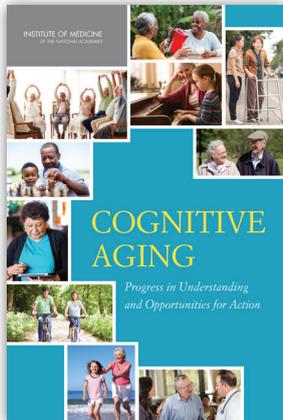


COGNITIVE AGING

An Action Guide for Health Care Providers



For the vast majority of adults, staying “mentally sharp” as they age is a high priority. Memory lapses may trigger fears of Alzheimer’s disease or other dementia-related diseases. At a time when the older population is rapidly growing in the United States, health care providers should be prepared to advise patients and their families about cognitive health.

There is a need for core competencies in cognitive aging for providers who see older adults, as well as more research on risk and preventive factors and potential interventions for cognitive aging. But there are resources available now to meet the increasing demand for information about cognitive health and aging. *Cognitive Aging: Progress in Understanding and Opportunities for Action*, a 2015 report from the Institute of Medicine (IOM), analyzes the best available evidence to help offer guidance for providers.

Key messages for patients about cognitive aging

- ➔ **The brain ages, just like other parts of the body.** The brain is responsible for “cognition,” a term that describes mental functions including memory, decision making, processing speed, and learning. As the brain ages, these functions may change—a process called “cognitive aging.”
- ➔ **Cognitive aging is not a disease.** It is not the same as Alzheimer’s disease or other types of dementia. Cognitive aging is a natural, lifelong process that occurs in every individual.
- ➔ **Cognitive aging is different for every individual.** Some people may experience very few effects, while others may undergo changes that can affect cognitive abilities needed to carry out daily tasks, such as paying bills, driving, and following recipes.
- ➔ **Some cognitive functions improve with age.** Wisdom and knowledge often increase with age, and older adults report greater levels of happiness and satisfaction than their younger counterparts.
- ➔ **There are steps patients can take to protect their cognitive health.** Although aging is inevitable, it is possible to promote and support cognitive health and adapt to age-related changes in cognitive function.



3 steps patients can take to help protect their cognitive health

- 1** Be physically active.
- 2** Reduce cardiovascular risk factors (including hypertension, diabetes, and smoking).
- 3** Manage medications and health conditions that could affect cognition.

Other actions that may promote cognitive health include:

- Be socially and intellectually active, and continually seek opportunities to learn.
- Get adequate sleep and seek professional treatment for sleep disorders, if needed.
- Avoid delirium associated with hospitalization or certain medications.

MONITORING MEDICATIONS WITH PATIENTS

Older adults take an average of 14 prescription drugs per year, putting them at heightened risk for adverse drug reactions, drug–drug interactions, and drug–disease interactions. Health care professionals, particularly primary care providers, play a critical role in monitoring medications and avoiding inappropriate use by older adults.

Key messages for patients about medication management

- A complete medication review (including over-the-counter and herbal remedies) should be performed frequently, and especially during care transitions, such as post-surgery or hospital discharge.
- Over-the-counter medications (such as antihistamines, sedatives, and other medications that have strong anticholinergic activity), may have significant cognitive side effects, so their use should be carefully assessed.

Online resources for safe medication use in older adults:

- American Geriatrics Society Beers Criteria (including public education resources)
- American Geriatrics Society—What To Do and What to Ask Your Healthcare Provider If A Medication You Take is Listed in the Beers Criteria for Potentially Inappropriate Medications to Use in Older Adults
- National Institute on Aging—Safe Use of Medicines
- National Institutes of Health Senior Health—Taking Medications Safely
- Centers for Disease Control and Prevention—Adults and Older Adult Adverse Drug Events
- Food and Drug Administration—Medicines and You: A Guide for Older Adults
- Institute of Medicine—Preventing Medication Errors: Quality Chasm Series

PREVENTING DELIRIUM

Delirium is a common and often preventable contributor to cognitive decline in older adults. Health care providers can play an important role in identifying patients at moderate to high risk for delirium, especially in pre-surgery, intensive care, and post-acute care settings. Common risk factors for delirium include age greater than 65 years, chronic cognitive impairment or dementia, current hip fracture, severe illness, multi-morbidity, depression, cerebrovascular disease, and alcohol abuse.

Delirium prevention has emerged as a priority in the prevention of cognitive decline following major illness, hospitalization, or surgery.

RESOURCES FOR HEALTH CARE PROVIDERS

Practice guidelines for health care professionals relevant to cognitive aging:

- American Psychological Association—Guidelines for the Evaluation of Dementia and Age-Related Cognitive Changes
- American Occupational Therapy Association—Cognition, Cognitive Rehabilitation, and Occupational Performance
- Royal Australian College of General Practitioners—Preventive Activities in Older Age
- American Association of Colleges of Nursing—Older Adult Care Competencies
- American Geriatrics Society—Clinical Practice Guideline for Postoperative Delirium in Older Adults
- American College of Surgeons—Best Practices Statement for Prevention and Treatment of Postoperative Delirium

Cognitive assessment procedures and tools for use by health care providers:

- Alzheimer's Association—Recommendations for Operationalizing the Detection of Cognitive Impairment During the Medicare Annual Wellness Visit in a Primary Care Setting
- Alzheimer's Association—Health Care

- Professionals' Cognitive Assessment Toolkit
- American Occupational Therapy Association—Occupational Therapy's Role in Adult Cognitive Disorders
- American Psychological Association—Part III. Procedural Guidelines: Conducting Evaluations of Dementia and Age-Related Cognitive Change
- American Psychiatric Association—Diagnostic and Statistical Manual of Mental Disorders, 5th Ed.
- Hospital Elder Life Program
- National Institute on Aging—Assessing Cognitive Impairment in Older Adults: A Quick Guide for Primary Care Physicians

Patient counseling and education about cognitive aging and related concerns:

- National Institute on Aging—Talking with Your Older Patient: A Clinician's Handbook
- Alzheimer's Association—10 Early Signs and Symptoms of Alzheimer's
- American Psychological Association—Older Adults' Health and Age-Related Changes: Reality Versus Myth
- Alzheimer's Association—Brain Health

For more resources, visit
www.nas.edu/cognitiveaging



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