Thinking About Thinking:

Why Cognition Should Be the Sixth Vital Sign

By Michael Splaine, MA

This morning in health settings all over the world, blood pressure, respiration, temperature and pulse are being measured. In many places, patients are being asked to describe their level of pain on a 10-point scale or by pointing at a picture. Information from these vital signs gives a present snapshot of health, and tracked over time, provides useful information for the patient and health professionals. The signs are easy to measure, easy to explain and universal. But something is missing from this vital-signs checklist—cognitive signs.

We don't think of our brains in the same way as the rest of our body, but for most of us, our brain is our largest organ. Our memory, executive function and processing are all vital to helping us manage other health conditions. We also know that with the aging population, there is the related risk of Alzheimer's disease (AD) and other forms of dementia that needs to be acknowledged.

Looking at irreversible dementia alone, the Alzheimer's Association estimates that 5.8 million older adults in the U.S. have Alzheimer's disease, a number projected to grow to 14 million by the middle of the century. There is no doubt that these numbers demand our attention—early and often.

To better understand the need to establish cognition as the sixth vital sign (measured at every routine senior citizen checkup), let's take a look at the *2019 Alzheimer's Disease Facts and Figures* report.* This information can help us better understand where we stand on this issue as a healthcare community, and where we still need to go.

WHY MEASURE COGNITION?

The benefits to patients of identifying dementia in its early stages are well documented. As discussed in the article by Sestito, Bodenheimer and White on page 9 in this issue, these benefits include enabling access to available medication and to early intervention and education that may prevent institutionalization, ruling out reversible causes of cognitive decline and allowing patients and their families to make legal and financial plans.

It is also important to assess the cognitive state of our patients given the financial benefits for the affected individuals and the country as a whole. Persons with Alzheimer's don't often have just this one disease—75 percent have one or more additional chronic diseases. A Medicare beneficiary with AD and another chronic disease will have costly medical bills—75 to 300 percent more in a year than a beneficiary with only one chronic disease.

Think about the thinking skills needed to manage diabetes, for example (medications, foot care and appointments), and it's not hard to understand that a brittle diabetic with a brittle brain becomes very expensive very quickly, particularly if the cognitive impairment is not recognized and factored into their care.

Additionally, Medicare beneficiaries with Alzheimer's or other dementias have a 30 percent greater risk of having a preventable hospitalization than those without a neuropsychiatric disorder, and 21 percent of hospital stays are followed by a readmission within 30 days. This certainly places a financial burden on the individuals and the health system.

**All statistics presented in this article were obtained from the 2019 Alzheimer's disease facts and figures. Alzheimer's Dementia, 15(3), 321—387. [Available at www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf]*

Something has to be done. Physicians and seniors are well aware of the need for cognitive testing. In the Alzheimer's Association's Primary Care Physician Cognitive Assessment Survey, 94 percent of primary care physicians acknowledged the importance of cognitive assessment for all patients age 65 and older. The Alzheimer's Association Consumer Cognitive Assessment Survey found that four of five seniors believe it is important to have their thinking and memory checked, similar to how they have other routine assessments, but are waiting for their physicians to ask them about thinking and memory problems. Unfortunately, only one-quarter of seniors reported that a healthcare provider had ever asked if they have concerns about their thinking and memory.

This disconnect between desire and practice highlights significant under usage of this important health assessment.

WHO SHOULD MEASURE COGNITION?

The Alzheimer's Association has studied the question of who in the medical community is best suited to include cognitive assessments when taking routine vital signs. They found that the primary care physician (PCP) is best positioned to administer initial brief cognitive assessments, for several reasons.

PCPs are likely to be the first point of contact for senior patients. PCPs are likely to have long-term relationships with patients, with more frequent appointments compared with a neurologist, psychiatrist or other specialist. Because PCPs' care is continuous over time, they are better able to spot changes, and PCPs routinely coordinate care with other parts of the health system. Additionally, patients are more open to discussing sensitive issues, such as memory problems, with a provider they know and trust.

WHEN SHOULD COGNITION BE MEASURED?

An ideal opportunity for routine assessment leading to early identification of cognitive decline is offered through the Medicare Annual Wellness Visit (AWV). This benefit, introduced in 2011, is now a required component of the AWV, and available to any Medicare beneficiary who has received Medicare Part B benefits for at least 12 months and has not had an Initial Preventive Physical Exam or AWV within the previous 12 months.

Awareness of this benefit is beginning to grow, but the number of beneficiaries taking advantage of this assessment is still low. In 2016, just 19 percent of the 55.3 million eligible Medicare Part B and Medicare Advantage beneficiaries utilized the AWV.

HOW SHOULD COGNITION BE MEASURED?

The Alzheimer's Association's 2019 special report *Alzheimer's Detection in the Primary Care Setting* defined *brief cognitive assessment* as a short medical evaluation for cognitive impairment, performed by a primary care practitioner. This assessment can take several forms:

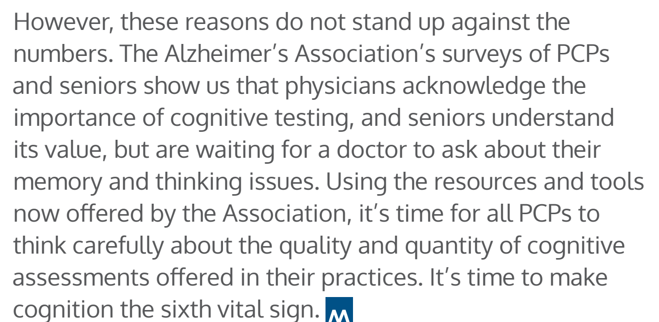
- Ask the patient directly about cognitive concerns.
- Observe patient interactions and cognitive function directly during the visit.
- Seek input about cognitive function from a patient's family or friends.
- Take physical exams, medical history and family history into account.
- Use one or more brief structured assessment tools to obtain objective measures of cognitive function.

To help physicians perform brief cognitive assessments, the Alzheimer's Association offers the *Cognitive Assessment Toolkit* that includes the Medicare Annual Wellness Visit Algorithm for Assessment of Cognition. Becoming familiar with this toolkit is a strong first step in making cognitive assessments a routine part of senior checkups. Unfortunately, less than 40 percent of PCPs are familiar with, and less than one-third report using, the Association's toolkit.

IT'S TIME

There are many reasons PCPs do not include cognitive assessments in their routine checkup appointments with seniors. The *Alzheimer's Association's Fact & Figures* report noted that many seniors present no symptoms, some are resistant to the very idea, treatment options for Alzheimer's are limited and more than half of PCPs say there is no time for this additional assessment during office visits.

However, these reasons do not stand up against the numbers. The Alzheimer's Association's surveys of PCPs and seniors show us that physicians acknowledge the importance of cognitive testing, and seniors understand its value, but are waiting for a doctor to ask about their memory and thinking issues. Using the resources and tools now offered by the Association, it's time for all PCPs to think carefully about the quality and quantity of cognitive assessments offered in their practices. It's time to make cognition the sixth vital sign.



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