

UW PACC Psychiatry and Addictions Case Conference UW Medicine | Psychiatry and Behavioral Sciences

Advances in Dementia Prevention

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UW Medicine







PREVENT DEMENTIA





SPEAKER DISCLOSURES

 \checkmark No conflicts to disclose

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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OBJECTIVES

- 1. Learn some dementia pathology
- 2. Learn some modifiable risk factors
- 3. Learn some risk reduction strategies
- 4. Leave hopeful!





PART 1: WHAT WE KNOW



DEMENTIA FAQ

- 42% expected to get dementia
- Dementia incidence expected to triple by 2050





WHAT IS DEMENTIA?

- Measurable cognitive impairment + Functional impairment + progressive process
- Progressive processes:
 - Cerebrovascular disease (CVD)
 - PROTEINOPATHIES: Alzheimer's disease (AD), Dementia with Lewy bodies, PDD, FTD, ALS, CTE, LATE, etc...
- Most common pathologies:
 - 1st: Mixed 80%
 - 73% have AD pathology
 - 69% have CVD
 - 45% have a non-AD pathology

BREAKDOWN OF PATHOLOGICAL DIAGNOSES



PROTEINOPATHIES



· Drotain nathalagu



HEALTHY BRAINS WASTE MANAGEMENT SYSTEM

DEEP SLEEP

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Szlufik et al

HYPOTHETICAL NEURODEGENERATION TIME LINE





WHY FOCUS ON PREVENTION

- We don't have good treatments
- Keeping the brain healthy can slow progression of protein pathology





PART 2: RISKY BUSINESS





2024 LANCET COMMISSION: 45% OF CASES ARE PREVENTABLE

- 14 modifiable risk factors
 - Early life:
 - Less education 5%
 - Midlife: 18-65 🛛 🗲
 - Hearing loss 7%
 - High LDL 7%
 - Depression 3%
 - TBI 3%
 - Physical Inactivity 2%
 - Diabetes 2%
 - Smoking 2%
 - Hypertension 2%
 - Obesity 1%
 - Excessive alcohol 1%
 - Latelife:
 - Social isolation 5%
 - Air pollution 3%
 - Visual loss 2%

Risk factors for dementia – 2024 update

The 2024 update to the standing Lancet Commission on dementia prevention, intervention, and care adds two new risk factors (high LDL cholesterol and vision loss) and indicates that nearly half of all dementia cases worldwide could be prevented or delayed by addressing 14 modifiable risk factors.



Livingston G, Huntley J, Liu KY, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. The Lancet 2024 published online July 31. https://doi.org/10.1016/S0140-6736(24)01296-0.

THE LANCET

24 Lancet commission: How can we prevent dementia?

Professor Gill Livingston Professor of Psychiatry of Older People, UCL





COGNITIVE BREAK





THE TROUBLE WITH STUDIES:

OBSERVATIONAL, RCTS, AND BIOMARKERS



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OTHER MODIFIABLE RISK FACTORS WITH STRONG SCIENTIFIC SUPPORT

- Menopause
- Chronic systemic inflammation
- OSA
- Elevated homocysteine



Shel Silverstein, 1981







MENOPAUSE/REDUCED ESTROGEN: EVIDENCE

Sex differences

- The Lancet 2024: MHT increases risk
- ◆ Zandi et al 2002: image
- Kim et al 2021: > 50% reduced risk
- Yoo et al 2020: 20% reduced risk with long term hormones
 - Nerattini et al 2023: 26% reduced risk if hormones taken > 10y
 - Depypere et al 2023: reduced biomarker change



MENOPAUSE/REDUCED ESTROGEN: MECHANISM/TREATMENT

Proposed mechanism of estrogen:

- Helps clear protein aggregation
- Increases brain reserve
- Anti-inflammatory
- Treatment:
 - MHT
 - Safety
 - Breast cancer
 - Vascular disease
- Would I recommend to my mom?
 - ABSOLUTELY, if she was perimenopausal and symptomatic
 - Soft yes, if she was not symptomatic.
 - MHT for dementia risk reduction?



https://www.grapevineob.com/perimenopause-and-hormone-testing/





COGNITIVE BREAK



CHRONIC SYSTEMIC INFLAMMATION



CHRONIC SYSTEMIC INFLAMMATION: EVIDEN

Cooper et al 2023:

- IBD -> 1.9 x prevalence and RA -> 1.6 x prevalence
- Chang et al 2016:
 - In RA, NSAID use over 6 years normalized risk
- Mekli et al 2023:
 - inflammatory markers => 35% increased risk
- Tejera et al 2024:
 - race, inflammation, and dementia





SYSTEMIC INFLAMMATION TRIGGERS NEUROINFLAMMATION



NEUROINFLAMMATION TRIGGERS PROTEIN PATHOLOGY





CHRONIC SYSTEMIC INFLAMMATION: PREVENTION

Vaccines:

- The Lancet: cohort studies of rabies, tetanus, diphtheria, pertussis, herpes zoster, influenza, hepatitis A, typhoid, hepatitis B decrease dementia risk
- Eyting et al 2025: Cohort study without group difference! 20% RR reduction for vaccination





SLEEP APNEA



OSA: EVIDENCE

- Guay-Gagnon et al 2022:
 - 1.3M, 15y followup.
 - OSA -> HR of 1.4
 - Shieu et al 2022:
 - 60k people. PAP is protective
- Motamedi et al 2018:
 - mod-severe OSA -> elevated tau and IL-6
 - Worse OSA -> higher tau
 - Proposed mechanism:
 - Cerebrovascular disease
 - Chronic intermittent hypoxia
 - Decreased glymphatic function
 - Inflammation

Normal airway

Sleep apnea







OSA: TREATMENT

Treatment/Treatment Risks:

- For moderate severe: PAP therapy
- For mild: treat symptomatically, lots of options
- Would I recommend to my mom?
 - 100%
 - Educate!
 - Screen for PTSD!







COGNITIVE BREAK



HOMOCYSTEINE



ELEVATED HOMOCYSTEINE: EVIDENCE

• Causes: B6, B9, B12 deficiency (restricted diets)

- Also: MTHFR gene mutations, some medications, smoking, alcohol, aging, males, diabetes, RA, low thyroid, PPIs, obesity
- Prevalence 10-50%
- B6, B9, and B12 supplementation (+ Omega 3)
- The Lancet: not a MODIFIABLE risk factor.
- Secondary/tertiary prevention vs primary prevention, again.



Tawfik et al, 2021



ELEVATED HOMOCYSTEINE: MECHANISM/TREATMENT

Mechanism:

• Mostly vascular: vascular calcification, cerebral microangiopathy, endothelial dysfunction, impaired NO activity, increased oxidative stress

Treatment:

- B6, B9, B12 supplementation + Omega 3
- Would I recommend to my mom?
 - 100%

YES

- GOOD BET
- Should we check homocysteine levels in midlife?



HOW MUCH CERTAINTY DO WE NEED?

Pros and cons of the Lancet

- Good bets vs quackery
- For the sake of trying to reduce tremendous suffering, can we tolerate less certainty?

- Cognitive concerns? Want to know more? Ask me!
 - Susie Wetstone, MD
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