

Brain Health Group Visits for Patients with Mild Cognitive Impairment

Jennifer Rose V. Molano, MD

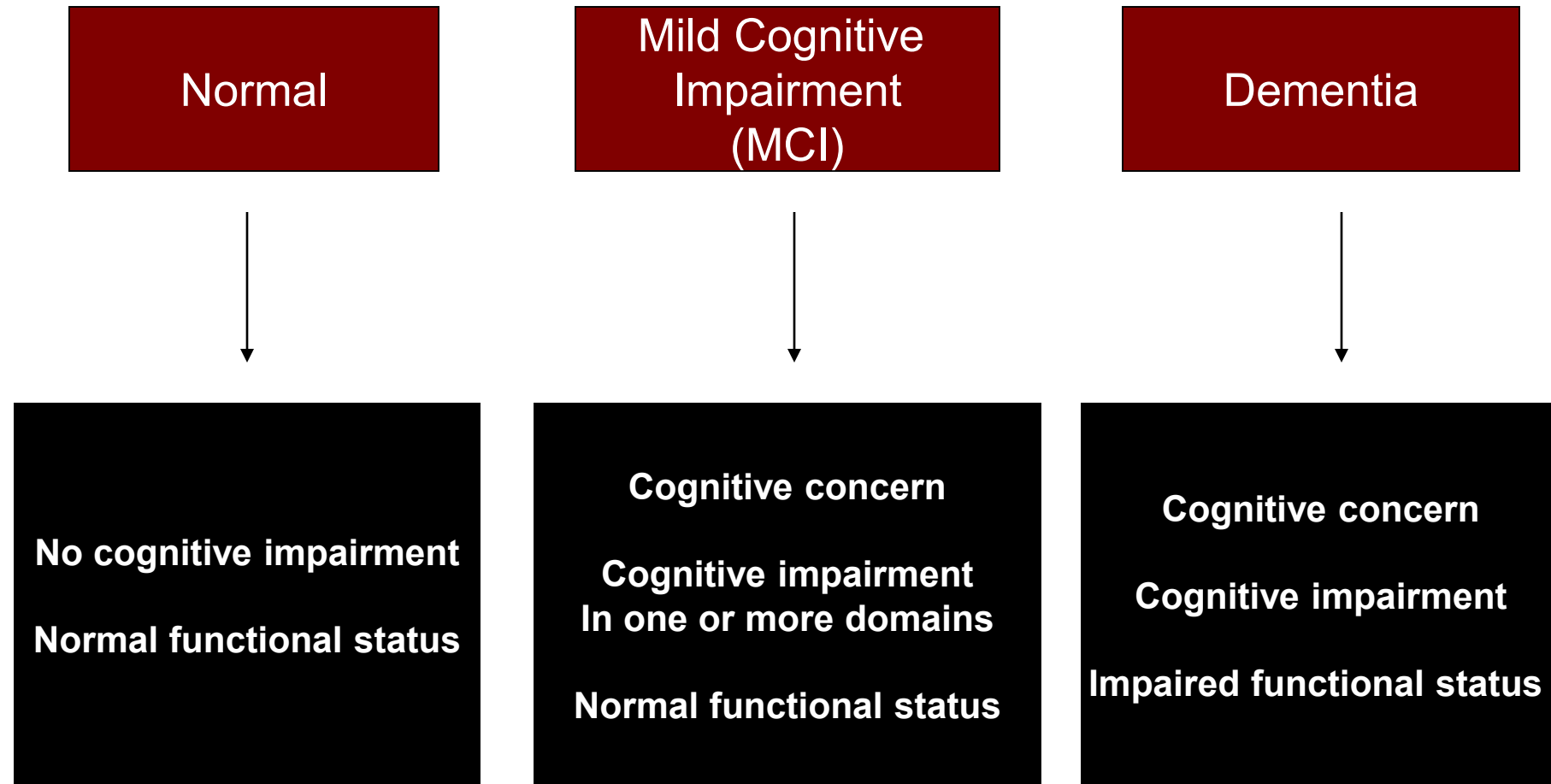
Associate Professor

UC Department of Neurology and Rehabilitation Medicine

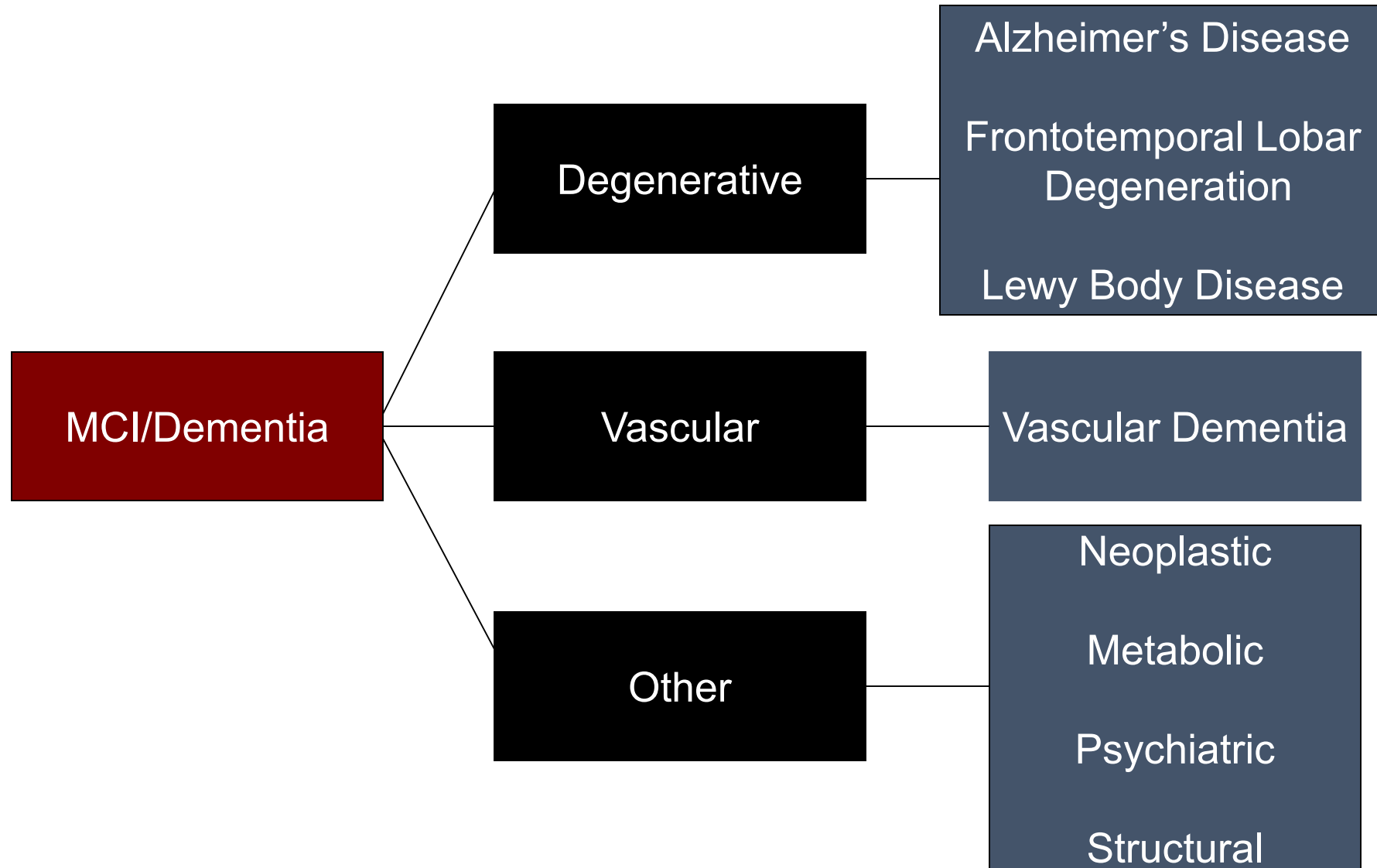
The Collaboration Network Virtual Meeting on Mental and Behavioral Health

24 October 2019

Introduction: The Cognitive Continuum



Introduction: Causes of MCI and Dementia



Introduction: Progression of Alzheimer's Disease

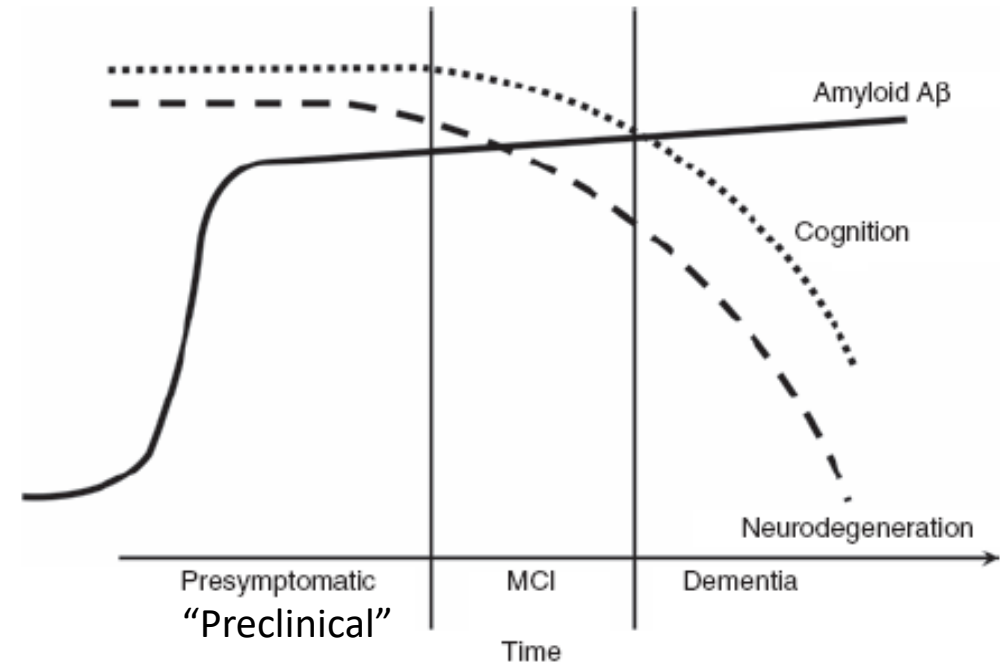
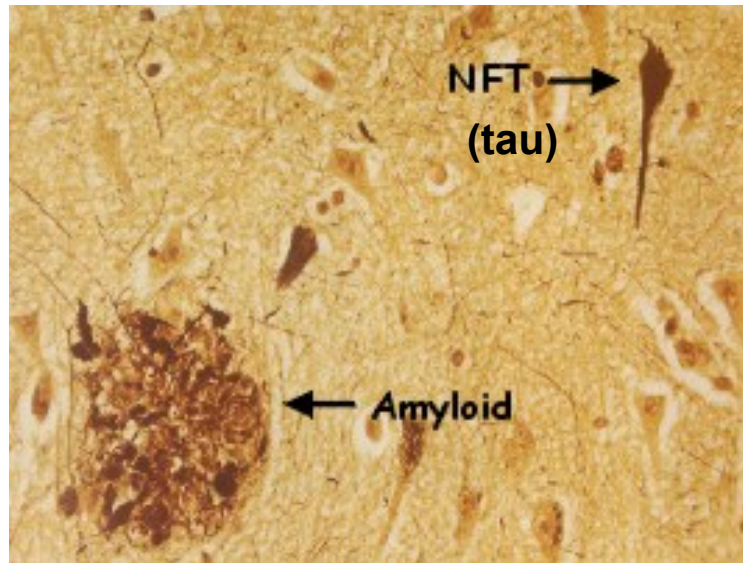


Figure 1 Theoretical time course of amyloid deposition relative to subsequent neurodegeneration and cognitive decline. MCI, mild cognitive impairment.

Introduction

- The number of individuals with all-cause dementia is expected to increase from 47 million in 2015 to 66 million by 2030.
- Preventing or delaying the onset of dementia may reduce the global burden.
- One third of risk factors for dementia are potentially modifiable, including hypertension, obesity, smoking, depression, physical activity, social engagement, and diabetes mellitus.
- Healthy lifestyle factors such as physical activity and a healthy diet can modify dementia risk.
- A multimodal lifestyle modification approach to brain health has produced the most efficacious outcomes.

The Clinical Challenge

- Lifestyle modification strategies to promote brain health are challenging to implement in a traditional clinic visit.
 - Lack of time
 - Information overload

UC Memory Disorders Current Clinic Model

- Initial office visit (2 hours)
 - Comprehensive history of physical examination
 - Neuropsychological testing
 - Social work evaluation
 - Ordering of specific testing
 - Neuroimaging, blood work, lumbar puncture, polysomnography
- Follow-up Visit (1-1 ½ hours)
 - Summary of all test results and diagnosis
 - Introduction of lifestyle modification

Our Proposed Solution

- A six-week longitudinal group visit model to specifically promote strategies for brain health
- Advantages of the group visit model
 - Facilitates self-management
 - Improves patient-physician relationships
 - Increases time in consultation.
 - Promotes peer-to-peer learning and community building.
 - Improves quality of life in those with neurological conditions.

Brain Health Group Visits

- Targeted audience: Patients with mild cognitive impairment or subjective cognitive symptoms and caregivers
- Goal: 5-6 patient and caregiver dyads
- Logistical needs:
 - Two facilitators
 - One medical assistant
 - Space for 10-12 people

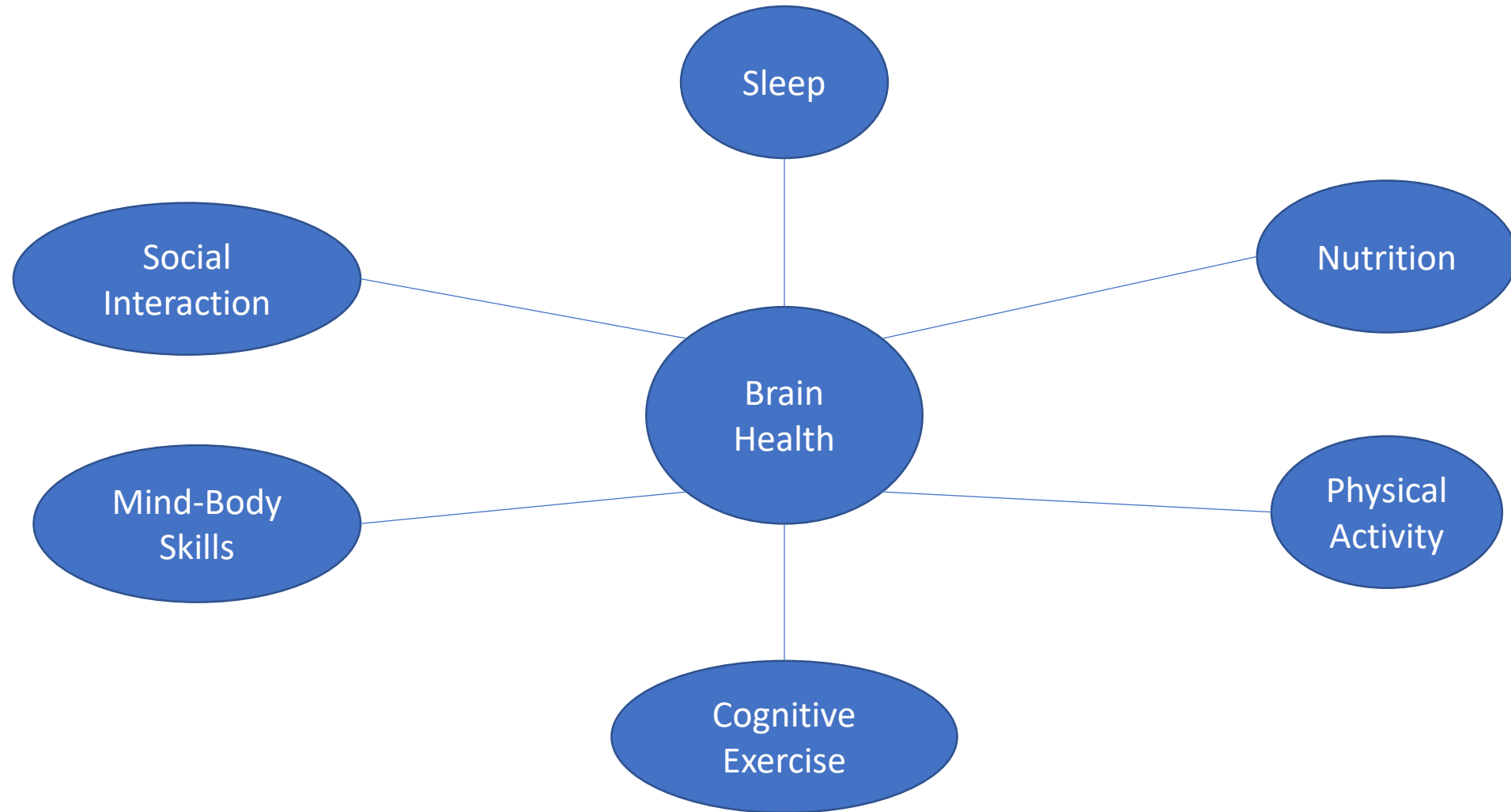
Brain Group Visit Objectives

- To implement a longitudinal group visit model to educate those with subjective cognitive complaints and mild cognitive impairment on the relationship between vascular risk factors, lifestyle behaviors and cognitive health.
- To empower participants to identify and implement at least one personal goal in each group visit session to promote brain health in those with subjective cognitive symptoms or mild cognitive impairment.
- To determine if at least one vascular risk factor improves before and after the participation in the group visit .

Basic Group Visit Format

- Six weekly two-hour visits with a longitudinal cohort
- Registration and welcome
- Opening and introduction to the module topic
- Interactive activities
- Goal setting
- Closing

Brain Health Group Visit Modules



Objective Cardiovascular Outcomes

Medical condition	Goal
Blood pressure	120/80
Cholesterol	LDL 70-100
BMI (body mass index)	BMI Normal: 18.5 - 24.99
Diabetes	Hemoglobin A1C 5.6

Subjective Outcomes

- Quality of life
- Positive affect and well-being
- Cognitive function
- Sleep related impairment
- Self-efficacy for managing social interactions

Implementation Challenges



Questions/Discussion

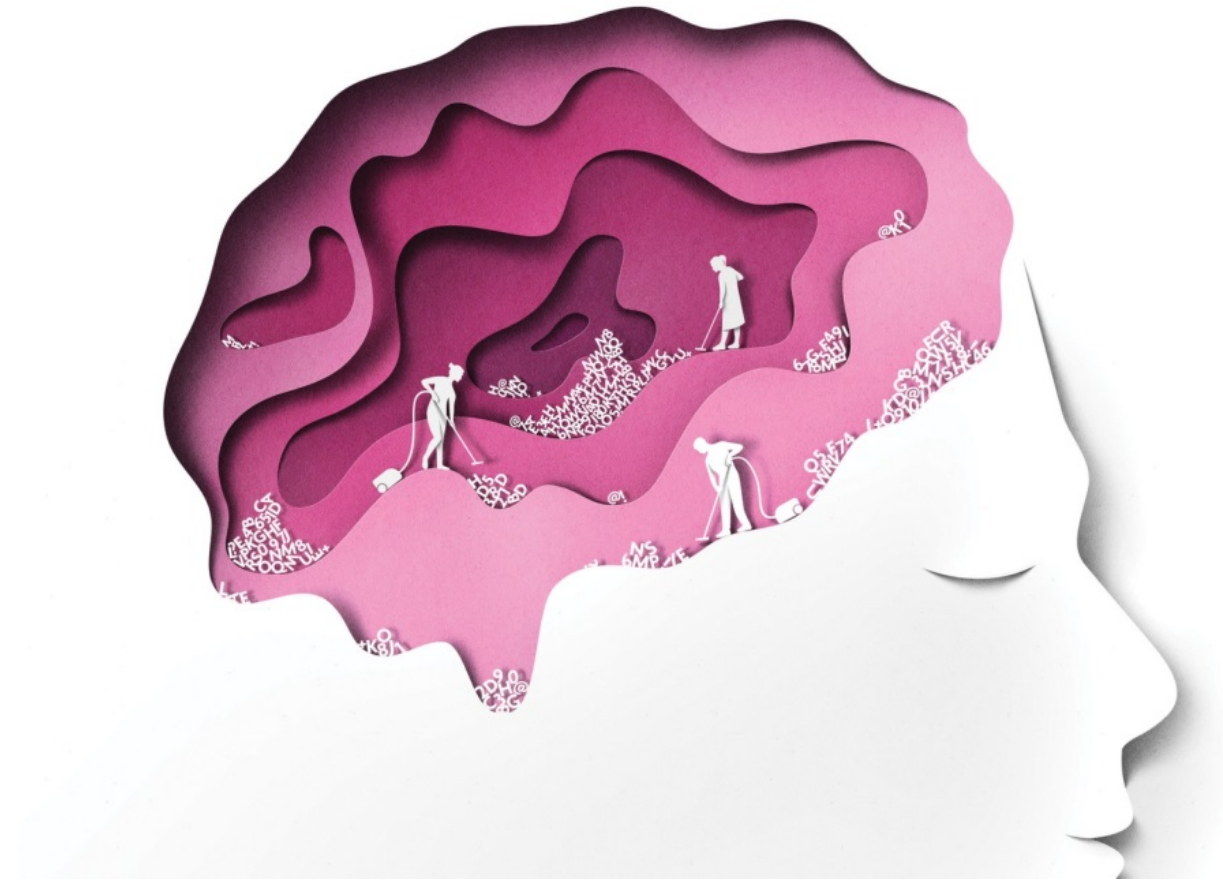


Image: NY Times Sunday Magazine, 1/11/2014