belsomra®)	**Insomnia**, has been shown to be effective in people living with mild to moderate Alzheimer's disease.
Zoloft, Citalopram, Lexapro, Mirtazepin	**Antidepressants** to manage behaviors (like depression, irritability, sleep, aggression, anxiety, etc.)
Risperdal, Seroquel, Geodon	**Antipsychotics** to manage psychosis
Cholinesterase inhibitors and **glutamate regulators/antagonists** can help with memory and thinking, depending on Alzheimer's stage	
Benzgalantamine (Zunveyl®) Donepezil (Aricept®) Galantamine (Razadyne®)	Rivastigmine (Exelon®) Memantine (Namenda®) Memantine + Donepezil (Namzaric®)

This list is not comprehensive and all medications have potential side effects

Medications for Symptoms

- **Antidepressants** to manage behaviors (like depression, irritability, sleep, aggression, anxiety, etc.) like:
  - Sleep disturbance and insomnia – Suvorexant (Belsomra®)
  - Agitation – Brexpiprazole (Rexulti®)
  - Depression – Zoloft, Citalopram, Lexapro, Mirtazepin

- **Antipsychotics** to manage psychosis, like:
  - Risperdal, Seroquel, Geodon

- **Medications that can help with memory and thinking, depending on Alzheimer's stage**
  - **Cholinestrerase inhibitors** like donepezil (Aricept®), galantamine (Razadyne®), or rivastigmine (Exelon®)

  - **Glutamate regulators/antagonists** like memantine (Namenda®)

Medications that can help slow down disease progression

- Several anti-amyloid immunotherapies (**monoclonal antibodies**) have been approved by the FDA in the past 4 years. These treatments are brand new, can be expensive, are done in a clinic with an IV, and can have serious side effects (like ARIA).
  - People who are APOE e4 gene carriers can have greater risk of ARIA

- **None of treatments REVERSE decline**, but they may DELAY disease progression and allow a person to live independently for longer (some clinical trials show 8-10 months more, compared to no treatment)

- These treatments are only approved for patients who have **mild cognitive impairment or mild Alzheimer's.**

- **Treatments:**
  - *Aducanumab (Aduhelm®) was approved by the FDA in 2021, but discontinued by its company in 2024*
  - Lecanemab (Lequembi®) approved by FDA in 2023
  - Donanemab (Kisunla®) approved by FDA in 2024

How Nurses and Other Health Professionals Can Address Modifiable Risk Factors

Protect Your Brain & Lower Your Risk![22]

45%

of dementia cases can be delayed or reduced by addressing these factors

TO REDUCE RISK:

DECREASE

- Hearing Loss
- High blood pressure
- Obesity
- Smoking
- Depression
- Diabetes
- High LDL cholesterol
- Alcohol Intake
- Head Injury
- Vision Loss
- Exposure to air pollution

INCREASE

- Education
- Physical Activity
- Social Contact

Clinicians CAN Help Patients Reduce Their Risk of Cognitive Decline[23]

Neurovascular risk management

Manage established hypertension or Type II diabetes with appropriate medications; encourage optimal brain health in accordance with cardiovascular health through lifestyle interventions such as physical activity, diet, and sleep to help reduce the risk of cognitive decline.

Physical activity

Conduct annual assessment using a validated tool to identify adults who are not meeting recommended levels of physical activity (2 ½ hours per week of moderate intensity). For those individuals, develop a gradual approach that fits within a person's lifestyle.

Sleep

Routinely assess sleep quantity and quality in adult patients using a validated tool and whether they take any medications to sleep. Encourage patients to get 7-8 hours of sleep in a 24-hour period, including naps. Refer severe sleep complaints to sleep clinic when possible.

Nutrition

Annually assess dietary eating patterns and habits. For individuals who indicate a less than optimal diet, counsel patients about the value of a healthy diet and share resources with patients about brain-healthy diets such as MIND or DASH. For complicated needs, refer to a dietician.

Social activity

Annually perform an assessment using a validated tool to identify adults experiencing loneliness or social isolation. Suggest strategies for enhancing their social connection and activity and perform regular check-ins.

Cognitive stimulation

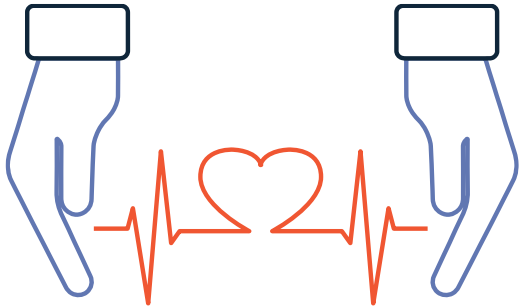
Ask adult patients about their level of cognitive stimulation or activity which may include learning new skills or other stimulating activities they practice. For individuals who indicate low levels of cognitive stimulation, make suggestions for increasing cognitive activity.

For specific clinician recommendations, go to https://www.usagainstalzheimers.org/sites/default/files/Recommendations_Summary_12.8.21_v2.pdf

Modifiable Risk Factor Management: Hypertension[23]

What nurses and other healthcare providers can do:

- Manage established hypertension or Type II diabetes with appropriate medications.
- Encourage optimal brain health in accordance with cardiovascular health through lifestyle interventions, such as physical activity, diet, and sleep to help reduce the risk of cognitive decline.



For more information, see Hypertension Clinician Guide at https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-Zbjwla?dl=0&preview=NeurovascularRiskManagement.pdf

Modifiable Risk Factor Management: Physical Activity[23]

What nurses and other healthcare providers can do:

- Assess physical activity levels using a validated tool to identify adults who are not meeting recommended levels of physical activity (2.5 hours per week of moderate intensity).

- Provide counseling to develop a gradual approach that fits within a person's lifestyle.

For more information, see Physical Activity Clinician Guide at https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-Zbjwla?dl=0&preview=PhysicalActivity.pdf

Modifiable Risk Factor Management: Sleep[23]

What nurses and other healthcare providers can do:

- Routinely assess sleep quantity and quality using a validated tool and whether they take any medications to sleep.
- Encourage patients to get 7-8 hours of sleep in a 24-hour period, including naps.
- Refer severe sleep complaints to sleep clinic when possible.

For more information, see Sleep Clinician Guide at https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-Zbjwla?dl=0&preview=Sleep.pdf

Modifiable Risk Factor Management: Nutrition[23]

What nurses and other healthcare providers can do:

- Assess dietary eating patterns and habits.
- For individuals who indicate a less than optimal diet, counsel patients about the value of a healthy diet and share resources about brain-healthy diets, such as MIND or DASH.
- For complicated needs, refer to a dietician.

For more information, see Nutrition Clinician Guide at https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-Zbjwla?dl=0&preview=Nutrition.pdf

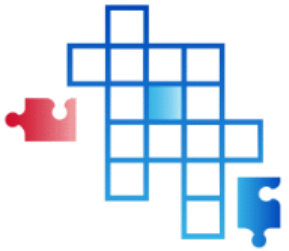
Modifiable Risk Factor Management: Social Activity[23]

What nurses and other healthcare providers can do:

- Regularly perform an assessment using a validated tool to identify adults experiencing loneliness or social isolation.
- Suggest strategies for enhancing their social connection and activity and perform regular check-ins.
- Check-in with them via phone or virtual meeting every few months to offer guidance or additional resources, as needed, to help prevent further declines in social activity.

For more information, see Social Activity Clinician Guide at https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-Zbjwla?dl=0&preview=SocialActivity.pdf

Modifiable Risk Factor Management: Cognitive Stimulation[23]



What nurses and other healthcare providers can do:

- Ask patients about their level of cognitive stimulation or activity, which may include learning new skills or other stimulating activities they practice.
- For individuals who indicate low levels of cognitive stimulation, make suggestions for increasing cognitive activity.

What nurses and other healthcare providers can recommend:

- Nonfiction reading
- Media (news, podcasts, etc.)
- Crafts/skills (cooking, gardening, hobbies)
- Mindfulness/meditation
- Exposure to nature
- Prayer
- Social engagement
- Strategy games

For more information, see Cognitive Stimulation Clinician Guide at https://www.dropbox.com/sh/6mwuj0zqe4icrx4/AACylzJUH0wBY9ut-O-ZbjwIa?dl=0&preview=CognitiveStimulation.pdf

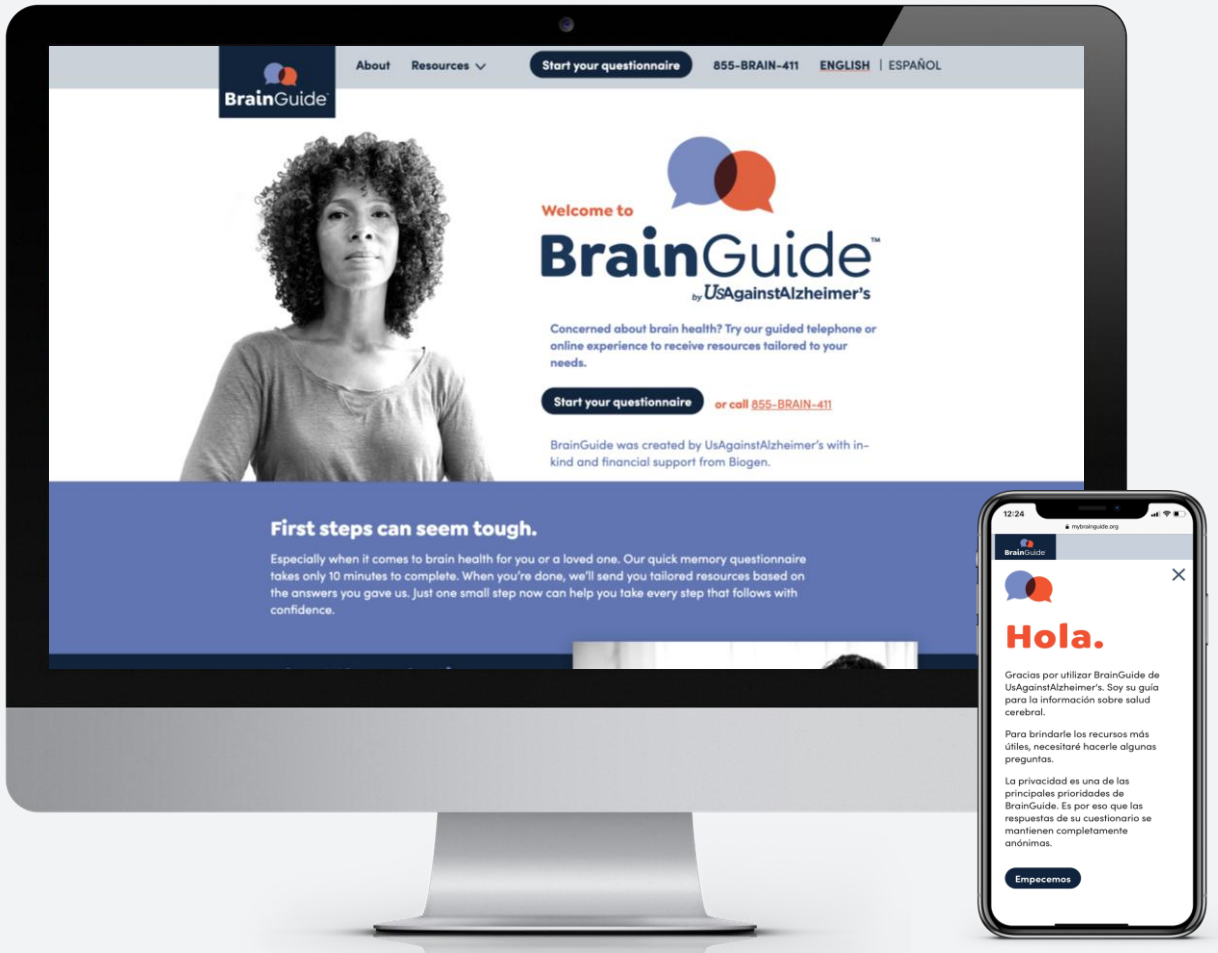
Other Sources for Strategies & Interventions

UsAgainstAlzheimer's Brain Health Academy™ is a series of free, evidence-based courses to equip healthcare providers with the knowledge and resources to help people reduce the risk of dementia and Alzheimer's. Previous courses have included topics like: obesity, diabetes, hearing loss, etc.

2025 courses are available for a limited time for purchase https://learn.usagainstalzheimers.org/external/catalogue?tenancyId=1

For More Info
https://www.usagainstalzheimers.org/brain-health-academy

BrainGuide™ – a free, evidence-based resource by UsAgainstAlzheimer's



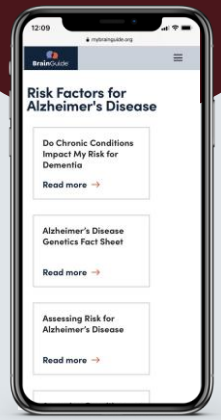
BrainGuide – Available in English & Spanish

Memory Questionnaire Via Web Bot

Memory Questionnaire Via Speech Option

Tailored Info You Can Take to Your Doctor

General Information



mybrainguide.org

Other Sources for Strategies & Interventions

Evidence-based strategies exist for many of these risk factors, check out trusted resources like:

- U.S. Preventive Services Task Force (USPSTF)
- The Guide to Community Preventive Service (The Community Guide)

Promote evidence-based risk reduction strategies in communities

"Primary prevention recommendations to reduce the risk of cognitive decline"

How Nurses and Other Healthcare Providers Can Promote Public Health

- Connect communities to local social & financial services, such as:
  - Transportation assistance
  - Respite care
  - Pharmacy delivery services
  - Social networks (churches, fraternities, sororities)
  - Health insurance

} Address Social Determinants of Health!

- Empower patients with knowledge by connecting them to local and/or evidence-based resources, like:
  - CDC Alzheimer's Disease & Healthy Aging portal: https://www.cdc.gov/healthy-aging-data/data-portal/index.html
  - National Institute on Aging has 33 Alzheimer's Disease Research Centers across the U.S. https://www.nia.nih.gov/health/alzheimers-disease-research-centers *[if there's one in your area, be sure to mention specifically]*
  - BrainGuide: https://mybrainguide.org/

- *[insert local resources]* Connect to local health services– like:
  - local Area Agencies on Aging (https://eldercare.acl.gov/home)
  - Local healthcare providers – FQHCs, community clinics, etc.

Thank You!

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