The Brain Trust Podcast |Episode #10 Early detection of dementia in veteran populations

Transcript

Speaker 1: Kate Rowland, MD

Welcome to the Brain Trust, A Physician's Guide to Diagnosing Alzheimer's Disease and Related Dementias. Brought to you from the Illinois Academy of Family Physicians. I'm Dr. Kate Rowland, family physician, member of the IAFP and faculty at Rush University. Funding for this podcast series was provided by a grant from the Illinois Department of Public Health. The goal of the Brain trust in this podcast series is to educate and empower the primary care clinician in the early detection, diagnosis and management of Alzheimer's disease and related dementias.

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Speaker: Raj Shah, MD

Thank you for joining us. As we empower each other and provide training on the early detection of Alzheimer's disease and related dementias. And now today's episode. In today's episode of The Brain Trust, A Physician's Practical Guide to Alzheimer's and Related Dementias. I'm here as your host, Dr. Raj Shah, and I'm a professor in family and preventive medicine and the Rush Alzheimer's Disease Center on the west side of Chicago at Rush University Medical Center.

So today, I've taken the john to a little bit west on the expressway from Rush University, and I've stopped at a really important institution in our city, which is the Loyola Heights Veterans Administration Hospital system in Maywood. And today we get to really learn some interesting things about early detection of Alzheimer's and related dementias from the perspective of the VA's.

And so today I'm walking in the door right now, and I'm meeting up with Dr. Avinash Mantha, MD, who's the associate program director of the Loyola High and Geriatric Fellowship. And we're really looking forward to the opportunity to talk. So, Avinash, thank you so much for having me over today and the IFP and participating in our podcast. Thanks so much, Raj.

Speaker: Avinash Mantha, MD

Thanks.

Speaker: Raj Shah, MD

Yeah. So as we grab a cup of coffee here and try to like stay awake in the afternoon, we were going to just have a little bit of a conversation about what's going on. So tell me a little. I mean, I've always lived in the city, you know, and kind of did my career and my work around the city.

And I've had some events at the Hynes VA, but I'm always kind of curious like a little bit about the VA and who you see at the Loyola Hynes VA So can you tell me a little bit about, you know, being on the west side of Chicago and one of the suburbs, Maywood, as one of the largest VA's in the Chicago area?

And then a little bit about who you see as a population, especially those that might be at risk for dementia.

Speaker: Avinash Mantha, MD

Absolutely. I serve a very racially diverse, ethnically diverse income, diverse population. Right. So everyone is a veteran. But of course, I would say that the majority of the veterans are actually peacetime veterans. That's important to understand. Okay. So I think everyone associates the veterans with being wartime.

And I actually do have a practice, which I do, which is home visits, and I actually do have a large panel patients throughout by Joliet area who I see in, you know, more sort of rural areas. That's actually the majority of my practice is doing home visits both in in Joliet and in the Hines area. Also, I do have a clinic once a week as well.

So the geriatric continuity clinic where I do work with the trainees and fellows and with the residents. And I think it's a it's a very interesting population, certainly, as I mentioned, very diverse, mostly men in the older cohort. We are getting some more women and those younger veteran populations.

Speaker: Raj Shah, MD

Yeah, I no, that's great. I mean, that's always so impressive to me about the wide reach the VA has in serving our veterans across multiple areas in the region, from rural to metropolitan to urban areas.

And then just the range of diversity because of the group that serves in the military and eventually becomes the vets. So really appreciate and I think you kind of told us a little bit about, you know, your different clinics that you do and your home visits, which is really kind of interesting. So as a family physician, geriatrician working in this space, right, with mainly an older population as the veterans, that's that risk. How common is that for you to be dealing with issues around cognition or evaluations for concerns about memory from your patient population as a primary care physician in the VA,

Speaker: Avinash Mantha, MD

I would say that's very common, right? So I would say most of my job, as I mentioned so, is doing home visits. So I'm veterans who are homebound. Right.

And oftentimes the reason why they're in the program is because of dementia. Right. And we are oftentimes making a dementia diagnosis on our veterans also. Yeah.

Speaker: Raj Shah, MD

Then how do you kind of go through a little bit of that process, right? Like so say you're working with an older veteran or somebody refers, you know, in the system that this person requires a little bit more support.

They're having some cognitive functional issues. I'm just kind of curious how you kind of approach that first engagement with somebody, especially in the home setting. I'd be curious about that.

Speaker: Avinash Mantha, MD

Yeah, of course. And I would say that I'm fortunate to be working with large team. So with our home care program, it's a whole team of people. So we have a nurse who is making a visit usually every month on these veterans.

They have a pharmacist on our team who is incredibly helpful to be going through medications, of course, one to assess and any patient who is showing some signs of memory loss. Is there a potential for a medication interaction at econometric medications? Of course, the antihistamines, first generation antihistamines, TCAS, tricyclic, antidepressants, oxybutynin, all those, you know, medications, of course.

And we do have a geriatric psychiatrist who I work with on the team. We have a psychologist on the team. We have a social worker, we have dietician. We have PT. So I'm really fortunate and that we have a large team to actually work with. Right. And so so at our first diagnosis, we are doing a cognitive assessment on the first visit and also once a year at least.

So we do the slums of Saint Louis University, a mental status exam and I'm also fortunate that if there is a a doubt that I have so we have more extensive services, right? So we have neuropsychology, we have other services who can do some more extensive cognitive testing on these veterans. And if there is in fact, a depression coexisting.

Right. Which oftentimes, as we know, can have some overlap, you know, with dementia in our elder population, we're able to identify it and to treat it right. So it's a it's a team that we have, which is really helpful to me.

Speaker: Raj Shah, MD

Yeah, that's really impressive to have all those resources potentially available and also other eyes in years, right?

Like especially the nurse going in and doing the home visits, seeing persons monthly, getting to know them. They get more comfortable with bringing up some of the issues and then we can call in the other groups that, you know, can help to isolate what might be going on. I was just kind of curious, you know, because when we've had other podcast and we've discussed this, there's sort of a broader initiative to use something called like the Medicare Annual Wellness visit as an opportunity annually to be able to, you know, ask older adults about how they're doing with their mentation and their mobility and their, you know, other geriatric potential conditions that could have reversible effects.

Does the VA kind of faltered when you said you can check in like yearly does? Do they follow something similar to like the Medicare annual wellness visit concept?

Speaker: Avinash Mantha, MD

Yeah. So the nice thing about doing home visits I would also add to in my clinic, which I have once a week, I do also have, you know, longer visits. So we have an hour for our new patient.

We have half an hour for a follow up patient, right? So but in the home, it's really great because I don't have that, you know, same time constraint that I would have in the clinic. Right. So if I want to spend an hour looking at gait, assessing all their medications, looking at the home environment, you know, taking ancillary history from the family, who is oftentimes there.

Right. We oftentimes need that to actually help us with the diagnosis of dementia. Right. So that's all super important. But I'm actually able to, you know, have that time with the patient, which is, you know, really helpful, which also helps me out a lot.

Speaker: Raj Shah, MD

So it gives you the time to do some of those things, to look for some of those reversible, potentially reversible causes like you mentioned already, like looking at medication list.

Right. And seeing if there's an interaction that might be affecting somebody's cognition. What are some of the other things that you kind of look for that might be like reversible, potentially reversible causes when you're doing that evaluation?

Speaker: Avinash Mantha, MD

Sure. Yeah. So obviously, looking at your sort of basic, you know, lab abnormalities, right? You do have the patients who have, you know, hypothyroidism, who have a deficiency of either B-12 or folic acid.

Right. So obviously, looking at that, treating that, I would add that in the veteran population, we also do have there is a relationship between PTSD and dementia. Right. We're glad you brought that up. Yeah. Which is very important. We don't know yet if it's actually causal, but we do know that actually those who have PTSD are about twice as likely to actually get dementia.

Right. So it's a very important relationship. And also we think that there is a relationship between TBI, a traumatic brain injury and also getting PTSD and dementia. Right. So I would add that those things are important to be thinking about. And I would also add to that there are, you know, lots of veterans who are not in the V.A. So all of our doctors, like across the state in Illinois, will be having veterans as their patients.

Right. So it's important to be thinking about that.

Speaker: Raj Shah, MD

Yeah, no, that's great, because, you know, that is not something always we see in sort of like your more private setting, you have a little bit more of a concentrated experience, even if some of them are more peacetime. Just, you know, in a conflict situations of these things like post-traumatic stress disorder and traumatic brain injury and keeping those in mind.

Right. As you're seeing people for those evaluations and working with them a little bit closer to see about cognitive changes is really important to think about in the VA population. Are you seeing some of the similar things now that you know you are seeing some more older women kind of going through it? Are more women at risk? Are some of those same factors playing a role in sort the women, veterans, things like TBI and post-traumatic stress disorder?

Speaker: Avinash Mantha, MD

Absolutely. We have veterans who have served and who are females who have served in all areas of the military. Right. So we absolutely see that. We absolutely see, you know, people who were often overlooked in in history, frankly, but who made very important contributions. Right. You know, who were doing very important things. Right. And so I am and I absolutely do have a cohort of veterans who are female.

As I said, most of them are men, but those are female veterans are often overlooked, but they're often very important. And it's you know, they've had really important life experiences.

Speaker: Raj Shah, MD

Yeah. And, you know, I think one of the things I wanted to touch base because you brought it up a little bit before, is that a lot of the veterans, you know, are spread out around the state and don't always get their primary care fully in a VA.

They might be going to see doctors that are outside of the VA system for their main primary care. And sometimes we forget or the veterans even forget there are some of these resources or when it comes to some of these geriatric symptoms that are in the VA where the primary care doctors with them sometimes forget that. Right? You mentioned some of these resources, but usually if I was working like in a private practice, I would be thinking, oh, somebody is coming to me as a vet and they're having troubles with their memory and maybe I have to make a connection to the neurologists that say in the

VA or I have to make a connection with the geriatrician or the psychiatrist, and they can then do the memory evaluation. But what you're kind of telling me right now is that's not always the line you have to go through, especially if there's a large waiting list for seeing some of those specialist potentially in rural areas where there's not enough of the specialist, even at the VA to cover that.

But are there ways to connect like primary care Doctor? You know, in private practice with primary care teams like you're a part of in the VA to share patients with this like cognition evaluation.

Speaker: Avinash Mantha, MD

Absolutely right so it's common in the VA that so we have it's called dual care, where a person may have an outside primary care doctor and they also may have the VA. Right. And so that's common, right? So actually, veterans, you know, who we see who have access to VA services, whether it be homemakers, services, whether it be, you know, hearing aids, whether it be other supports that they can get easier through the VA. But we oftentimes are talking to the outside primary care doctors, Right. So we actually have their relationship, you know, where we're some actually calling them or so we're actually interacting and we're sharing notes, things like that.

Speaker: Raj Shah, MD

Oh, I was curious about that. How much sharing of notes happens is like you do something in the VA with, you know, how likely is that note? Like you diagnose somebody as having dementia, get into their private you know, the private doctors records that you did that work and the diagnosis happened?

Speaker: Avinash Mantha, MD

Yeah, we absolutely try to, you know, have that collaboration. Right. And I would add to that oftentimes works the other way. So we do have veterans who are in rural areas who they may have a VA clinic out there, but they don't have, for example, like a V.A. neurologist. They don't have someone in the area who actually practices neurology. So we have what's called community care, where they can see that outside specialist, where they can go to an outside office and get approved as a veteran.

So that also does exist. And I would add to that in my practice, it tends to be interesting, right, Because oftentimes my patients who are homebound so they can't leave their house easily. Right. And so if I want even something like a EKG or a chest x ray labs are oftentimes easier, right? Because a nursing it wasn't draws them.

But the other stuff tends to be hard, right. So it's often it's a interesting, you know, mix of medicine, too, where sometimes we have to use our intuition and, you know, try to use our geriatric skills to, you know, kind of make a diagnosis. Right? So it's interesting. It's fun.

Speaker: Raj Shah, MD

Yeah. And the interesting thing there is you almost like because of somebody being homebound or more difficult, like the things we tend to do, like, you know, everybody, you know, should get a brain scan or something.

That becomes really hard, right? It becomes challenging for that population, but it shows you can still make a diagnosis with good clinical skills, get close, and you don't always need sort of an imaging test, right? Like you can use other modalities to help you, especially neuropsychology, drug testing if you have it, you know, psychologist, neuropsychologist, you can go and evaluate the person in the home.

We can get around some of those barriers, right?

Speaker: Avinash Mantha, MD

Absolutely. Absolutely. And it's fun. And it's interesting, right, Because I you know, I am I am fortunate that I do have the resources that if I so I have a question about a drug, I can ask my pharmacist right in a chat message. Right. Easily. Right. And I know and I understand that that's not in the outside outside world that easily.

Right. That I can talk I should talk with a geriatric psychiatrist. You know, I know that that's not something that's really easily available in the outside world. So I, I get that. Yeah. And they and the question becomes, you know, how do we sort of translate, you know, some of that stuff? How do we maybe say, hey, look, this is like what the VA does and, you know, how can we translate some of that to the outside world, Right?

Speaker: Raj Shah, MD

So, yeah, that's the amazing thing about me is the VA has built up these resources and team based care over, you know, decades working with older adults in their populations and really providing good aging care. And we forget about that sometimes, you know, in our entire ecosystem that those exist. And so I'm really glad we're having this conversation today because that could make it easier for everybody if you identify some of these other veteran and they're having troubles with their cognition, is to connect them to some of that team based support to get to that early diagnosis in the VA system and then being able to work together and to co-manage and support them as the disease continues. And that's where I wanted to go a little bit. If we had a chance of a nudge, was sometimes people hesitate in making a diagnosis in primary care because of this idea. That's usually well-founded, that if I bring up a question or I make a diagnosis, but I don't know what I can give them afterwards, I really need to be careful, right?

Because I'm just setting people up with now some information where there's not much that you can support them after I make that. So I have to balance those things as a physician in my head about when is the right time to do it. But it sounds like, you know, the VA helps you also, not just in the early phase of the diagnosis, but once you make that early diagnosis to then support them in a team way with other activities to help them through the journey with the dementia afterwards, can you talk a little bit about

some of those team based services that you see that help you and the follow up care once you've made a diagnosis?

Speaker: Avinash Mantha, MD

Absolutely. So I would say there are social workers are are great in this regard, right? So we have a robust homemaker program. So we have, you know, home health aides who are in the home who are helping. So we have respite services. Right. So for the patient's primary caretaker, who's oftentimes a spouse. Right. So they can get a break if they have an illness, if there's something else going on, they can have someone who can actually, you know, be in the house to, you know, help out with the veteran's care.

We have adult big care services, right. That we can actually work with, which is important. And I would also add to that, we know that, you know, veterans and also older patients do best in the home, right? So the idea is to keep them in their home for as long as possible. Right. Of course, there are some patients who do ultimately need to go to a nursing home.

But our idea is that, look, if we can give you as much support as possible, as much help as possible, you know, have our psychologist talk to the caretaker about caregiver support and talking about, you know, how do you interact with a patient who has dementia, You know, what are your strategies to actually help out with that and the agitation and like all that stuff, right? And so on.

Speaker: Raj Shah, MD

And it definitely like that because I was kind of curious about that because usually all the services are focused or we think about it being focused on the person that has the veteran status. But we know like Alzheimer's disease requires sort of, you know, an entire family and an entire community approach. And especially the caregivers are such an important piece of it, right?

The informal caregivers. And in some ways, you're actually helping those caregivers who might not be veterans or might not be able to get care at the VA to get that support and care for their own well-being so they don't burn out as easily. They don't get stressed, and as a result of it, that person can stay in the environment they usually want to stay in, which is in their home setting.

So that's really powerful. Are there any other services apart from like things tied to the vets themselves that the caregivers can get access to as being part of the VA, like having a spouse or a family member in the VA?

Speaker: Avinash Mantha, MD

Yeah, So they get access to sort of all of our caretaker support, which is extensive, right? So they can get access to our psychology services.

They can get access to there are some programs where they can get some other kinds of assistance to be actually paid as a caretaker. There are certain criteria for that. Also, we're able to get COVID vaccinations

as a spouse of a veteran, right? So we have that program in which a lot. Right. We are. So there is a lot of support for the caretakers.

And as you mentioned, we know that the data on average, I think last time that I saw was that a caretaker actually lives about five years less. If they're looking after a person who has dementia. Right. So their father on life expectancy is impacted. Right. So if our goal is to keeping patients in their home, then we really have to be focusing on their caretakers too, because that's a really difficult job.

Right. And so that's, I think, what we do well and I think it's a great focus that we have this team that I'm able to work with.

Speaker: Raj Shah, MD

Yeah, really powerful information. I'm glad we're able to share and talk about it in our podcast today. And one of the things that I wanted to kind of as we wrap up for our conversation today, so I know you have to get in your car and go out to Joliet and see that home patient later on today is this idea of we've been talking mainly about how the VA has these services within them and propelled this network and how people can connect them.

But if I could flip it a little bit and have you, Avinash, talk about what are some of the pieces that the VA has developed over time that you think, you know, maybe could be exported out of the VA and been used in primary care practices, right? Like what are key features? Do you think that could be translatable from the VA model to more of our private sector model or in underserved area models?

Speaker: Avinash Mantha, MD

Yeah, that's a great question. I think certainly on some level, you know, part of it is that the other workers on the team or at the other other members of the team, whether it's pharmacy, whether it's social work, Right. Those aspects, some of it may not be something that can be actually placed on like every sort of area, rather like in rural areas.

Right. But I do think that if we're able to actually focus more on this collaboration and not think about the VA and the outside world as like, you know, two separate entities that we can really, you know, help out our own veteran population and we can also work more, for example, like with the VA, with primary care, with the outside neurologist, Right.

So we can have that relationship. I do think that our model when it comes to, for example, something like caregiver support, I wish that we had that in the outside world, right. That we had, you know, such a program there. Right. So you are seeing that there is a movement now more towards this, you know, home care model where we are trying to keep patients in their homes.

You are seeing other home care agencies and we're out there and understanding that, you know, patients do best at home. Right. And so that's the idea. I think those aspects of it, you know, we always talk about that. We don't have enough geriatricians, of course, And that's like a that's a big issue. I don't know if we're going to, you know, really ever train enough?

Yeah, it's my hope and my

Speaker: Raj Shah, MD

I agree with you. My hope, too. I'm a fan of having more geriatricians, especially in family medicine, be out there. But it's just a limited pool, right, with the amount of older adults. So we need to build all these ecosystems to support everybody that I really. Yeah, definitely appreciate all the work that we've learned today about the VA.

I will tell you as a researcher, the other thing I think that, you know, we have to acknowledge the VA systems for doing is serve a national system that has a reach to a diverse population, is they can do some research about health, you know, about health outcomes like dementia that nobody else can do in the United States.

Like there was a recent paper in the Journal of the American Medical Association in the last six months that helped to figure out kind of the patterns of the incidence of dementia based on race and ethnicity. And that's really powerful information we need that can only be generated by a place like the VA. So we definitely appreciate all of the work that's going on in the VA and for you to be able to share that information with us today as an insider, Avinash, and thank you again for your time.

And I really enjoyed the visit out here to the Loyola Alliance VA. So I really appreciate the time we took today. And for our listeners, really appreciate you learning with us. And we look forward to another episode of The Brain Trust coming in the near future. Thanks again.

Speaker: Avinash Mantha, MD

Thanks a lot, Roger. Thank you to our expert faculty and to you, our listeners, for tuning in to this episode.

Speaker 1: Kate Rowland, MD

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