



**Physical Activity and Dementia** 

October 10, 2024

#### **Acknowledgements**

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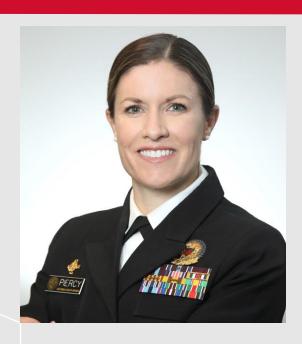








#### Presenter



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Katrina L. Piercy is the Director of the Division of Prevention Science in the Office of Disease Prevention and Health Promotion (ODPHP) in the United States Department of Health and Human Services (HHS) and serves as a dietitian officer in the United States Public Health Service Commissioned Corps. As a Clinical Exercise Physiologist and Registered Dietitian, Dr. Piercy advises agency and departmental senior officials on current physical activity and nutrition science to inform policies and programs related to health promotion and disease prevention. Most recently, she led the development of the Physical Activity Guidelines for Americans Midcourse Report: Implementation Strategies for Older Adults, which provides guidance on how older adults can incorporate more physical activity into their lives.



#### **Course Description**

Physical inactivity is one of the known modifiable risk factors for dementia. Numerous studies have highlighted the positive impact of exercise on cognitive function and the risk of developing dementia. This course moves from knowledge to application by providing actionable guidance and tools to help providers effectively address this opportunity with patients and families.



#### **Learning Objectives**

- List 6 or more modifiable risk factors for dementia
- Summarize the link between physical activity and dementia
- Identify effective intervention and strategies to address physical activity with a special focus on adults 45+ years
- Identify special considerations for high-risk populations



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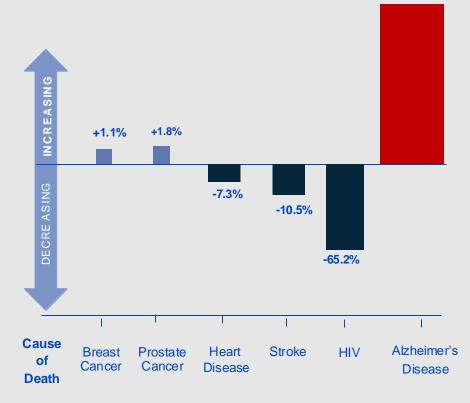
Facts: Alzheimer's and related dementias (ADRD)





# Scope of the Epidemic (U.S.)

- 6.5 million adults
- 1 in 9 adults age ≥65
- 1 in 3 adults age ≥85
- 2/3 are women
- Alzheimer's deaths increased 145% from 2000-2019, while other top causes of death have declined



(BAR GRAPH NOT TO SCALE)



#### **Inequities in Brain Health**

African American people are

2X AS LIKELY

to have Alzheimer's

Latino people are 1.5X AS LIKELY to have Alzheimer's



**Less likely** than White patients to receive a timely diagnosis;

In a recent study of Medicare beneficiaries, Black Americans (18.2%) and Latinos (15.8%) were less likely to receive a timely diagnosis when compared to Whites (23.3%).4



More likely to report experiencing racial discrimination along their patient and caregiver journeys; Half of Black Americans (50%) and one in three Latino Americans (33%) report they have experienced healthcare discrimination.<sup>5</sup>



**Less likely** to be enrolled in cuttingedge Alzheimer's and brain health research. Latino and Black Americans make up less than 10% of all clinical trial participants in active ADRD research.<sup>6</sup>



# Health Disparities & Comorbidities for Alzheimer's in the African American Community

44% More Likely to have a stroke.

23% More Likely to live with obesity.

25% More Likely to die from heart disease.

72% More Likely to be diabetic.

2X AS LIKELY
TO HAVE ALZHEIMER'S





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# **Modifiable Risk Factors for Dementia**





#### **Alzheimer's: Non-Modifiable Risk Factors**

#### Age

- Number one risk factor is advancing age.
- Risk doubles every 5 years after age 65.

#### **Family History**

Genetics vs environmental factors.

#### **Education**

• Fewer years of formal education and lower levels of cognitive engagement may be risk factors.

#### Sex

- 2/3 of those with Alzheimer's are women.
- 16% of women age ≥ 71 (11% of men).
- After age 65, have more than 1 in 5 chance (1 in 11 for men).



#### **Modifiable Risk Factors**

of dementia cases could be prevented by addressing lifestyle factors



#### **INCREASE**

- Healthy Diet
- Physical Activity
- Mental Activity
- Cognitive and social activity

#### **DECREASE**

- Hypertension
- High cholesterol
- Uncontrolled diabetes
- Obesity
- Smoking
- Depression
- Excessive Alcohol Intake
- Head Injury
- Air Pollution
- Hearing Loss
- Vision Loss



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The link between Physical Activity to Alzheimer's and related dementias (ADRD)





# Link Between Physical Activity and Cognitive Impairment

Population or Measure	Outcome	Grade
Adults with Dementia	Evidence suggests that physical activity (PA) may improve cognitive function	Moderate
Risk of Dementia and Cognitive Impairment	Greater amounts of PA reduce the risk for cognitive impairment	Strong
Other Clinical Disorders (i.e., ADHD, schizophrenia, MS, Parkinson's, stroke)	Evidence that moderate-to-vigorous PA (MVPA) has beneficial effects on cognition in individuals with diseases or disorders that impair cognition	Moderate
Biomarkers of Brain Health	Moderate-to-vigorous PA positively influences biomarkers including MRI-based measures of function, brain volume, and white matter	Moderate
Acute Bouts	Short, acute bouts of moderate-to-vigorous PA transiently improves cognition during the post-recovery period	Strong
OVERALL	There is a consistent association between chronic MVPA and improved cognition including performance on academic achievement tests, neuropsychological tests, risk of dementia. Effects are demonstrated across a gradient of normal to impaired cognitive health status	Moderate



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# Recommendations for Physical Activity





# **Recommendations for Physical Activity**



# What types of physical activity do older adults need to stay healthy?



#### Moderate-intensity aerobic activity

Anything that gets your heart beating faster counts.





#### Muscle-strengthening activity

Activities that make your muscles work harder than usual count.





#### Mix in activities to improve your balance!

Aim for a mix of aerobic, muscle-strengthening, and balance activities.







Try activities that count as more than 1 activity type, like dancing, sports, or tai chi.

If that's more than you can do right now, **start slow and do what you can** — even 5 minutes of physical activity has real health benefits.



Walk. Run. Dance. Play. What's your move?



#### **Recommendations for Physical Activity**



#### **Key Guidelines for Older Adults**

#### Guidelines just for older adults:

- As part of their weekly physical activity, older adults should do multicomponent physical activity that includes balance training as well as aerobic and muscle-strengthening activities.
- Older adults should determine their level of effort for physical activity relative to their level of fitness.
- Older adults with chronic conditions should understand whether and how their conditions affect their ability to do regular physical activity safely.
- When older adults cannot do 150 minutes of moderate-intensity aerobic activity a week because of chronic conditions, they should be as physically active as their abilities and conditions allow.



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# Benefits of Physical Activity





#### **Benefits of Physical Activity for Older Adults**



#### **Immediate**

- Improved quality of sleep
- Reduced feelings of anxiety
- · Reduced blood pressure





#### Long-term

- · Lowered risk of certain cancers
- · Reduced risk of weight gain
- Helps people live independently longer
- Improved bone strength
- Reduced risks of falls
- Reduced risk of developing dementia (including Alzheimer's disease)
- Reduced risk of depression
- Lowered risk of heart disease, Type 2 diabetes, and stroke



#### **Physical Activity and Chronic Diseases**





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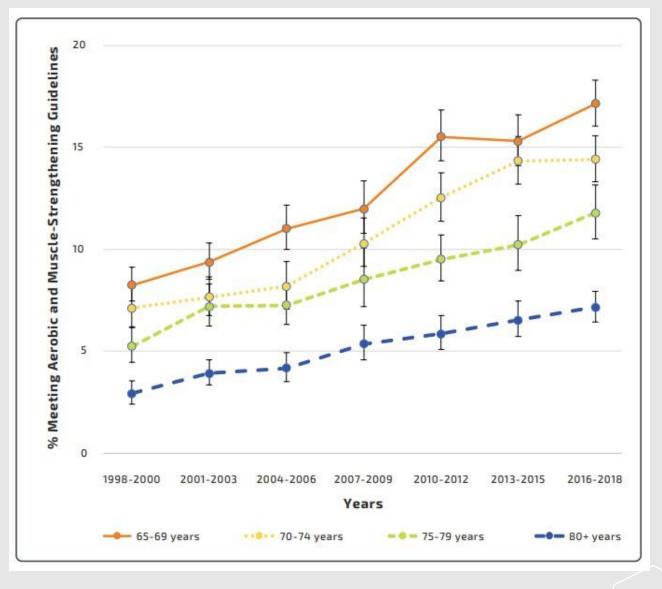
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# Physical Activity Disparities and the Impact of Social Determinants of Health





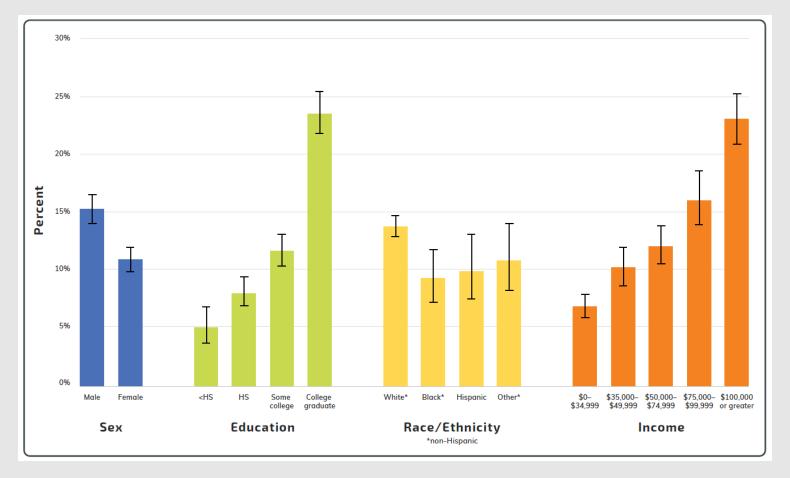
Prevalence of Meeting the Aerobic and Muscle-Strengthening Guidelines Among Older Adults by Age Group—National Health Interview Survey, 1998-2018



Source: Centers for Disease Control and Prevention. National Health Interview Survey—1998-2018. <a href="https://www.cdc.gov/nchs/nhis/1997-2018">https://www.cdc.gov/nchs/nhis/1997-2018</a>. <a href="https://www.cdc.gov/nchs/nhis/1997-2018">



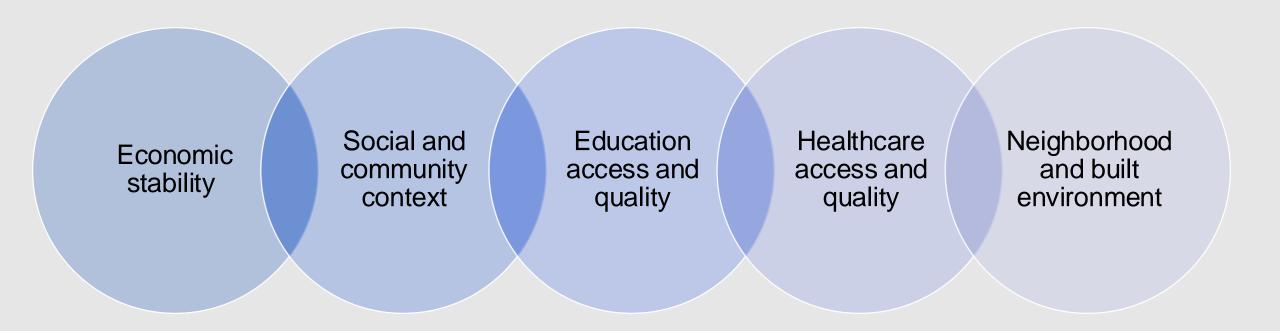
# Prevalence of Meeting the Aerobic and Muscle-Strengthening Guidelines Among Older Adults by Demographic Subgroup — National Health Interview Survey, 2020



Source: Centers for Disease Control and Prevention. National Health Interview Survey (NHIS), 2020.



## Social Determinants of Health Which Impact Physical Activity



Source: Centers for Disease Control and Prevention. National Health Interview Survey (NHIS), 2020.



## **Barriers to Physical Activity**



Capability-related barriers — individual attributes such as chronic health conditions, physical or cognitive limitations, and pain.



Opportunity-related barriers — external factors such as social isolation; inequitable access to spaces, equipment, or guidance; neighborhood environment characteristics; and environmental limitations.



Motivation-related barriers — personal attitudes and beliefs; fear of falling, pain, or injury; low self-efficacy, knowledge, and awareness; or lack of enjoyment.

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# **Considerations for Implementation**





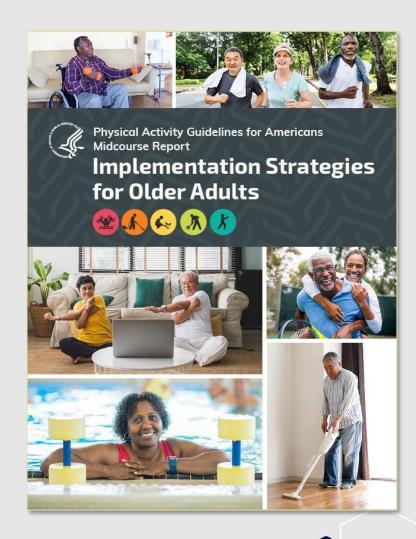
# **Key Findings**

#### Key Settings

- Community
- Health care
- Home

#### Key Strategies

- Policy, Systems, and Environmental Approaches
- Behavior Change
- Physical Activity Programs





# **Key Findings**



Community locations — like schools, gyms, senior centers, or outdoor parks or trails



Health care locations — like doctors' offices, rehabilitation/physical therapy centers, or nursing homes



**At home** — where older adults spend much of their time and may be most comfortable



## **Key Findings**



Community locations — like schools, gyms, senior centers, or outdoor parks or trails



Health care locations — like doctors' offices, rehabilitation/physical therapy centers, or nursing homes



**At home** — where older adults spend much of their time and may be most comfortable



#### **Health Care**

- Opportunity for tailored care and physical activity guidance
- Often includes oversight from a clinician or health professional
- Includes settings such as clinics, hospitals, Tribal health facilities, and skilled nursing facilities





## **Key Strategies**

- Policy, Systems, and Environmental Approaches
  - Community Design
- Behavior Change
  - Cognitive Behavioral Strategies
  - Physical Activity Counseling
- Physical Activity Programs
  - Exercise Programs
  - Lifestyle-Based Physical Activity Programs



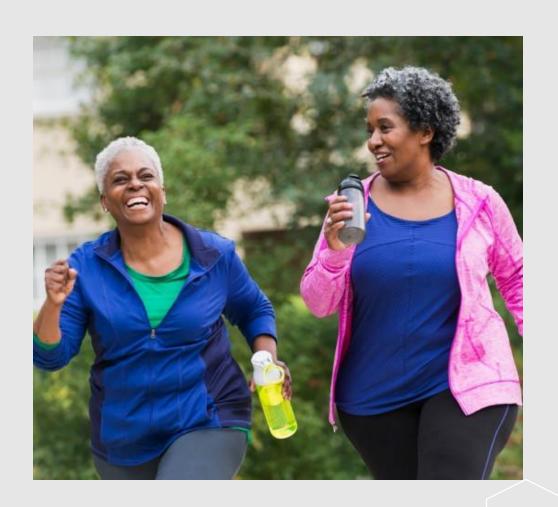
## **Key Strategies**

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## **Behavior Change**

- Cognitive behavioral strategies
  - Physical activity knowledge and awareness
  - Goal setting
  - Self-monitoring
  - Barrier identification and problemsolving
  - Social support
- Physical activity counseling





## **Discuss Physical Activity with Dementia**

Assess

Council

Prescribe

Refer



#### Assess

- Ask questions:
  - 1. On average, how many days per week do you engage in moderate-to-vigorous aerobic physical activity (like a brisk walk)?
  - 2. On average, how many **minutes** do you engage in physical activity at this level?

3. On average, how many days per week do you engage in physical activities designed to strengthen your muscles such as lifting weights or doing body-weight exercises?



#### Council

- Educate on the benefits of physical activity and how much your patients need
- Address safety concerns
- Find solutions tailored to the barriers your patient is facing
- Set goals that are specific, measurable, achievable/attainable, realistic/relevant, and time-bound (SMART)
- Monitor progress to encourage increased physical activity over time



## **Prescribe**

# EXERCISE PRESCRIPTION Exercise



	& KEFE	RRAL FORM	briting Exercise Is Medicine or 9			
PATIENT'S NAME:  HEALTH CARE PROVIDER'S NAME:  PHYSICAL ACTIVITY RECOMMENDATIONS						
			REFERRAL TO I	HEALTH & FITNESS PROFESSIONAL		
Type of physical activity:	Aerobic	Strength				
Number of days per week:						
Minutes per day:		į	Web Site:			
Total minutes per week*:				ppointment Date:		
	no chronic conditions: It stivity a week (for examp nuscle-strengthening ac sical Activity Guidelines	for Americans).				

ParkR	
Who:	Date:
Sig:	
Dispense:	
Refills:	
Signature:	



## Refer

- Help older adults identify physical activity opportunities in their community
- Find a program tailored to older adults
- Offer a referral to an additional provider or exercise professional (e.g., personal trainer, physical therapist, or occupational therapist)







## **Real World Examples**

- University of California San Francisco Cardiac Rehab is a medically supervised program for people with heart disease that combines physical activity, health behavior counseling, and psychological support.
- Walk with a Doc is a doctor-led walking group that combines movement and conversation to help people of all ages take steps toward a healthier lifestyle.





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# **Tools and Resources for Health Professionals**





# **Move Your Way® Campaign**

Translates the Physical Activity
 Guidelines into easy-to-understand information



- Ready-to-use
- Tailored to different audiences
- Based on people's needs

Scan the QR code to learn more!









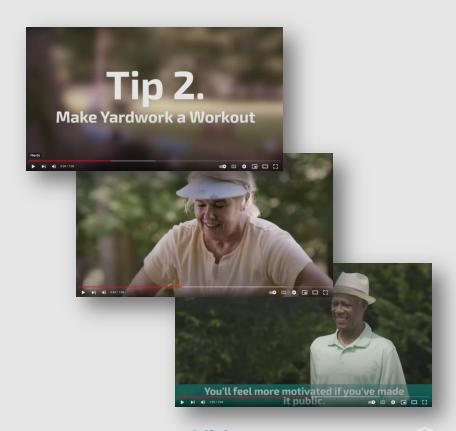
## Move Your Way® Campaign Materials for Older Adults



**Fact Sheets** 



**Posters** 



**Videos** 



# Move Your Way® Microsite (health.gov/MoveYourWay)









# **My Activity Tracker**

### This week, I'm planning to do:

50 minutes

of moderate-intensity aerobic activity

⊢ 5 days

of muscle-strengthening activity

Add up your minutes of aerobic activity and number of muscle-strengthening sessions, and include both totals in the bottom row of this tracker for each day.

#### Because I want to:

- ✓ Age well
- ✓ Have better balance
- ✓ Ease pain

	Sun	Mon	Tue	Wed	Thu	Fri
<b>♥</b> (→)						
Gardening and weeding						
10 minutes, 1 day this week						
↔						
Resistance exercises with elastic bands or tubes						
3 days this week						
❤️ (→)						
Water aerobics						
30 minutes, 1 day this week						

## **Resources for Health Care Providers**

- The Fact Sheet for Health Care
   Providers Caring for Older Adults
   offers tips for talking to older adults
   about physical activity
  - Conversation starters
  - Information on recommending the correct dosage
  - Ideas for addressing common barriers



#### Health Care Providers: Talk to Older Adults About Physical Activity

Getting physical activity is especially important for older adults. But it can be challenging to motivate patients in the short time you spend together.

The second edition of the Physical Activity Guidelines for Americans includes evidence-based physical activity guidance for everyone, including older adults. Share the recommendations from the Guidelines with your patients and inspire them to get more active.

#### Start the conversation.

Try these quick conversation starters to bring up physical activity with your patients

#### How much physical activity do you get in an average week?

Meet your patients where they are. Once you have an idea of their current activity level, you can suggest small changes to help them get more active. Remind them that lots of things count as physical activity—like walking the dog. working in the garden, or vacuuming.

#### Do you have any concerns about being active?

Your patients may worry about falling or getting hurt during physical activity. Some may not currently be active at all and might not know how to get started. Encourage them to start slow — with activities they're confident they can do. And consider referring potients to a physical therapist or exercise professional who can assess their mobility and create an individualized activity plan.







## **Learn More About the Physical Activity Guidelines**





Explore the Midcourse Report and related resources!





Sign up for physical activity email updates!



## **Additional Resources**

- Physical Activity Guidelines for Americans Midcourse Report: Implementation Strategies for Older Adults
- Benefits of Physical Activity and Tips
- Activity Planner for Adults
- <u>Fact Sheet for Health Care Providers Caring for Older Adults</u>
- Fact Sheets, Posters, and Other Resources
- Preventing Alzheimer's Disease: What Do We Know?
- Brain Health Equity Practical Guide
- BrainGuide™
- Provider Toolkit
- National Institute of Aging | Alzheimer's and Related Dementias Resources for Professionals



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# What patients think (A-List)







# **LIST** What Matters Most Insights Survey: Physical Activity and Dementia

- 97% believe exercise or physical activity affects the brain and brain health (73% significantly).
- **32%** report exercising every day on average.
- **54%** have spoken with their healthcare provider about their physical activity.
- 77% rate their current physical activity as about the same (62%) or worse (15%) than 3 months ago, while 21% rate their physical activity as better.
- Average Activity per Day: >90 minutes (8%), 60-90 minutes (23%), 31-60 minutes (38%), 15-30 minutes (20%), <15 minutes (11%).
- Top Sources of Information on physical activity: 44% internet, 42% news, 32% fitness center, 29% family or friends, 22% social media, 20% health care providers.
- **Top Impacts on motivation to exercise: 33%** better weather, **28%** enough self-motivation, **27%** change in personal life, 26% someone to workout with, 24% nothing (already have a routine or do enough physical activity), 23% more time to exercise.
- **High Awareness, Low Impact on Motivation:** 97% believe physical activity impacts brain health, but only 32% report being physically active daily, and only 24% report having a routine or belief that they are doing enough physical activity.
- **Low Interest in Digital Fitness:** Only 10% believe access to online fitness programs would motivate them to spend more time exercising each day and only 26% have participated in a digital workout program.

Respondents largely over age 65 (70%), Caucasian (94%), Female (77%), College educated or greater (76%)

N=866 (ADRD/MCI diagnosis: 59; high risk for ADRD: 300; current caregivers: 90; former caregivers: 223; general interest in brain health: 194)



## References

- 1. 2018 Physical Activity Guidelines Advisory Committee. 2018 Physical Activity Guidelines Advisory Committee Scientific Report. Washington, DC: U.S. Department of Health and Human Services, 2018.
- 2. Erickson et al. Physical Activity, Cognition, and Brain Outcomes: A Review of the 2018 Physical Activity Guidelines. MSSE. 2019.
- 3. Livingston, G., Huntley, J., Liu, K. Y., Costafreda, S. G., Selbæk, G., Alladi, S., Ames, D., Banerjee, S., Burns, A., Brayne, C., Fox, N. C., Ferri, C. P., Gitlin, L. N., Howard, R., Kales, H. C., Kivimäki, M., Larson, E. B., Nakasujja, N., Rockwood, K., ... Mukadam, N. (2024a). Dementia prevention, intervention, and care: 2024 report of The Lancet Standing Commission. The Lancet, 404(10452), 572–628. <a href="https://doi.org/10.1016/s0140-6736(24)01296-0">https://doi.org/10.1016/s0140-6736(24)01296-0</a>
- 4. Move Your Way Fact Sheet for Older Adults: <a href="https://health.gov/sites/default/files/2023-06/PAG\_MYW\_FactSheet\_HCP-OlderAdults-508c.pdf">https://health.gov/sites/default/files/2023-06/PAG\_MYW\_FactSheet\_HCP-OlderAdults-508c.pdf</a>
- 5. Piercy et al. Physical Activity in Older Adults: What Every Internist Needs to Know. Am J Lifestyle Med. 2024.
- 6. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services; 2018.
- 7. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans Midcourse Report: Implementation Strategies for Older Adults. Washington, DC: U.S. Department of Health and Human Services; 2023.

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# **Acknowledgments**

Staff in the Division of Prevention Science, Office of Disease Prevention and Health Promotion

2018 Physical Activity Guidelines Advisory Committee





## Thank you!



### This presentation and related resources are available at:

https://www.usagainstalzheimers.org/physical-activity-and-dementia-2024

## Please register for additional courses at:

https://www.usagainstalzheimers.org/brain-health-academy

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