

Even within the healthcare sector, there have been reports of discomfort with making a dementia diagnosis, due in part to perceived lack of knowledge on dementia⁹. Evidence suggests that primary care providers often miss or delay appropriate dementia diagnoses⁹, and that less severe presentations of dementia (or being in a pre-dementia stage of impairment) are related to the highest likelihood of missing the diagnosis^{9,10}. Further, correctly noting the diagnosis in medical records is even poorer than clinical judgements, with only about 10% of individuals with mild cognitive impairment being correctly identified in medical notes¹⁰.

However, primary care providers may be best positioned to give dementia diagnoses since they are often the first point of contact for persons expressing concerns with cognition¹¹, primary care providers have access to the person's medical history, and could reduce stigma associated with cognitive screening by implementing it as part of a typical office visit². Therefore, it is imperative that the knowledge about ADRDs in the general public and healthcare are increased, with special attention given to racial and ethnic minorities.

Not only is it crucial to increase knowledge of ADRDs in the general population and for

healthcare providers such that individuals affected by ADRDs have better quality of life, but it would also benefit our understanding of ADRDs. Research on ADRDs is extensive, but within and among the different dementia subtypes there is vast variability regarding clinical progression, biological contributors, and areas of cognition affected¹²⁻¹⁵. Whether our current knowledge on ADRDs translates well to diverse samples is unknown, as racial and ethnic minorities are poorly represented in ADRDs research^{16,17}. Increasing knowledge of ADRDs in the general public and among healthcare providers could provide access to individuals earlier in their stages of impairment and could subsequently enhance our abilities to better characterize pathological aging in pre-impairment or early stages of the disease.

POLICY RECOMMENDATION

My policy recommendation focuses on increasing education on ADRDs. The target of the education is twofold. This twofold approach for the

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First, additional education is needed for healthcare providers such that individuals

in diagnoses early along the progression of cognitive impairment. Increased education will result in the general public being more likely to seek treatment with their healthcare providers since they would be able to recognize when cognitive issues seem to diverge from normal aging. By leading to earlier and more accurate dementia diagnoses, implementation of enhanced education for ADRDs will have positive outcomes for individuals with ADRDs, their families, and society.

BENEFITS FOR FAMILIES AND CAREGIVERS

BENEFITS FOR INDIVIDUALS WITH ADRDs

Individuals living with ADRDs would have improved outcomes regarding quality of life, autonomy, and survival. For example, individuals diagnosed with ADRDs would have the ability to plan future financial, legal, and healthcare decisions while they still have the cognitive capacity to make these decisions². Individuals with ADRDs may also be able to remain in the community longer, have enhanced quality of life, and extended survival time by receiving this early diagnosis². Individuals may also have higher quality healthcare if healthcare providers understand the diagnosis, progression, and treatment options available for ADRDs.

and the ability to seek better understanding of ADRDs. Having early and accurate ADRD diagnoses allows community support services to plan for future utilization needs⁶. There are also many economic cost-savings associated with early diagnosis that would likely result from increased education. For example, early diagnosis has been found to be associated with both reduced costs from care needs and reduced institutionalization^{2,6}. Cost savings also result from the ability to avoid unnecessary hospitalizations¹⁸. If individuals with ADRDs

are able to avoid or delay nursing home placements, then there would be Medicare/Medicaid savings. Finally, increasing knowledge of ADRDs in the general public and by healthcare providers could contribute to our ability to better understand the complexities of ADRDs. Specifically, by encouraging collaboration between research institutions and primary care providers who have the medical history of persons with ADRDs, we could better characterize the onset and progression of cognitive decline in diverse populations.

References:

1. Alzheimer's Association. Alzheimer's association report: 2014 Alzheimer's disease facts and figures. *Alzheimer's Dement.* 2014;10:e47-e92. doi:10.1016/j.jalz.2014.02.04C0056>200430.08 496.4 Tm0 s 6162 0 612 792 reW*/F9 10 Tf1 0

